

HEALTH EDUCATION FOR MAKING CONSUMER EMPOWERED; EVIDENCE FROM CHRONIC KIDNEY DISEASE ENDEMIC REGIONS IN SRI LANKA

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ABSTRACT

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Risk has is a modern concept of control which directly influencing on the general decision making. The risk of being victim of a disease changed the behavior of the individuals. With the increasing risk and the reactions of the individuals on the risk make the critical discussion in behavioral studies. Health risk as a global consent of the general public, policy makers and the regulatory bodies has continuously attending on addressing the health risk reduction methods. Similarly the CKDu as the emerging global health issue especially in the developing world has been highlighted the importance of intervention from the regulatory bodies. With the increasing attention on the matter the governments are using different forms of consumer education programs. But the current statistics on effectiveness education programs reviles that the education programs have less ability to change the individual behaviors. Therefore the study attempt to review the existing literature to explain the theoretical justification on the less effectiveness of the education programs. For the purpose the study has reviewed the theoretical publications and highlighted that the consumer understanding on the risk factors and the method of risk reeducation is not only assessed based on the external information process but it will also influenced by the social conversation and the social construction of the risk assessment. Finally the study emphasis that the educational programs on CKDu to work as the methods altering the consumer behavior to reduce the CKDu risk. The development of the programs need to concentrate on the conversational and the construction perspectives of the risk assessment and the responding behaviors which is been identified as the future study requirement by the researcher.

KEYWORDS: Risk, decision making, consumer behavior, Consumer education

INTRODUCTION

Noncommunicable disease (NCDs) has been identified as the reason for the 71% of the total deaths per year, which is amounting for more than 41 million (Arena *et al.*, 2016). Furthermore in threat of NCDs, the threat from the chronic disease being increased during the last few decades especially in the developing countries (Wijkström *et al.*, 2018). Chronic Kidney Disease of Unknown Etiology (CKDu) is been identified as the emerging health issue in the world (Wimalawansa, 2015). As a country with the agricultural base economy Sri Lanka also experiencing the negative effects of CKDu. In Sri Lanka CKDu is emerging health issue in started in the Northern area of the country based on this the consumption behaviors of the individuals has been drastically changed. With the changing consumption behaviors especially in the CKDu endemic region in Sri Lanka it has been identified

the distinct difference in relation with the water consumption which is also been changed the socio-cultural definition of water (De Silva, 2018). This is been based on the consumer attribution of the CKDu to the water consumption in the area which is been based on the scientific study findings (Wanasinghe, Gunarathna, Herath, & Jayasinghe, 2018). Especially with the higher level of ground water pollution with the different reasons associated with the human activities (Wimalawansa, 2015). Furthermore (Jayasumana, Gunatilake, & Senanayake, 2014) it has been emphasis the strong association between CKDu and the hard water consumption even it has not been explain coherently. But still it has been created the water with new definition which has been identifying the water as a commercial product (De Silva, 2018). Water as commercial products the consumer decision making criteria has been in evaluating the different options available

in the market (Schiffman & Kanuk, 2012). With the increasing number of patients recorded with the contradictory findings on the cause of CKDu has been increased the concerns by individuals in using preventive methods for CKDu (De Silva, 2014). The consumer awareness on the preventive methods been based on the information received from the different parties including regulatory bodies and the commercial institutes (Wanasinghe *et al.*, 2018). In this the consumer awareness programmes in different names being identified as the one of the key source of communicate with the consumers (Wijkström *et al.*, 2018). But still the level of understanding on the conditions by the individuals observed with the lower levels (Wimalawansa, 2015). Theoretically the consumer education programmes provide the required skills and knowledge for the individual in making objective consumption decisions (Ben Oumlil and Williams, 2000). In other terms the consumer education make consumers empowered in making consumption related decisions (Langrehr and Mason, 1977). But as per the discussion it is been emphasis that in the context of CKDu endemic regions in Sri Lanka is been presenting the different behavioral pattern. Accordingly the objective of the study is to review the existing literature in explaining the identified situation in the CKDu endemic regions in Sri Lanka.

