Description of the Level of Knowledge and Attitudes of the Elderly About Rheumatoid Arthitis

Gina Fricilia Sani Putri[1], M. Ridho Mahaputra[2]
[1] Institute Helvetia Health, Medan, Indonesia, ghinafsp@gmail.com
[2] Mercu Buana University, Jakarta, Indonesia, ridhomahaputra26@gmail.com

Corresponding Author: ghinafsp@gmail.com

Abstract: The purpose of this study was to describe the level of knowledge and attitudes of the elderly about rheumatoid arthritis. This research uses a descriptive method. The population is all the elderly who are in the Posyandu Elderly Housing Complex of the Balaibaru Police Working Area of the Belimbing Padang Health Center with a total sample of 82 elderly. The results showed that 78% of the elderly had good knowledge about rheumatoid arthritis and 64.4% of the elderly had a positive attitude about rheumatoid arthritis. Research on the description of the level of knowledge and attitudes of the elderly about rheumatoid arthritis has obtained good results, for this reason it is hoped that the Belimbing Padang Health Center can improve the provision of much more and more information about rheumatoid arthritis in order to improve the health status of the elderly much better better than before.

Keyword : Knowledge, Rheumatoid Arthitis, Attitude.

INTRODUCTION

Disease patterns in Indonesia have shifted, where infectious diseases and malnutrition have gradually decreased, on the other hand, chronic diseases caused by degenerative diseases, including rheumatoid arthritis, have increased sharply which are thought to be closely related to a way of life that develops in accordance with prosperity which has an impact on changes risky eating patterns, which are usually traditional, turn westernized, but this disease can be prevented by living a healthy lifestyle and staying away from risky life (Krisnatuti, et al. 2003)

Rheumatoid arthritis is an autoimmune disease characterized by chronic and progressive systemic inflammation, where the joints are the main target of this disease (Suarjana, 2010). The number of rheumatoid arthritis sufferers in the world has now reached 355 million people, meaning that 1 out of 6 of the world's population suffers from rheumatoid arthritis (WHO 2010). In Indonesia the prevalence of rheumatoid arthritis is 23.3% - 31.6% of the total population of Indonesia. In 2007, the number of these patients reached 2 million people, with a ratio of three times as many female patients as men. It is estimated that this

figure will continue to increase until 2025 with indications that more than 25% will experience paralysis (Zen, 2010).

In Indonesia, there are many cases of joint cartilage disease in the knee, where the osteoarthritis population increases by 40% - 60% over the age of 45 years, where the process of degeneration of the cartilage begins. This percentage increases to 85% at the age of 75 years. In 2008 rheumatoid arthritis was one of the top ten diseases in West Sumatra, the number of rheumatoid arthritis sufferers was 7.5% of the 4,555,810 inhabitants (SUMBAR Health Office, 2010).

According to Azizah, (2011) defines elderly (elderly) as part of the process of human growth and development that does not suddenly grow old but develops from infants, children, adults and eventually grows old. This is normal with the practicable physical and behavioral changes that occur in all people by the time they reach a certain age at a certain chronological stage of development. Elderly is a natural process determined by God Almighty. Everyone will experience the process of growing old and old age is the last lifetime. During this time, people will gradually experience physical, mental and social decline.

The results of a study were that most of the level of knowledge of the elderly about rheumatoid arthritis was found in the category of less knowledge, 60%, 33% sufficient, and 7% good. The level of knowledge of the elderly about rheumatoid arthritis at Tresna Wherda Social Institution (PSTW) Budi Mulia 1 Cipayung is mostly   lacking (Afriyanti, 2009).

Many people take rheumatoid arthritis for granted and think of it as an ordinary arthritis, so they are late for treatment. Rheumatoid Arthritis should not be ignored because it is included in the category of autoimmune disease. This autoimmune disease is progressive which can attack the function of other organs in a fast time. This autoimmune disease is characterized by chronic inflammation of the joints of the hands and feet accompanied by symptoms of anemia, fatigue and depression. This inflammation causes joint pain, stiffness, and swelling which leads to loss of joint function due to bone destruction which leads to progressive disability. Within two to five years, the patient's finger can be crooked. This disease can attack other organs of the body including the heart, eyes and lungs. Not only joint disease, but it can reduce the function of other organs so that within ten years, patients must be assisted by other people in their daily activities (Sasetyo, 2013).

