

# Analyses of Metal Cations in the Bottom Ash of Hospital Incinerator and Open Waste Burning Dumpsite in Umuahia, Abia State, Nigeria

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#### Abstract

This study determined the level of metal cations in incinerator bottom ash and open burning dumpsite in Medical Centre, Umuahia. Samples were collected at the depths of 0-15 cm, 15-30 cm from bottom ash, 0-15cm, 15-30 cm and 30-45cm from soil within hospital open dumpsite. Metal cations were analyzed using the absorption spectrophotometer (AAS) and results subjected to principal component analysis (PCA), geo-accumulation (L<sub>geo</sub>) and Contamination/Pollution Index (C/PI) indices. Data presented using ANOVA, and mean separated with (LSD) at P $\leq$ 0.05 and p $\leq$ 0.01. Effect of soil depths on cation variability in ash and soil was significant at p $\leq$ 0.05 and  $\leq$ 0.01 levels respectively. Cations decreased in order of : Zn<sup>2+</sup>  $\geq$  Cu<sup>2+</sup>  $\geq$  Cr<sup>2+</sup>  $\geq$  Pb<sup>2+</sup> Cd<sup>2+</sup> in bottom ash; Zn<sup>2+</sup>  $\geq$  Cu<sup>2+</sup>  $\geq$ <sup>2+</sup> Mn<sup>2+</sup>  $\geq$  Cr<sup>2+</sup>  $\geq$  Pb<sup>2+</sup>  $\geq$  Cd<sup>2+</sup> in open dumpsite. PCA indicate high loadings on Cu<sup>2+</sup>, Pb<sup>2+</sup>, Mn<sup>2+</sup>, Cd<sup>2+</sup> in ash while dumpsite loaded with Cd<sup>2+</sup>, Cr<sup>2+</sup>  $\geq$  Mn<sup>2+</sup>  $\geq$ Cd<sup>2+</sup> for open dumpsite indicating slight to very slight contamination respectively. I<sub>.geo</sub> was in decreased order of: Cd<sup>2+</sup> $\geq$ Pb<sup>2+</sup> $\geq$ Mn<sup>2+</sup> $\geq$ Cr<sup>2+</sup> $\geq$ Zn<sup>2+</sup> $\geq$ Zn<sup>2+</sup>

Keywords: Bottom ash; Open dumpsite; Multivariate analysis; Hospital wastes; metal cations

#### Introduction

Wastes are generated from human activities and in most cases not properly managed (Adefemi and Awokunmi, 2009; Saiani *et al.*, 2014; Brunner and Rechberger, 2015). This leads to low environmental quality which accounts for 25% of all preventable ill health in the world (WHO, 2002). In developing countries of the world, medical waste incineration is the main strategy used in treating hospital wastes (Adama *et al.*, 2016). Despite its advantages, the incineration of medical and municipal waste is a significant source of dioxins,

furans, polychlorinated biphenyls (PCBs) and other toxic organic Chlorinated substances. compounds are formed by the presence of plastics, such as polvvinvl chloride (PVC) and disinfection products which contain chlorine (Adama et al., 2016). Many developed countries have phased out the use of incineration for hospital waste management and have moved to treat hospital waste through the use autoclave, microwave, of and recycling as a way of mitigating health and environmental consequences (Igboekwe et al., 2011; Anamul et al., 2012; Ubuoh al.. 2019b). Meanwhile. et developing countries are still practicing incineration and open burning leading to environmental degradation (Adama et al., 2016).

Between 75% and 90% of the waste produced by health care providers is non-risk or general health care waste, and remaining the 10-25% of health care waste is regarded as hazardous and may create a variety of health risks 2002; (Racho, Auta and Morenikeji, 2013, Ubuoh et al., 2014). The potential risk in healthcare waste management is a concerning issue nowadays (Racho, 2002; Lo and Liao, 2007; Shams and Purkayastha, 2011). During incineration, more toxic forms of some of these substances can be created (Beyersmann, 2002). Studies have reported heavy metals from incinerator ash leaked into drinking water resources (ATSDR, 2015; Ubuoh et al., 2019), thus incinerated hospital waste bottom ash has more heavy metals which if not well disposed of can pollute the environment and pose public health problems (Auta and Morenikeji, 2013; Mohajer et al., 2013). Based on these environmental concerns. incinerator bottom ash and open dumpsite management have been under continuous scrutiny and control in recent times (Gidarakos et al., 2009). Hospital waste incineration is known to not completely destroy the metallic components of the waste stream but rather concentrate heavy metals into the bottom ash (Anamul et al., Yuanming 2012. et al. 2016). However, many researchers have done work on hospital waste incinerator ash outside Nigeria (Tanjim et al., 2012; Adama *et* al., 2016; Bakkali et al., 2013: Nkonge et al., 2012; Batterman, 2004). In Abia State, there is no much attention given to hospital waste incinerator ash leading to scarce information with regards to the effects of elemental compositions in hospital incinerator bottomand ash hospital open waste dumpsite in Medical Centre, Umuahia for effective and proper management of medical wastes.

