



**UNIVERSITI PUTRA MALAYSIA**

***PUBLIC AWARENESS LEVEL AND OCCURRENCE OF  
PHARMACEUTICAL RESIDUES IN DRINKING WATER WITH  
POTENTIAL HEALTH RISK IN KAJANG, MALAYSIA***

**FAUZAN ADZIMA BINTI MOHD NASIR**

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**By**

**FAUZAN ADZIMA BINTI MOHD NASIR**

**Thesis Submitted to the School of Graduate Studies, Universiti  
Putra Malaysia, in Fulfilment of the Requirements for the Degree of  
Master of Science**

**September 2020**

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Abstract of thesis presented to the Senate of Universiti Putra Malaysia in  
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September 2020

**Chairman : Sarva Mangala Praveena, PhD**  
**Faculty : Medicine and Health Sciences**

The presence of pharmaceutical residues in drinking water has been a subject of concern and received growing attention from environmental and health agencies worldwide. This is because pharmaceutical residues can pose negative ecotoxicological risks from a long-term exposure. In addition, the most used conventional drinking water treatment technology is ineffective for complete removal of these pollutants. Currently there is rising on global spending for medicine however the public awareness level on its disposal practice is less explored in Malaysia. **Objective:** To study the public awareness level on drinking water quality, occurrence of pharmaceutical residues in drinking water and potential human health risks. **Methodology:** The study was conducted in selected residential areas throughout Kajang. A set of modified questionnaire was administered to the respondents to assess the public awareness level and drinking water sample was taken to analyse the occurrence of pharmaceutical residues. The drinking water samples were analysed using enzyme-linked immunosorbent assay (ELISA) and the potential human health risk were calculated. Statistical analysis involved in this study were descriptive and Spearman's rho analysis. Spearman's rho was to investigate the correlation between knowledge, attitude and practice variables for drinking water quality and pharmaceutical residues in drinking water. **Results:** In general, the Kajang population posed poor knowledge for drinking water quality (71.91%) and pharmaceutical residues in drinking water (78.65%), less positive attitude for drinking water quality (88.76%) and pharmaceutical residues in drinking water (94.38%) and poor practice for drinking water quality (58.43%) and pharmaceutical residues in drinking water (69.66%). There was a moderate positive correlation between attitude score for pharmaceutical residues in drinking water and practice score for pharmaceutical residues in drinking water ( $r=0.541$ ,  $p=0.000$ ). All the selected pharmaceuticals were presence in drinking water samples from 0.001 to 0.667 ng/L. The highest concentration was denoted

for ciprofloxacin (0.667 ng/L) while amoxicillin (0.001 ng/L) was the lowest. Nevertheless, these reported concentrations were found to be lower than studies conducted elsewhere. Besides, findings showed no adverse human health risk effect ( $RQ < 1$ ) from the pharmaceutical residues exposure via drinking water. **Conclusion:** This study has contributed to the extension of sparse information on public awareness level towards drinking water quality and pharmaceutical residues in drinking water in Malaysia, particularly for Kajang population. In addition, output of this study has provided information to fulfil the knowledge gap in pharmaceutical residues occurrence in drinking water and the potential human health risk. Besides, findings from this study can provide guideline to decision makers and authorities to improve current existing drinking water risk management and regulations related with emerging pollutants in Malaysia.

Abstrak tesis yang dikemukakan kepada Senat Universiti Putra Malaysia  
Sebagai memenuhi keperluan untuk ijazah Master Sains

**TAHAP KESEDARAN AWAM DAN KEHADIRAN SISA FARMASEUTIK  
DALAM AIR MINUMAN SERTA POTENSI RISIKO KESIHATAN DI KAJANG,  
MALAYSIA**