CONSUMER EDUCATION

Consumer education has been defined as the development of the individual with the skills, concepts, and understandings required for everyday living to achieve, within the framework of his own values, maximum utilization of and satisfaction from his resources (Langrehr and Mason, 1977). Consumer education is therefore considered different than consumer information - it is often confusing (Jarva, 2011). Consumer education is a learning process that people cannot easily see or hear. Consumer information, on the other hand, is something that can be clearly observed or heard in other wordings the consumer education can be formal or informal, which leads to permanent change in the behavior (Way, 1984). Consumer educators have also been known to define as the perceived empowerment of the consumers (McGregor, 2005). Consumer education studies, under-taken by Jarva (2011) portrays consumers as being empowered when they can resist a complex consumption decision. Furthermore, in the context of the risk societies, it has also been identified that the consumer perceived complexity of the decision making process is comparatively high (Ekberg, 2007). This has been highlighted the necessity of having the consumer education which is making the consumers more empowered and confident in the decision making process (McGregor, 2005). Separating the notion of citizenship from consumer empowerment reinforces the conventional understanding of self-interest as a self-advocate (Langrehr and Mason, 1977). Under the light the many studies has been identified the citizenship behavior and the consumer empowerment as the dimension of the consumer education (Jarva, 2011). Furthermore, it has been laminated fact that the consumer education as the process of enabling more efficient use of advice and information, leads to consumer empowerment of their need for consumers to be the impact of their decisions (McGregor, 2005). Consumer Education Program considers any organizational activity that is one of its main objectives and the development of consumer education in some segments of consumers (Willett, 1979). With the empowered consumers, it is been identified the ability of overcoming the vulnerabilities of the consumers in making

consumption related decision (Gerrard, Gibbons and Bushman, 1996). In other words the consumer education makes consumers powerful in making the consumption decisions.

Accordingly, consumer education is formal and informal approaches in making individuals empowered in making objective and comprehensive consumption related decisions (Jarva, 2011). Furthermore, with the nature of the consumer education any effort take place with the objective of empowering the individuals being defined as the consumer education program (Ben Oumlil and Williams, 2000). The education program being conducted in different forms with the objective of enhancing the consumer skills and understanding of the consumption decision making (Langrehr and Mason, 1977). In focusing on the study setting, the CKDu endemic regions in Sri Lanka it is highlighted that different forms of program of different stakeholder groups such as individuals in the affected areas, CKDu patients, family members of the CKDu patients (De Silva, 2018). With the study focus of the CKDu related education programs in endemic regions the next section attempt to review the nature of the consumer education program on CKDu in its endemic regions.

CONSUMER EDUCATION PROGRAMS ON CKDU

After Sri Lanka with recorded in 1991 in Madwachchiya it is observed the increasing number of patients diagnose as CKDu patients initially from the dry zone of the country (Wanasinghe *et al.*, 2018). This expanding up to 11 districts of the country making the issue spread island wide. Further it is has been taken the attention of the political and the regulatory concern in recent years (Presidential Task Force, 2019). Highlighting the importance of making attention on the condition it is recorded 274% increasing compared to 2004 with 2009 (De Silva, 2018). The government has taken immediate action by declaring the CKDu as an emergent disease requiring intervention of the Ministry of Health under the special circular (Palimentry Debates, 2013). This is has been facilitate the consumer education program under government institutes and the other non-government institutes for the making individuals aware on the prevailing conditions (De Silva, 2014). With the government intervention on the CKDu education the ground level implementation methodology was started through village health committees (suvasahana kamitu) the main task of the committee is to educating villagers about preventive measures, and about care and treatment as provided by the health ministry which is been coordinated with the Department of the Regional Director of Health (DRDH) and Public Health Inspectors (PHIs) (De Silva, 2018). As a result it is been recorded the 169 health education programs conducted in Anuradhapura District during the period of 2014 and 2015 covering 20,769 people, or 2.4% of the total population of the District (Medical Statistics Unit, 2015). Furthermore, the health regulatory bodies has been identified the awareness of CKDu as the key source of CKDu prevention by enhancing the general public undersatdng on the issue (Presidential Task Force, 2019). This indicate the significance of the effort taken in educating the residence in the areas.

