**Study of Health Problems among Municipal Waste Collectors in Sohag City, Egypt**

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Abstract:**Introduction:** Waste collectors play an important role in maintaining the health and hygiene in the communities. However, their job exposes them to various hazards while, little or no attention is paid to their health status.**Aim of the work:**This study was carried out to identify the occupational health hazards, and safety measures taken in collecting waste among 250 MSW collectors in the municipalities of Sohag City. **Materials and Methods:** A total of 250 waste collectors were subjected to an interview sheet including sociodemographic characteristics, occupational history, medical history of diseases or injuries in past three months, vaccination, and administrative rules of provided safety measures.**Results:** The physical complaints among MSW collectors during the past 3months were that of injury (64%), followed by musculoskeletal disorders (58%),fatigue 40%then the respiratory disorders (32.4%), gastrointestinal disorders (24%), eye disorders (18%), and the least frequent skin disorders (16.8%).Most of MSW collectors not use PPE, none of them vaccinated,periodic checkup, trained before work.**Conclusion:** Waste collection is a hazardous job that exposes its workers to infections especially with the little, in any, protective measures they apply. Guidelines for safety measures and controlling infections should be emphasized and employed for those workers, while offering periodic medical examinations and supplying them with personal protective equipments**.**

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**Keywords:** MSW collectors, occupational hazards or exposure, solid waste management

1. Introduction

**Solid waste** is movable solid items, arising from human activities, which discarded as useless or unwanted and that have no positive value. It constitutes a big environmental problem for the landscape, soil, atmosphere and groundwater. It is also the source of many health and hygienic problems. For centuries, people have been getting rid of it by organizing, collection, transport and dump system in Egypt**(1).**

Waste collection can be practice as either an occupation or essential mean of survival which exposed them to various high work hazards, as are the risks of various morbidities and factors like socio-economic status which is low and their working environment make them more vulnerable to hazardous exposure. Risk of morbidities increases with the intensity and duration of exposure to hazards, as well with the age of workers**(2)**.

Globally, solid waste collection is an important task and among the highest risk occupation. It is the removal of municipal solid waste with variety of biological, chemical, mechanical, physical and psychosocialhazards**(3)**.

Commonly observed health problems among SWC include respiratory systems, irritation of the skin, nose and eyes, gastro-intestinal problems, fatigue, headaches, psychological problems, allergies, chemical poisoning, tuberculosis, scabies, asthma, ophthalmic diseases, ulcer, stomach problems, musculoskeletal and dermal injuries**(4).**

Egyptian waste collectors are therefore, dealing manually with mixed hazardous wastes with substantially increased occupational health impacts. Waste management practice in Egypt has been largely focused on the issues of collection and disposal with little or no attention paid to the health status of waste collectors**(5)**.

**Aim of the work:**This study was carried out to identify the occupational health hazards, and safety measures taken in collecting waste among 250 MSW collectors in the municipalities of sohag city.

**2. Materials and Methods**

**Study Design**

A cross‑sectional study was conducted to identify the health problems among municipal waste collectors working at Sohag city, Egypt.

**Study Setting and population**

The study was conducted among 250 municipal waste collectors working at Sohag city, Egypt.

**Research tools**

Participants were interviewed (face to face) using pre‑designedan interview sheet.The sheet was tested on a subset of 20 workers prior to starting to obtain information that might improve the work plan and facilitate the execution of the study. This pilot also enabled the adaptation of the sheet, the estimation of the time needed for interviewing the participants (15-20 min). The final data collection sheet was completed for each participant and covered sociodemographic characteristics (age, gender, residence, education, marital status, etc.), job description (nature of employment, duration of work,shift, etc.) complete medical history ,work related complaints(injury ,GID, MSD, respiratory disorders, eye disorders, skin disorders)and wearing of personal protective equipments: Disposable thick gloves, head covers, boots, masks goggle, or overalls). The sheet form included also questions about the practice of personal hygienic measures (hand wash and cloth change before leaving for home).

**Ethical consideration**

The study was conducted after explaining the steps of the study and its objectives to the participants. Oral consent was obtained from all the participants in the study.

**Data analysis**

During this phase data coding, entry and analysis was accomplished with the aid of computer using Statistical Package for the Social Sciences (IBM SPSS) software package version 20. The results were represented in tabular and diagrammatic forms then interpreted. All statistical tests were considered significant at P-value of ≤ 0.05.

