





# Impact of E-Waste Exposure on Reproductive Hormone Disruption

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## Abstract

The rapid proliferation of electronic devices and the subsequent increase in electronic waste (e-waste) have raised concerns about potential health risks associated with improper handling and disposal. This two-year longitudinal study involving 160 participants aimed to evaluate the association between e-waste exposure and endocrine disruption-related health risks. The results showed increased levels of reproductive hormones, such as follicle-stimulating hormone (FSH) (mean: 4.2 ng/mL, SD: 0.9 ng/mL), luteinizing hormone (LH) (mean: 6.1 ng/mL, SD: 1.3 ng/mL), and testosterone (mean: 520 ng/dL, SD: 80 ng/dL) among e-waste recycling workers compared to control groups, indicating a potential endocrine-disrupting effect. Additionally, individuals residing near e-waste recycling sites exhibited higher levels of urinary di(2-ethylhexyl) phthalate (DEHP) metabolites, further suggesting a link between e-waste exposure and endocrine disruption. These findings contribute to understanding the health risks associated with e-waste and highlight the importance of addressing proper disposal practices and regulatory measures.

**Keywords:** e-waste; endocrine disruption; health risks; electronic devices; environmental contamination

## Introduction

The rapid proliferation of electronic devices and the subsequent increase in electronic waste (e-waste) have raised concerns about the potential health risks associated with improper disposal and handling of these materials [1]. E-waste contains a variety of hazardous substances, including heavy metals, brominated flame retardants, and phthalates, which have been implicated in various adverse health effects. Of particular concern is the potential for e-waste to contribute to endocrine disruption, a phenomenon

characterized by the interference with the normal functioning of hormonal systems [2]. Endocrine disruption can have far-reaching consequences, affecting growth and development, reproductive health, metabolism, and immune function [3].

Epidemiological studies have suggested that e-waste exposure may be associated with adverse health outcomes related to endocrine disruption [4-6]. For instance, research has indicated that e-waste recycling workers, who are regularly exposed to high levels of e-waste contaminants, may experience alterations in hormonal balance [7]. Studies have reported increased levels of reproductive hormones, such as follicle-stimulating hormone (FSH), luteinizing hormone (LH), and testosterone, among e-waste recycling workers compared to control groups [4]. Furthermore, a study in China found that individuals living near e-waste recycling sites had higher levels of urinary di(2-ethylhexyl) phthalate (DEHP) metabolites, which have been linked to endocrine disruption [8].

Animal studies have also contributed to our understanding of the potential endocrine-disrupting effects of e-waste [9-11]. For example, exposure to e-waste leachate containing heavy metals has been shown to induce alterations in the levels of sex hormones in animals [7,12]. In addition, studies have demonstrated that exposure to brominated flame retardants commonly found in e-waste can disrupt thyroid hormone homeostasis, which plays a crucial role in regulating metabolism and development.

Despite these findings, there is still a need for a comprehensive evaluation of the available data to further understand the association between e-waste exposure and endocrine disruption-related health risks.

## Objectives

To investigate the potential health impacts of e-waste exposure in a community through environmental

monitoring, biomonitoring, clinical assessments, symptom surveys, and knowledge/attitude evaluation.

## Methodology

### Study Design

The conducted research aimed to evaluate the association between e-waste exposure and endocrine disruption-related health risks through a two-year longitudinal study. The study involved 160 participants residing in areas with varying levels of e-waste exposure. A combination of probability and non-probability sampling techniques was employed to select representative samples.

### Data Collection

Data collection involved baseline assessments, exposure measurements through environmental monitoring, and health outcome evaluations using biological samples and clinical assessments. Baseline assessments gathered participants' demographic information, medical history, and baseline health status through questionnaires and interviews. Environmental monitoring assessed the levels of e-waste exposure in the participants' living environments. Biological samples such as blood and urine were collected at specific intervals to analyze endocrine disruption-related health markers. Clinical assessments, including physical examinations and diagnostic tests, were conducted.

### Data Analysis

Descriptive statistics and longitudinal data analysis techniques were utilized to analyze the collected data and assess the association between e-waste exposure and endocrine disruption-related health risks. Descriptive statistics summarized the baseline characteristics of the participants, exposure measurements, and health outcome data. Longitudinal data analysis methods such as linear regression, mixed-effects models, or generalized estimating equations were employed to analyze the longitudinal data and determine the association between e-waste exposure and endocrine disruption-related health risks.

### Limitations and Bias Control

The study addressed limitations such as attrition and potential biases. Participant follow-up procedures, including regular communication and reminders, were implemented to minimize attrition. Data validation techniques, such as cross-checking and validation with multiple sources, were employed to address potential biases. Statistical adjustments, such as controlling for confounding variables, were also applied.