The aim of this work was to identify metal cations and their levels in hospital incinerator bottom ash (HIBA) and hospital open dumpsite (HOD) exposed to incessant burning. The analysis output would provide valuable information for the decision making in the hospital waste management.

## **Materials and Methods**

This study was carried out in the Federal Medical Centre; Umuahia in Abia State Nigeria (Fig. 1). The State is located on Latitude 5°25'N and Longitude 7°30'E. It occupies about 5,833.77sq.km with a population density of 450/km. The

State has a population of about 2,833,999 (NPC,2006) with an average annual rainfall of 1900-2200 mm which is evenly distributed throughout the wet season with a temperature ranges of 21°C–27°C (NRCRI, 2014). Almost 90% of the total waste generated from all hospital areas is deposited at dumping sites located at an open reserve area (ABSEED, 2005).



Fig.1: Map of Abia State Showing the Study Location

# Samples collection and Preparation

Sampling locations were selected based on anthropogenic activities; such as hospital incinerator bottom ash (HIBA) where ash was collected from inside the incinerator and hospital open dumpsite (HOD) where soil samples were collect from Medical

Centre in Umuahia. Soil sample was analyzed with two replicates and different depths: 0-15 cm, 15-30 cm from HIBA, and 0-15cm, 15-30cm and 30-45cm as control from hospital dumpsite using soil and transferred into auger cellophane bags, sealed with minimal air space and labeled with carbon free paper outside and

stored in a cool place with a temperature of not more than 4°C. Samples were air dried for 48 hours, and then sieved with 2 mm mesh to remove debris; gravel and other materials prior to analysis in Federal Department of Agricultural Land Resources and Climate Change Management's Laboratory, Umudike. Samples were also taken from sites according to global positioning system for accuracy. For incinerator ash-Latitude 5<sup>0</sup>31'0.186 N; Longitude 7º.29'38.088 E; for open burning-Latitude 5°31'7.968 N; Longitude  $7^{0}29'39.6442$  E (Ubuoh *et al*, 2019).

**Determination of Heavy Metals For**  $Zn^{2+}$  and  $Mn^{2+}$ : 5g of the dried sieved soil was digested with HNO<sub>3</sub>-HCl according to USEPA method 3050B to extract the metals. The concentrations of  $Zn^{2+}$ 

# **Multivariate Statistics**

**The index of geo-accumulation** (L<sub>geo</sub>): I-<sub>geo</sub> is calculated to estimate the enrichment of metal concentrations above the

$$I_{\text{.geo}} = Log_2(\frac{C}{n})$$

Equation 1

Where  $C_n$  = the measured concentration of heavy metal in the soil sample.

 $B_n$  = the geochemical background concentration of the heavy

metal

and Mn<sup>2+</sup> were measured by Perkin-Elmer Analyst 300 atomic absorption spectrophotometer (AAS). Determination of  $Cu^{2+}$ ,  $Cr^{2+}$ ,  $Mn^{2+}$ ,  $Cd^{2+}$ ,  $Pb^{2+}$  in the soil was according to the method of Ideriah et al. (2007). Exactly 0.2 g of the soil sample was weighed and 6.0 ml freshly prepared aqua-regia (1:3) HNO<sub>3</sub>: HCl respectively was added and allowed to stand overnight and placed in a digestion block for about 30mins. It was allowed to cool and then filtered into a 100 ml volumetric flask with distilled water according to the method of Olayinka et al. (2017). The filtrate was analyzed for selected heavy metals using Perkin-Elmer Analyst 300 atomic absorption spectrophotometer Before (AAS). the analysis. equipment was calibrated using the appropriate standards.

background level which was proposed by Muller (1969) (Table 1). I-geo is calculated using following equation:

