

Introductory Chapter: The Significance of Environmental Health Literacy – Children and BPA-free Plastics

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1. Introduction

Over the past century, there has been unparalleled technological development, unlike any other time in human history. While this is exceptional, it is not without underlying issues. The result of technological advancement has led to significant changes at various levels across the globe. Some of these changes are highly evident, such as deforestation, ecosystem alteration (or destruction), species extinction, and shifts in planetary temperature, while others are less apparent but of great importance to public health, such as the release of endocrine disruptors, exposure to pesticides, or the ingestion of microplastics. These are a few examples of the human impact on the planet.

Some authors have begun to use the term Anthropocene to define this new era in the planet's history, during which humans have become a global force that has pushed the planet beyond its natural boundaries [1]. For the first time in the last 24,000 years, there are temperature changes occurring, with an increase of 1.1°C above pre-industrial levels and a current rate of 0.2°C per decade [2]. The significant consequence of the Anthropocene is the exponential increase in potential risks to human health. Therefore, environmental health literacy (EHL) is a fundamental concept and a necessity for the modern era.

In simple terms, Environmental Health Literacy (EHL) can be defined as the understanding that environmental exposures can impact health [3]. Delving deeper into the concept, it is the ability to seek, comprehend, assess, and use environmental health information to make more informed decisions and reduce health risks [4]. EHL is a field of study that integrates components from various disciplines, including health literacy, risk communication, environmental health, communication research, and safety culture [5]. In 2016, the World Health Organization estimated that 24% of global deaths were caused by environmental factors such as water and air pollution, radiation, workplace hazards, noise, climate change, and issues related to water and agricultural practices. For children under the age of 5, the percentage of deaths related to environmental factors rises to 28% [6].

Children under the age of 5 represent a particularly sensitive population in modern society, as they are exposed to numerous xenobiotic elements even before birth. Elements as commonplace as tobacco smoke increase the risk of sudden infant death in the first year of life [7, 8]. It is important to note that two-thirds of deaths related to environmental factors occur in underdeveloped countries due to pathologies stemming from air and water pollution [9]. However, there are issues that occur across the globe, such as exposure to endocrine disruptors resulting from the use and consumption of plastic materials.

Within the range of monomers associated with the plastic industry, one of the most prominent in recent years is bisphenol A (BPA). BPA is a phenolic compound that is widely distributed due to its multiple uses as a monomer, additive, and plasticizer in plastic polymer production [10]. This compound can be found in a multitude of everyday items, such as food containers, toys, dental fillings, medical-surgical materials, or even clothing [11–16]. Its significance, apart from being influenced by its versatility and productivity, lies in its ability to modulate the action of estrogen receptors. BPA is known as one of the primary endocrine disruptors currently under scrutiny by the scientific community.

Due to the heterogeneous distribution of BPA, the potential magnitude and impact it can have on the population are a cause for concern. In recent years, a plastic recycling system has been developed that categorizes plastics into seven categories. In most everyday plastic items, you can identify a triangle with a number from 1 to 7 inside. This coding system was created by the Plastics Industry Association [17] and was recently improved in collaboration with the American Society for Testing and Materials (ASTM), resulting in the current voluntary consensus standard ASTM D7611 [18]. This standard includes the following categories: (1) polyethylene terephthalate (PET); (2) high-density polyethylene (HDPE); (3) polyvinyl chloride (PVC); (4) low-density polyethylene (LDPE); (5) polypropylene (PP); (6) polystyrene (PS); (7) other (materials made from more than one resin from categories 1 to 6) [19].

It is common in academic literature to find texts that describe BPA as the primary monomer used in the production of polycarbonate, a plasticizer in the synthesis of epoxy resins, and an additive in the manufacturing of PVC (codes 3 and 7) [11, 20]. Even though it can be used as an additive in various types of plastics, the possibility of its presence in other materials is usually not considered. In fact, there are numerous online spaces where it is claimed that certain polymers are harmful, while others are considered to pose no potential health risks. These sources often reinforce these axioms with information from the media. Consequently, it is common to come across statements emphasizing the safety of plastics categorized in groups 1, 2, 4, and 5, while those in categories 3, 6, and 7 are considered dangerous to health [21–23]. However, there is evidence in academic literature that BPA is present in all elements of the plastic classification system [24–29]. Given all that has been discussed, environmental health literacy is crucial so that the population can understand the magnitude of the problem and can take measures to reduce exposure to these types of monomers, with special attention to the most vulnerable population groups: newborns and children.

In recent years, there has also been a growing trend of producing items for children with the “BPA-free” label in response to the evidence indicating the potential hazards of BPA, especially in these vulnerable population groups [30]. However, the removal of BPA from plastic synthesis may not necessarily lead to an improvement in health if the substitute molecules exert the same deleterious effects as BPA itself. When conducting a quick internet search for images of “BPA-free” labels, one can

find various designs with different fonts, but most of them feature one or more plant leaves, which conveys a sense of “natural” to the buyer. In other cases, terms like “non-toxic,” “all-natural,” “safe,” “clean,” or “healthy” may be seen. However, are these claims supported by scientific evidence?