In explaining the content of the education programs it is emphasis few aspects as, (1) why kidneys are useful for you? (2) What causes CKDu? (3) How to avoid CKDu? (4)

Get rid of harmful practices that destroy kidneys (reduce intake of salt, oil, and sugar) (De Silva, 2018). This is creating the understanding on the recommended consumption behaviors in reducing the threats of the being victims of CKDu. In other wordings the educating the individuals regarding the CKDu is a consumer education program developed to provide the skills and understanding on the making consumption decisions to avoid the risk of becoming the victim of CKDu (De Silva, 2014). With the strategic objective of the health sector of the country with the education programs throughout the region with the aim of preventing the risk of CKDu victimization (Medical Statistics Unit, 2015). The consumer education programs on CKDu in providing the skills and understanding it is been observed several issues with the contradictory findings and the debates on the cause of CKDu (Wimalawansa, 2015). In which it is indicate the main symptom of the identified study issue as even the health education programs being used as the method of consumer education in the identified setting whether it is really provides the expected outcomes as prevention of CKDu in the country.

OUTCOMES OF THE CKDU EDUCATION PROGRAMS

In defining the health education similarly in the consumer education, the health education defined as the vehicle for improved health knowledge, attitudes, decision making skills, behavior and health status (Bartlett, 1981). In elaborating the definition it is focused on providing the understanding and skills to maintain the healthy life. Further explanation on the context it is been laminated the effort for preventing the CKDu (Ranasinghe and Ranasinghe, 2015). Accordingly the health education programs on CKDu attempt to empower the individuals in making consumption decisions in the health risk. But many of the studies has been highlighted the level of effectiveness of the consumer education programs on CKDu is questionable (De Silva, 2014; Wijkström *et al.*, 2018). With the strategic objectives of the CKDu education programs, it is targeting to empower the individuals in the affected areas as a method of reducing the risk (Ranasinghe and Ranasinghe, 2015).

Accordingly it is been observed the deviation from the expected outcomes of the education programs in the area. In which it is critical in explaining the context to provide the better solutions for the issue. Therefore in explaining the context it required to consider the different perspectives. Therefore the following section attempt to review the theoretical background of the identified problem context with the objective of providing the suitable theoretical explanation for the contextual implications identified.

CONVERSATIONAL APPROACH

The recent studies on the explaining the individuals behaviors in health risk establish the consumer response as the social construct even without experiencing the victimization (Hill, 2006) in the market it can be experience the perceived (Piacentini, Hibbert and Hogg, 2014) vulnerability for the diseases as result of the social learning (Baker, Gentry and Rittenburg, 2005). In understanding the phenomena it is been utilized the theory of conversation in consumer learning (Sharples, Taylor and Vavoula, 2010). Central to the definition is the statement that conversational learning is the driving force. It is the means by which we discuss differences, understand each other's experiences, and make temporarily consistent interpretations of the world

(Visconti, 2016). The study description of learning as dialogue is based primarily on the work of Gordon Pask (Pask, 1976). Conversation is seen as a fundamental process of learning, means that the informing people about each other's information. Furthermore (Sharples, Taylor and Vavoula, 2010) has been describes "coordination of coordinations of coordinations". In order to create a conversation forums, the learner must be able to formulate a description of himself and his actions, describe the former and extend that description and move on to a future activity (Hawes, 1999). In order to learn, a person or system must be able to converse with oneself and others about what they know. At the core of these learning conversations is the need for underlying externalization (Sharples, Taylor and Vavoula, 2010). Conversation In order to engage in effective dialogue, all parties need access to a common external representation (agreed terminology and notes, concept maps, or other learning resources) that will help them to identify and discuss topics (Hawes, 1999). Most recently, Pask's Conversation Theory was used in understanding consumer vulnerability as the social construct (Visconti, 2016).

