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 - (b) Encouraging the exchange of profound and innovative ideas capable of generating creative practice in nursing research practise.
 - (c) Disseminating information on nursing related development that are not usually easily available to academics and practitioners.
3. The Journal will accordingly encourage the publication of the following categories of papers.
 - (a) Research papers that move away from orthodoxy and which really break new grounds in terms of methodology and findings.
 - (b) Essays and issues papers that contribute to re-orienting received ideas, values and practices.
 - (c) Documents emanating from national and international conferences, as well as from largescale research work that emerging trends and thinking in nursing related development.
4. LJN is published biannually in any area of nursing interest or relevant to needs of academics and practitioners.

In this volume, sixteen (16) manuscripts scale through the eye of the needle of the Editor-in Chief. The title of the papers in this edition are: Evaluation of Nurses' Actions and Opinion on Pain Assessment of Hospitalised Patients; Ultraviolet Radiation on Gunshot Wounds: Clinical Case Reports; Assessment of Knowledge and Compliance with Coronavirus Protocols Among Healthcare Professionals; Availability of Essential Components of Maternal Healthcare in Health Institutions; Factors Associated with Overweight and Obesity among Adolescents; Health-Seeking Behaviours, of Women Presenting with Advanced Stages of Breast Cancer: Sociocultural Beliefs and Practices on Placenta Disposal and Processing among Multiparous Women; Parental Control, Social Media Utilisation And Risky Sexual Behaviour Among Adolescents; Assessment of Nosocomial Infection Preventive Measures Utilized by Clinician Nurses in Intensive Care Unit; Alternative Medicine Use and its Perceived Effectiveness in Management of Hypertension; Assessment of Modern Contraceptives Uptake among Women of Reproductive Age; Community Health Extension Workers and Traditional Birth Attendants' Neonatal Resuscitation Practices of Babies Born with Asphyxia; Midwives' Current Screening Practice of Intimate Partner Violence among Pregnant Women in Northern Nigeria; Assessment of Cancer Patients' Quality of Life; Knowledge, Attitude and Practice of School Health Program among Secondary School Teachers and Traditional Birth Attendants' Knowledge of First-Aid Management and Skills of Selected Labour Emergencies in Ogbomosho, Oyo State, Nigeria: an Intervention Study.

EDITORIAL DESK

Welcome to LAUTECH Journal of Nursing!

LAUTECH Journal of Nursing focuses on but not limited to research findings in the different areas of nursing: Nursing Care, Nursing Education, Medical Surgical Nursing, Maternal and Child Health Nursing, Community Public Health Nursing, and Psychiatric/Mental Nursing. This journal is published to promote quality scholarly writing and hence instigating and generating vibrant discourse in the different areas of nursing. Apart from providing an outlet for publications of research findings, it offers opportunities for professionals and students to disseminate their views or position on topical issues and emerging theories within the scope of the journal. The Journal is peer reviewed by seasoned scholar. Six-three authors have contributed in one way or the other to the tenth edition of the journal.

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Patent

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Unpublished theses, dissertation, projects and essays

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TABLE OF CONTENTS

1.	Evaluation of Nurses' Actions and Opinion on Pain Assessment of Hospitalised Patients Ogwa, E. T. & Ndie, E. C.	1
2.	Ultraviolet Radiation on Gunshot Wounds: Clinical Case Reports Anyebe, E. E.; Ajayi, A.; Opaluwa, S. A.; Olawale J.; Muhammed Z. B. & Saror, L. A.	8
3.	Assessment of Knowledge and Compliance with Coronavirus Protocols Among Healthcare Professionals Dalhat Sani Khalid, Salihu Abdurrahman Kombo, Idris Abdulrashid & Yahaya Hamza Sani	16
4.	Availability of Essential Components of Maternal Healthcare in Health Institutions Chika C. H. Odira; Pauline O. M. Ezenduka & Edith N. Chiejina	25
5.	Factors Associated with Overweight and Obesity Among Adolescents Grace O. Daniel; Treng N. Urbanus; Emmanuel A. Oyedele; Folashade Wina; Nadyen J. Shikpup; Peter Udeh & Bonji Gaknung	40
6.	Health-Seeking Behaviours of Women Presenting with Advanced Stages of Breast Cancer Agatha Ogunkorode; F. E Ojo; D. T. Esan & I. D. Owoeye	52
7.	Sociocultural Beliefs and Practices on Placenta Disposal and Processing Among Multiparous Women Deborah Tolulope Esan, Agatha Ogunkorode; Barakat Bolajoko; Aderonke Julienna Adetunji & Oladapo T. Okareh	65
8.	Parental Control, Social Media Utilisation and Risky Sexual Behaviour Among Adolescents Constance O. Izekor; Florence O. Adeyemo; Deliverance Brotobor; Patricia O. Akowe & Queen Stella Otaigbe	75
9.	Comparative Assessment Of Nosocomial Infection Preventive Measures Utilized By Clinician Nurses in Intensive Care Unit Ehwarieme Timothy A; Omorogbe Christie E. & Nzelueaka Helen A.	84
10.	Alternative Medicine Use and Its Perceived Effectiveness in Management of Hypertension Oluwaseyi Abiodun Akpor; Tolulope Funmilola Ojo; Risikat Idowu Fadare; Oluwafunmilayo Esther Fadare; & Oluwaseun Eniola Adegbilero-Iwari	103