Oleh

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Kehadiran sisa farmaseutikal dalam air minuman telah menjadi tumpuan dan mendapat perhatian daripada agensi-agensi alam sekitar dan kesihatan di seluruh dunia. Hal ini kerana sisa farmaseutikal boleh mendatangkan kesan ekotoksikologi yang dari pendedahan jangka masa panjang. Selain itu, teknologi konvensional bagi rawatan air minuman yang digunakan tidak efektif untuk menyingkirkan keseluruhan bahan pencemar ini. Pada masa ini, terdapat peningkatan dalam perbelanjaan global untuk perubatan namun tahap kesedaran masyarakat mengenai amalan pelupusannya kurang dikaji di Malaysia. **Objektif:** Untuk mengkaji tahap kesedaran awam terhadap kualiti air minuman, kehadiran sisa farmaseutikal dalam air minuman, dan potensi risiko kesihatan manusia. **Metodologi:** Kajian ini dijalankan di kawasan perumahan terpilih di seluruh Kajang Satu set soal selidik yang telah diubah suai diberikan kepada responden untuk menilai tahap kesedaran awam dan sampel air minuman diambil untuk menganalisis kehadiran sisa farmaseutikal. Sampel dianalisis menggunakan asai immunosorben untai enzim (ELISA) dan potensi risiko kesihatan manusia dinilai. Analisis statistik yang terlibat dalam kajian ini ialah analisis deskriptif dan analisis *Spearman's rho*. *Spearman's rho* digunakan untuk mengkaji hubungan antara pengetahuan, sikap dan amalan terhadap kualiti air minuman dan sisa farmaseutikal dalam air minuman. **Keputusan:** Secara umumnya, penduduk Kajang memiliki tahap pengetahuan yang lemah tentang kualiti air minuman (71.91%) dan sisa farmaseutikal dalam air minuman (78.65%), sikap kurang positif terhadap kualiti air minuman (88.76%) dan sisa farmaseutikal dalam air minuman (94.38%) dan amalan kurang baik terhadap kualiti air minuman (58.43%) dan sisa farmaseutikal dalam air minuman (69.66%). Seterusnya, terdapat hubungan positif sederhana antara skor sikap bagi sisa farmaseutikal dalam air minuman dan skor amalan bagi sisa farmaseutikal dalam air minuman ( $r = 0.541$ ,  $p = 0,000$ ). Kesemua farmaseutikal terpilih telah dikesan di dalam sampel air minuman dengan julat kepekatan dari

0.001 hingga 0.667 ng/L. Kepekatan tertinggi telah dicatatkan bagi *ciprofloxacin* (0.667 ng/L) manakala *amoxicillin* (0.001 ng/L) pula bagi kepekatan paling rendah. Walaubagaimanapun, kepekatan yang dilaporkan didapati lebih rendah berbanding kajian-kajian terdahulu. Selain itu, analisa menunjukkan tiada risiko kesihatan manusia ( $RQ < 1$ ) daripada pendedahan sisa farmaseutikal melalui air minuman. **Kesimpulan:** Kajian ini telah memberikan maklumat tentang tahap kesedaran masyarakat terhadap kualiti air minuman dan sisa farmaseutikal dalam air minuman di Malaysia, terutama bagi penduduk Kajang. Di samping itu, dapatan kajian ini telah membantu perkembangan maklumat tentang kehadiran sisa farmaseutikal dalam air minuman dan potensi risiko kesihatan manusia. Selain itu, penemuan dari kajian ini dapat memberikan informasi kepada pembuat keputusan dan pihak berkuasa dalam usaha untuk meningkatkan kualiti pengurusan risiko air minuman dan menambahbaik peraturan berkaitan dengan bahan pencemar baharu di Malaysia.

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This thesis was submitted to the Senate of Universiti Putra Malaysia and has been accepted as fulfilment of the requirement for the degree of Master of Science. The members of the Supervisory Committee were as follows:

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## LIST OF ABBREVIATIONS

WHO	World Health Organization
STPs	sewage treatment plants
DWTPs	drinking water treatment plants
EDCs	endocrine disruptive compounds
OTC	over-the-counter therapeutic
KAP	knowledge, attitude and practice
MOA	mode of action
CNS	central nervous system
NSAIDs	non steroidal anti-inflammatory drugs
MOH	Ministry of Health Malaysia
ADHD	attention deficit hyperactivity disorder
MSOM	Malaysian Statistics in Medicines
APIs	active pharmaceutical ingredients
WWTPs	waste water treatment plants
GC-MS	gas chromatography-mass spectrometry
LC-MS	liquid chromatography-mass spectrometry
LC-MS/MS	LC tandem MS
UPLC-MS/MS	ultra-performance liquid chromatography-tandem mass spectrometry
UHPLC-MS/MS	ultra-high performance liquid chromatography-tandem mass spectrometry
<i>ELISA</i>	enzyme-linked immunosorbent assay
DWEL	Drinking Water Equivalent Level
SYABAS	Syarikat Bekalan Air Selangor Sdn. Bhd
UTI	urinary tract infection

