

DESCRIPTION OF THE LEVEL OF KNOWLEDGE OF THE ELDERLY ABOUT RHEUMATISM IN DALU SEPULUH A VILLAGE, TANJUNG MORAWA DISTRICT

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Abstract

Rheumatism is a chronic autoimmune disease that damages joints and the tissue around these joints. Rheumatism generally occurs in individuals over 55 years of age, and its prevalence increases with age. In Indonesia, rheumatism is one of the main health problems for the elderly. The aim of this research is to provide an overview of elderly knowledge about rheumatism in Dalu Sepuluh A Village, Tanjung Morawa District, identify factors that influence elderly knowledge about rheumatism, and provide recommendations for increasing elderly knowledge about rheumatism. The method used in this research is descriptive qualitative which provides an overview of the knowledge of elderly people regarding rheumatic diseases in Dalu Sepuluh A Village, Tanjung Morawa District. The research was conducted in April-May 2024 and it was found that the total elderly population in Dalu Sepuluh A village, Tanjung Morawa subdistrict was 465 elderly, and the sample used in this study was 10%, namely 47 elderly. The technique used to take samples from this population is a purposive sampling technique, namely collecting samples based on standards set by reviewers for the samples taken. The criteria for the sample were elderly people who were willing to be respondents, able to read, write and answer questions. The results of the researchers' findings showed that the majority of respondents' level of knowledge about rheumatism was sufficient, 28 respondents (60%), 11 respondents who had good knowledge (23%), and 8 respondents who had poor knowledge (17%).

Keywords: Elderly, Knowledge, Rheumatism

Introduction

Rheumatism is a chronic autoimmune disease that damages joints and the tissue around these joints. Rheumatism generally occurs in individuals over 55 years of age, and its prevalence increases with age. In Indonesia, rheumatism is one of the main health problems for the elderly.

Rheumatism is characterized by progressive inflammatory arthritis that causes permanent joint inflammation. This inflammation causes joint swelling, joint pain and stiffness, resulting in bone damage and loss of joint function, resulting in progressive disability if proper treatment is delayed [1]. In the first service, it is necessary to recognize the specific musculoskeletal symptoms and signs of rheumatic disease in order to obtain an effective diagnosis and be able to be referred immediately to a more expert doctor[2].

Systemic inflammation of rheumatic disease can be related to extracurricular complications such as musculoskeletal disease, metabolic disorders, bone loss, interstitial lung disease (ILD), infection, malignancy, fatigue, depression and cognitive disorders which can increase mortality and morbidity for someone who experiences rheumatism. So it can cause increased socio-economic costs and a decrease

in a person's life expectancy and quality of life if a comparison is taken with someone who is not affected by rheumatism[3]. Someone who suffers from rheumatism will experience a decline in health that is twice as bad and is more at risk of limitations in activities and tends to require help when caring for themselves which will ultimately lead to increased social and economic inequality and a lower standard of living for a person's autonomy.

Although the cause of rheumatism is not clearly known, the incidence of rheumatism is usually due to a relationship between hereditary (endogenous) and environmental (exogenous) factors[4]. The association results in a delayed immune response, estimated from years before clinical infection occurs. And it is thought to have begun several years before clinical infection appears. There are differences in the prevalence and internal structure of this disease between one population and another. When compared to men, women have a 2-3 times higher risk of developing rheumatism. The risk of developing rheumatism continues to increase as a person ages, but statistically there is no difference between men and women aged over 70 years. Insider knowledge is especially strong among women in their 50s and 50s. stronger among women in their 50s and 50s.

Even though rheumatism is a common disease in the elderly, there are still many who do not understand this disease well. This can result in inappropriate treatment, delays in diagnosis, and a negative impact on quality of life due to not being managed properly. Good knowledge about rheumatism is very important for the elderly to understand how to prevent, treat and manage its symptoms. Negative impacts due to insufficient knowledge about rheumatism can be prevented by increasing education and health education for the elderly.

This research is important to conduct to obtain data about the level of knowledge of the elderly about rheumatism in Dalu Sepuluh A Village, identify knowledge gaps that need to be addressed through education and other interventions, develop appropriate and effective educational strategies for the elderly in Dalu Sepuluh A Village, and improve the quality of life elderly with rheumatism in Dalu Sepuluh A Village.