In academic literature, it has been described that in “BPA-free” products, BPA has been replaced with molecules that could have similar physiological effects, such as bisphenol S or F (BPS or BPF, respectively) [31]. These molecules have not been extensively studied, but there are already concerning pieces of evidence about their potential effects on children. To provide some examples, a positive association has been observed between BPF and the risk of obesity in children and adolescents [32], as well as associations between BPS and BPF with asthma and/or fever [33]. There have also been descriptions that both substitute molecules could have a similar endocrine-disrupting capacity to BPA, as shown in a study conducted on children and adolescents [34].

Furthermore, there are alarming indications of the possible impact of BPA substitute molecules on cognitive and neurological development. For instance, Bornehag et al. [35] found a significant association between prenatal exposure to BPF and the cognitive function of 7-year-old children. Jiang et al. [36] provided evidence that prenatal exposure to BPA and BPS could affect neurological development in children. Kim et al. [37] even determined an association between BPS and BPF with attention-deficit/hyperactivity disorder in 6-year-old children. Therefore, it is of utmost importance to increase efforts in EHL simultaneously with the implementation of governmental measures to minimize exposure to these compounds.

2. Conclusions

Today, environmental health literacy is becoming increasingly important for public health because we are living in a new era with a growing number of potential environmental hazards. The population should have reliable and scientifically validated information about the potential environmental hazards they may face. Furthermore, in the case of children under 5 years of age, a group with a particular susceptibility to endocrine disruptors, obtaining information and implementing regulations should be a priority.

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Conflict of interest


The author declares no conflict of interest.

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References

- [1] Olff M. Crises in the anthropocene. *European Journal of Psychotraumatology*. 2023;**14**:2170818
- [2] Tong S, Samet JM, Steffen W, et al. Solidarity for the anthropocene. *Environmental Research*. 2023;**235**: 116716
- [3] Rohlman D, Kile ML, Irvin VL. Developing a short assessment of environmental health literacy (SA-EHL). *International Journal of Environmental Research and Public Health*. 2022;**19**: 2062
- [4] Raufman J, Blansky D, Lounsbury DW, et al. Environmental health literacy and household air pollution-associated symptoms in Kenya: A cross-sectional study. *Environmental Health*. 2020;**19**:89
- [5] Lindsey M, Chen SR, Ben R, et al. Defining environmental health literacy. *International Journal of Environmental Research and Public Health*. 2021;**18**:11626
- [6] Bert F, Gea M, Previti C, et al. The environmental health literacy of Italian general population: The SPeRA cross-sectional study. *International Journal of Environmental Research and Public Health*. 2023;**20**:4486
- [7] Ministerio de Sanidad - Ciudadanos - Salud y Medio Ambiente. Available from: <https://www.sanidad.gob.es/ciudadanos/saludAmbLaboral/medioAmbiente/home2.htm> [Accessed: September 19, 2023]
- [8] Tobacco and sudden infant death syndrome (SIDS) - Canada. Available from: <https://www.canada.ca/en/health-canada/services/health-concerns/tobacco/legislation/tobacco-product-labelling/smoking-sudden-infant-death-syndrome.html> [Accessed: September 19, 2023]
- [9] Ortega-García JA, Tellerías L, Ferrís-Tortajada J, et al. Amenazas, desafíos y oportunidades para la salud medioambiental pediátrica en Europa, América Latina y el Caribe. *Anales de Pediatría*. 2019;**90**:124.e1-124.e11
- [10] Moreno-Gómez-Toledano R. Relationship between emergent BPA-substitutes and renal and cardiovascular diseases in adult population. *Environmental Pollution*. 2021;**313**:120106
- [11] Vandenberg LN, Hauser R, Marcus M, et al. Human exposure to bisphenol A (BPA). *Reproductive Toxicology*. 2007;**24**:139-177
- [12] Moreno-Gomez-Toledano R, Arenas IM, Velez-Velez E, Bosch RJ. New evidence for a role of Bisphenol A in cell integrity. Implications in the human population. *BIOCELL*. 2021;**46**(2):305-308
- [13] Dursun E, Fron-Chabouis HH, Attal J-PP, et al. Bisphenol a release: Survey of the composition of dental composite resins. *Open Dentistry Journal*. 2016;**10**:446-453
- [14] Li AJ, Kannan K. Elevated concentrations of bisphenols, benzophenones, and antimicrobials in pantyhose collected from six countries. *Environmental Science & Technology*. 2018;**52**:10812-10819
- [15] Freire C, Molina-Molina MJM, Iribarne-Duran LM, et al. Concentrations of bisphenol A and parabens in socks for infants and young children in Spain and their hormone-like

activities. *Environment International*. 2019;**127**:592-600

[16] Bacle A, Thevenot S, Grignon C, et al. Determination of bisphenol A in water and the medical devices used in hemodialysis treatment. *International Journal of Pharmaceutics*. 2016;**505**:115-121

