

ASSESSMENT OF LUNG FUNCTION AMONG WORKERS IN RELATION TO DUST CONCENTRATION IN TATMADAW TEXTILE MILL, YANGON



Thet Wai OO¹, Mya THANDAR², Tun Tun WIN¹, Kyaw Myo TUN¹, Zaw Myo HAN³



¹Department of Preventive and Social Medicine, Defence Services Medical Academy, Yangon, Myanmar ²Department of Occupational and Environmental Health, University of Public Health, Yangon, Myanmar ³Commandants of Defence Services Liver Hospital, Yangon, Myanmar



dust

thetwaioo2019@gmail.com

Introduction

- Among the working person, the occupational health is essential part for them.
- Textile industry is one of the most technologically complex industries, and in this work place, workers may be exposed to various safety hazards such as cotton dust, excessive noise, accidents and diseases.
- Among the different textile pollution, cotton dust pollution is the most important in terms of health effects.

Table 1. Association between Duration of services and FVC, FEV1, FEV1/FVC										
Duration of services	FVC			FEV1			FEV1/FVC			
	Normal	Abnormal	p-value	Normal	Abnormal	p-value	Normal	Abnormal	p-value	
\leq 5 years	46 (85.2%)	8 (14.8%)	< 0.001*	44 (81.5%)	10 (18.5%)	0.004*	54 (100%)	0 (0.0%)	0.146	
> 5 years	85 (55.6%)	68 (44.4%)		92 (60.1%)	61 (39.9%)		145 (94.8%)	8 (5.2%)		

General Objective

To assess the lung function of workers in relation to dust concentration in Tatmadaw textile mill.

Specific Objectives

To determine the proportion of workers with abnormal lung function
To explore the dust concentration of the different departments
To find out the association between socio-demographic characteristics, dust concentration and lung function of the workers.

Materials and Methods

- A cross-sectional descriptive study design was conducted at Tatmadaw Textile Mill, Yangon from April to December 2018.
- Textile mill workers were selected by using the systematic sampling method from six sections.
- In total, 207 workers participated in face-to-face interviews using adapted questionnaire which was originally approved by British Medical Research Council's Committee on Environmental and Occupational Health.
- USA made Airchek Sampler (model 224-44XR) and AirChek 3000 Deluxe (model 210-3311) air sampling pump were used to detect the total and

The respondents with longer duration of service had more chance to detect the abnormality of respiratory functions.

Distribution of respirable dust concentration in different operation departments



ACGIH recommended that the respirable dust concentration is equal or lower than 3 mg/m³.

respirable dust to the individuals.

Spirometer was used to detect the pulmonary impairment of the textile workers.

Results and Discussion



 Table 2. Comparison of Respiratory function by Respirable concentration

_		Respirable dus	st concentration	+	p-value	
	Respiratory functions	High (Mean ± SD)	Normal (Mean ± SD)	ι		
	FVC	80.30 ± 20.080	85.40 ± 14.703	-2.088	0.038*	
	FEV1	81.00 ± 21.053	86.35 ± 15.015	-2.111	0.036*	
	FEV1/FVC	0.8627 ± 0.092	8702 ± 0.074	-0.651	0.516	

Can be assumed that the exposure of heavy cotton dust concentration is one of the risk factor for decreasing the respiratory parameters of workers.

Presence of irritation symptoms such as cough, cough with phlegm and rhinitis were found as 33 (30.3%), and the presence of dyspnea symptoms such as breathlessness, wheezing and chest illness were 33 (30.3%), and 43 respondents (39.4%) have both symptoms of irritation and dyspnea.
 Persistent inhalation of the cotton dust causes the pulmonary impairment which can be observed in textile workers and this also causes nonspecific respiratory irritation that leads to hypersecretion of mucus, smooth muscle hypertrophy and mucus gland hyperplasia.

*p<0.05 statistically significant

Conclusion

Respiratory symptoms and FVC, FEV1

Duration of services and respiratory symptoms

and Discussion



Normal lung function is characterized by FEV1>80%, FVC>80% and FEV1/FVC

More experienced employees had longer duration of exposure to cotton dust and they have at greatest risk of developing respiratory symptoms.

Acknowledgements

> 0.7.

I would also like to express my sincere gratitude to Dr. Mya Thandar, Associate Professor and Head of the Department of Occupational and Environmental Health, University of Public Health, Yangon, for her invaluable guidance and advice. I am also equally grateful from bottom of my heart to Dr Kay Khine Aye, Deputy Director, Occupational and Environmental Health Division, Nay Pyi Taw, for her advice and technical support. Futhermore, I would like to express my deep gratitude to U Toe Maung, Daw San San Lwin (Hygiene Officer) and Daw Po Po Chit (Staff Nurse) from Occupational and Environmental Health Division, Yangon, for their support to complete for this study. I want to express my thanks to all of respondents from the Tatmadaw textile mill, Thamine, who were actively cooperate.

- In order to reduce respiratory functions impairments, awareness raising programmes to exposed workers focusing on potential health effects of exposure to cotton dust should be established.
- Should be encouraged to use the personal protective equipment with enforcement.
- Responsible authorities should focus on occupational safety policies, installing vacuum cleaners to reduce dust concentration in industry.
- Periodic medical check-up should be applied among textile mill workers to reduce the unnecessary respiratory functions impairment due to the cotton dust exposure.

References

- . Sudha B, Meenaxi T. Occupational health hazards in textiles industry. Asian Journal of Home Science. 2014;9(1):267-71.
- 2. Mehwish N, Mustafa U. Impact of Dust Pollution on Worker's Health in Textile Industry: A Case Study of Faisalabad, Pakistan. Pakistan Institute of Development Economics, Islamabad; 2016.
- Tadesse S, Kelaye T, Assefa Y. Utilization of personal protective equipment and associated factors among textile factory workers at Hawassa Town, southern Ethiopia. Journal of Occupational Medicine and Toxicology. 2016;11(1):6.
- 4. Timothy JB, Irene P. An approach to interpreting spirometry. American family physician. 2004;69(5):1107-16.