# CHAPTER 1

## INTRODUCTION

### 1.1 Background of study

Pharmaceuticals are synthetic or natural chemicals that can be found in prescription medicines, over-the-counter therapeutic medicines and veterinary medicines (World Health Organization [WHO], 2012). Nowadays, there are high demand for medicines associated with increasing aging population (Alkan & Elmali, 2015) and new discovered pharmaceuticals (Aitken et al., 2016). In 2024, the global spending on medicine is estimated to exceed USD 1.1 trillion whilst the spending in 2019 was USD 955 billion and in 2014 was USD 777 billion (Kleinrock & Muñoz, 2020). Similarly, global veterinary pharmaceuticals are expected to increase from USD 25 billion in 2015 to USD 39.7 billion by 2021 to cater to both food producing and companion animals (United States Department of Commerce, 2017).

Nevertheless, the ubiquitous use of medicines has led to detection of pharmaceutical residues in different water bodies and have now being recognized as emerging contaminants. There are several pathways pharmaceutical residues can leak into the water such as improper disposal by households, human metabolic excretion and continuous extensive release from hospital, industrial and agricultural effluents (Bottoni et al., 2010; Kümmerer, 2009; Segura et al., 2009). From these various sources, pharmaceutical residues then will enter sewage treatment plants (STPs). However, nowadays the STPs are not designed to quantitatively remove pharmaceutical residues causing the residuals are being released into the surface water and groundwater lakes (Gaffney et al., 2015; Houtman et al., 2014; Jurado et al., 2012; Yi Yang et al., 2017). On the other hand, veterinary pharmaceuticals applied in livestock are continuously released into the soil eventually accumulate in soil or leached into the surface water through rainwater runoff (Lyons, 2014; Snyder et al., 2008). The inevitable presence of pharmaceutical residues in surface water provides a direct route of exposure to human as conventional technology in drinking water treatment plants (DWTPs) are relatively ineffective for total removal of pharmaceutical residues (Jiang et al., 2019; Segura et al., 2009; Valcárcel et al., 2013; Yi Yang et al., 2017). As a matter of concern, unintentional pharmaceutical exposure in drinking water can evoke long-term potential human health effects.

Numerous studies were conducted to study the occurrence of pharmaceutical residues in drinking water and related risks throughout the world. The highlighted concern exist about this compounds were due to endocrine disruptive compounds (EDCs) effects. EDC is a group of exogenous organic substances that can disturb the endocrine system and the physiological function of hormones (Praveena et al., 2019). Up to 800 of EDCs are recognized that able to interfere with hormone receptors, hormone synthesis or hormone conversion (Bergman et al., 2012). However, only a small fraction of these chemicals have been

investigated in tests capable of identifying overt endocrine effects in intact organisms. Some endocrine disruptors can act directly on hormone receptors as mimicking the hormone or as antagonists. Others can act directly on any number of proteins that control the delivery of a hormone to its normal target cell or tissue. Study has been reported that EDCs can interfere with the hormones at any stage of human development. EDCs can cause morphological and functional effects in the human system, infertility as well as abnormal prenatal and childhood development (Zoeller et al., 2012). Besides that, negative effects of pharmaceutical residues also include antibiotic resistance, inhibition of primary productivity, alteration of chemical communication, and others (Jiang et al., 2019; Lin, Yu, & Chen, 2016; Padhye, Yao, Kung'u, & Huang, 2014).