[17] ASTM International. ASTM D7611/ D7611M - 18 Standard practice for coding plastic manufactured articles for resin identification. Available from: <https://www.astm.org/Standards/D7611.htm> [Accessed: January 5, 2018]

[18] ASTM International. ASTM plastics committee releases major revisions to resin identification code (RIC) standard. Available from: <https://www.astm.org/cms/drupal-7.51/newsroom/astm-plastics-committee-releases-major-revisions-resin-identification-code-ric-standard> [Accessed: January 5, 2018]

[19] D20.95 Jurisdiction Page. Subcommittee D20.95 on Recycled Plastics. Matching Standards Under the Jurisdiction of D20.95 by Status. Available from: <https://www.astm.org/jurisdiction-d2095> [Accessed: November 10, 2022]

[20] Konieczna A, Rutkowska A, Rachon D, et al. Health risk of exposure to bisphenol A (BPA). *Roczniki Państwowego Zakładu Higieny*. 2015;**66**:5-11

[21] Pérez W. Conozca lo que alerta el triángulo en los envases de plástico. *la Razón*. 2018

[22] Merino R. Qué botellas de plástico se pueden rellenar y cuáles son las alternativas?. *Diario Sur*. 2019

[23] Viciosa M. Tiques, táperes y biberones: Riesgos y mitos del bisfenol A. *El Independiente*. 2019

[24] Cao X-L, Popovic S. Solid phase extraction of large volume of water and beverage samples to improve detection limits for GC-MS analysis of bisphenol A and four other bisphenols. *Food Additives & Contaminants. Part A, Chemistry, Analysis, Control, Exposure & Risk Assessment*. 2018;**35**:49-55

[25] Wang H, Zhua L, Tang Z, et al. Bisphenol analogues in Chinese bottled water: Quantification and potential risk analysis. *Science of the Total Environment*. 2020;**713**:136583

[26] Guart A, Bono-Blay F, Borrell A, et al. Migration of plasticizersphthalates, bisphenol A and alkylphenols from plastic containers and evaluation of risk. *Food Additives & Contaminants. Part A, Chemistry, Analysis, Control, Exposure & Risk Assessment*. 2011;**28**:676-685

[27] Hermabessiere L, Dehaut A, Paul-Pont I, et al. Occurrence and effects of plastic additives on marine environments and organisms: A review. *Chemosphere*. 2017;**182**:781-793

[28] Suhrhoff TJ, Scholz-Böttcher BM. Qualitative impact of salinity, UV radiation and turbulence on leaching of organic plastic additives from four common plastics - A lab experiment. *Marine Pollution Bulletin*. 2016;**102**:84-94

[29] Simoneau C, Van den Eede L, Valzacchi S. Identification and quantification of the migration of chemicals from plastic baby bottles used as substitutes for polycarbonate. *Food Additives & Contaminants. Part A, Chemistry, Analysis, Control, Exposure & Risk Assessment*. 2012;**29**:469-480

[30] Moreno-Gómez-Toledano R, Arenas MI, Sánchez-Esteban S, et al. Critical Analysis of Human Exposure to Bisphenol a and its Novel Implications on

Renal, Cardiovascular and Hypertensive Diseases. In: Heshmati HM, editor. Hot Topics in Endocrinology and Metabolism. London, UK: IntechOpen; 2021. pp. 1-20

[31] Rochester JR, Bolden AL. Bisphenol S and F: A systematic review and comparison of the hormonal activity of bisphenol a substitutes. *Environmental Health Perspectives*. 2015;**123**:643-650

[32] Liu B, Lehmler HJ, Sun Y, et al. Association of Bisphenol A and Its Substitutes, Bisphenol F and Bisphenol S, with Obesity in United States Children and Adolescents. *Diabetes and Metabolism Journal*. 2019;**43**:59-75

[33] Mendy A, Salo PMPM, Wilkerson J, et al. Association of urinary levels of bisphenols F and S used as bisphenol A substitutes with asthma and hay fever outcomes. *Environmental Research*. 2020;**183**:108944

[34] Wang Y, Aimuzi R, Nian M, et al. Bisphenol A substitutes and sex hormones in children and adolescents. *Chemosphere*. 2021;**278**:130396

[35] Bornehag CG, Engdahl E, Hallerback MU, et al. Prenatal exposure to bisphenols and cognitive function in children at 7 years of age in the Swedish SELMA study. *Environment International*. 2021;**150**:106433

[36] Jiang YQ, Li JF, Xu SQ, et al. Prenatal exposure to bisphenol A and its alternatives and child neurodevelopment at 2 years. *Journal of Hazardous Materials*. 2020;**388**:121774

[37] Kim JI, Lee YA, Shin CH, et al. Association of bisphenol A, bisphenol F, and bisphenol S with ADHD symptoms in children. *Environment International*. 2022;**161**:107093