**3. Results**

This study include 250 waste collectors worker all of them were male with mean age (40.52 ±8.85), and the majority of them were rural residence, large family number, not use PPE none of them trained, checked up or vaccinated before or during employment.

Table 1demonstrate that mean age of the studied population is 40.52±8.85 years, whereas 38% of the studied populations are aged between (30- ) years old.

The above table shows that 100% of the workers were males. And less than two-thirds (68%) of the studied populations were rural residence.

This table also show that 46% of the workers were illiterates, 26% of the subjects were able to read and write, and 14% of the workers had preparatory or secondary school. Those who was Single/ widow represent 16% and who were married represent 84%.

As regards family number 26% of the subject had 2-4 family members, 42 % had 4-6 family members, and 32% had family members > 6.

Finally this table reveals that about 35.6% of workers are smokers (cigarette and gauza) with 41.6 of them are mild smokers and 22.4 % heavy smokers, while ex-smokers were 2.4% and nonsmokers were 62%.

**Smoking Index (SI)** values were calculated as the number of cigarettes smoked per day multiplied by the number of years of smoking (mild 0-100, moderate 100-200, and heavy smoker >200) (21)

**Table (1): Sociodemographic features of studied groups.**

|  |  |  |
| --- | --- | --- |
| **Socio demographic features** | **(N = 250)** | **%** |
| **Age (Mean ± SD)** | **40.52 ± 8.85** |  |
| **Age years** | | |
| **20-** | **40** | **16** |
| **30-** | **95** | **38** |
| **40-** | **75** | **30** |
| **50-60** | **40** | **16** |
| **Gender** | | |
| **Male** | **250** | **100** |
| **Female** | **0** | **0** |
| **Marital status** | | |
| **Single** | **35** | **14** |
| **Married** | **210** | **84** |
| **Widow** | **5** | **2** |
| **Divorced** | **0** | **0** |
| **Residence** | | |
| **Urban** | **80** | **32** |
| **Rural** | **170** | **68** |
| **Level of education** | | |
| **Illiterate** | **115** | **46** |
| **Read&write** | **65** | **26** |
| **Preparatory** | **35** | **14** |
| **Secondary school** | **35** | **14** |
| **University** | **0** | **0** |
| **Family number** | | |
| **2-4** | **65** | **26** |
| **5-6** | **105** | **42** |
| **More 6** | **80** | **32** |
| **Month income** | | |
| **<500** | **55** | **22** |
| **≥500** | **195** | **78** |
| **Smoking** | | |
| **Cigarette** | **49** | **19.6** |
| **Gauza** | **40** | **16** |
| **Ex-smoker** | **6** | **2.4** |
| **Non** | **155** | **62** |
| **Smoking index(cigarette and gauza)(N=89)** | | |
| **Mild** | **37** | **41.6** |
| **Moderate** | **32** | **36** |
| **Heavy severe** | **20** | **22.4** |

Table 2 reveals that about 40% of workers are permanent job, while 60% of workers are temporary job, concerning shifting system about 60% of them work at morning shift, and 24% afternoon shift, while the lowest at night shift16%,

Concerning history of work duration, the above table and reveal that about 34% of them worked<10years, 44% were 10-20years, and 22% worked >20years.

Regarding methods of collection of waste about 92% collect waste manually, and 8% both manually and equipment.

Finally, this table shows that 22% of workers had additional occupation.

**Table (2):Job description of studied group.**

|  |  |  |
| --- | --- | --- |
| **Nature of employment:** | **N=(250)** | **%** |
| Permanent | 100 | 40 |
| Temporary | 150 | 60 |
| **work duration years:** |  |  |
| <10 years | 85 | 34 |
| 10-20 years | 110 | 44 |
| > 20 years | 55 | 22 |
| **Methods of collecting waste**: |  |  |
| Manually | 230 | 92 |
| Use of equipment | 0 | 0 |
| Both | 20 | 8 |
| **Changing shift:** |  |  |
| Morning | 150 | 60 |
| Afternoon | 60 | 24 |
| Night | 40 | 16 |
| **Additional occupation**: |  |  |
| No | 195 | 78 |
| Yes | 55 | 22 |
| **Type of Additional occupation**: |  |  |
| Farming | 25 | 10 |
| Constructor | 17 | 6.8 |
| Loading and unloading | 8 | 3.2 |
| Baker | 5 | 2 |

Table(3) shows that the majority of workers not use personal protective equipment's (94%), while more than half wash hand (64%) and change cloths (76%) before leaving for home.

