

Socio-Economic Impact of End-Stage Renal Disease on the Patients in District Faisalabad Punjab Pakistan

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ABSTRACT

Background: Chronic Kidney Disease (CKD) is associated with premature deaths, low quality of life, and high-cost medical treatment problems worldwide. When CKD does not cure, the End-Stage Renal Disease (ESRD) emerges which required to be treated by Renal Replacement Therapy (RRT) which comprises of a kidney transplant, or dialysis. Due to the dependency on the family members, inability to participate in economic activities and inability to fulfill various social responsibilities, such patients face many social problems.

Objectives: This study focused on problems faced by End-Stage Renal Disease (ESRD) patients, and suggested some policy measures to eliminate the social problems of such patients.

Study design: Cross-sectional study.

Place and duration: Dialysis center of Allied Hospital Faisalabad, Pakistan, December 2021.

Methodology: 105 respondents through a convenient sampling technique were recruited and responses were obtained using a structured interview schedule. Data were analyzed and interpreted using (SPSS version 22).

Conclusion: The study concluded that patients of ESRD were facing a lot of social problems due to the inability to participate in paid work, inability to fulfill their social responsibilities, and dependency on their family members for their dialysis and routine activities. There is a need to address their social problems through suitable policy initiatives.

Keywords: Problems, patients, End-Stage Renal Disease, Faisalabad

INTRODUCTION

(CKD) is a global health problem that is related to early age deaths, diminished life quality, and expanded healthcare expenses. Kidney diseases are responsible for 20,000 deaths each year in Pakistan (The Nation September 09, 2017)¹. If CKD is not treated, it can cause ESRD that requires RRT in form of kidney transplantation or dialysis. Nowadays, ESRD is considered to be a disease for whom treatment is expensive particularly in less developed countries due to fewer resources (Prabakar MR et al, 2008)². The victims of CKD who rely on RRT usually encounter troubles in participating in different spheres of life, for example, sports, paid work, and other leisure and social exercises. (Heijmans & Rijken, 2004)³. Also, this disease adds up to the failure of these patients to have a job because of the inordinate utilization of time amid their day- -by-day visits and their conceivable hospitalizations. (Economidou et al. 2005)⁴. So all the social dimensions of the victims of ESRD are altered with misery and they are compelled to spend a restricted life.

Objectives of the Study:

- To study the socio-economic characteristics of the respondents
- To explore the problems of ESRD patients

MATERIALS AND METHODS

Overview: This cross-sectional study was carried out in the dialysis center located in Allied Hospital, Faisalabad Punjab, Pakistan in December 2021. Prior permissions for data collection were obtained from the medical superintendent of the hospital and also from the head of the nephrology department.

Methodology: A total number of 105 respondents were recruited in this study to collect responses using a convenient sampling technique. Consent from all the respondents was also taken before conducting their interviews. To diminish bias, all the respondents were interviewed by the same (one) researcher. Data was collected by the researcher using a structured interview schedule. The collected data were analyzed by using SPSS (version 22). Univariate and bivariate statistical techniques were applied to analyze the data. The patients with diagnosed ESRD receiving RRT in the form of Hemodialysis from dialysis center Allied

Hospital, Faisalabad, and above the age of 18 years were included in this study. The patients whose ages were less than 18 years were not included in the study.

RESULTS AND DISCUSSION

Overall responses from 105 respondents were collected out of the 62.9% (n = 66) were male and 37.1% (n = 39) were female. Most of the respondents 51.43% (n= 54) belonged to the age group 47 years to 60 years of age. 24.76% (n= 26) respondents were above 60 years of age, 20.00 % (n= 21) respondents were 32 to 46 and the remaining 3.81% (n= 4) were from the age group 18 to 31. Hypertension and diabetes are considered to be usual factors responsible for the onset of ESRD. It is therefore, there was less number of respondents in the fewer age groups. 63.81% (n=67) respondents were living in the rural areas compared to 36.19 (n= 38) who were living in the urban areas.

Table 1: Feeling anxieties and depression due to ESRD

Gender	Total number of respondents	Feeling anxieties and depression due to ESRD			
		Yes		No	
		Frequency	%age	Frequency	%age
Male	66	37	56.06	29	43.94
Female	39	32	82.05	7	17.95

Responses according to the above table shows that out of 39 female respondents 82.05% (n = 32) were feeling anxieties and depression due to the disease compared to 56.06% (n = 37) male respondents. Almost similar to that of the findings by (Theofilou, 2011b)⁵ which concluded that the women were feeling more anxiety, depression, less positive thoughts, and fewer social activities as compared to the males. The social life about marital status according to this study shows that the bulk of the respondents 82.86% (n = 87) were married. Out of them, 32.38 percent (n = 34) were "completely satisfied" with the respect and affection from their family while 43.81% (n = 46) were satisfied with the same. A previous study by Chiang et al (2004)⁶ showed the same conclusion, that married family life was strongly contributing to the confidence, and wellness, of these patients.