This implies that strategic actions of empowering the consumers in health risk are presented as conversations. This allows strategic actions to be completed with the strategic meanings so that they can be described to oneself and others. More precisely, this is been utilized the speech act theory which provide the explanation on individuals response (Linell and Markovä, 1993) on the stress and the powerlessness experience in the environment. Performance is a specific discourse and has its qualities of: (1) being consequential (i.e. depending on an existing ideological, material, social, and technological state); (2) combining discourse and action; and (3) producing effects tied to what it describes (i.e. having a transformational power) (Scaraboto, 2015). A proactive analysis of the strategies of vulnerable customers has several advantages. First, it fosters a contextual interpretation of such strategies in terms of material conditions, norms, power structures, space, time, and more (Visconti, 2016). Second, these strategies reveal the underlying finalism of the strategies, which is meant not only to address immediate problems and needs, but to restore the conditions of domination in the long run (Scaraboto, 2015). Third, the theory of performance reveals the identity paradox of performance, and vice versa. Accordingly, the study is highlights three strategies that risk consumers may adopt: (1) coping strategies that are manifestations of (creative) existence; (2) change strategies that are manifestations of resistance; and (3) the strategies of ordinary society, their declarations of forgetting, and / or reconnection with the dominant society. Accordingly it is been establish the argument that the individuals determination on the risk factors and the behaviors on risk prevention is not only based on the external information but with the conversational information generated within their in groups (Visconti, 2016).

Even with the understanding on the conversational construction of the consumer reactions on the risk assessment it is been further required to explain with how this conversation base responses of the consumers being formed in the society. Therefore the following section explains the review of the constructive theory in explaining the phenomena.

CONSTRUCTIVE APPROACH

The heart of social constructive attention has been described as "social individual action" (Cobb, 1994). "Society"

can include a range of face-to-face interactions from historical, political or cultural trends (Au, 1998). As (Cobb, 1994) it is been suggested that the “knowledge is built on the interaction of an individual with the social environment”. From this point of view, knowledge is seen as a collective meaning between individuals, and learning environments should embrace collaboration, interaction, student-based learning and diversity in the classroom and the subject. Furthermore it has been pointed out that the individuals even with the formal learning process it is been having the different levels in constructing the same with the different social associations (Zaichkowsky, 1985). Based on the theory of construction in both cognitive and social perspective of the individual construction of formal learning is been presented are used to illustrate the similarities between social construction and learning. First, because learning is an active and creative process, the classroom should include challenging issues, projects and issues such as discussing, researching and presenting (Au, 1998). Problem-based learning has been embraced in consumer education (Langrehr and Mason, 1977). It focuses on collaborative, successful, contextual, and self-directed learning (Jarva, 2011). In a study of problem-based learning in the consumer education context, (Langrehr and Mason, 1977) found that module teachers play an important role in its success. They found that teachers put more emphasis on task-related interventions and more on group dynamics and learning processes. But in the context of the consumer education the policy makers and the government intervenes on the CKDu issue as the social issue which is been always attempt to provide the formal methods of communication (De Silva, 2018). Accordingly even the policy makers objective is to avoid the CKDu from the region the expected actions based on the learning is not been performed by the consumers (Wimalawansa, 2015). This has been explaining the disparities between expected outcomes and the actual gains of the consumer education initiatives undertaken in the CKDu affected areas.

CONCLUSION

With the consumer behavioral perspective it is been conceptualized that by empowering the consumers they gain more power and independence in making consumption decision making. Based on which the activities in CKDu prevention has been identified the education for the people in the affected areas as one on the strategic actions can be taken in to reducing the CKDu risk. But still with the available empirical findings explain a deviation between expected outcomes and the actual outcomes. Further review of the existing literature provide an underpinning explanation for the context with the conversational theory and the construction theory. In other wording the consumer behavior in the risk is not been influenced by the educational programs conducted in the different forms. Therefore it required to identify the approaches and the alternatives that can be used in achieving the strategic objectives of preventing the CKDu in the country. But with the explanation the problem remain same as how the individuals in the identified context can be empowered in facing the issue. Therefore the study suggest to have the empirical investigation in understanding the context.

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