11. Assessment of Modern Contraceptives Uptake Among Women of Reproductive Age
**Olubiyi Simeon Kayode¹ Adeyemo F. O.; Umar N. J.; Olawuyi Victoria Fehintola;
Olubiyi M. Vincent; Olubunmi Oluwakemi Yejide & Irodi C. Canis** 113
12. Community Health Extension Workers and Traditional Birth Attendants'
Neonatal Resuscitation Practices of Babies Born With Asphyxia
Deborah Tolulope Esan, Agatha Ogunkorode & Eseoghene Ogburu 122
13. Midwives' Current Screening Practice of Intimate Partner Violence Among Pregnant
Women in Northern Nigeria
Ayishetu U. Musa-Maliki & Sinegugu E. Duma 132
14. Nurses Perception of Cancer Patient Quality of Life
Bolaji-osagie, Sarah O.; Oko-ose, Josephine & Isibor Ewere Anita 141
15. Knowledge, Attitude And Practice of School Health Program Among
Secondary School Teachers
**Olubiyi S. Kayode; Onasoga A. Olayinka; Yusuf A. Gambari; Ezeaka Patience;
Irodi C. Canis; Olufayoke V. Mide-atolani; Ogunleye O. R. & Olubiyi Bisola** 155
16. Traditional Birth Attendants' Knowledge of First-aid Management and Skills of
Selected Labour Emergencies in Ogbomosho, Oyo State, Nigeria: An Intervention Study
**Christiana O. Sowunmi; Adetunmise O. Olajide; Olaolorunpo Olorunfemi;
Mercy O. Iwaola & Oluyemisi F. Adeyemo** 163

SOCIOCULTURAL BELIEFS AND PRACTICES ON PLACENTA DISPOSAL AND PROCESSING AMONG MULTIPAROUS WOMEN

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ABSTRACT

Different cultures around the world have either myth, ritual or cultural practices surrounding the disposal of placenta. Various practices and sociocultural beliefs about placenta among multiparous women were explored. This study employed an exploratory design using a qualitative approach. Data were obtained by using a face-to-face, semi-structured interview, which was administered to the study participants. The result of the sociodemographic characteristics of this study showed that the average year of participants is 29 years, all participants are married and are Christians. This study observed that participants believed that there is a connection and the foetus child. Also, participants reported that their husband are responsible for the collection of their babies placenta after bath. In conclusion Myths and taboos still exist regarding the placenta and these myths influenced participant's choice of disposal method. There is need for client's education on proper placenta disposal methods to promote safe and eco-friendly practices of this biologic waste. It is recommended that nurses educate mothers and their families on biomedical disposal of placenta (e.g., incineration) as an option to these cultural practices.

Keywords: Placenta disposal; Sociocultural practices; Multiparous women.

INTRODUCTION

Different cultures around the world have a myth, ritual or cultural practices surrounding the disposal of the placenta. Beyond its biological, scientific, and therapeutic significance, the placenta may be culturally meaningful, aggravating a great variety of responses from person to person and culture to culture (Yoshizawa, 2013). Nigeria is a country with multiple habits and customs, where current traditions, modern or modernized, are woven at the end of old ones (Fioffi-Kpadonou, Kpadonou, Azon-Kouanou, Aflya, 2015). Conversely, from anthropological literature, it is known that the placenta is seen by some groups to be a sacred object or spiritual companion of the baby

valuations which relate to norms as regards kinship and social belonging as well as beliefs about differences between natural, cultural, and spiritual realms (Yoshizawa, 2013).

The placenta is a dynamic vascular discoid organ that develops within the uterus during pregnancy, attached by the umbilical cord to the baby and is delivered just after birth; thus, it is often called 'the afterbirth' (Raghunath et al., 2011). It is the only organ in the body derived from two separate individuals (the mother and the fetus) and the primary metabolic regulator for the respiratory, nutritional, excretory, endocrine, and immunological functions of the foetus necessary for foetal growth (Joshua, 2015). Among the Yorubas, the burying of a baby's placenta is a tradition that is carried out mostly by the father or in his absence by a member of his family or anybody the wife chooses and trusts to do it in the absence of her husband. The Yorubas called it "ibi", which literally means the world is a vicissitude of the "good, the bad and the ugly", so the baby is the good and the placenta is the bad (Damilola, 2018). So, good one which is the baby is taken home, while the bad which is the placenta is disposed by burying because it is believed we cannot take something that is bad home.