**Table (3): Distribution of studied groups regarding the personal hygiene.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal hygiene** | **N = 250** | | **%** |
| Using personal protective equipment's | No | 235 | 94% |
| Yes | 15 | 6% |
| Hand wash before leaving for home | No | 96 | 36% |
| Yes | 160 | 64% |
| Change cloths before leaving for hom**e** | No | 60 | 24% |
| Yes | 190 | 76% |

**Table (4): Health problems among studied groups.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | | **Health problems** | **N = 250** | **%** | | Injury | 160 | 64% | | Musculoskeletal disorders(MSD) | 145 | 58% | | Respiratory disorders | 81 | 32.4% | | Gastrointestinal (GIT)disorders | 60 | 24% | | Eye disorders | 45 | 18% | | Skin disorders | 42 | 16.8% | | Fatigue | 100 | 40% | |

This table reveals that the health problems among studied group were more than half of workers complain of injury (64%) and musculoskeletal disorders (58%), followed by about 40% subjective complain of fatigue, one third complain of respiratory disorders (32%), one quarter complain of Gastrointestinal(GIT)disorders (24%), meanwhile about (18%) complain of eye disorders, (16.8%)complain of skin disorders.

**Table (5): The occurrence of musculoskeletal disorders in the past three months among the studied group regarding the age group.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Age group** | **MSD** | | | | **total** | | **P value** | | **Yes** | | **No** | | | N. | **%** | N. | **%** | N. | **%** | < 0.001 | | **20-** | 10 | 25.0 | 30 | 75.0 | 40 | 100.0 | | **30-** | 55 | 57.9 | 40 | 42.1 | 95 | 100.0 | | **40-** | 50 | 66.7 | 25 | 33.3 | 75 | 100.0 | | **50-60** | 30 | 75.0 | 10 | 25.0 | 40 | 100.0 | | **Total** | 145 | 58.0 | 105 | 42.0 | 250 | 100.0 | |

This table reveals that the percentage of musculoskeletal disorders was high (75%) among age group (50-60) while the percentage of musculoskeletal disorders was low (25%) among age group (20- ). The differences between all types of the age groups are statistically significant (P value <0.001).

**Table (6): The occurrence of respiratory disorders in the past three months among the studied group regarding the age group.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Age group** | **Respiratory disorders** | | | | **Total** | | **P value** | | **Yes** | | **No** | | | N. | **%** | N. | **%** | N. | **%** | < 0.001 | | **20-** | 5 | 12.5 | 35 | 87.5 | 40 | 100.0 | | **30-** | 25 | 26.3 | 70 | 73.7 | 95 | 100.0 | | **40-** | 30 | 40.0 | 45 | 60.0 | 75 | 100.0 | | **50-60** | 21 | 52.5 | 19 | 47.5 | 40 | 100.0 | | **Total** | 81 | 32.4 | 169 | 67.6 | 250 | 100.0 | |

This table demonstrates that the percentage of respiratorydisorders was high (52.5%) among age group (50-60) while the percentage of respiratorydisorders was low (12.5%) among age group (20-). The differences between all types of the age groups are statistically significant (P value <0.001).

**Table (7): The occurrence of injury in the past three months among the studied group regarding the use of personal protective equipments.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **PPE** | **Injury** | | | | **Total** | | **P value** | | **Yes** | | **No** | | | N. | **%** | N. | **%** | N. | **%** | < 0.001 | | **Yes** | 2 | 13.3 | 13 | 86.7 | 15 | 100.0 | | **No** | 158 | 67.2 | 77 | 32.8 | 235 | 100.0 | | **Total** | 160 | 64.0 | 90 | 36.0 | 250 | 100.0 | |

This table clarifies that the percentage ofinjuries was high (67.2%) among persons not using personal protective equipment while low percentage (13.3%) of injuries among persons Using personal protective equipment. The differences between them are statistically significant (P value <0.001).