# 1.5<sub>B</sub>)n

I-geo value	I-geo class	Designation of soil quality
>5	6	Extremely contaminated
4-5	5	Strongly to extremely contaminated
3-4	4	Strongly contaminated
2-3	3	Moderately to Strongly contaminated
1-2	2	Moderately contaminated
0-1	1	Uncontaminated to Moderately contaminated
0	0	Uncontaminated

Table 1: Showing categorization of geo-accumulation (I-geo)

Muller, 1996

### Contamination/Pollution Index (C/PI) of the Metals

The Contamination/Pollution Index (C/PI) of the metal cations in

# hospital bottom ash and the soil from open dumpsite were calculated using the scheme formulated by Lacatusu (2000).

# $\frac{C}{PI} = \frac{Concentration of metals in the soil}{Target values from reference table}$

Equation 2

The target values were obtained by using standard formulated by the Department of Petroleum Resources of Nigeria (DPR), cluster abundant values for maximum allowable concentration of heavy metals in soil in mg/hg<sup>-1</sup>(Cd:0.8, Cr:100, Cu: 36, Pb:85, Zn:140, Mn: 439, Fe 57. Contamination /Pollution index values greater than 1, defines pollution range, but when it is less than 1, it defines contamination range (Lacatusu, 2000). The significance of contamination /pollution index is shown in Table 2.

Table 2: Showing the significance of intervals of contamination/pollution index (C/PI)

C/PI	Significance	ACRONYM
< 0.1	Very slight contamination	VSLC
0.10 - 0.25	Slight contamination	SLC
0.26 - 0.5	Moderate contamination	MC
0.51 - 0.75	Severe contamination	SC
0.76 - 1.00	Very severe contamination	VSC
1.1 - 2.0	Slight pollution	SLP
2.1 - 4.0	Moderate pollution	MP
4.1 - 8.0	Severe pollution	SP
8.1 - 16.0	Very severe pollution	VSP
>16.0	Excessive pollution	EP

Lacatusu (2000).

# Principal Component Analysis (PCA)

Principal component analysis (PCA) was performed to establish possible factors that contribute towards the metal cation concentrations and source apportionment. All data set was subjected to factor analysis (FA). The number of significant principal components (PC) was selected on the basis of Varimax orthogonal rotation with Kaiser Normalization with eigenvalue  $\geq 1$ . (Ruiz et *al*, 1998; Hu *et al*, 2011; Ubuoh and Ekpo, 2017):

# $Z_{ji=}a_{fifi} + a_{f2} f2i + a_{f3}f_{3i} + \dots + a f_m a_f f_{mi} + e_{fi}$ Equation 3

Where:

z = measured variable,

a = factor loading,

f = factor score,

e = residual term accounting for errors or other sources of variation,

i = sample number and

m = total number of factors.

Statistical Analysis. For all the metal cations in bottom ash and the soils tested, comparisons of means were analyzed statistically using analysis of variance (ANOVA). The post-hoc test was also carried out to determine the significant at  $p \le 0.05$  using Least Squared Difference (LSD). The relationships between cations at different depths of incinerator bottom ash and open dumpsites were subjected to multivariate analysis. Pearson correlation analysis was used to assess the correlation between the metals in the soil. All statistical analyses were performed using SPSS version 22.0 and Microsoft Excel 2013.

### **Results and Discussion**

From Table 3, the mean values of  $Cu^{2+}$ ,  $Zn^{2+}$ ,  $Mn^{2+}$ ,  $Cd^{2+}$ , and  $Pb^{2+}$ recorded no significant different at  $p \ge 0.05$  between the two bottom ash depths. However, means of  $Cr^{2+}$  had significant difference between 0-15cm and 15-30cm p≤0.05. depths at Cations abundance in bottom ash were in decreased order of  $Zn^{2+} \ge Mn^{2+}$  $\geq Cu^{2+} \geq Cr^{2+} \geq Pb^{2+} \geq Cd^{2+}$ , with corresponding values of 17.5 mg/l, 6.4 mg/l, 3.0 mg/l, 2.9 mg/l, 0.116 mg/l, 0.0007mg/l respectively . Accordingly, Adama et al (2016) detected highest concentration of Zn among the sampled metals in the hospital waste incinerator bottom ash in Ghana. The finding was similar to researches carried out in Morocco and Kenya (Nkonge et al., 2012; Bakkali et al., 2013). The heavy metals found in the bottom ash are usually associated with the waste feed stock (thermometers, blood pressure cuffs. laboratory chemicals, plastics, syringes, etc.) or construction material of the incinerator (Sturz et al., 1998). The high levels of Zn may be due to the clay used to make the bricks from which incinerators were built and the fact that many of the medical items are made of metal alloys such as Zn and Ti (Sturz et al., 1998; Zhao et al., 2010). The decreasing Pb in bottom ash was suspected to be due to fewer components of incinerated sharp objects which consisted of needles and plastic syringes. This result is in tandem with the finding of Zhao et al. (2009) who observed low concentration of Pb<sup>2+</sup> in hospital