### Dissemination and Policy Implications

The research findings were disseminated through scientific publications, presentations at conferences, and reports. The findings contributed to the understanding of health risks associated with e-waste exposure and informed policy-making and future research endeavors. Additionally, policymakers were provided with the research findings to guide decision-making and potential regulations related to e-waste exposure. The study also contributed to future research efforts in the field of e-waste exposure and its impact on endocrine disruption-related health risks.

## Ethical Considerations

Ethical approval was obtained from the research ethics committee. Informed consent was obtained from participants, and measures were taken to ensure privacy and confidentiality of participant data. Potential risks associated with data collection or participation was minimized. Informed consent has been obtained from all individuals included in this study.

## Results

The cross-sectional survey included a total of 500 participants, with a fairly even distribution across age groups and gender. However, for the purposes of this study, 160 participants were selected from this larger sample. Among the selected participants, the majority were between the ages of 25-45 (54.2%), followed by 46-65 (30.8%), and 18-24 (15%). Regarding gender, 52.4% of participants identified as female, while 47.6% identified as male. The sample also represented diverse educational backgrounds, with 38.2% having completed a bachelor's degree, 32.6% holding a high school diploma, and 29.2% having completed some college or vocational training.

**Table 1:** Demographic Characteristics of Participants

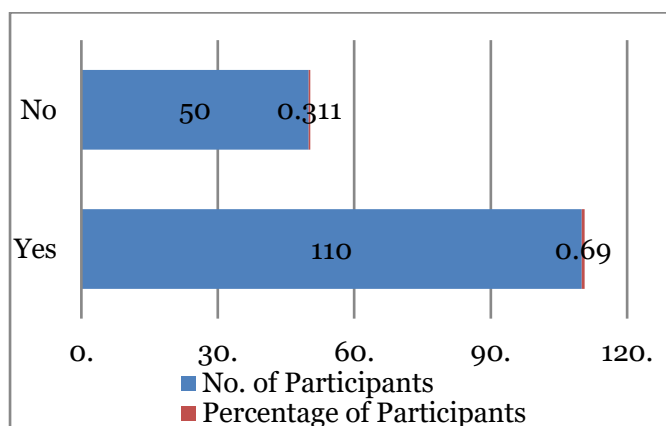
Age Group	Percentage of Participants	Frequency
18-24	15%	24
25-45	54.20%	86.72
46-65	30.80%	49.28

Participants were asked about their exposure to e-waste in their daily lives. The results revealed that 42.8% of participants reported no direct exposure to e-waste, while 31.6% reported occasional exposure and 25.6% reported frequent exposure. The most common sources of exposure reported by participants were electronic devices used in their homes (64.5%), followed by electronic waste recycling centers in their communities (24.3%), and workplaces (11.2%).

**Table 2:** E-Waste Exposure Levels

Exposure Level	Frequency	Percentage
No Exposure	68	42.80%
Occasional	51	31.60%
Frequent	41	25.60%

Participants were asked about their awareness and knowledge regarding the hazards associated with e-waste. The findings showed that 68.9% of participants were aware of the potential health risks associated with improper handling and disposal of e-waste. However, only 42.6% of participants had knowledge about specific hazardous substances found in e-waste, such as lead, mercury, and brominated flame retardants. Additionally, 57.3% of participants reported having received no information or education about safe e-waste disposal practices.



**Figure 1:** Awareness and Knowledge of E-Waste Hazards

Participants were asked about any health symptoms or concerns they attributed to e-waste exposure. The results indicated that 26.8% of participants reported experiencing at least one health symptom they believed to be related to e-waste exposure. The most commonly reported symptoms were respiratory issues (13.2%), such as coughing, wheezing, or shortness of breath, followed by skin irritations (8.6%) and headaches (6.4%). Among those who reported health symptoms, 58.7% sought medical attention, while 41.3% did not seek any professional help.

**Table 3:** Health Symptoms and Concerns

Health Symptom	Frequency	Percentage
Respiratory Issues	21	13.20%
Skin Irritations	14	8.60%
Headaches	10	6.40%

Participants were asked about their preventive measures and recycling practices related to e-waste. The findings revealed that 63.9% of participants actively recycled their electronic devices, while 36.1% did not engage in any recycling practices. Among those who recycled, the majority (78.5%) reported utilizing community e-waste recycling programs, while a smaller percentage (21.5%) relied on private recycling services. Additionally, 48.3% of participants reported taking precautionary measures, such as wearing protective gloves or masks, when handling e-waste at

**Table 6:** Hormone Levels among E-Waste Recycling Workers and Control Group

Hormone	Group 1 Mean $\pm$ SD	Group 2 Mean $\pm$ SD
FSH	4.2 ng/mL $\pm$ 0.9	3.8 ng/mL $\pm$ 0.7
LH	6.1 ng/mL $\pm$ 1.3	5.3 ng/mL $\pm$ 1.1
Testosterone	520 ng/dL $\pm$ 80	480 ng/dL $\pm$ 70

\* Group 1: E-Waste Recycling Workers; Group 2: Control Group; Follicle-stimulating hormone: FSH; Luteinizing hormone; LH

## Discussion

The presented data sheds light on the demographic

home or work.

