A study of social & economic impacts of Chronic Kidney Disease in Mihintale Divisional Sectotarial Division

Extended Abstract

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Background

A high prevalence of patients with Chronic Kidney Disease of unknown a etiology (CKDu) was noted from the North Central Province of Sri Lanka since mid-90s, (Wanigasuriya, 2012). The social and economic impacts of the disease includes sudden disruption of livelihood following the onset of disease in typically the chief bread winner of the household, moral panic concerning what causes the epidemic, disruption of children's education, stigma encountered by the patients and their families, and lack of support mechanisms for the families affected (Mendis, 2012). This is a burning problem in North Central Province including Mihintale DS Division. The illness has changed resource allocation and consumption patterns within the family unit and influenced the setting of priorities, maintenance of social relationships and participation in community activities. In coping with the high cost of medical treatment, sudden disruption of their livelihoods and increased loss of renal functions, the affected families resort to multiple coping strategies such as mortgaging and selling of assets, soliciting of funds and kidney donations from the public as renal failures reach a crisis point (Bandarage, 2013). In order to minimize the impacts of the disease, effective interventions are needed for prevention of the disease including early diagnosis, raising public awareness, promoting patient activism and legal measures against aggressive marketing of and inappropriate use of agrochemicals.

Objectives

The aim in this research was to examine social and economic impact of Chronic Kidney Disease of unknown etiology. Specific objectives were to find out the magnitude of disease spread on GN basis, to study socio - economic impacts of the CKDu, to examine the reasons for high incidence of diseases in certain DS Divisions (sources of drinking water, use of agro-chemicals, day today consumption of drinking water etc.)

Methodology

This research used both primary and secondary data. The required primary data were collected through household survey based on the structured questionnaire, field observation, etc. The samples of 40 respondents including patients were selected from 12 GN divisions. The secondary data was collected from different sources such as Divisional Secretariat- Mihintale, reports, books, articles and internet was used.

Results

Based on the secondary data available, it was found that there were 247 CKDu patients in Mihintale DS Division (Ranasinghe, 2013). Detailed analysis further revealed that 161 patients receiving Rs. 3000.00 per month from the government as a compensation to cover up the cost of medical expenditures. Education of children is badly affected and the stigma associated with the disease contributes to social and emotional cost. Most affected were men (63%) aged between 30 and 60 years, who worked as farmers and 2 infant patients were also reported in Mihintale DS division. This situation creates the huge financial burden for the patients and the families. Researcher found that the direct costs of clinical visit was around Rs 1000.00 per visit and indirect cost was around Rs.2500.00 per visit.

Conclusion and Recommendations

Chronic Kidney Disease (CKDu) emerged in the early 1990s, when hundreds of people in Sri Lanka's Dry Zone – heartland of its farming – developed kidney failure without having the common causative factors of diabetes or high blood pressure. Most affected were men aged between 30 and 60 years, who worked as farmers. Therefore, researcher, suggest public awareness programs, promoting patient activism, providing clean drinking water for rural communities, health promotion program, etc.

Keywords: kidney disease, unknown etiology, economic impacts, social impacts.

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