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Estimating the value of health degradation caused by SO₂ gas air pollution in Jakarta

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ABSTRACT

The objective of this research is to estimate the value of health degradation triggered by sulfur dioxide (SO₂) gases that releases from fossil fuel burning to produce energy in Jakarta. The prediction of the price that has to be paid by the Jakarta population who exposed by SO₂ gases and get LRI (lower respiratory illnesses) and CDA (chest discomfort among adults) diseases, and premature mortality is done by dynamic simulation. The result of this research is by 2025 the Jakarta population who will have health degradation caused by the SO₂ should pay more than 147 million US\$.

Key words: CDA (chest discomfort among adults), LRI (lower respiratory illnesses), premature mortality, GRDP (Gross Regional Domestic Product), sulfur dioxide (SO₂) gas

INTRODUCTION

Fossil fuel burning to produce energy emits air pollutants, such as sulfur dioxide (SO₂) gas. Ostro (1994) mention that the disease caused by SO₂ gas air pollution are lower respiratory illnesses (LRI) for children, chest discomfort among adults, and premature mortality [1]. This research objective is to estimate the value of population health degradation due to the SO₂ gas air pollution in Jakarta using dynamic simulation model.

MATERIALS AND METHODS

The development of dynamic simulation model has 3 steps. The first step is regression analysis on the time series secondary data for: SO₂ ambient concentration, population, Gross Regional Domestic Product (GRDP), vehicles, fossil fuel, electricity, rain, and temperature. The result is regression equation as mention by Listyarini [2]:

$$\text{Ambient concentration of } SO_2 = -0.0021753 + 2.0710 \text{ population} + 0.16040 \text{ PDRB} + \dots(1) \\ 1.3461 \text{ Fossil Fuel} + 1.2540 \text{ Electricity} + 0.83158 \text{ Rain}$$

The second step of dynamic simulation model development is literature review to analyse the former researches. Olsthoorn *et al.* [3] mention that the ambient concentration of SO₂ gas will be transformed to sulfat concentration (part of secondary PM₁₀) in this equation:

$$[\text{Sulfat}] = 0,073 / 2612,24 * [\text{SO}_2]^{0,57} * 100 / 86 \quad \dots\dots\dots (2)$$

where:

[Sulfat] = sulfat concentration ($\mu\text{g}\cdot\text{m}^{-3}$)

[SO₂] = SO₂ concentration ($\mu\text{g}\cdot\text{m}^{-3}$)

2612,24 = conversion factor of SO₂ concentration from ppm to $\mu\text{g}/\text{m}^3$

Not all Jakarta population will suffer by SO₂ gas air pollution, Ostro [1] assume that 12,6 % of Jakarta population who will have health degradation because of air pollution. Ostro [1] dan Syahril *et al.* [4] give these mathematical equations:

a. Premature Mortality:

$$NP(t) = 0,002 * \left[\frac{SO_2(t) - SO_{2st}}{SO_{2st}} \right] * P(t) * CM(t) \text{ for } SO_2(t) > SO_{2st} \quad \dots\dots (3)$$

where:

NP(t) : number of population who die prematurely caused by SO₂ gas air pollution in year t

SO₂(t) : SO₂ gas ambient concentration ($\mu\text{g}/\text{m}^3$) in year t

SO_{2st} : SO₂ ambient concentration standard

P(t) : the amount of population in year t

CM(t) : mortality rate = 0,0035 (BPS, Bappenas, and UNFPA Indonesia, 2005)

VOSL (*Value of Statistical Life*) mention by Susandi [5] is US\$144.000.

b. LRI (lower respiratory illnesses) in children:

$$NLRI(t) = 0,0001 * \left[\frac{SO_2(t) - SO_{2st}}{SO_{2st}} \right] * PrC(t) * P(t) \text{ for } SO_2(t) > SO_{2st} \quad \dots\dots (4)$$

where:

NLRI(t) : number of population who has LRI disease by the year t

PrC(t) : percentage or proportion of children under 14 years = 26,9% [6].

c. CDA (chest discomfort among adults):

$$NCDA(t) = 0,00005 * \left[\frac{SO_2(t) - SO_{2st}}{SO_{2st}} \right] * PrA(t) * P(t) \text{ for } SO_2(t) > SO_{2st} \quad \dots\dots (5)$$

where:

NCDA(t) : number of population who has CDA disease by the year t

PrA(t) : percentage or proportion of adult = 73,1% [6].