The cation like  $z_{n^{2+}}$  being dominant factor present in the incinerator bottom ash , if it reacts with oxygen and/or water can generate hydrogen gas and the incinerator bottom ash. The result is at variant with the finding of Hickman (1987) who reported that Pb and Cd are the two most often found metals in medical waste which mostly come from plastics. Nkonge et al., (2012) also found high concentrations of Cr, Cd and from ash residues from Pb incinerated ash which is against the result of the recent study that reported less concentration in hospital incinerator bottom ash in Umuahia. In general, the levels of metal cations in the bottom ash a wide variation revealed in concentrations due to the hospital wastes contents. Accordingly, a wide variation in the concentration of metals was due to diversity in the initial waste compositions, design of incinerator and, operating conditions (Sabiha et al., 2008).

different stoichiometrical equations of the reactions are given below (Pera *et al.* 1997; Saikia *et al.*, 2015; Garcia *et al.*, 2016; Aneeta *et al.*, 2018):

It is also reported that, a widespread use of hydrogen could, of course, have unknown environmental effects due to increased anthropogenic emissions of molecular hydrogen in the atmosphere (Tromp et al., 2003). The H<sub>2</sub> gas production in storage facilities of ashes is problematic (Mizutani et al, 1999; Ilyas et al, 2010; Hiraki et al. 2005). Emissions of hydrogen result to increased burdens of eight methane and ozone and hence to an increase global radioactive forcing. in Hydrogen is accordingly an indirect relatively active trace gas with a global warming potential (Derwent *et al.*, 2001; US D.O.E, 2003).

E.A. Ubuoh et al. / J. Sustain. Agric. Environ 17 (2019) 2: 264-285

Ash Depths	_	Incinerator bottom ash sample								
	Cu <sup>2+</sup> (Mg/l)	$u^{2+}(Mg/l) = Zn^{2+}(Mg/l) = Mn^{2+}(Mg/l) = Cr^{2+}(Mg/l) = Cd^{2+}(Mg/l) = Pb^{2+}(Mg/l)$								
R <sub>1</sub> -0.15cm	$1.9900 \pm 0.02^{a}$	11.520±0.05 <sup>a</sup>	$4.300{\pm}5.43^a$	$2.400 \pm 0.28^{a}$	$0.0007 \pm 0.00^{a}$	$0.0790 \pm 0.10^{a}$				
R <sub>2</sub> -15-30cm	$2.0110 \pm 0.003^{a}$	$11.900 \pm 1.20^{a}$	$4.100{\pm}0.50^{\rm a}$	1.090 ±0.11 <sup>b</sup>	$0.0006 \pm 0.00^{a}$	$0.073 \pm 0.01^{a}$				
Mean	3.0	17.5	6.4	2.9	0.0007	0.116				
SEM	0.0090	0.6010	2.7300	0.1510	0.0001	0.4960				
F-LSD <sub>0.05</sub>	0.0545	3.6590	1.6590	0.9210	0.0004	0.3016				

### Table 3: Metal Cations in Incinerator Bottom Ash in Federal Medical Centre, Umuahia

Means with the same letter (s) in superscripts along the column are not significantly different at (p < 0.05).

