

Brief Note on Noise-Induced Hearing Loss

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DESCRIPTION

Noise-Induced Hearing Loss (NIHL) can be caused by continuous exposure to the sensitive structures in the inner ear. Hearing loss was found in 75% of noise-exposed palm oil factory workers, with a mean noise exposure of 96.1 decibels. The high frequency of NIHL in palm oil factory is consistent. Due to better control measures, strengthened regulations, and improved awareness, developed countries have a lower prevalence of NIHL among their populations. Despite existing rules, smoking and length of employment remained important factors in this study population. More studies on the compliance to existing control measures are required. The palm oil factories ability to implement hearing conservation initiatives is also under controversial. In spite of that, the best way for reducing noise at the source is to use engineering control.

Hearing loss is linked to becoming older. Changes in the inner ear that occur as people age as a result of physiological factors may exacerbate the progression of NIHL, particularly among noise-exposed workers. Apart from the environment, numerous other factors, such as genetics and comorbidities, have a role in the influence of ageing on the auditory system.

Hearing loss was found to have a strong relationship with marital status, particularly among married workers. This isn't to say that being in a stable relationship was the primary cause of the ailment. Likewise, hearing loss was strongly linked to the type of labor performed, particularly blue-collar work. The blue-collar workers are more exposed to and work directly with noisy machinery than white-collar workers, who are usually supervisors.

Only a few studies have identified a significant link between hearing loss and smoking. An active smoker was found to be

strongly related with hearing loss at all frequencies among employees exposed to occupational noise, with being a heavy smoker having a greater impact on low-frequency hearing loss. The effect of nicotine induces vasoconstriction in the blood vessels has been widely investigated. These vasoconstrictions can result in a reduction in blood flow to the hair cells in the cochlea, resulting in irreparable damage to the hair cells and so worsening the consequences of NIHL among smokers. Researchers advise that workers who smoke and are exposed to noise levels greater than 85 dB should be followed up on, Health education on the dangers of smoking and the provision of quit smoking clinics will benefit these workers.

Hearing loss has also been linked to a longer period of employment. This is especially true for employees who have worked more overtime hours and are directly exposed to noisy machines. This study also discovered a significant difference in the mean noise exposure level, with lower noise exposure levels being linked to NIHL. This could be attributed to the difference in exposure duration, as the noise exposure in the group of workers exposed to lower levels of noise was longer.

CONCLUSION

Workers are exposed to noise in any workplace, but it is particularly hazardous when it is overly loud and long-lasting. As a reason, hearing loss was observed to be very common among palm oil factory employees. The study illustrates the practical value of annual audiometry testing, early stage medical removal programs for NIHL, and job rotation for highly exposed workstation workers. Employer-sponsored smoking cessation programs may minimize the prevalence of hearing loss among employees. The best control strategy is still engineering noise reduction at the source.

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