According to Tony, S (2007) to overcome this, it is necessary to provide information or knowledge in the form of HE (*Health Education*) about arthritis or what is often called rheumatic disease, starting from the understanding of rheumatic disease itself, the causes of rheumatic disease, the signs and symptoms of rheumatic disease. , to how to prevent rheumatic diseases. This counseling can be carried out by health workers, especially by nurses.

Knowledge is the lowest cognitive ability but very important because it can shape a person's behavior (Notoatmodjo, 2012). The increased knowledge gained by the elderly can help and help themselves or others in dealing with problems caused by the disease rheumatoid arthritis they suffer. Each knowledge has specific characteristics of knowing what, how, and for what knowledge is structured. Knowledge is a function of attitude, according to this function humans have a basic urge to be curious, to achieve reasoning and to organize experience. With the growing knowledge of studying the elderly through preventive, promotive, curative and rehabilitative efforts, the elderly can enjoy a happy and useful old age. Thus, the aspects that can be developed are prevention efforts so that the aging process (degenerative) can be slowed down without neglecting treatment and needs to be restored so that they are still able to carry out daily life independently (Nugroho, 2000).

Good knowledge of someone who has rheumatoid arthritis about rheumatoid arthritis treatment and attitude to apply it will affect the healing process and reduce the risk of injury. If someone has low knowledge about the treatment of rheumatoid arthritis and poor management, the possibility of disability and disability is very large (Yani, 2014).

According to Notoadmodjo (2012) said that individual behavior tends to be influenced by knowledge, attitudes, desires and will. if the elderly who experience rheumatoid arthritis have good knowledge of their health problems, they will have the desire to apply them so that the disease can be prevented as early as possible and vice versa.

From the results of research conducted by Handoyo (2010) at Padang Hospital, it was found that 55.6% of respondents had a high level of knowledge about rheumatoid arthritis (joint pain) and 62.8% of respondents had a positive attitude and the results of research conducted by Berto (2012) at the Special Rheumatoid Arthritis Polyclinic at Dr M Djamil Hospital, Padang, it was found that 52.7% of respondents had a high level of knowledge about Rheumatoid Arthritis and 50.5% of respondents had a positive attitude about Rheumatoid Arthritis.

Based on data from the Padang City Health Office (2014) disease of the joints in the bones of the elderly or called rheumatoid in the 2014 recapitulation the number of cases recorded was 667 cases in men and in women there were 1684 cases so if men and women were added together then the number of cases of rheumatism was 2351 cases.

According to a preliminary study that the authors conducted on October 22, 2015, 20 elderly people visited, 8 people said they quite understood what rheumatoid arthritis was, with signs of symptoms such as feeling their feet and hands often ache, especially when they wake up in the morning. , often felt tired, lost weight day by day, and felt hot and usually only took medicine bought at the pharmacy, while 12 of them said they still did not understand rheumatoid arthritis and its management.

Based on the description above, the researcher is interested in conducting his research to describe the level of knowledge and attitudes of the elderly about rheumatoid arthritis at the Posyandu for the Elderly in the Housing Complex of the Polda Balai Baru Work Area of the Belimbing Padang Health Center in 2015.

METHODS

This study uses a *descriptive method* that describes or describes the variables studied, namely the description of the level of knowledge and attitudes of the elderly about rheumatoid arthritis in the Posyandu Elderly Housing Complex of the Regional Police of the Working Area of the Belimbing Padang Health Center in 2015.

The data analysis used was univariate analysis to provide an overview of the variable level of knowledge, gender, age, education, occupation and attitudes. Analysis of research data was carried out in two stages, namely data processing using a computer (*analysis software)* . In the analysis of demographic data and the level of knowledge and attitudes will be described in the form of a frequency distribution.