### Table 4: Pearson Correlation Matrix of Metal Cations in the Incinerator Bottom Ash in Medical Centre, Umuahia

Variables	Cu <sup>2+</sup>	Zn <sup>2+</sup>	Mn <sup>2+</sup>	Cr <sup>2+</sup>	$\mathbf{Cd}^{2+}$	<b>Pb</b> <sup>2+</sup>
Cu <sup>2+</sup>	1					
$\mathbf{Zn}^{2+}$	0.32	1				
Mn <sup>2+</sup>	0.68 -0.858*	-0.134	1			
~ 1	0.142	0.866**				
Cr <sup>2+</sup>	-0.69 0.31	-0.224 0.776	0.237 0.763	1		
$\mathbf{Cd}^{2+}$	-0.133	-0.953*	0.091	-0.081	1	
	0.867	0.047	0.909**	0.9198**		
$Pb^{2+}$	-0.867	-0.113	0.999**	0.26	0.063	
	0.133	0.887	0.001	0.74	0.937**	1

**\*\*** Correlation is significant at 0.01 levels (2-tailed).

\* Correlation is significant at 0.05 levels (2-tailed).

From the result in Table 4, there is negative correlation existing between  $Mn^{2+}$  and  $Cu^{2+}$  at the surface of the incinerator bottom ash (r<sup>2</sup>:-0.86),  $Mn^{2+}$  positive with Zn<sup>2+</sup> (r<sup>2</sup>:0.87), and Cd<sup>2+</sup> negatively correlated with Zn<sup>2+</sup> (r<sup>2</sup> :0.95), and Cd<sup>2+</sup> positively correlated between  $Mn^{2+}$  and  $Cr^{2+}$ (r<sup>2</sup>:0.91, r<sup>2</sup>:0.92), Pb<sup>2+</sup> positively correlated with  $Mn^{2+}$  (r<sup>2</sup>:0.10) and Cd<sup>2+</sup> (r<sup>2</sup>:0.94) respectively. The results show correlations between cation compositions at p≤0.01 and p≤0.05 levels at the topsoil and subsoil respectively.

 Table 5: Varimax Rotated Matrix of Metal Cations in incinerator bottom- ash in

 Federal Medical Centre, Umuahia

S/N	Variables	Component (PC 1)	Component (PC 2)
1	$Cd^{2+}$	-0.165	0.692
2	$Cr^{2+}$	-0.310	-0.084
3	$Cu^{2+}$	0.549	0.099
4	$Pb^{2+}$	-0.508	-0.200
5	$Mn^{2+}$	-0.508	-0.181
6	$Zn^{2+}$	0.243	-0.657
	Eigen values	3.168	1.854
	Percentage variation (%)	52.79	30.91
	Cumulative (%)	52.79	83.69

From Table 5, two components were considered in the factor analysis in bottom ash .The first component explains 52.79% of the total variance with loading on  $Cu^{2+}$ ,  $Pb^{2+}$  and  $Mn^{2+}$  respectively. The second component explains 30.91% of the total variance with loading on  $Cd^{2+}$ ,  $Zn^{2+}$  with the two components constituting 83.80%.

The positive loaded metal cations are suspected to have originated from hospital wastes in incinerator. The negative loaded metal cations are suspected to have originated from geogenic sources. Several of these cations are carcinogens or can cause neurological, hematopoietic effects in humans (Denison and Ruston, 2013).

Soil	Soil Sample: Hospital Open Waste Burning							
Depth	Cu <sup>2+</sup> Mg/l	Zn <sup>2+</sup> Mg/l	Mn <sup>2+</sup> Mg/l	Cr <sup>2+</sup> Mg/l	Cd <sup>2+</sup> Mg/l	Pb <sup>2+</sup> Mg/l		
S	Ũ	ę	Ũ	U	Ũ	Ū.		
$\mathbf{R}_1$	2.015±0.01 <sup>b</sup>	7.0150±0.01 <sup>b</sup>	1.4050±0.01 a	1.085±0.01 c	$0.001 \pm 0.00^{b}$	0.021±0.00ª		
<b>R</b> <sub>2</sub>	2.0002±0.00 <sup>a</sup>	9.0021±0.00 c	3.0700±0.00 c	0.905±0.00 a	0.00031±0.00 a	$0.051 \pm 0.00^{b}$		
<b>R</b> <sub>3</sub>	1.997±0.00ª	6.0805±0.00 a	2.5050±0.01	1.050±0.07	0.00105±0.00 c	0.0505±0.01 c		
Mean SEM F- LSD0.0	4.7 0.0034 <b>0.0152<sup>NS</sup></b>	7.4 0.0041 <b>0.0131</b> ***	2.3 0.0041 <b>0.0184</b> ***	1.5 0.2920 <b>0.1312*</b>	0.0008 0.00004 <b>0.0013***</b>	0.04 0.0029 <b>0.0131***</b>		

 Table 6: Metal Cations in Hospital Open Waste Burning in Medical Centre, Umuahia

 oil
 Soil Sample: Hospital Open Waste Burning

Means with the same letter (s) in superscripts along the column are not significantly different d (p<0.05).