This tradition has been right from time and has been emulated over the years. While among the Igbo people of Nigeria, for instance, the mother chooses a place at the foot of a young tree, the more fruitful the better. The chosen palm tree, banana, breadfruit, or plantain tree will become the child's tree, and Igbo beliefs hold that it will then give as many fruits as the child has successes throughout his entire life. It is also a way to bind the child to the earth, and to that special place in his community (Damilola, 2018).

The treatment of the placenta after birth varies amongst people and countries. In many western cultures, the placenta is viewed as 'medical waste' and disposed of at birth (Yoshizawa, 2013). But in contrast, most African cultures have norms and beliefs about placenta. These norms and beliefs are typically expressed in rituals such as burying the

placenta under a tree or near the house. Such practices are meant to ensure the health and good fortune of mother and baby. There are certain rites about placenta disposal that are still practiced till date while some have been stopped. Some other superstitious beliefs are attached to the placenta such as, if dogs dig up the placenta of a child where it is buried such child will become promiscuous for the rest of its life (Damilola, 2018). While some others believe that a baby must not see its own placenta as it is a taboo, others have attached so much spirituality to it that if one's enemy sees or knows where one's placenta is being buried, the child enemy can do evil to it and render the one useless (Damilola, 2018).

The placenta is considered a biomedical waste and its disposal is very important and quite crucial in health care settings. Improper handling and disposal of placenta is hazardous to health as it constitutes nuisance causing major pollution to the environment (WHO, 2018). Biomedical wastes in this category are potentially infectious and therefore improper disposal and maintenance could result to occurrence of infections among healthcare workers, patients and also contributes to environmental pollution and dump site scavenging. Although, placenta can be utilized and processed in science and medicine for research purposes; yet it is rare to have people donate their baby's placenta for research in Nigeria. This purpose of this study was to assess the practices and sociocultural beliefs on placenta disposal among multiparous women in selected health care settings in Ekiti State.

Objectives of the study

The study sets out to explore the practices and sociocultural beliefs on placenta disposal and processing among pregnant and multiparous women in selected health care facilities in Ekiti state with the following objectives:

- 1) To explore the individual beliefs of pregnant and multiparous women on placenta and its symbolic meaning to the child.
- 2) To identify the methods of disposal of placenta practiced by pregnant and multiparous women in collaboration with the family.

METHODOLOGY

Design: This study used a qualitative research design.

Research Setting: The settings for this study are Federal Teaching Hospital Ido-Ekiti (FETHI) and Oke-Iyinmi Comprehensive Health Care Centre, Ado-Ekiti, Ekiti State. Federal Teaching Hospital Ido-Ekiti (FETHI) is a health care facility with a population of over 5000 people and this population is made up of students, academic staff, and non-academic staff (Doctors, Nurses, Health assistants etc.). The hospital was established in the year 1954 as a general hospital which was later changed to federal medical center in the year 1988 and later to teaching hospital in the year 2014. The hospital serves as a referral center for all other health institution (general hospital, specialist hospitals and comprehensive health centers) in Ekiti state.

The federal teaching hospital has 24 fully functional departments comprising of 18 clinical departments and five supportive departments. It has a capacity of 280 beds spanned through the following wards: accident and emergency, male surgical, male medical, female surgical, female medical, psychiatry, obstetrics and gynecology wards, neonatal ward, pediatrics, surgical and medical outpatient department inclusive. It also has a renal, cardiac Centre, functional intensive care unit, laboratories, special units, research centers and a library.

Oke-Iyinmi Comprehensive Health Centre is located in Ado-Ekiti local government, Ekiti state. It is a public health organization with the aim of reducing maternal and child mortality at grass root level. The Health Center comprises of the various units, antenatal clinic, labor ward, post-natal ward, pharmacy, and laboratories. Personnel employed at the Health Centre include Nurses, Midwives, Community Health Extension Workers (CHEWS), and Health/Nurse Assistants. The services rendered at Oke-iyinmi Comprehensive Health Center includes, Antenatal clinic, delivery, circumcision, family planning, treatment of childhood diseases and Immunization services.

Target population: The target population for this study include all Pregnant and Multiparous women at Federal Teaching Hospital Ido-Ekiti and Oke-Iyinmi Comprehensive Health Centre.

Sampling technique: A purposive sampling was used to meet the explicit criteria of the study

Instrument for data collection: A semi-structured interview guided by open ended questions was used for data gathering. Broad questions on the interview guide collected data on a) their practices after collection of the placenta and its disposal, b) sociocultural beliefs regarding placenta processing, its impact on a child's future and implications.