RESULTS AND DISCUSSION
Results
Respondent Characteristics

Of the 82 respondents at the Elderly Posyandu Polda Balaibaru Housing Complex in the Working Area of the Belimbing Padang Health Center, an overview of the characteristics of the respondents can be seen in the following table:

Table 1. Characteristics of Respondents

Characteristics Respondents	Amount	Percentage (%)
Age		
60-74 years	69	84.1
75-90 years	13	15.9
Amount	82	100

Type sex		
Woman	52	63.4
Man	30	36.6
Amount	82	100
Education		
JUNIOR HIGH SCHOOL	9	11.0
SENIOR HIGH SCHOOL	54	65.9
College Height (PT)	19	23.2
Amount	82	100
Work		
Work	47	57.3
No Work	35	42.7
Amount	82	100

In table 1 it can be seen that the characteristics of the respondents based on age found that the majority of respondents were aged between 60-74 years (elderly), namely 69 people (84.1%) and aged between 75-90 years (old elderly) as many as 13 people (15.9%). Means that most of the respondents' ages are between 60 to 74 years.

Based on the type of respondents, it was found that most of the respondents were female, namely 52 people (63.4%), while 30 people (36.6%) were male. This means that the majority of the respondent's gender is female.

The characteristics of respondents with a history of high school education were 54 people (65.9%), tertiary institutions were 19 people (23.2%) and a minority of respondents with junior high school education were 9 people (11.0%). This means that most of the respondents' educational history is high school.

The characteristics of respondents with a history of work were 47 people (57.3%), while respondents with a history of not working were 35 people (42.7%). This means that most of the respondents' work history is working.

Elderly Knowledge Level about Rheumatoid Arthritis

Table 2. Frequency Distribution of Respondents Based on the Knowledge Level of the Elderly about rheumatoid arthritis

Knowledge	Amount	Percentage (%)
Good	64	78.0
Enough	18	22.0
Amount	82	100

In table 2 it can be seen that 64 people (78.0%) had good knowledge about rheumatoid arthritis, while 18 respondents (22.0%) had sufficient knowledge about rheumatoid arthritis. This means that most of the respondents have a good level of knowledge about rheumatoid arthritis.

Elderly Attitudes About Rheumatoid Arthritis

Table 3. Frequency Distribution of Respondents Based on Respondents' Attitudes About Rheumatoid Arthritis

Knowledge	Amount	Percentage (%)
Positive	53	64.6
Negative	29	35.4
Amount	82	100

In table 3 it can be seen that 53 people (64.6%) have a positive attitude about rheumatoid arthritis and 29 people (35.4%) have a negative attitude about rheumatoid arthritis. Means that most of the respondents have a positive attitude about rheumatoid arthritis.

Discussion
Level of Elderly Knowledge about Rheumatoid Arthritis

It can be seen that 64 people (78.0%) had good knowledge about rheumatoid arthritis, while 18 respondents (22.0%) had sufficient knowledge about rheumatoid arthritis. This means that most of the respondents have a good level of knowledge about rheumatoid arthritis.

The results of this study are the same as the results conducted by Handoyo (2010) at the Padang Hospital, it was found that 55.6% of respondents had a high level of knowledge about rheumatoid arthritis (joint pain).

According to I Nyoman (2010) rheumatoid arthritis is an autoimmune disease characterized by chronic and progressive systemic inflammation, where the joints are the main target.

Based on the results of the study, the authors assume that the good knowledge of respondents about rheumatoid arthritis is influenced by the education of the respondents, most of whom graduated from high school, namely 54 people (65.9%), so their understanding of the disease they are suffering from is very good. Risk factors associated with an increase in the occurrence of rheumatoid arthritis include gender, where the majority of respondents were female, namely as many as 52 people (63.4%), age factor where most of the respondents were aged 60-74 years, and other risk factors.

There were still respondents who answered that they did not know the signs and symptoms of rheumatoid arthritis apart from joint pain even though there were many other signs and symptoms such as fatigue, appetite and weight. This is influenced by the level of symptoms suffered by each individual which is different as well as the work factors of the respondents where most of the respondents have a work history, so that the symptoms that are felt vary according to the workload carried out every day.

According to Notoatmodjo (2012) knowledge is the result of human sensing or the result of knowing someone about objects through their senses (eyes, nose, ears, and so on). A person's knowledge of objects has different intensities or levels.

Based on the results of the study, the authors assume that the respondents have good knowledge about rheumatoid arthritis such as knowing what rheumatoid arthritis is or better known as rheumatic disease, knowing the causes so as to minimize factors that increase the occurrence of rheumatoid arthritis, knowing signs and symptoms such as joint pain, fatigue, appetite and weight loss. This is because respondents who visited the Elderly Posyandu received counseling about various diseases in old age, one of which was rheumatoid arthritis . in the healing process.

