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Socioeconomic Disparities in the Relationship Between Chronic Kidney Disease and Mental Health in Indonesian Households

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Objectives : Chronic kidney disease (CKD) has increased significantly in Indonesia and may cause physical and mental pain. However, the study of CKD incidents on mental health notably analyzed by household economic and welfare status remains limited. Therefore, this study aims to investigate the association between CKD and mental health based on economic household status to seek whether there was a disparities for each household groups.

Methods : This study used national survey data from the Indonesian Family Life Survey (IFLS) wave five in 2014. The observation included 182 people with CKD. The main independent variable was household economic status (Poor, Medium, and Rich) and the dependent was depression status projected by CESD score. The association between household economic status of people with CKD and risk factors on binary outcome of mental illness was estimated using chi-square and logit regression.

Results : Of 182 people with CKD, 33.51% categorized as poor, 33.05 as medium income, and 31.41% as rich household. Among the observation, 36 (19.78%) were diagnosed with depression. In the logit regression, people with CKD in poor and medium household economic status were likely to have higher probability of depression (AOR=7.29; $p=0.003$ & AOR=4.24; $p=0.038$), compared to those who live in rich households. Adjusted with other risk factors, people with CKD were more probable to have depression in females, unmarried, and active smokers.

Conclusions : There were disparities in mental health among people with CKD based on their household economic status. In this study, CKD was significantly associated with depression in particular for people living in poor households. Therefore, poor people with CKD faced a double burden not only physical pain but also financial and mental illness. Therefore, mitigation of the effect of CKD on vulnerable groups was needed to improve the quality of life of CKD patients in low economic households.