The aim of this research is to provide an overview of elderly knowledge about rheumatism in Dalu Sepuluh A Village, Tanjung Morawa District, identify factors that influence elderly knowledge about rheumatism, and provide recommendations for increasing elderly knowledge about rheumatism.

The findings of this research are needed to provide benefits for increasing elderly knowledge about rheumatism, improving understanding of the symptoms, causes and treatment of rheumatism, encouraging elderly people to seek appropriate treatment, improving the quality of life of elderly people with rheumatism, and providing input for health workers to develop educational strategies. which is more effective.

Method

The method used in this research is descriptive qualitative which provides an overview of the knowledge of elderly people regarding rheumatic diseases in Dalu Sepuluh A Village, Tanjung Morawa District. The research was conducted in April-May 2024 and it was found that the total elderly population in Dalu Sepuluh A village, Tanjung Morawa subdistrict was 465 elderly, and the sample used in this study was 10%, namely 47 elderly. The technique used to take samples from this population is a purposive sampling technique, namely collecting samples based on standards set by reviewers for the samples taken. The criteria for the sample were elderly people who were willing to be respondents, able to read, write and answer questions.

Results

The findings obtained by researchers from 47 elderly respondents aged 60- \geq 90 years in Dalu Sepuluh A Village, obtained the following results:

Table 1.1. Frequency Distribution of Respondents' Knowledge About Rheumatism

No	Knowledge	Frequency	Presentase
1	Good	11	23%
2	Enough	28	60%
3	Not Enough	8	17%
	Total	47	100%

Based on the table above, the results obtained are that the majority of respondents' level of knowledge about rheumatism is sufficient, namely 28 respondents (60%), respondents who have good knowledge are 11 respondents (23%), and respondents who have poor knowledge are 8 respondents. (17%).

Table 1.2. Frequency Distribution of Respondents' Knowledge About Rheumatism Based on Gender

No	Gender	Knowledge level			f	Persentase
		Good	Enough	Not enough		
1	Male	4	10	1	15	32%
2	Female	7	18	7	32	68%
	Total				47	100%

Based on the table above, the results obtained were that the majority of respondents were 32 people female (68%) with a sufficient level of knowledge, 18 people good, 7 people quite good, and 15 people male (32%) with a good level of knowledge. 10 people are enough, 4 people are good, and 1 person is less.

Tabel 1.3. Frequency Distribution of Respondents' Knowledge About Rheumatism Based on Age

No	Age	Knowledge level			f	Distribution
		Good	Enough	Not Enough		
1	60-69	7	12	3	22	47%
2	70-79	4	12	5	21	45%
3	80-89	0	3	0	3	6%
4	90 \geq	0	1	0	1	2%
	Total				47	100%

Based on the table above, the results obtained were that the majority of respondents with an age range of 60-69 years were 22 people with a sufficient level of knowledge, 12 people were good, 7 people were good, and 3 people were less. 22 respondents with an age range of 70-79 had a sufficient level of knowledge, 5 people had a sufficient level of knowledge, 5 people had a poor level of knowledge, and 4 people had a good level of knowledge. There were 3 respondents with an age range of 80-89 who had sufficient knowledge, and 1 respondent aged 90 \geq years had sufficient knowledge.

Table 1.4. Frequency Distribution of Respondents' Knowledge About Rheumatism Based on Recent Educational History

No	Last Education	Knowledge Level			f	Percentase
		good	enough	Not enough		
1	No School	-	-	1	1	2%
2	SD	0	5	7	12	25%
3	SLTP	1	12	-	13	28%
4	SLTA	7	11	-	18	39%
5	S1	2	-	-	2	4%
6	S2	1	-	-	1	2%
Total					47	100%

Based on the table above, the results obtained were that the majority of respondents with a history of high school education were 18 people, 11 people had sufficient knowledge and 7 people had good knowledge. 13 respondents with a history of junior high school education had a sufficient level of knowledge and 1 person had a good level of knowledge. Meanwhile, 12 respondents with a history of elementary school education had a level of knowledge of less than 7 people and 5 people had sufficient knowledge. 2 respondents with a bachelor's degree education had good knowledge. And 1 respondent with a master's education history had good knowledge, and 1 respondent without an educational history had poor knowledge.