Elderly Attitudes about Rheumatoid Arthitis

It can be seen that 53 people (64.6%) have a positive attitude about rheumatoid arthritis and 29 people (35.4%) have a negative attitude about rheumatoid arthritis. Means that most of the respondents have a positive attitude about rheumatoid arthritis.

These results are the same as the results of a study conducted by Handoyo (2010) at the Padang Hospital, the results showed that 62.8% of respondents had a positive attitude about rheumatoid arthritis.

According to Notoatmodjo (2010) argued that the attitude itself is a closed reaction from a person to a stimulus or object. A good attitude will produce good actions later.

Based on the research results, the authors assume that the high number of respondents who have a positive attitude about rheumatoid arthritis can be influenced by experience, belief factors, emotional state, and the environment. Another thing that contributed to making the respondent have a positive attitude can be seen from the respondent's answer where the respondent agreed to treat rheumatoid arthritis properly according to what was recommended by the health worker, immediately go to the health center or health service if the rheumatic disease recurred, take supplements and painkillers , trying to get some rest.

There are still respondents who have a negative attitude as can be seen from the answers of respondents where there are still respondents who think rheumatoid arthritis cannot be cured and consume too much coffee and do not care about the pain they feel because it will go away on its own.

CONCLUSION

Based on the results of the research that has been done, the authors can draw the following conclusions: 1. An overview of the level of knowledge of the elderly about rheumatoid arthritis from 82 elderly people, most of whom have good knowledge as many as 64 people (78.0%). 2. An overview of the attitude of the elderly about rheumatoid arthritis of the 82 elderly people, the majority of whom had a positive attitude as many as 53 people (64.6%).

REFERENCE

Afriyanti, FN (2009). The level of knowledge of the elderly about rheumatoid arthritis. Jakarta

Azizah, LM (2011). Elderly nursing 1st edition. Yogyakarta: Graha Ilmu. Bandiyah, S. (2009). Aging and gerontic nursing. Yogyakarta Nuha Medika

Dewi, et al. (2011). Book theory of knowledge, attitudes and human behavior . Yogyakarta: Nuha Medika.

Dwiwahyunita Vina, (2010). Understanding Health in the Elderly. Jakarta: TEAM Effendi, N. (2000). Fundamentals of public health nursing. 2nd edition. Jakarta : EGC.

Handoyo. (2010). The relationship between the level of knowledge and attitudes of clients about rheumatoid arthritis. Padang.

Haznam, MW (2010). Diagnostic and therapeutic pathology in III edition . Bandung.

Hurlock. (1998). Developmental psychology. Jakarta: Erlangga.

Ip Suiraoka. 2012. *Degenerative diseases recognize, prevent and reduce risk factors for 9 degenerative diseases.* Yogyakarta: Nuha Medika.

Khalid, RM. (2013) Pocket book of medical surgical nursing practice procedures . Jakarta

Notoatmodjo, S. (2012). Health research methodology. Jakarta: Rineka Cipta.

Nugroho, W. (2009). Gerontic Nursing 2nd edition. Jakarta: EGC

Nursalam. (2014). Nursing management (application in professional nursing practice. Jakarta : Salemba Medika.

Perry & Potter. (2005). Nursing fundamentals; concepts, processes, and practices . Jakarta : EGC.

Price. SA (2006). Pathophysiology of clinical concepts of disease processes 6th edition volume 2. Jakarta: EGC.

Sasetyo. (2013). Treatment of rheumatoid arthritis. Pdpersi.co.id

Setiadi. (2007). Concepts and writing of nursing research. Yogyakarta: Graha.

Smart, A. (2010). rheumatism and gout; treatment and therapy until complete recovery. Yogyakarta : A'Plus Books.

Suarjana, IN (2010). Textbook of internal medicine volume III edition V. Jakarta. Internal Publishing.

Sugiyono. (2013). Statistics for research. Bandung: PT Alfabeta.

Trisnowiyanto, B. (2012). Physiotherapy examination instrument and health research. Yogyakarta: Nuha Medika

William S, et al. (1996). Guide to medical therapy (*handbook of medical treatment*) XVIII edition . Jakarta : EGC.