**Table (8): The occurrence of injury in the past three months among the studied group regarding the age group.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Age group** | **Injury** | | | | **total** | | **P value** | | **Yes** | | **No** | | | N. | **%** | N. | **%** | N. | **%** | < 0.001 | | **20-** | 40 | 100.0 | 0 | 0.0 | 40 | 100 | | **30-** | 55 | 57.9 | 40 | 42.1 | 95 | 100 | | **40-** | 35 | 46.7 | 40 | 53.3 | 75 | 100 | | **50-60** | 30 | 75.0 | 10 | 25.0 | 40 | 100 | | **Total** | 160 | 64.0 | 90 | 36.0 | 250 | 100 | |

This table shows that the percentage of injuries was high (100%) among age group (20- ) while the percentage of injury was low (46.7%) among age group (40- ) the differences between all types of the age groups are statistically significant (P value <0.001).

**4. Discussion**

In Egypt, as well as in other developing countries, the traditional cultures still categorize street sweeping and waste collection as aflthy and stumpy occupation. Being ranked as such, those workers are usually having lower self-esteem; and the medical problems, which cannot be prevented by the little protective measures they take against their work-related hazardous exposures are further complicated or aggravated by various socioeconomic factors e.g., poverty, illiteracy or inadequate education, poor diet, and poor housing conditions**.**

Concerning the personal hygiene and safety protection most workers not use personal protective equipment, and only 6% use as follow (uniform 6%, gloves 2%, and gum boot 1.6%).This findings were in accordance with the findings of Milhem**(6),** and in agreement with Eweis et al**(5)** who found none of waste collectors wear ppe.

Regarding the prevalence of injuryabout 64% of MSW collectors experienced one or more injuries in the past 3months, and the most frequent was cut wound (24%), followed by punctured wound (16%), contusion (14%), strain (6%), and finally fracture (1. 2%). These findings in agreement with Das (2009) who stated the most frequent injury was cut wound 42.3%, followed by contusion 6.4%, puncture wound 4.3%, then fracture 2.56% and strain 2.13%.also in agreement with Bourdouxhe et al (7) and Robazzi et al (8).

Regarding musculoskeletal disorders the anatomical distribution showed that the most frequently affected body regions were back pain (24%), followed by shoulder pain (12%), knee pain (8%), elbow pain (7.2%), neck pain and wrist-hand pain (6%), and finally hip pain (2%).this result in agreement with Klein et al (9), Yang et al.(10),and Mehraded et al (11).

Regarding the respiratory disorders the presentstudy revealed that frequency of respiratory symptoms among workers in past 3 months were productive Cough (16%), followed by sneezing(4.4%), itching nose(4.4), and sore throat (4.4%), dry cough(4%) and running nose (4%), chest tightness(2%), allergic rhinitis(2%), wheeze(2%), and chronic bronchitis (2%), and finally bronchial asthma (1.6%).This resultagrees with Milhem(6),Abou-Elwafa et al (12),Ira (13),and Issever et al (14).

Concerning gastrointestinal disorders the present study revealed one quarter complain of diarrhea followed by nausea/vomiting and dysentery. This results in agreement with El-Wahab et al (15),Milhem(6)and Thorn (16).

Regarding eye disordersthe present study found about 18% of workers complain of eye disorders most frequently burning of eyes followed by redness and foreign body impaction This finding in agreement withEwis et al(5) and,Rojers et al(17).

Concerning the skin disorders among MSW collectors were (10%) dermatitis or eczema, Allergic rash(6%)and paronychia(6%). this in agreement with Das (18)studywhich revealed that about 30% of collectors complain of dermatitis followed by allergic rash. this results agree with Diggikar(19), Abou-Elwafa et al (12),andEwis et al(5).

Regarding occurrence of fatigue the present study revealed about 40% of MSW collectors complain of fatigue during or at the end of work this was higher than study conducted by El wahab et al (15) which reported 27.5% of workers suffered from fatigue.

**Conclusion and Recommendation**

We conclude that this working group of waste collectors should be treated as a vulnerable group that needs a special care. This care can be summarized as providing them pre placement and in-service orientations about their tasks and health education about the health hazards they are being exposed to while emphasizing the preventive measures to improve their knowledge, attitudes and practices.

Immunization against tetanus, typhoid and HBV infections should be provided by their institutes and checked by local occupational health authorities. Guidelines for safety measures and controlling infections should be emphasized and employed for those workers, while offering periodic medical examinations and supplying them with personal protective equipment.

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