Results in Table 6 indicated that, the mean values of metal cations in soil sampled from open waste burning site such as Zn<sup>2+</sup>, Mn<sup>2+</sup>,  $Cr^{2+}$ ,  $Cd^{2+}$  $Pb^{2+}$ and were significantly different from each other, while Cu<sup>2+</sup> was insignificant at various soil depths at p < 0.05respectively. There were significant differences between depths  $R_1$  and  $R_3$  for the mean value of Cu<sup>2+</sup> while insignificant difference existed at R1 and R2 at  $p \le 0.05$  respectively. The effects of depth on metal cations availability on soil was highly significant at  $(p \le 0.01)$  for  $Zn^{2+}$ ,  $Mn^{2+}$ ,  $Cd^{2+}$  and  $Pb^{2+}$  respectively. Above all, the levels of metal cations in the

hospital open waste burning site were in decreased abundance order of  $Zn^{2+} \ge Cu^{2+} \ge^{2+} Mn^{2+} \ge Cr^{2+} \ge$  $Pb^{2+} \ge Cd^{2+}$  having corresponding values of 7.4mg/l, 4.7mg/l, 2.3mg/l, 1.5 mg/l, 0.04mg/l, 0.001 mg/l with  $Zn^{2+}$  dominating that may precipitate as hydroxide that can increase environmental disturbance pollution and of ecological balance, through biological adsorption and chemical ion-exchange. The result is in tandem with the findings of Alba et al. (1997) in Spain, Zhao et al. (2009) in China who reported that Zn recorded the highest concentration among other heavy metals in hospital wastes.

Variable	Cu <sup>2+</sup>	Zn <sup>2+</sup>	Mn <sup>2+</sup>	Cr <sup>2+</sup>	$C d^{2+}$	$Pb^{2+}$
Cu <sup>2+</sup>	1					
	0.032					
$\mathbf{Zn}^{2+}$	0.063	1				
	0.905**					
$Mn^{2+}$	-0.744	0.519	1			
	0.09	0.292				
Cr <sup>2+</sup>	0.443	821*	-0.81	1		
	0.378	0.045	0.051			
$\mathbf{Cd}^{2+}$	0.188	963*	-0.717	0.935**	1	
	0.721	0.002	0.109	0.006		
Pb <sup>2+</sup>	-0.686	-0.708	0.236	0.267	0.503	1
	0.132	0.115	0.652	0.609	0.309	

Table 7: Pearson Correlation Matrix of Metal Cations in the HospitalOpen Waste Burning Site in Medical Centre, Umuahia

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

Compositional relations in hospital open dumpsite is indicated in (Table 7), showing correlations between cationic compositions at  $p \le 0.01$  and  $p \le 0.05$  levels at the top and subsoil's respectively. From , there is positive the result  $Cu^{2+}$  and correlation between  $Zn^{2+}$ ,  $Zn^{2+}$  correlated negatively  $Cr^{2+}$  and  $Cd^{2+}$ , with  $Cr^{2+}$ correlated  $Cd^{2+}$ ,  $Mn^{2+}$  and  $Pb^{2}$ defines no relationship with any of the cations. The presence of toxic cations such as  $Cu^{2+}$  and  $Zn^{2+}$  at high concentrations in ashes was

probably the result of their use as alloys for medical equipment (needles, dissecting equipment's) (Athanasius et al.,2008). Ultimately, the strong correlations observed indicate that each of the paired elements in the soil has common contamination sources which in this case may be linked to the open dumping of incinerator ash. The negative correlation between cations may be the changes in their chemical forms (speciation) and bioavailability (Wuana and Okieimen, 2011).