Method of data collection: Due to the qualitative nature of the data needed, the data gathering method was self-report, using a semi-structured interview guide. In this study, available participants that met the inclusion criteria of this study were approached by the researcher on postnatal clinic and Immunization days of Comprehensive Health Centre, Oke-Iyinmi and Federal Teaching Hospital Ido- Ekiti where informed consent was obtained and briefing on the study aims and objectives were done prior to the participants' completing the demographic collection data form and starting of the interview.

Face-to-face, one-on-one, semi- structured interviews were used to collect data from the participants. Each interview took about 20 minutes. The interview was voice recorded with the permissions of the respondents and was transcribed verbatim in a transcription note except where translations were imperative. Interviews were conducted in English language

Method of data analysis: Data analysis involves a process designed to condense raw data into categories or themes based on valid inference and interpretations. The participant's demographic characteristics were analysed using Statistical package for social sciences (SPSS version 20) and presented in tables while the content and thematic analyses of interview scripts were carried out.

A combination of three qualitative data analysis methods were used to analyze the data. A template analysis style was combined with content analysis using open coding as the categories are generated from the data (Creswell, 2009). Content analysis involves a process designed to condense raw data into categories or themes, based on valid inferences and interpretations. The narrative data gathered in terms of each theme were analyzed using open coding, which is the process of breaking down, examining, comparing, conceptualizing, and categorizing data and not merely describing themes (Holloway & Wheeler, 2010).

The planning for the data analysis was as follows:
Transcription of the audiotapes: Audiotapes were

transcribed, and the field notes were also used to enhance and substantiate data to get an adequate transcription.

- Tesch's data analysis approach: A data analysis protocol was developed based on Tesch's data analysis approach (Creswell, 2003).
- Concurrent gathering and analysis of the data: To know when data saturation has occurred, data analysis commenced with the first interview and continued as data gathered.

Ethical consideration: A Proposal was submitted to the Ethics review committee of the selected health care facilities that is Federal teaching hospital, Ido- Ekiti and Oke-Iyinmi Comprehensive health centre Ado- Ekiti for approval. After approval to conduct study was obtained, informed consent was also obtained from the participants who met the inclusion criteria. The participants were informed about the nature of the study and what findings are needed to be obtained, and thus informed consent was obtained. Participants were informed that they have the right to choose voluntarily if they want to participate in the research or terminate their participation. Confidentiality and anonymity were maintained. This study did not cause any form of harm to the participants, be it physical, emotional, social, or financial harm or exploitation ensuring non maleficence, the participants were selected based on the research requirements. The participants were told about the benefits of this study and assured that their participation will not be used against them in any way, research will be terminated if it would result in any form of injury to ensure beneficence. Scientific honesty was adhered to by reporting the results without any fabrication but with objectivity and integrity.

RESULTS

Respondents' Demographic Characteristics

Table 1. Shows that from the 18 participants interviewed, their ages ranged from 23 – 37 years with an overall age average of 29 years. All the participants (100%) were married. Higher percentages (12 of 18) of participants were Christians, most (11 of 18) of the participants were Yorubas. More than half (10 of 18) of the participants were secondary school holders. A little above average (11 of 18) of the participants were multiparous women.

Table 1: Summaries of Interviewed Participant Characteristics

	1	2	Total
Demographic Data	Ido	Okesa	
N	8	10	18
Average Age in Years	27.8	29.5	28.65= 29years.
Marital Status			
Single	0	0	0
Married	8(100%)	10(100%)	18(100%)
Religion			
Christainity	6(75%)	6(60%)	12(66.7%)
Islam	2(25%)	4(40%)	6(33.3%)
Ethnicity			
Yoruba	5(62.5%)	6(60%)	11(61.1%)
Igbo	1(12.5%)	2 (20%)	3(16.7%)
Hausa	0(0%)	2(20%)	2(11.1%)
Others	2(25%)	0(0%)	2(11.1%)
Level of Education			
Primary	0(0%)	0(0%)	0(0%)
Secondary	4(50%)	6(60%)	10(55.6%)
Tertiary	4(50%)	4(40%)	8(44.4 %)
Others	0(0%)	0(0%)	0(0%)
Number of Children			
0	1(12.5%)	1(10%)	2(13.3%)
1	1(12.5%)	1(10%)	2(13.3%)
2	2(25%)	5(50%)	7(38.8%)
3	3(37.5%)	1(10%)	4(22.2%)
4	1(12.5%)	2(20%)	3(16.7%)
5	0(0%)	0(0%)	0(0%)
Previous Pregnancies			
1	2(25%)	2(20%)	4(22.2%)
2	1(12.5%)	4(40%)	5(27.8%)
3	3(37.5%)	2(20%)	5(27.8%)
4	1(12.5%)	2(20%)	3(16.7%)
5	1(12.5%)	0(0%)	1(5.56%)

