# **Journal of Pharmaceutical Advanced Research**

(An International Multidisciplinary Peer Review Open Access monthly Journal)

Available online at: www.jparonline.com

# A cross-sectional Descriptive study: Awareness, prevalence and factors associated with Respiratory disorders among Petrol pump workers

Medonajudith.M1\*, Kowsalya Devi.S1, Kishorepandi.M1, Santhanakumar.M2

<sup>1</sup>Department of Pharmacy Practice, Arulmigu Kalasalingam College of Pharmacy, Anand nagar, Krishnankovil, Srivilliputhur, Tamil Nadu, India.

<sup>2</sup>Department of Pharmacology, Arulmigu Kalasalingam College of Pharmacy, Anand nagar, Krishnankovil, Srivilliputhur, Tamil Nadu, India.

Received: 03.08.2023 Revised: 13.08.2024 Accepted: 20.08.2024 Published: 31.08.2024

**ABSTRACT:** The term 'air pollution' indicates the presence in the ambient atmosphere of matters such as gases, the mixture of gases, and particulate matter, produced by the activities of man. Petrol filling station is a place where workers are exposed to both petrol/diesel vapors and the vehicular exhaust. Occupational exposure to diesel/petrol vapors have been shown to affect the functioning of different systems of the body. Occupational benzene exposure mainly via inhalation most frequently occurs among benzene distillers in the petrochemical industry, employees of filling stations, professional (truck) drivers, and operators of machinery powered by internal combustion engines. Benzene has several toxic effects in humans, which includes hematoxicity, immunotoxicity, neurotoxicity, and carcinogenicity. Gas station workers are unaware of the health risks of air pollution as well as gasoline smoke. Also, gas station operators do not use personal protective equipment and personal hygiene in the workplace varies. Personal protective equipment and other control measures can reduce respiratory problems. Therefore, early detection of adequate symptoms and preventive strategies can reduce the incidence of lung dysfunction among gas station workers.

# Corresponding author:

Ms. Medonajudith.M Asst. Professor Arulmigu Kalasalingam College of Pharmacy, Anand nagar, Krishnankovil, Srivilliputhur, Tamil Nadu, India. Tel: +91-8300239404 E. Mail ID: medonajudith23@gmail.com

**Keywords:** Gas station, Lung disease, Fuel, Pollution, Petrol pump workers.

#### INTRODUCTION:

The term 'air pollution' indicates the presence in the ambient atmosphere of matters such as gases, the mixture of gases, and particulate matter, produced by the activities of man <sup>[1]</sup>. Health effects of occupational exposure to gasoline and air pollution from vehicular sources are relatively unexplored among petrol filling workers. Petrol filling station is a place where workers are exposed to both petrol/diesel vapors and the vehicular exhaust. Occupational exposure to diesel/petrol vapors have been shown to affect the functioning of different systems of the body <sup>[2]</sup>.

Petrol (gasoline) is a complex combination of hydrocarbons. About 95 % of components in petrol vapor are aliphatic and acyclic compounds and <2 % aromatics. The benzene content of petrol has typically been in range 1 to 5 %, but may have risen following the removal of lead additives [3]. Benzene is a solvent that leads to lung dysfunction, asthma, lung infection, central nervous system suppression, blood poisoning, genetic effects, chromosomal abnormalities, deoxyribonucleic acid DNA damage, and carcinogenesis [4,5].

As a result of the increase in the consumption of gasoline by cars, a wide range of environmental pollutants enter the atmosphere, among which volatile organic compounds play an important role <sup>[6]</sup>. Therefore, the air in cities is becoming, directly and indirectly, more polluted. This is an environmental problem in developing countries that has dangerous consequences for human health and the environment <sup>[7]</sup>.

Occupational benzene exposure mainly via inhalation most frequently occurs among benzene distillers in the petrochemical industry, employees of filling stations, professional (truck) drivers, and operators of machinery powered by internal combustion engines <sup>[8]</sup>. Benzene has several toxic effects in humans, which includes hematoxicity, immunotoxicity, neurotoxicity, and carcinogenicity <sup>[9]</sup>.

Gas station workers are exposed to the organic and inorganic substances, which exist in gasoline, volatile aromatic hydrocarbons in the atmosphere of service stations and gas stations. Ethylbenzene is a colorless, flammable liquid with a benzene-like odor that is more commonly used as a solvent. Acute respiratory effects of ethylbenzene vapors include irritation of the airways, shortness of breath, eye pain, sore throat, neurological disorders, dizziness, drowsiness, and fatigue [10].

Gas station workers are unaware of the health risks of air pollution as well as gasoline smoke. In addition, gas station operators do not use personal protective equipment and personal hygiene the workplace varies. Personal protective equipment and other control measures can reduce respiratory problems. Therefore, early detection of adequate symptoms and preventive strategies can reduce the incidence of lung dysfunction among gas station workers [11]. Concerning the importance of the subject, this study was conducted to determine the prevalence of respiratory disorders in gas station workers.