Table 1.5. Frequency Distribution of Respondents' Knowledge About Rheumatism Based on Employment Status

No	Job Status	Knowledge Level			f	Distribution
		Good	Enough	Not enough		
1	Work	6	10	2	18	38%
2	Doesn't work	5	18	6	29	62%
Total					47	100%

Based on the table above, the results obtained were that the majority of respondents with non-working status were 29 people, 18 people had a sufficient level of knowledge, 6 people were poor, and 5 people were good. Meanwhile, 18 respondents with working status had a sufficient level of knowledge, 10 people were good, 6 people were good, and 2 people were less.

Discussion

Based on table 1.2. Frequency Distribution of Respondents' Knowledge About Rheumatism Based on Gender, rheumatic disease, refers to a group of conditions that affect the joints and connective tissue. The relationship between rheumatism and gender is often observed in several aspects such as the prevalence of rheumatism (RA) is more common in women. Sex hormones also play a role in the development of rheumatic diseases, the hormone estrogen which is more dominant in women can affect the immune system and cause inflammation. Hormonal changes, such as those that occur during pregnancy or menopause, can also affect rheumatic symptoms. Symptoms and course of rheumatic disease can differ between men and women. For example, women with rheumatism tend to have more severe symptoms and more joints affected than men.

Table 1.3. Frequency Distribution of Respondents' Knowledge About Rheumatism According to Age, All ages can be affected by rheumatism, including adults, teenagers, the elderly, and even small children. However, rheumatism is more common in adults aged 20-50 years. As a result, middle-aged

adults have a higher chance of developing rheumatism than people in other age groups. As humans age, there will also be changes in their bodies [5].

According to (Desmonika et al., 2022)[6], elderly rheumatism sufferers usually experience pain in the main joints such as the shoulders. In contrast, in younger individuals, the disease usually begins in small joints, such as the toes and fingers. Rheumatism can cause sharp pain in people of all ages. However, rheumatism is often experienced by the elderly, and almost half of seniors aged 65 years and over experience some form of rheumatic discomfort.

Rheumatism can affect almost any part of the body at any time, making it difficult to diagnose. Rheumatism sufferers never know whether the disease will quickly pass in a few hours, a few days, or even become chronic.

Based on table 1.4. Frequency Distribution of Respondents' Knowledge Regarding Rheumatism According to Educational History Finally, it appears that there is a relationship between educational history and the level of knowledge of elderly people regarding rheumatism. The majority of seniors with a history of high school education (39%) had sufficient knowledge of 18 people and 7 people had good knowledge, indicating that high school education provides a strong basis for finding out and being more concerned about understanding rheumatic diseases related to definitions, causes and risk factors, symptoms, complications, prevention, and treatment. Meanwhile, the majority of elderly people with a history of junior high school education (28%) have sufficient knowledge, 12 people and 1 person have good knowledge, indicating that junior high school education provides basic knowledge about rheumatic diseases related to definitions, causes and risk factors, symptoms, complications, prevention and treatment. . And the elderly with a history of elementary school education. The majority (25%) have knowledge of less than 7 people and more than 5 people, indicating that elementary school education may not be enough to provide an in-depth understanding of rheumatic diseases related to definitions, causes and risk factors, symptoms, complications, prevention, and treatment.

Several factors may contribute to this relationship, namely length of education, different quality of education at various school levels, access to information. Elderly people with a history of higher education may have easier access to information about rheumatic diseases through books, the internet, or other sources. Elderly people with good study habits, regardless of their level of education, may be more likely to seek out and retain information about rheumatic diseases related to definitions, causes and risk factors, symptoms, complications, prevention, and treatment.

It is important to develop educational programs for the elderly that are tailored to their level of education and needs by utilizing information and communication technology to provide information and education that can help increase their understanding of rheumatic diseases in order to improve their quality of life.

Based on table 1.5. Frequency Distribution of Respondents' Knowledge Regarding Rheumatism According to Employment Status, it appears that elderly people who do not have a job may have more free time to learn about rheumatism through various sources, such as attending educational classes or reading books. While working elderly may be more exposed to information about rheumatism through interactions with co-workers or through workplace health programs, work experience also contributes to the knowledge and decision-making abilities of elderly people [4].