Theme 1: Knowledge and Beliefs about the Placenta

Knowledge on placenta

Participants were all (18 of 18) able to correctly describe a placenta owing to the fact that they have been delivered of one or more babies. A respondent explained:

“Yes I know what a placenta is. During my antenatal visitations in the hospital, we were taught what a placenta is and its importance to a child. So, I learnt a placenta is what feeds the baby before the baby is born”. (P3, 26 years, FETHI)

Similarly, another respondent explained:

“A placenta is something that binds the mother and the child together and after the baby is born, the baby is separated from the mother when the placenta has been completely delivered. Only after this can the mother be congratulated” (p2, 28years, OKESA).

Knowledge on the collection of Placenta after birth

In addition, based on the knowledge of respondents on the collection of placenta after birth, most of the participants (14 of 18) reported that their husbands were responsible for the collection of the baby's placenta after childbirth.

Some comments by the respondents were:

“My baby's placenta has always been given to my husband, he has always been present when I deliver my baby, so the nurse asks me to call him to carry the placenta and dispose it” (p3,26years, FETHI, G3P3)

“My husband is the one that collects my baby's placenta and disposes it before I'm being discharged from the hospital” (p2,24years, FETHI,G3P3)

“My husband was not available when I delivered my first child, my mother was around, so she collected the placenta and helped me dispose it, but my husband disposed my second baby's placenta” (p8,28years, OKESA, G2P2₊).

Perception on who the placenta should be given to after delivery and who has the right to dispose the placenta

Most (12 of 18) of the participants believed the baby's father that is, the husband is the right person to collect the baby's placenta and has the right to dispose the placenta as fit. Three participants mentioned trusted relatives and two participants mentioned the baby's mother. However, one participant felt differently.

One of the respondents stated:

“The husband is the right person to collect the placenta because he is the baby's father and he is the only one to be trusted with such body organ” (p3, 26 years, G5p2₊...pregnant, FETHI).

Another respondent affirmed:

“The husband is the only person that the placenta should be handed to and should be disposed by him alone” (p7,24 years, G1p0...pregnant, FETHI)

Another respondent believed:

“My mother and my husband can help me dispose the placenta, so yes, the baby's grandmother and the baby's father have the right to dispose the baby's placenta” (p8, 28years, G3P3, FETHI).

Conversely, another respondent explained:

“I think anybody that is available during my baby's delivery can collect the baby's placenta and dispose it also” (p3, 26years, G1P1, OKESA).

Various Practices of people as regards placenta disposal and participants' practices on placenta disposal

Participants practice burying (9 of 18), burning (5 of 18), Flushing in the toilet (2 of 18) and throwing inside a soak-away (2 of 18), as methods of placenta disposal. {“a soak away” is a pit, typically filled with hard core, into which wastewater is piped so that it drains slowly out into the surrounding soil)

Some of the comments were:

“The method of placenta disposal I practice is burying. I have also heard of other methods of placenta disposal like burning, I also heard that some people eat the placenta, but I don't know how

true this is.” (p4, Yoruba, Islam, 25years, G3P3, FETHI)

“I have two children and their placentas were disposed in a soak away system by my husband. Other methods I know of are burying, cooking the placenta to eat, and burning” (p6, 32years, Hausa, Christianity, G2P2, OKESA)

“We flushed my baby's placenta once but later my husband started burying the placenta. So we practice flushing and burying. These are the only methods of placenta disposal I know.”(p1, 34years, Igbo, Christianity, G4P4, OKESA).

Theme 2: Cultural Practices relevant to the Disposal of Placenta.

Knowledge on various ethnic group practices on placenta disposal

Result showed that there are different beliefs as regards placenta based on the different ethnic groups and culture. Findings indicated the different symbolic meaning of placenta to a child.

A respondent explained:

“In my culture, we dig hole in the ground and bury the placenta. The mother is not allowed to know where the place the placenta was buried” (p5, 34years, Yoruba, Christianity, G4P4, FETHI)

Another respondent stated:

“I am igbo and in igbo land, the placenta can be buried or tied round a tree precisely ogbono tree” (P3, Igbo, Christianity, 26years, G2P2₊, FETHI)

Other comments by the respondents are as follows:

“I have heard that in my culture, Edo, some mothers cook the placenta and eat, some also burry it. The only method I practice is burying, I don't acknowledge the eating aspect” (p6, 35years, Christianity, Edo, G2P2, FETHI)

“I don't know about the practices in my tribe, I think burying is the only acceptable method everywhere” (p8, Igbira, Islam, 28years, G3P3, FETHI).