Table 2: Effect of ESRD on economic activities

Not at all		To some Extent		To a greater extent	
Frequency	%age	Frequency	%age	Frequency	%age
5	4.76	7	6.67	93	88.57

The table above reveals that while answering the question about the effect of ESRD on economic activities 88.57% (n = 93) responded that after onset of ESRD, their economic activities "to a greater extent" were affected compared to only 4.76% (n=5) whom such activities were "not at all" affected and 6.67% (n= 7) to whom economic activities were affected "to some extent". A study by (Gerogianni et al., 2014)⁷ also confirmed that treatment of ESRD through dialysis disturbs the economic, professional, and the social status of such patients. In response to the question regarding assistance needed for routine activities 11.43% (n= 12) respondents responded that they required it "to a greater extent", 46.67% (n= 49) required it "to some extent" whereas 41.90% (n= 44) were "not at all" required the same.

Table 3: Need of someone's assistance to go to the dialysis center

Not at all		Few and far between		Always	
Frequency	%age	Frequency	%age	Frequency	%age
4	3.81	10	9.52	91	86.67

Although for routine activities, most of the respondents do not need or to some extent need the assistance of someone, however, to go to the dialysis center for the dialysis (which is usually required two to three times a week) the respondents almost always need the assistance of someone. Data in table # 3 reveals that 86.67% (n= 91) respondents responded that they always need the assistance of someone to go to the dialysis center compared to only 9.52% (n= 10) and 3.81% (n= 4) who needed it "few and far between" and "not at all" respectively. So, the patient is almost always required to be assisted or cared for by someone.

Dialysis facilities are not available in every hospital in Pakistan, only a few hospitals offer this service. So, the patients need to travel to the dialysis center regardless of how much distance it is from their residential area. However, the more distance of dialysis center from the residential area of the patient causes more traveling costs as well as time consuming. Also due to low or no source of income, many of the patients do not have their vehicles. So, they had to travel on public transport to go to the dialysis center.

Table 4: Distance of dialysis center from the residents of the respondents

Residential distance from dialysis center	Frequency	Percentage
Up to 25 Km	19	18.10
26 to 50 Km	37	35.24
More than 50 Km	49	46.67

Table No. 4 show that 18.10 Percent (n=19) respondents were required to travel up to 25 km for their dialysis, 35.24 Percent (n=37) respondents from 26 to 50km and 46.67 Percent (n=49) were required to travel for more than 50 km for the same purpose. Further data regarding mode of traveling shows that 84.76 Percent (n=89) respondents were using public transport, 6.67 Percent (n=7) respondents used private conveyance and only 8.57 Percent (n=9) respondents were using their own vehicle to approach the dialysis center. Traveling especially in public transport is a hard task for any patient but the patients are strained to travel twice or thrice a week for their dialysis along with their caregivers. Such traveling is not only irritating the patients but also create financial

burden on the patients. Also, dependency/ need of assistance along with the financial problems arose due inability to involve in the paid work lessen the confidence level, self-prestige, and social status of the patients.

CONCLUSION

Study reveals that majority of respondents due to ESRD had less capacity to participate in different spheres of life and it was creating various troubles in their social life. A study by Kaitelidou et al., (2007)⁸ also concluded that 39.4 % respondents reported that due to ESRD they were less able to do work. This decline in ability to work leads to stress, and anxiety. Unemployment that was resulted due to ESRD also causes economic problems, loss of confidence, psychological and physical problems in the patients (Muehrer et al., (2011)⁹. At this stage of unemployment, financial crises affect different dimensions of their life and worsen their already emerged social problems. Dependency on the family members for the daily routine activities and to receive dialysis therapy worsens their social life. Similar to Hung et al. (2011)¹⁰, who reported the associations among clinical, demographic and depression variables in such patients. Dialysis facilities are available in few hospitals, so the patients and their caregivers are forced to travel towards the dialysis centers on regular basis and most of them used to travel in public transport. So, the social life of the patients of ESRD was consists of dependency on caregivers, economic problems due to inability to participate in such activities, travelling problems due to distant dialysis centers. So, there is dire need to address the problems of such patients through initiate special financial and social support at grass root level. Also, there is need to initiate more dialysis centers to overcome the traveling problems of the patients.

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