

Drinking Water Quality Assessment and Related Diseases Burden at Tando Muhammad Khan

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ABSTRACT

Objectives: Objective of the study was analyse the drinking water quality of TMK and found related disease load

Study Design: A prospective, descriptive study

Place and Duration of Study: This study was conducted at District Tando Muhammad Khan from 1st January to 31st January, 2017.

Materials and Methods: Water samples were collected from different water sources of the subject area and properly labelled in plastic bottles wrapped in aluminium foil and brought to water testing and surveillance laboratory packed in ice boxes for a physico- chemical and bacteriological analysis. The following methods shown in table 1 was used for water quality assessment.

Results: Results indicates that the water collected from different areas of TMK was not attained the quality parameters suggested by WHO standards for drinking water as the water showed high level of TDS and arsenic level consecutively was found positive in bacteriological examination.

Conclusions: It was sum up from study that contaminated water is the foundation of many human health linked issues.

Key Words: Diseases, Water Borne Illness, Physico-Chemical Analysis, Bacteriological Examination

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INTRODUCTION

Tando Muhammad Khan is the district in southern part of Sindh province and this district consists of three talukas with total population approximated is 619,900 as per 2011 figures. The water quality is highly affected by the shortage and multiple water usage and increase of water pollution which made frightening the situation globally as well as in Pakistan. The contaminated water creating many health related issues either directly by drinking or indirectly through using in agriculture yield. Pakistan being most water stressed country facing many water borne illness problems which consecutively let condition towards absolute water scarcity¹. The ground water is used for drinking and irrigation purpose because the drought stress of surface water in some areas due to increasing population, climatic change, improper operational maintenance and water supply make the system impotent to run at required capacity therefore monitoring program is obligatory to save the resources of fresh water^{2,3,4,5}.

Metal pipes and hand pumps has been used 66% in domestic drinking through which the quality of water is unable to maintain due to rusts passage and number of pathogen availability that can cause the 30% of illnesses and 40% of demises. Estimated of 5 millions of children lost their lives by drinking contaminated water followed by diarrhea^{6,7,8}. Surprisingly water supplying agencies mainly focusing on the quantity supply of water whereas the water quality is being neglected. The lack of monitoring, surveillance, proper government's arrangements, legal framework for quality drinking water have aggravated the situation and contended to avenue this research study for public awareness.

MATERIALS AND METHODS

This study was conducted at District Tando Muhammad Khan from 1st January to 31st January, 2017. Water samples were collected from different water sources of the subject area and properly labelled in plastic bottles wrapped in aluminium foil and brought to water testing and surveillance laboratory packed in ice boxes for a physico- chemical and bacteriological analysis. The following methods shown in table 1 was used for water quality assessment.

RESULTS

The results reveled in table 2 that physical analysis of water samples shows the water aesthetically acceptable from consumer viewpoint. Color and Turbidity of water

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samples (Coded: TMK-2, TMK-6, TMK-8, TMK-9) is within the range 13-27 NTU, odor, color and turbidity of samples coded TMK-1, TMK-3, TMK-4, TMK-5, and TMK-7 are counted in the permissible limits of WHO, moreover the < 5 NTU due to the ground nature and depth of boring. Furthermore pH value was also recorded in standards range. The Electric conductance (EC), Salinity, TDS (Total Dissolved Salts) and Chlorides was above the recommended level for the ground water samples with coding TMK-1, TMK-3, TMK-4, TMK-5, and TMK-7 however the arsenic level of samples coded TMK-1, TMK-3, TMK-4, TMK-5, and TMK-7 was also noted high than WHO suggested limitations, moreover Presumptive coliform count per 100ml water method was used for bacteriological analysis, and water samples (TMK-2, TMK-6, TMK-8, TMK-9) contained unacceptable number of coliform bacteria, whereas no coliform growth was observed in ground water samples due to its saline nature consecutively the TDS values was above WHO set level. The table 3 and figure shows the percentage value of some common water borne diseases like Typhoid Fever, Shigellosis (Basillary Dysentery), Amoebiasis, Acute Poliomyelitis Viral Hepatitis (A & E), and Ascariasis, these diseases were diagnosed and recorded at District hospital administration, district Tando Muhammad Khan (TMK).