Informants Perception on whether the way the placenta is disposed could affect the child's future

Most (13 of 18) of the participants believed that improper placenta disposal could affect the child's future. These are some of what they said:

“I am personally against people who dispose their placenta improperly, it shows that they are irresponsible, and the child can also grow up to be irresponsible” (p4, 25years, FETHI)

“I believe that if a child's placenta is not disposed properly, it has great effect on the mother and child” (p2, 28years, OKESA)

“The placenta is a part of the baby, something like a dead second child and disposing it is like disposing a human being so it has to be disposed properly or it will have a very big effect on the child in future” (p6, 35years, FETHI)

“The placenta is sacred and burying it well is very important, people say a dog must not eat a child's placenta, so if this happens, the child will be in great danger” (P7, 26years, OKESA)

“Improper placenta disposal can cause the death of a child before he grows into an adult, because any ritualist can make use of the placenta for evil purposes” (p2, 24years, FETHI)

Perceived meaning of a placenta to a child and significance of a placenta to a child's future

Most of the participants (13 of 18) believed that placenta is significant to a child. Few (5 of 18), however felt placenta is not significant to the child in any way. These are some of their citations:

“The placenta is very important to a child, it means the child is complete and if anything happens to it, the child might have difficulties growing up” (p4, 25years, FETHI)

“In my culture, a mother must not see her baby's placenta, it is a taboo. If she sees the baby's placenta, the child will dislike her for the rest of his/her life.” (p4, 31years, OKESA)

“A child must not know where his/her placenta is buried, if not her/her will not live long” (p1, 34years, OKESA)

“I think the placenta is sacred and its relationship to the child before birth is feeding. After delivery, it is left for the father to dispose the placenta. If the placenta is seen or eaten by a dog, if it's a boy, he will be useless in future but if it's a girl, she will be a prostitute in future” (p7, 26years, FETHI)

“The placenta is a baby's companion, its relationship with the child is that it comes immediately after the child, it is like a leftover from the child. I think if it is handled by the wrong person, the child can be affected in future. I don't know what can happen to the child in particular” (p8, 28years, FETHI)

Theme 3: Differences in Beliefs and Practices among Informants

Perception on the negative implications that could arise from improper placenta disposal

About half of the participants (10 of 18) believed that there are negative implications that could arise from improper placenta disposal while a few others (5 of 18) do not believe there are negative implications of improper placenta disposal. Three were not sure if there are negative implication of improper placenta disposal.

Some of the comments were:

“Yes there are negative implications of improper placenta, both to the mother, the child and to the society. It can affect the child in future and the mother, throwing the placenta away any how can also cause an environment to start smelling” (p2, Yoruba, 24years, FETHI)

“Hmm, I think disposing a placenta anyhow is wrong especially flushing, it can block the pipe and once the placenta has decayed, it will start smelling from the soak away. This is wrong” (p8, 28years, Ibira, FETHI)

“If a placenta is not disposed properly, for example, throwing it inside a bush can cause environmental pollution and also a dog or any other animal can eat

the placenta which can be dangerous to the child” (p8, 28years, Yoruba, OKESA)

“Improper placenta disposal is only going to make the environment dirty and if any evil person gets hold of the placenta, he can harm the mother or the child” (p6, 32years, Hausa, OKESA)

Knowledge of placenta as a biological waste

Only six participants viewed placenta as a biological waste.

Some of the comments were:

“Yes placenta is a biological waste since it is a bloody substance” (p8, 28years, OKESA)

“A placenta is a hospital waste so it can be considered as a biological waste” (p4, 31years, OKESA)

“Yes a placenta is a biological waste, it is what comes out after the baby is born, more like a left over from the mother and child, so it is a waste” (p1, 27years, FETHI)

Majority of the participants did not view placenta as a biological waste.

Below are some of their comments:

“A placenta is like a human being, so it cannot be a biological waste” (p6, 32years, OKESA).

“No, a placenta is not a biological waste, it is not disposed in the hospital, so I don't think it is a biological waste” (p7, 24years, FETHI)

“I don't know if a placenta is a biological waste or not” (p5, 34years, FETHI)

DISCUSSION

This study was conducted to explore the sociocultural beliefs and practices on placenta disposal and processing among multiparous women in selected health care facilities in Ekiti state, Nigeria. Analyses of the participants' demographic characteristics showed that their ages ranged from 23 – 37 years with an overall age average of 29 years. All the participants (100%) were married. Higher percentages (12 of 18) of participants were Christians, most (11 of 18) of the

participants were Yorubas. More than half (10 of 18) of the participants were secondary school holders. A little above average (11 of 18) of the participants were multiparous women.

