

The Impact Towards the Rural Social Structure Due to Proliferation of Kidney Disease

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The aim of the study was to understand the impact of kidney disease to the structure of the rural society of Sri Lanka. Research problem used was ‘what is the impact of kidney disease to the structure of rural community?’ The study was conducted in two Divisional Secretariat Divisions (DSDs), namely Medawachchiya and Padaviya in 2018. These DSDs are located in the Anuradhapura District Sri Lanka and these are the mostly affected DSDs where unknown kidney disease can be identified. Especially, the study is focused on the impact towards the stability of the family, household economy, children’s education, and the nature of social relationship. All households selected on the basis of kidney disease affected patients who are below age 60. Though there are different statistics in health officials it was a difficult task to identify 100 households from one Grama Niladhari Division (GND). Therefore, 100 households selected from 9 GNDs in Medawachchiya DSD while another 100 households selected from 5 GNDs in Padaviya DSD. Altogether, it was a purposive sample with 200 households.

Both quantitative and qualitative methods and techniques were used in this study for data generation and data collection. Historical methods, comparative methods, functional methods and statistical methods were used as key research methods while questionnaires, observation, Key-informant Interviews and Focus Group Discussions were used as data collection tools.

The study identified several key findings. They are; affected households income level has reduced extensively because most of the patients are the breadwinners of the household. Their average monthly income is Rs. 30000.00 after the disease. School attending children has victimized their education as a result of poor source of family income and time allocation of parents’ kidney disease treatments. At the time of study 5 families have stopped children’s education. There is no active program for the rural community in general and particularly effected patients to uplift their livelihood except the grant of Rs. 5000 given by the government. About 79% of the sample is under thorough medical advices, but not attending clinics and dialysis due to economic reason. There is a tendency of getting the kidney disease within close family members and the tendency is 61.5%. Thus, there is an issue of social exclusion in these study areas. The stigmatic condition prevailing in the area is a serious social problem that affected to the families and the rural social structure. There are 73 effected households who have mortgaged their properties to find required amount of money to continue recommended treatment. Especially, they have consulted medical specialists in distance places such as Colombo, Kandy, Trincomalee, etc. This situation has further aggravated the issues in family relationship and rural social structure. In addition, there are many latent issues and factors that influenced on the stability of family relationships and rural social structure. Finally, the study shows that the disease has made critical issues in affected families and the rural social structure.

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