# **OBJECTIVES:**

- ➤ To assess the awareness and prevalence of respiratory morbidities among petrol pump workers.
- ➤ Gas station workers who are continuously exposed to gasoline/diesel smoke, are at high risk of causing respiratory problems. This study was conducted to determine the prevalence of respiratory disorders in gas station workers.

#### **MATERIALS AND METHODS:**

A descriptive study was used for this study. The research was carried out between May 2022 to September 2023. A total of 200 pump employees were present in the Fuel full station. The total numbers of pump workers during data collection (235) but (25) pump workers refused to participate in the study and (10) pump workers were unavailable during data collection because of their sick leave. Finally, the sample size of the study became (200) pump workers. Inclusion criteria include employees who have work at gas stations and perform oil changes and gasoline fills on vehicles. Exclusion criteria included the participant's unwillingness to continue participating in the study, suffering from incurable diseases such as cancer, and death of the participants during the study.

### **Socio-demographic characteristics:**

A checklist of signs and symptoms of respiratory disorders was used to assess the prevalence of respiratory symptoms. This part was designed to assess the signs and symptoms of respiratory morbidities. The checklist consisted of five items which were classified into five cardinal respiratory symptoms such as cough, phlegm, wheezing, dyspnea, and chest tightness. It was based on ATS- DLD 78A (American Thoracic Society Division of Lung Disease Questionnaire) to elicit respiratory morbidities developed by ATS. Thereafter, written informed consent was obtained from all participants to participate in this study.

#### **RESULTS AND DISCUSSION:**

The results of the above study are given in Table 1 to 7. Almost all male and female petrol pump workers are equally suffering with respiratory disorders (Table 1). The petrol pump workers of ages 18 to 30 years are highly suffered with respiratory disorders (Table 2). The petrol pump unmarried workers are more suffered with respiratory disorders (Table 3). The economic status of petrol pump works revealed that earning lower than

expenses (Table 4). Most of the petrol pump workers exhibited irregular physical status (Table 5). The Sociodemographic characteristics of petrol pump workers is given in Table 6. The Prevalence of respiratory symptoms among petrol pump workers is presented in Table 7.

**Table 1. Gender Wise Classification.** 

Gender	No of patient (N = 200)	Percentage
Male	107	53
Female	93	47

Table 2. Age Wise Classification.

Age	No. of patients (n= 200)	Percentage	
18-30 years	88	44	
31-50 years	78	39	
Above 51 years	34	17	

**Table 3. Marital status Wise Classification.** 

Marital status	No. of patient (n = 200)	Percentage
Married	84	42
Unmarried	116	58

**Table 4. Economic status Wise Classification.** 

Economic status	No. of patients (n=200)	Percentage		
Earning higher than expenses	14	7		
Earning lower	98	49		
than expenses				
Earning equal to	88	44		
than expenses				

Table 5. Physical activity Wise Classification.

Physical Activity status	No. of patient (n = 200)	Percentage
Regular	48	24
Irregular	153	76

The results of the above study are given in Table 1 to 7. Almost all male and female petrol pump workers are equally suffering with respiratory disorders (Table 1). The petrol pump workers of ages 18 to 30 years are highly suffered with respiratory disorders (Table 2). The petrol pump unmarried workers are more suffered with respiratory disorders (Table 3). The economic status of petrol pump works revealed that earning lower than expenses (Table 4). Most of the petrol pump workers exhibited irregular physical status (Table 5). The Sociodemographic characteristics of petrol pump workers is given in Table 6. The Prevalence of respiratory

symptoms among petrol pump workers is presented in Table 7.

Table 6. Socio-demographical characteristics of

petroi j	petrol pump workers (N= 200).				
Sl.	Variables	Frequency	Percentage		
No.		1 000			
1.	Alcohol abuse				
	history				
8)	Yes	80	44		
	No	74	41		
	Quitted	26	15		
2.	Opioid abuse				
	history				
	Yes	162	81		
	No	38	19		
3.	Shift status				
	Morning	70	35		
	Afternoon	64	32		
96	Evening	66	33		
4.	Years of				
	education				
	Below 10 <sup>th</sup>	58	29		
ari -	standard				
	10 <sup>th</sup> standard	40	20		
38	12 <sup>th</sup> standard	60	30		
	Graduate	42	21		
5.	Working by				
	years				
	1-5 years	89	44		
80 8	5-10 years	63	32		
	Above 10 years	48	24		
6.	Working hours				
	per week				
	40-60 hours	12	6		
96	61-80 hours	14	7		
	81-100 hours	50	25		
	Above 100 hours	124	62		
7.	Respiratory				
	morbidities				
	Absent	78	39		
	Present	122	61		
8.	Knowledge about				
0.000	respiratory				
	morbidities				
	Low	144	72		
	Moderate	43	21		
	High	13	7		

# **CONCLUSION:**

This study demonstrated that certain physiological dysfunctioning effects are constantly observed in the occupationally exposed petrol workers. The data suggests that background benzene and air pollutants

Table 7. Prevalence of respiratory symptoms among petrol pump workers (N= 200).