The study findings showed that in this part of the country Ekiti state, there is a high percentage of Yoruba women, and this is contrary to a study done by Chinwe (2014), in which there is higher percentage of Igbo women. Basically, this study was conducted in the Southwest where Yoruba are more common while in Chinwe's study which was conducted in the East had higher percentage of Igbos. Depending on the nature of this study, a key factor to similar studies is the study setting which consists of one dominating ethnic group or the other.

Regarding the level of education among participants, another study by Oxaal and Baden (1996), stated that education is a factor which offers the possibility of affecting the magnitude of placental disposal practices and beliefs in a few different ways. This study showed that the highest level of education among the respondents was secondary school education thus like a study conducted by Adenike (2013) in which about 31.1 million Nigerians had secondary school education as the highest level of education. The influence of education on health is assumed to derive from various dimensions of the educational experience; schooling imparts literacy skills, which enables pupils to process a wide range of information and stimulate cognitive development (Idowu, Osinaike & Ajayi, 2011).

This study noted that the individual beliefs of pregnant and multiparous women on placenta and its symbolic meaning to the child are that *a placenta feeds the baby before the baby is born*". Also, *placenta is something that binds the mother and the child together and after the baby is born, the baby is separated from the mother when the placenta has been completely delivered. Only after this can the mother be congratulated*" From the findings of the study, it can be deduced that there are specific cultural beliefs about placenta and it has various meanings in different culture.

The Yorubas called a placenta "Ibi", which literally means the world is a vicissitude of the "Good, the bad and the ugly" so the baby is the good and the placenta is the bad. So the good one i.e. the baby is taken home, while the bad which is the placenta is buried because it is believed we cannot take

something that is bad home (Young and Benyshek, 2016). Similarly, in Young and Benyshek, (2016) study, the Igbo culture of Nigeria believed that burying the placenta connects the child to the spirits in the ground, and the placenta was given the name "Our Mother" (Young and Benyshek, 2016).

In Bali the placenta is called "Ari-Ari" and is considered the physical body of the child's guardian angel, and the angel's spirit stays with the child for life. Also, in this study, many of the Participants believed there is a connection between the placenta and the child's future. This is similar to the findings of Fioffi-Kpadonou et al., where participants reported a link between the placenta and future siblings and that improper disposal could lead to future barrenness of the mother or could prevent the mother from getting pregnant subsequently.

This study observed that the placenta practices after collection and its disposal, most of the participants reported that their husbands were responsible for the collection of the baby's placenta after childbirth. This implies that husbands are actively involved in placenta collection and disposal in Ekiti state. According to Fioffi-Kpadonou et.al. (2015), handling placenta allows the place of each family, both paternal and maternal, and requires both families' collaboration around the placenta and around the child and his parents. In this study, there was a controversy on the right person to receive a child's placenta. Also, it was discovered that burying is the most practiced method of placenta disposal among pregnant/multiparous women in Ekiti State. Other practices of placenta disposal are burning, burning, and burying the ashes, tying round a tree, throwing it in a pit soak away, flushing down the toilet

In this Study, the dominating tribe is Yoruba while others as stated in the results are Igbo, Hausa, and others. Results in this study implied that all the tribes have their different sociocultural beliefs on placenta processing and its perceived impact on a child's future. Based on the perceptions by the different tribes from the results, different ethnic groups have their sociocultural beliefs and practices on placenta processing, and this is supported by different studies reviewed. Like Young and Benyshek (2010) revealed, the Igbo tribe of Nigeria believe that burying the placenta connects the child to the spirits in the ground, and the placenta was given the name "Our Mother". The Yorubas called a placenta "ibi", which literally

means the world is a vicissitude of the "good, the bad and the ugly" so the baby is the good and the placenta is the bad. So, the good one which is the baby is taken home, while the bad which is the placenta is buried because it is believed we cannot take something that is bad home (Young & Benyshek, 2010).

Posing a contrary view, Fiossi-Kpadonou (2015), reported that there is considerable link between the placenta and the future siblings (brothers and sisters) so precautions in relation to the mother who must not see the placenta if she wants to have more children whereas, this study deduced that there is link between a placenta and a child's future not the siblings. Also, it was revealed in this study that there are negative effects of improper placenta disposal to a child's health, future and to the environment in general. This inferred that improper placenta disposal could be harmful to a child, his future and to the economy at large.

According to WHO (2009), since a placenta is a biomedical waste, and this category of waste is generated in medical facilities, its threats can go beyond the facility premises and affect other people and organisms. Improper management of biomedical wastes further promotes higher occurrence and prevalence of diseases both within and outside the medical facility. Most participants in this study have no idea what a biomedical waste is and are not aware of other eco-friendly method of placenta disposal like incineration. In relation to the findings in this study, Callaghan (2007), conducted a study saying; Within the hospital system, the blood, amniotic fluid, and other bodily "waste" products of childbirth are not reflected to have any value outside the body and indeed once they are outside the body, take on contamination status.