## 1.2 Problem Statement

The occurrence of pharmaceutical residues in drinking water have been documented worldwide in various countries such as Brazil (Silveira et al., 2013), China (Leung et al., 2013a), France (Mompelat et al., 2011), Netherlands (Houtman et al., 2014), Poland (Kot-Wasik et al., 2016), Portugal (Gaffney et al., 2015), Spain (Carmona et al., 2014; Vazquez-Roig et al., 2012) and United States (Benotti et al., 2009; Padhye et al., 2014). Benotti et al., (2009) detected meprobamate (an antianxiety pharmaceutical) at 40 ng/L in drinking water. The detection more than half of finished water due to the resistant towards chlorine or ozone oxidation. Caffeine, carbamazepine, atenolol, sulfadiazine, sulfapyridine, sulfamethoxazole and erythromycin were quantified in drinking water in Portugal (Gaffney et al., 2015). Despite vast studies documented on pharmaceutical residues occurrence in drinking water, most studies conducted were from developed countries. The occurrence of pharmaceutical residues in developing countries particularly in the Malaysian is less known. In Malaysia, studies done by Al-Odaini et al., (2011) and Praveena et al., (2019) had reported the occurrence of pharmaceutical residues such as anti-diabetic, anti-hypertensive, antihistamines, antibiotics, and pain killers in drinking water. The presence of the pharmaceutical residues correlate to the same factor that was the water treatment plants and current treatment technologies used are not able to totally remove the contaminants. In addition, according to Praveena et al. (2019) the detection of caffeine in drinking water is linked to the increase in beverage and food product consumption. However, information on human health risks related to the pharmaceutical residues in drinking water of Malaysia is still limited. Besides that, according to Harmsen and Naidu, (2013) risk assessment procedure based on bioavailability is more realistic calculation rather than total concentration approach. When using the total concentration, the ingested contaminant concentration (intake) might overestimate the human health risks (Wang et al., 2013). Bioavailable is the concentration that can have an impact on humans whereas bioavailability is the proportion of the ingested contaminants that reaches the systemic circulation and can exert toxic effects. Hence, limited knowledge in bioavailability may hamper accurate human health risk assessment calculations of ingested pharmaceutical residues

Ensuring safe drinking water in a population is closely related to the public awareness level on pharmaceutical residues in drinking water. In Malaysia, the documented study is still sparse. Kioko and Obiri (2012) reported the major challenge ensuring that drinking water is safe are limited knowledge, misinformation and attitudes. This is supported by a systematic study on global pharmaceutical disposal practices by Kusturica, Tomas, and Sabo (2016) reported that common disposal practice in households was disposal in the garbage and flushing into the toilet or sink.

### 1.3 Conceptual Framework

Figure 1.1 shows the conceptual framework for this study. The main focus of this study is to study the occurrence of pharmaceutical residues in drinking water and quantify its potential human health risk. In addition, public awareness level were measured by assessing the knowledge, attitude and practice (KAP) scores on drinking water quality and pharmaceutical residues in drinking water. Drinking water samples were collected to determine the concentration of selected pharmaceutical residues where, a long-term exposure might triggers negative health impact (Houtman et al., 2014). The risk assessment in this study involved four age groups that are infants, children, teenagers and adults. The independent variable of this study are the pharmaceutical residues concentration in drinking waters and KAP score while the dependent variable of this study is the potential human health risk.