Table No. 1: Water Quality Parameters and Methods used for Analysis

S. No:	Parameters	Test Method
1.	Odor	Smell Sensing organ
2.	Colour	Visual
3.	Turbidity	Turbidity Meter (PCCHECKIT, Germany),
4.	Electrical Conductivity (EC)	Multiparameter Water Quality meter (Model no: sanso-direct con 200) Germany
5.	Salinity,	
6.	Total Dissolved Salts (TDS)	
7.	pH	
8.	Chlorides	Titration method
9.	Arsenic	kit method MERCK the detection range 0.005mg/L to 0.5mg/L
10.	Bacteriological Examination	Presumptive coliform count per 100ml water

Table No. 2: Physical – Chemical and Bacteriological Analysis

Physical – Chemical and Bacteriological Analysis	Sample Station	TMK-1	TMK-2	TMK-3	TMK-4	TMK-5	TMK-6	TMK-7	TMK-8	TMK-9	WHO limits
	Source	MP	WS	MP	HP	HP	WS	HP	WS	WS	
	Parameter										
	Odor	OL	OL	OL	OL	OL	OL	OL	OL	OL	OL
	Color	CL	ST	CL	CL	CL	ST	CL	ST	ST	CL
	Turbidity NTU	<5	17	<5	<5	<5	13	<5	23	27	5
	EC uS/cm	2914	984	2822	1720	2130	983	2133	981	989	---
	Salinity ppt	1.7	0.7	1.7	1.0	1.4	0.7	1.4	0.7	0.7	----
	TDS mg/L	1864	629	1806	1100	1363	621	1357	625	632	500
	pH	8.1	7.2	7.9	7.8	7.7	7.2	7.5	7.2	7.2	6.5-8.5
	Chlorides mg/L	621	183	588	298	331	177	327	178	185	250
	Arsenic mg/L	0.01	ND	0.01	0.025	0.025	ND	0.01	ND	ND	0.005
Bacteriological Examination	-ve	+ve	-ve	-ve	-ve	+ve	-ve	+ve	+ve	0	

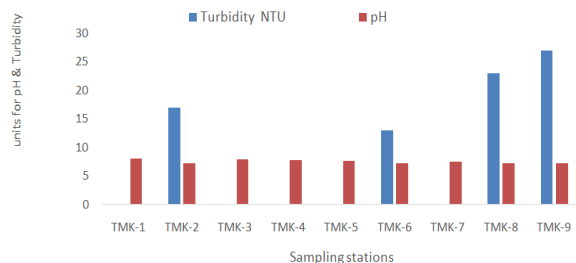


Figure No. 1: pH and Turbidity of water samples of TMK

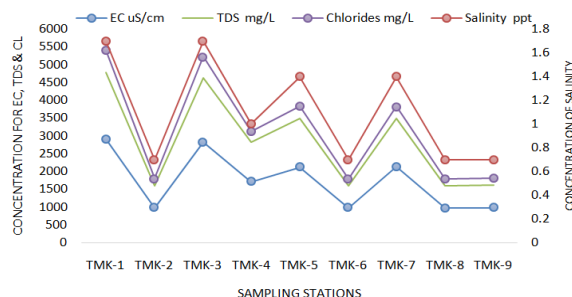


Figure No. 2: EC, TDS, Chloride and Salinity values of water samples of TMK

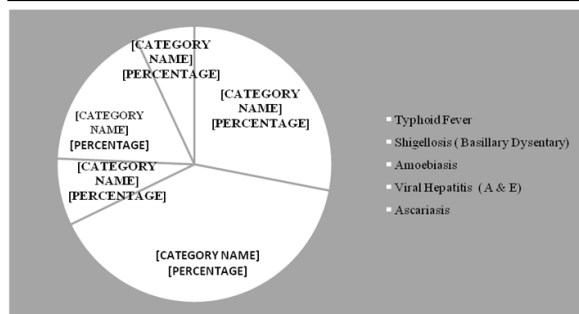


Figure No. 3: Waterborne disease burden at TMK

DISCUSSION

All of the physical parameters of drinking water in current study was with standard limits indorsed by WHO and NSDWQ WHO guidelines and NSDWQ. Although the Turbidity, pH, conductivity, Salinity, TDS, was found responsible for low appealing quality of drinking water^{9,10,11}. The acidic and basic nature of water depends on pH of water hence all samples was found in between 6.5 to 8.5 range commended by WHO (2006), the present results showing harmony with Carr and Neary, (2008)¹², Memon et.al.(2016)¹³. The pollution by soluble salts denoted the electrical conductance (EC)¹⁴, and allusion figure by WHO is $1500\mu\text{S cm}^{-2}$ ¹⁵. The water that has grounds of some natural resources used for treatment like sewage, chemical and industrial wastes increases quantity of inorganic substances known as total dissolved solids (TDS) which make the water unfit for drinking if available above the 1000mg/L a WHO limit, the present results show hitherto published data^{8,16, 17}. The concentration of Arsenic (As) ranged between 0.01 to 0.025mgL⁻¹ in samples coded TMK-1, TMK-3, TMK-4, TMK-5, and TMK-7 is higher than the permissible limits of WHO, respectively. Bacteriological quality (coliform bacteria) by the MPN technique was detected as the coliform organism ferment lactose, consecutively gas produced after fermentation and acidic reaction occurs (shades of yellow colour). The positive samples showed presence and negative the absence of the coliform group of bacteria. The most probable number (MPN) was determined from the positive tests in a set of three replicates made at three different dilutions.