Most of the cultural perceptions of participants on improper placenta disposal in this study included: death of the child prematurely, malfunctioning of the child in the society, hatred of the mother by the child, prostitution among female children, poor growth of the child which can be true and this is in line with a study by Long (1963), based on the connection with both the child and the mother, the placenta, when disposed improperly, was believed to have a potentially grave effect on the future fate of the mother and child, as well as potentially offending countless spirits through the pollution of female blood. This is untrue in Emily's (2014) observation that many of the disposal practices for

the placenta and umbilical cord were determined by a fear of the infant being cursed by an alternative community member causing harm to the child but placenta is just a 'waste' and should be considered as one by disposing it properly in the hospitals using Incinerators.

CONCLUSION AND RECOMMENDATION

This qualitative study revealed that there are diverse sociocultural beliefs and practices on placental disposal as they relate to and associate with a child's future in one way or the other. However, burying, and burning are the most practiced methods of placenta disposal practiced in this part of the country, but these practices have been selected as the appropriate methods based on the beliefs of women who were interviewed in this study

It is recommended that nurses educate mothers on biomedical disposal of placenta as an option to these cultural practices. Mothers and families should also be educated on the various dangers of improper placenta disposal.

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PARENTAL CONTROL, SOCIAL MEDIA UTILISATION AND RISKY SEXUAL BEHAVIOUR AMONG ADOLESCENTS

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ABSTRACT

The aim of this study was to assess relationship between parental control on social media utilisation and risky sexual behaviour among adolescents in public secondary schools in Ekpoma, Edo State, Nigeria. The study employed a descriptive study design and simple random sampling method to select 336 adolescents for the study. A self-developed questionnaire was used as the instrument for data collection. Data collected was analysed through descriptive statistics (frequencies and percentages) while research hypotheses were tested using the Chi-square (χ^2) and Multiple Linear Regression Analysis were used to test the analysis. Statistical Package for Social Sciences (SPSS) version 23.0 was used to input the data and analyse data. Findings from the study showed there was low level of parental control on utilization of social media among the adolescents. The relationship between parental control on social media utilisation and risky sexual behaviour among adolescents in public secondary schools in Ekpoma, Edo State was not statistically significant ($\chi^2 = 0.763$; $p = 0.382$). However, mother's age was the only significant socio-demographic characteristics that had positive relationship with parental control on social media utilisation among adolescents in public secondary schools in Ekpoma, Edo State ($p = 0.029 < 0.05$). It was therefore recommended that parents should devise methods to increase their level of control on the utilisation of social media by their children.

Keywords: Parental Control; Social Media Utilization; Risky Sexual Behaviour, Adolescents

INTRODUCTION

Social media, according to Stockwell *et al.*, (2015) is a good avenue to deliver quality health messages on health promotion and disease prevention. However, some authors have argued that internet and social media platforms might have negative effect on the health of adolescents due to undue exposure to sexually explicit contents leading to risky behaviours and discussion on sex, violence, drinking, and bullying among peers, coupled with

less parental monitoring (Houlihan & Houlihan, 2014). Oladeji and Anyagunna (2017) opined that many social media sites give users the opportunity to paste profiles with pictures and information that is personal to them, they also allow for the use of web cameras and sending of pictures. Lenhart *et al.*, (2012) further asserted that social media users can create their own screen names which may be their given name or a name adopted. Pictures can also be uploaded by users and profiles that display personal information can be created. Social networking has become basic to the rational and social lives of the adolescents. Their often unrestricted access to sexually explicit content and associated inauspicious sexual health may account for their risky sexual behaviour which has become a public health concern (Wong, Merchant & Moreno, 2014).

The advent of social media may have dramatic effect on both the adolescents and the family (Amoo, Adetoro & Olawole-Isaac, 2013). Furthermore, adolescents are more likely to indulge in behaviours that are risky to their health if there is little or no control on what they view on the social media by parents or guardians. The family as a social group is also undeniably changing. The association existing between the family and technology and its incorporation into family's life is of vital importance in order to understand the change taking place (Ofole & Agokei, 2014). Also, when matters related to sex cannot be discussed with parents, adolescents more often than not may turn to social media platform to discuss such issues. In the view of Lenhart *et al.*, (2012), they do this because they are sure answers will be provided for their questions on such platforms.

Adolescence is a developmental stages characterized as a period of change, opportunity, and vulnerability (Landry, Turner, Vyas & Wood, 2017). It is also a phase of rapid physical, cognitive, and emotional development (World Health Organisation, 2018). Many adolescents are now living in a world that is influenced heavily by computer devices, smart phones, social media applications and internet surfing (International