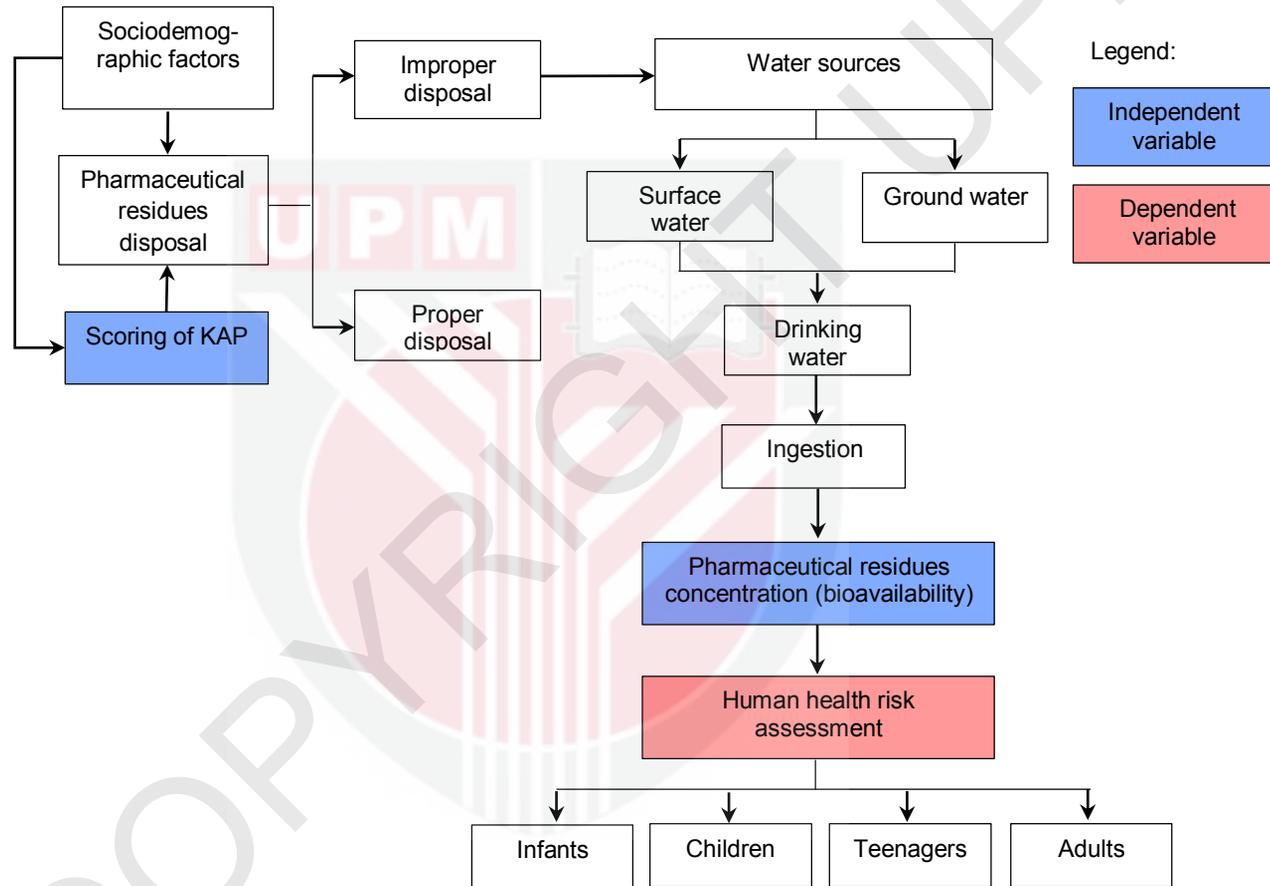


Figure 1.1 : Conceptual framework of the study

## **1.4 Research Objectives**

### **1.4.1 General Objective**

To study the public awareness level on drinking water quality, occurrence of pharmaceutical residues in drinking water and potential human health risks.

### **1.4.2 Specific Objectives**

- a) To determine the level of KAP on drinking water quality and pharmaceutical residues in drinking water in Kajang (Malaysia) population.
- b) To investigate the relationship between knowledge and attitude, knowledge and practice and attitude and practice of drinking water quality and pharmaceutical residues in drinking water.
- c) To assess the concentrations of selected pharmaceutical residues (amoxicillin, caffeine, chloramphenicol, ciprofloxacin, dexamethasone, diclofenac, nitrofurazone, sulfamethoxazole and triclosan) in drinking water from Kajang.
- d) To estimate the potential human health risks of pharmaceutical residues exposure through drinking water for the Kajang population.

### **1.5 Research Hypothesis**

- a) There is significant correlation between knowledge and attitude, knowledge and practice and attitude and practice of drinking water quality and pharmaceutical residues in drinking water.
- b) There is significant bioavailable concentration of pharmaceutical residues from drinking water samples of Kajang.
- c) There are potential human health risks presents for pharmaceutical residues exposure via drinking water among the population of Kajang.

### **1.6 Research Questions**

- a) What are the public awareness level on drinking water quality and pharmaceutical residues in drinking water among Kajang population?
- b) What are selected pharmaceutical residues concentrations in drinking water from Kajang?
- c) What are the potential human health risks due to pharmaceutical residues present in drinking water consumption?

## 1.7 Scope and Limitation

This study is among the pioneer study in Malaysia to analyze pharmaceutical residues occurrence in drinking water. The findings provide baseline information on pharmaceutical residues concentration in drinking water and its potential human health risk which will aid the authorities in improving the drinking water risk managements and regulations in Malaysia. In addition, determination of human health risk using bioavailability concentration provide clearer finding because pharmaceutical residues only pose risk if they are in bioavailable form. Besides that, KAP survey also denoted the current public awareness level in drinking water quality and pharmaceutical residues in drinking water. By contrast, limitations of this study are the lack of chronic toxicity data used in determination of potential human health risk and the analysis of bioavailability concentration using ELISA. Result from analysis of involving ELISA is needed to be confirmed using instrumental techniques for higher degree of sensitivity. This is because instrumental techniques have great specificity which can provide accurate and precise result however ELISA analysis is good for screening purposes because it is rapid, easy to handle and cost effective compared to instrumental analysis.

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## LIST OF PUBLICATIONS

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