Variable	Statement	Yes	Yes	No	No
		Frequency	(%)	Frequency	(%)
Cough	Do you cough, before doing anything	142	71	58	29
	else when you wake up?				
	Presence of cough more than 3	173	86	27	14
	consecutive months?				
Chest tightness	Feeling of chest tightness while resting/	148	74	52	26
	walking/working?				
Sputum excretion	Do you clear out sputum for more than	134	67	66	33
	three consecutive months in a year?				
	Do you clear out sputum when you	154	76	48	24
	waking?				
Cough attacks and	Do you have cough attacks, sputum hyper	133	66	67	34
airway mucus	secretion for more than three weeks in a				
hypersecretion	year?				
Shortness of breath	Do you have shortness of breath when	144	72	56	28
	walking fast on a flat surface or when				
	climbing a gentle slope?				
	Do you have to move slowly on a flat	158	79	42	21
	surface compared to your peers due to				
	shortness of breath?				
Wheezing	Do you feel wheezing sound in your	111	55	89	45
	chest while walking /climbing / working?				

could account for substantial part of respiratory dysfunctioning. Workers at gas stations are subjected to fumes from vehicles as well as fuel and the vapors created when filling up automobiles.

It has been demonstrated that a variety of factors, including socioeconomic and environmental factors, have an impact on the frequency of respiratory diseases among gas station employees who load up vehicles with gasoline. It was also established that employees took inadequate safety precautions despite being aware of the harmful impacts of gasoline on health.

In order to prevent these among petrol filling workers, we suggest that medical observation, including preemployment and periodic medical Checkups, should be performed which include pulmonary function tests. Control strategies should be adopted to reduce the benzene concentration in the ambient air and evaporation control. Early recognition and possibly the removal of sensitive workers from the working place before chronic will help. It is impairment develops recommended to implement prevention, intervention, and training programs regarding the use of safety equipment, keeping track of worker's health, and enhancing their understanding of gas station operations.

#### **ACKNOWLEDGEMENT:**

Authors wish to thank the authority of Arulmigu Kalasalingam College of Pharmacy, Anand nagar, for providing the facility to complete this work.

#### **REFERENCES:**

- 1. Almetwally AA, Bin-Jumah M, Allam AA. Ambient air pollution and its influence on human health and welfare: an overview. Environ Sci Pollut Res, 2020; 27: 24815-24830.
- Gupta S, Dogra TD. Air pollution and human health hazards. Indian J Occup Environ Med, 2002; 6(2): 89-93.
- 3. Berlin M, Gage J, Jonnson E. Increased aromatics in motor fuels: A review of the environmental and health effects. Work Environ Health, 1974; 11(1): 1-20.
- 4. Zarei A, Mostaghaci M, Mihanpour H, Sakhvidi MZ. Effect of respiratory exposure to benzene, toluene, xylene and ethyl benzene on the spirometric indices in two consecutive years among the petroleum products loading workers. Occup Med, 2020; 12(1): 69-75.
- 5. Nyatuame M, Agodzo S, Amekudzi LK, Mensah-Brako B. Assessment of past and future land

- use/cover change over Tordzie watershed in Ghana. Front Environ Sci, 2023; 11: 1139264.
- Manisalidis I, Stavropoulou E, Stavropoulos A, Bezirtzoglou E. Environmental and health impacts of air pollution: a review. Front Public Health, 2020; 8: 14.
- 7. Kerchich Y, Kerbachi R. Measurement of BTEX (benzene, toluene, ethybenzene, and xylene) levels at urban and semirural areas of Algiers City using passive air samplers. J Air Waste Manag Assoc, 2012; 62(12): 1370-1379.
- Aksoy M. Hematotoxicity and carcinogenicity of benzene. Environmental health perspectives. 1989; 82: 193-197.
- 9. Kuang S, Liang W. Clinical analysis of 43 cases of chronic benzene poisoning. Chem Biol Interact, 2005; 153: 129-135.
- 10. Kuranchie FA, Angnunavuri PN, Attiogbe F, Nerquaye-Tetteh EN. Occupational exposure of benzene, toluene, ethylbenzene and xylene (BTEX) to pump attendants in Ghana: Implications for policy guidance. Cogent Environ Sci, 2019; 5(1): 1603418.
- 11. Vijayashankar U, Rajeshwari L. Effect of rice mill dust on peak expiratory flow rate among rice mill workers of Mysore district. Nati J Physiol Pharm Pharmacol, 2018; 8(8): 1240-1244.

Conflict of Interest: None Source of Funding: Nil

**Paper Citation:** Medonajudith.M\*, Kowsalya Devi.S, Kishorepandi.M, Santhanakumar.M. A cross-sectional Descriptive study: Awareness, prevalence and factors associated with Respiratory disorders among Petrol pump workers. J Pharm Adv Res, 2024; 7(8): 2318-2322.