Based on research results (Maria et al., 2022)[7], the majority of respondents had insufficient knowledge regarding rheumatism treatment for those experiencing rheumatism in Tiga Balata Village, Jorlanghataran District, Simalungun Regency. Factors that contribute to this lack of knowledge include the low level of education and the respondents' busy lives as farmers. The main source of knowledge obtained by respondents was through health workers. This shows the importance of increasing the insight of rheumatism sufferers regarding rheumatism treatment through various sources of information to reduce the risk and impact of this disease.

A study (Sianipar, 2021) [8] found that elderly patients suffering from rheumatoid arthritis at the Sipintuangin Community Health Center in 2019 had insufficient knowledge about this condition, indicating the need for further education and information dissemination by local health service providers.

Conclusion

Based on the results of research conducted in Dalu Sepuluh A Village, Tanjung Morawa District, it can be concluded that the majority of respondents' knowledge about rheumatism was sufficient (60%). It is important to develop educational programs for the elderly that are tailored to their age, level of education and needs by utilizing information and communication technology to provide information and education that can help increase their understanding of rheumatic diseases in order to improve their quality of life.

References

- [1] A. Arfianda, M. Tharida, dan S. Masthura, “Faktor-faktor yang mempengaruhi terjadinya penyakit rheumatoid arthritis pada lansia di Gampong Piyeung Manee Kecamatan Montasik Kabupaten Aceh Besar,” *J. Heal. Technol. Med.*, vol. 8, no. 2, hal. 992–1002, 2022.
- [2] L. Hamijoyo *et al.*, “Buku Saku Rheumatology,” in *The Youth Athlete: A Practitioner’s Guide to Providing Comprehensive Sports Medicine Care*, Perhimpunan Reumatologi Indonesia Bekerjasama dengan Keio University, 2020, hal. x + 98 halaman. doi: 10.1016/B978-0-323-99992-2.00041-4.
- [3] R. Hidayat *et al.*, *Diagnosis dan Pengelolaan Artritis Reumatoid*. 2021. [Daring]. Tersedia pada: <https://reumatologi.or.id/wp-content/uploads/2021/04/Rekomendasi-RA-Diagnosis-dan-Pengelolaan-Artritis-Reumatoid.pdf>
- [4] D. Adirinarso, “Pemberdayaan Masyarakat Dengan Pemanfaatan Daun Bakung (*Crynum Asiaticum* L) Dalam Meredakan Rematik Pada Persendian Lansia Di Desa Ujung Gurap,” *J. Pengabd. Masy. Aufa (JPMA) Vol.*, vol. 13, no. 1, hal. 104–116, 2023, [Daring]. Tersedia pada: <https://jurnal.unar.ac.id/index.php/jamunar>
- [5] T. Pangandaheng, F. Wenno, dan N. S. Rolobessy, “Faktor-Faktor Yang Berhubungan Dengan Penyakit Rematik Pada Lansia Di Desa Tial Kecamatan Salahutu Kabupaten Maluku Tengah,” *J. Ilm. PANNMED (Pharmacist, Anal. Nurse, Nutr. Midwifery, Environ. Dent.*, vol. 15, no. 3, hal. 361–366, 2020, doi: 10.36911/pannmed.v15i3.779.
- [6] C. Desmonika, D. E. Liasari, dan R. Prasetyo, “Penyuluhan kesehatan senam rematik lansia,” *J. Public Heal. Concerns*, vol. 2, no. 2, hal. 77–84, 2022, doi: 10.56922/phc.v2i2.189.
- [7] S. Maria, A. Mangara, dan P. Eka, “Gambaran Pengetahuan Penderita Rematik Tentang Perawatan Nyeri Sendi Di Desa Tiga Balata Kecamatan Jorlanghataran Kabupaten Simalungun,” *J. Pus. Stud. Pendidik. Rakyat*, vol. 2, no. 3, hal. 93–102, 2022, [Daring]. Tersedia pada: <https://www.pusdikra-publishing.com/index.php/jies/article/view/823>
- [8] C. M. Sianipar, “Pengetahuan Rheumatoid Arthritis Pada Penderita Lansia Di Puskesmas Sipintuangin 2019,” *J. Penelit. Keperawatan Kontemporer*, vol. 1, no. 2, hal. 53–61, 2021, doi: 10.59894/jpkk.v1i2.198.