 Table 8: Principal Component Analysis of elemental composition hospital

 open dumpsite in Medical Centre, Umuahia

Variable	Component (PC1)	<b>Component</b> (PC <sub>2</sub> )
Cadmium (Cd <sup>2+</sup> )	0.51679*	-0.1058
Chromium (Cr <sup>2+</sup> )	0.50886*	0.07237
Copper (Cu <sup>2+</sup> )	0.17926	0.61705*
Lead $(Pb^{2+})$	0.19277	-0.62192*
Manganese (Mn <sup>2+</sup> )	-0.42216*	-0.37454*
Zinc $(Zn^{2+})$	-0.4759*	0.27525
Eigen values	3.646	2.191
Variation (%)	60.77	36.52
Cumulative (%)	60.77	97.29

From Table 8, two components were considered in the factor analysis. The first component explains 60.77% of the total loading on  $Cd^{2+}$ . variance with  $Cr^{2+}$ ,  $Mn^2$ , and  $Zn^{2+}$ . The second component explains 36.52% of the total variance with loading on  $Cu^{2+}$ ,  $Pb^{2+}$ , and  $Mn^{2+}$  constituting 97.29% variation of metal cations in hospital waste dumpsite. The strong correlations observed in  $Cd^{2+}$ ,  $Cr^{2+}$ ,  $Zn^{2+}$  in  $PC_1$  indicate that each of the paired elements has common contamination sources which in this case may be linked to the hospital dumpsite. Ultimately, the percentage load of cations was higher in HOD with 97.29% than 83.7% in HIBA in the study area due to reduction in

waste volume and reactivity in hospital incinerator than hospital open dumpsite burning. The result conforms to the finding of Zakaria et al. (2005) who observed that incineration processes can easily destroy organic compounds and some metals found in hospital wastes. This also conforms to the earlier finding by Pickens (2007) who indicated that the use of De Montfort incinerator for healthcare waste treatment is better than open waste burning. The result of the study did not form with the finding of Amfo-Out et al. (2015) who reported that concentrations of the heavy metals from the incinerated higher than ash were the counterpart from the open-pit in Ghana

 Table 9: Contamination/Pollution Index (CPI) of Metal Cations in Hospital Incinerator

 Bottom Ash (HIBA) and Hospital Open Dumpsite (HOD) in Umuahia

	, ,	-	-		·	
Soil Depth	Cu <sup>2+</sup>	Zn <sup>2+</sup>	Mn <sup>2+</sup>	Cr <sup>2+</sup>	$\mathbf{Cd}^{2+}$	Pb <sup>2+</sup>
		Hospit	al Incinerato	r Bottom ash		
0 - 15	0.106	0.103	0.001	0.022	0.001	0.000
15 - 30	0.106	0.101	0.004	0.012	0.001	0.001
0 - 15	0.105	0.102	0.011	0.026	0.001	0.002
15 - 30	0.106	0.109	0.005	0.010	0.001	0.001
Mean	0.106	0.104	0.005	0.040	0.001	0.001
Significance	SC	SC	VSC	VSC	VSC	VSC
-		Hospi	ital Open Du	npsite		
0 - 15	0.106	0.100	0.002	0.011	0.001	0.000
15 - 30	0.106	0.104	0.004	0.009	0.000	0.001
30 - 45	0.105	0.043	0.003	0.010	0.001	0.006
Mean	0.106	0.102	0.003	0.023	0.001	0.002
Significance	*SC	SC	VSC	VSC	VSC	VSC

**\*SC:** slight contamination; VSC: Very slight contamination;

Pollution index for incinerator bottom ash (HIBA) and hospital open dumpsite for metal cations at different depths are presented in Table 9. From the result of the pollution indices at 0-15cm, 15-30cm, 30-45cm soil depths for  $Cu^{2+}$ ,  $Zn^{2+}$ ,  $Mn^{2+}$ ,  $Cr^{2+}$ ,  $Cd^{2+}$  and  $Pb^{2+}$  with the mean values ranged between 0.001-0.106 where  $Cd^{2+}$  and  $Pb^{2+}$  recorded the lowest mean pollution indices and  $Cu^{2+}$  recorded the highest mean index indicating very slight

contamination and slight contamination HIBA respectively. The contamination index of heavy metals in hospital open dumpsite also follow the same trend of HIBA where  $Cu^{2+}$  recorded the highest mean index (0.106) with  $Cd^{2+}$  being the lowest mean index (0.001) indicating slight contamination and very slight contamination respectively.