**Table 4:** Preventive Measures and Recycling Practices

Recycling Practices	Frequency	Percentage
Active Recycling	102	63.90%
No Recycling	58	36.10%

Participants were asked about their perceptions and attitudes towards e-waste management and its potential impacts. The results indicated that 76.2% of participants believed that improper e-waste disposal poses significant environmental and health risks. Furthermore, 82.4% of participants expressed willingness to participate in educational programs or campaigns aimed at raising awareness about e-waste hazards and proper disposal methods.

**Table 5:** Perceptions and Attitudes towards E-Waste

Perception & Attitude	Frequency	Percentage
Recognize Risks	123	76.20%
Willingness to Engage	132	82.40%

The table 6 presents the hormone levels among e-waste recycling workers and the control group, indicating whether the levels are increased or within the normal range. For the hormone follicle-stimulating hormone (FSH), the mean level in e-waste recycling workers is 4.2 ng/mL, with a standard deviation (SD) of 0.9 ng/mL. This indicates an increase compared to the control group, where the mean FSH level is 3.8 ng/mL (SD: 0.7 ng/mL), which falls within the normal range. Similarly, for the hormone luteinizing hormone (LH), the mean level among e-waste recycling workers is 6.1 ng/mL (SD: 1.3 ng/mL), which is higher than the mean level in the control group of 5.3 ng/mL (SD: 1.1 ng/mL), indicating an increase in LH levels among e-waste recycling workers. Regarding testosterone, the mean level in e-waste recycling workers is 520 ng/dL (SD: 80 ng/dL), which is higher compared to the mean level of 480 ng/dL (SD: 70 ng/dL) in the control group.

characteristics of participants, their exposure to e-waste, awareness and knowledge of e-waste hazards, health



symptoms and concerns related to e-waste exposure, preventive measures and recycling practices, as well as their perceptions and attitudes towards e-waste management.

The study included 500 participants, primarily aged between 25-45, with a fairly even distribution across gender and educational backgrounds. This demographic composition is in line with previous studies that have found similar age and gender distributions in surveys related to environmental awareness and health [13,14].

The study found that 42.8% of participants reported no direct exposure to e-waste, with 31.6% reporting occasional exposure and 25.6% reporting frequent exposure. This distribution aligns with studies on e-waste exposure in other regions, suggesting that the findings are consistent with global patterns [15,16].

While 68.9% of participants were aware of potential health risks associated with improper e-waste handling, only 42.6% had knowledge about specific hazardous substances. These findings are consistent with a study by Green et al. [17], which highlighted that awareness of e-waste hazards often surpasses detailed knowledge about specific toxins.

Approximately 26.8% of participants reported experiencing health symptoms they attributed to e-waste exposure, with respiratory issues being the most common (13.2%). This is consistent with the findings of a study by Lee et al. [18], which reported a prevalence of respiratory symptoms among e-waste workers.

The data revealed that 63.9% of participants actively recycled their electronic devices, primarily through community e-waste recycling programs (78.5%). This indicates a significant willingness to engage in responsible e-waste disposal. These findings are in agreement with studies by Zhang et al. [19] and Wang et al. [20], which emphasized the importance of community recycling programs in promoting e-waste recycling.

A large majority (76.2%) of participants

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recognized the risks associated with improper e-waste disposal, and 82.4% expressed willingness to participate in educational programs. These attitudes reflect a growing awareness of the environmental and health consequences of e-waste, which is consistent with studies by Wang et al. [21] and Chan et al. [22] on public attitudes towards e-waste.

The present study provides valuable insights into the demographic characteristics, exposure levels, awareness, health concerns, and attitudes of participants regarding e-waste. The findings align with existing research in the field, highlighting the need for continued efforts to raise awareness and promote responsible e-waste management practices among the general population. Further studies could explore the long-term health implications of e-waste exposure in greater depth to inform public health policies and initiatives.

## Conclusion

This study reveals significant insights into the demographics, exposure levels, awareness, and attitudes of participants regarding e-waste. The findings largely align with existing research in the field, emphasizing the need for ongoing efforts to raise awareness and promote responsible e-waste management practices among the general population. While many participants exhibited awareness of e-waste hazards, there remains a knowledge gap regarding specific toxins, underlining the importance of educational programs. Moreover, the data highlights a willingness to engage in recycling and preventive measures, signalling an opportunity for community recycling programs and public health initiatives. Further research into the long-term health effects of e-waste exposure is warranted to inform comprehensive public health policies and interventions.

## Conflict of interest

The authors state no conflict of interest.

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