

Social Life of End Stage Renal Disease Patients

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Abstract: Chronic Kidney Disease (CKD) is associated with premature deaths, low quality of life and high cost medical treatment problems worldwide. When CKD did not cured, the End Stage Renal Disease (ESRD) emerge which required to be treated by Renal Replacement Therapy (RRT) that comprises of 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. The objectives of this study is focused the socio-economic characteristics of the respondents, impact of ESRD on social life of patients, and to suggest some policy measure to eliminate the social problems of such patients. The Study design was cross sectional study. The study was conducted at Dialysis center of Allied Hospital Faisalabad, Pakistan in the month of December, 2017 and its duration was one month. A total sample of 105 respondents was recruited through convenient sampling technique and responses were obtained using a structured interview schedule. Data was analyzed and interpreted using (SPSS version 22). 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 need to address their social problems through suitable policy initiatives.

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INTRODUCTION

Chronic Kidney Disease is a global health problem that is related with early age deaths, diminished life quality, and expanded healthcare expenses. Kidney diseases are responsible for 20,000 deaths each year in Pakistan. If CKD is not treated, it can cause ESRD that require RRT in form of kidney transplantation or dialysis. Now a days, ESRD is considered to be a disease whom treatment is expensive particularly in less developed countries due to less resources (1). The victims of CKD who rely on RRT usually encounter troubles in participating in different spheres of life, for example, sports, paid works, and other leisure and social exercises (2). Also this disease adds up to 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 (3). So all the social dimensions of the victims of ESRD are altered with misery and they are compelled to spend a restricted life.

MATERIAL AND METHODS

This cross-sectional study was carried out in the dialysis center located in Allied Hospital, Faisalabad Punjab, Pakistan in December, 2017. Prior permissions for data collection were obtained from the Medical superintendent of the hospital and also from the head of nephrology department.

METHODOLOGY

A total number of 105 respondents were recruited in this study to collect responses using convenient sampling technique. Consent from all the respondents was also taken before

conducting their interviews. In order 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 was 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 whom ages were less than 18 years were not included in the study.

RESULTS AND DISCUSSION

Overall responses from 105 respondents were

collected out of them 62.9% (n = 66) were male and 37.1% (n = 39) were female. Most of the respondents 51.43% (n= 54) were 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 between 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 onset of ESDR. It is therefore, there was less number of respondents in the less age group. 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 No. 1 Feeling anxieties and depression due to ESDR

Gender	Total number of respondents	Feeling anxieties and depression due to ESDR			
		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 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 conducted earlier which concluded that the women were feeling more anxiety, depression, less positive thoughts and less social activities as compared to the males (4). The social life with

regard to 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 showed same conclusion, that married family life was strongly contributing in confidence, and wellness, of these patients (5).

Table No. 2 Effect of ESDR 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 (6) 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 No. 3 Need of someone’s assistance to go to the dialysis center

Not at all		To some Extent		To a greater extent	
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 in order to go to the dialysis center for the dialysis (which is usually required two to three times a week) the respondents almost always need assistance of someone. Data in table no. 3 reveals that 86.67% (n= 91) respondents responded that they always need 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 almost always required to be assisted or

cared by someone.

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

Table No. 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. Previous study 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 ESDR also causes economic problems, loss of confidence, psychological and physical problems in the patients. 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. 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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