The data collected from district hospitals show no any proof to document that human health was made worsen from drinking of hard water as it is well known certainty that the hard water is unsuitable for domestic use due to its pH and alkalinity¹⁸. The people suffered from gallbladder, urinary stones, arthritis, cancer and arthopathies in the areas where drinking water is harder than 500 mg/L CaCO₃. The higher TDS values also become the cause of persistent diarrhoea^{19,20}.

CONCLUSION

It was concluded from study that water a major source for sustaining wellbeing of human consequently if the water become contaminated with different contaminants like toxins, chemicals and wastes than this vital part of life becomes the slow poison for human life and originated roots of many ailments

Conflict of Interest: The study has no conflict of interest to declare by any author.

REFERENCES

1. Aher KR. Groundwater quality studies of Chikalthana area of Aurangabad, PhD thesis, Dr.B.A.Marathwada University, Aurangabad, India (2012).
2. Edmunds WM. Renewable and non-renewable groundwater in semi-arid regions. *Developments in Water Science* 2003;50:265–280.
3. Shanmugam P, and Ambujam NK. A hydrochemical and geological investigation on the Mambakkam mini watershed, Kancheepuram District, Tamil Nadu. *Environ. Monit. Assess* 2011 DOI 10.1007/s10661-011-2189-1.
4. Biswas R, Khare D, Shaankar R. Water Management in Delhi: Issues, challenges and options, *J Ind Water Works Association* 2007; 39(2): 89–96.
5. Pesce SF, Wunderlin DA. Use of water quality indices to verify the impact of Cordoba city (Argentina) on Suquia River, *Water Research* 2000;34:2915–2926.
6. Holgate G. Environmental and Waste Management. *J Env Management* 2000;3:105-112.
7. Global Water Partnership, Draft South Asia - Water Vision 2025, Country Report Pakistan, 2000.
8. Kahlowan MA, Tahir MA, Rasheed H, Bhatti KP. Water Quality Status, National Water Quality Monitoring Programme, 4th Technical Report, 704 ISSN 1013-5316; CODEN: SINTE 8 *Sci.Int.(Lahore)*,28(1),701-704,2016 Jan.-Feb Pakistan Council of Research in water Resources, (2006).
9. WHO. World Health Organization. Guidelines for drinking-water quality, first addendum to 2006 2nd edn, Recommendations 1.
10. NSDWQ, National standards for drinking water quality, Pakistan environmental protection agency, ministry of environment, government of Pakistan 2008; 4-7.
11. Farha A, Rafia A, Farah J, Bushra B. A comparative Study of physico-chemical parameters of Keenjhar Lake, Thatta. *Int J Advanced Res* 2013;1(6):482-488.
12. Carr GM, Neary JP. *Water Quality for Ecosystem and Human Health* 2nd ed. UNEP Global Environmental Monitoring System Water Programme with International Institute, PAS-European Regional Centre for Eco-hydrology UNESCO IAP Water Programme 2008 ;9-17.

13. Memon AH, AB Ghangro, TM Jahangir and GM Lund. Arsenic contamination in drinking water of district Jamshoro, Sindh, Pakistan. *Biomed Lett* 2016; 2(1):31-37.
14. Harilal CC, Hashim A, Arun, PR and Baji SJ. *Ecology Environ Conservation* 2008;10(2): 187-192.
15. WHO. World Health Organization. Guidelines for drinking water quality, health criteria and other supporting information, Geneva 2nded. 1996
16. WHO. Guideline for drinking water quality. Recommendations. 4th ed. Geneva: World Health Organization; 2011.
17. Wu B, Zhao DY, Jia HY, Zhang Y, Zhang XX, Cheng SP. Preliminary risk assessment of trace metal pollution in surface water from Yangtze River in Nanjing Section, China. *Bull Environ Contam. Toxicol* 2009;(82):405–409.
18. Vander A, N G F M. Classification of mineral water types and comparison with drinking water standards. *Environmental Geol* 2003;44:554–563.
19. Muzalevskaya LS, Lobkovskii AG, Kukarina NI. Incidence of chole- and nephrolithiasis, osteoarthrosis, and salt arthropathies and drinking water hardness (In Russian.). *Gigiena Sanitaria* 1993;12:17–20.
20. Golubev IM, Zimin V P. On the standard of total hardness in drinking water. (In Russian.). *Gig Sanit* 1994;3:22–23.