Table 10: Pollution /geo-accumulation index of heavy metals in Hospital
incinerator bottom ash and Hospital Open Dumpsite

Depths	Cu <sup>2+</sup>	Zn <sup>2+</sup>	Mn <sup>2+</sup>	Cr <sup>2+</sup>	$Cd^{2+}$	Pb <sup>2+</sup>	l-geoClass	*Remark
Hospital Incinerator Bottom ash								
<b>A.</b> 0 – 15	-4.75	-4.18	-11.29	-6.09	-10.97	-13.29	1	*UC to MP
15 - 30	-4.75	-4.04	-8.38	-10.32	-11.29	-10.97	1	UC to MP
<b>B.</b> 0 – 15	-4.76	-4.19	-7.29	-5.84	-10.97	-9.70	1	UC to MP
15 - 30	-4.75	-4.25	-8.16	-7.20	-10.70	-10.70	1	UC to MP
Mean	-4.76	-4.22	-7.724	-6.52	-10.84	-10.20	1	UC to MP
			Hospital O	pen Dumpsite				
0 - 15	-4.75	-4.90	-9.83	-6.38	-10.29	-12.29	1	UC to MP
15 - 30	-4.75	-4.54	-8.97	-7.38	-11.70	-11.29	1	UC to MP
30-45	-4.76	-5.11	-8.97	-7.36	-10.29	-8.00	1	UC to MP
Mean	-4.75	-4.85	-9.25	-7.04	-10.76	-10.53	1	UC to MP

\* UC to MP: uncontaminated to Moderately Polluted

Using the geo-accumulation and pollution indices, our study of hospital incinerator bottom ash and soil from open dumpsite were uncontaminated moderately to contaminated with metal cations such as  $Cu^{2+}$ ,  $Zn^{2+}$ ,  $Mn^{2+}$ ,  $Cr^{2+}$ ,  $Cd^{2+}$ , and  $Pb^{2+}$  in hospital incinerator bottom ash and hospital open dumpsite respectively, with  $Cu^{2+}$  dominating and  $Pb^{2+}$  being the lowest (Table 10). The results is in consonant with the finding of Adama et al. (2016) who reported

moderate contamination/pollution from incinerator site in Ghana. The result is in tandem with the findings of Zhao et al. (2009), Zhao et al. (2010), Kougemitrou et al. (2011). Saleh (2016) who observed that bottom ash produced by hospital incinerators contained high levels of heavy metals such as Zn, Pb, Cr, Cu, Mn and Cd, that can create a significant risk to the environment. Therefore, the produced bottom ash from the two incinerators may be classified as

hazardous wastes, and care should be taken during dumping (Gautam

## Conclusion

The study revealed varied heavy metals concentrations in the bottom ashes from the hospital incinerator bottom ash and hospital open dumpsite waste. From the study, metal cations were found in decreasing abundance order of  $Zn^{2+>} Mn^{2+>} Cr^{2+>} Pb^{2+>} Cu^{2+>}$ Cd<sup>2+</sup>in incinerator bottom ash:  $Zn^{2+} > Cu^{2+} >^{2+} Mn^{2+} Cr^{2+} >$ Pb<sup>2+></sup> Cd<sup>2+</sup> in open dumpsite through burning, with  $Zn^{2+}$ dominating respectively. Result of Principal Component Analysis recorded high loading on  $Cu^{2+}$ .  $Pb^{2+}$ ,  $Mn^{2+}$ ,  $Cd^{2+}$  in bottom ash that constituted 83.7% less than 97.29% in open dumpsite with loading on  $Cd^{2+}$ ,  $Cr^{2+}$ ,  $Mn^{2+}$  and  $Zn^{2+}$ . Cations with positive loadings:  $Cu^{2+}$ ,  $Zn^{2+}$  in  $PC_1$ ,  $Cd^{2+}$ 

Acknowledgement: The authors acknowledge Mr. Paul of Soil and Climate Change Laboratory, Federal Department of Agricultural Land Resources and Climate et al., 2010; Nurmesniemi et al., 2012).

in PC<sub>2</sub> of incinerator bottom ash and  $Cd^{2+}$ ,  $Cd^{2+}$  (PC<sub>1</sub>),  $Cu^{2+}$  (PC<sub>2</sub>) of open burning originated from bottom ash and open burning respectively. Results of of contamination index metal cations indicate slight slight contaminated and verv contaminated in bottom ash and open dumpsite respectively. The result of pollution index indicated uncontaminated to moderately pollution in bottom ash and open Therefore. burning respectively. incinerator bottom ash should be managed through properly pretreatment and engineering landfill disposal and open burning should be discouraged to avert human health and environmental consequences from improper medical wastes management.

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