The third step of the development of model simulation in this research is to input all of the equations and variables from the first step and the second step in the stock-flow diagram (Figure 1). The existing condition data that are inputted to the stock-flow diagram are Jakarta condition in 2013 obtained from BPS [7].

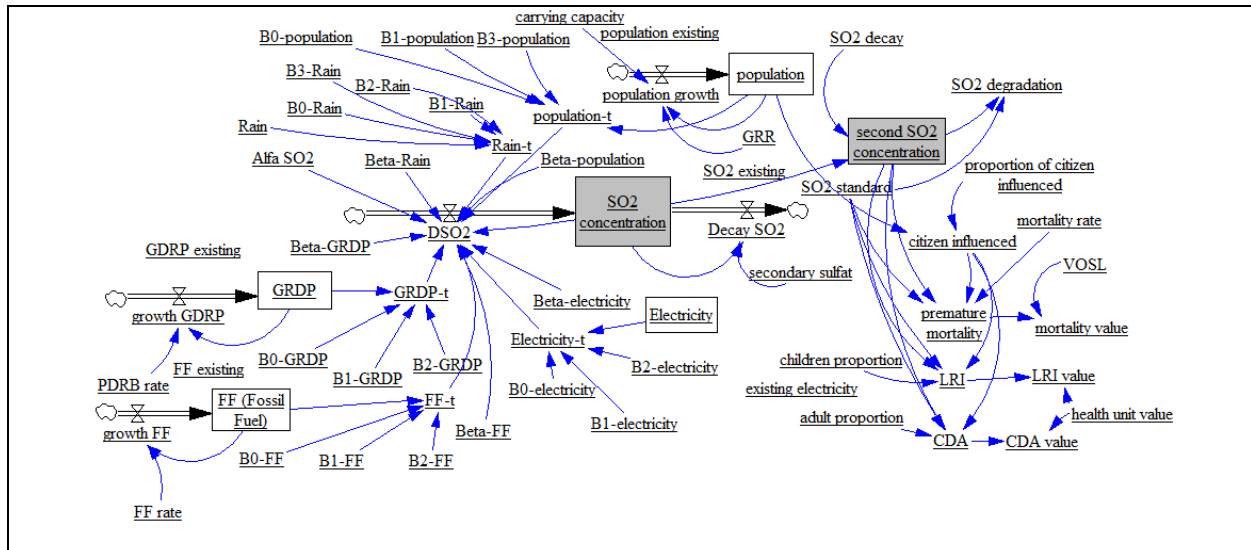


Figure 1. Stock-Flow Diagram of SO₂ Gas Air Pollution

RESULTS AND DISCUSSION

The dynamic simulation results represent that ambient concentration of SO₂ gas that above the standard started in 2019, that caused 18 children suffering from LRI disease, 25 persons suffering from CDA, and five person die prematurely. The value of those health degradation in 2019 is 936,155 US\$. If this condition stay as bussiness as usual, and there is no effort to reduce the concentration of SO₂ gas air pollution, it is estimated that by 2025 there will be 2,837 children will suffer from LRI disease, 3,854 persons will suffer from CDA, and 738 person die prematurely. The total price for the health degradation caused by SO₂ gas air pollution will be 147,785,456 US\$ by 2025.

One of this research result is that the ambient concentration of SO₂ gas depend on the rain and some the antropogenic factors such as: population, GRDP, fossil fuel consumed, and electricity production. These antropogenic factors can be managed by developing the public policies to reduce the concentration of SO₂ gas air pollution.

CONCLUSION

By 2025 it is estimated that the price of health degradation caused by SO₂ gas air pollution that should be paid by Jakarta population will be 147,785,456 US\$. The public policies developed by Jakarta Government should be complied by Jakarta population to maintain their health.

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