◌ OPEN ACCESS

Research Article

The Relationship between Knowledge and Attitude with Rheumatoid Arthritis in Elderly in Manisa Village, Baranti District, Sidrap Regency

Vonny Polopadang[1], Yulis Tinta[2], Muh.Kardi Rais[2], Siska Wijayanti Pratiwi[1] and Abdillah[2]

[1]Nursing Department, STIKES Baramuli Pinrang, Indonesia
[2]Public Health Department, STIKES Baramuli Pinrang, Indonesia

Abstract: Arthritis or commonly called rheumatism is a disease that attacks the joints and structures around it, rheumatism is a case that often occurs in the elderly, rheumatism is pain in the joints. Rheumatic disease is influenced by many factors such as unhealthy lifestyles, lack of movement and exercise, and lack of knowledge about rheumatism prevention. In addition to knowledge to improve the health status of rheumatism sufferers, a supportive attitude is needed, while the attitude taken by the community towards the disease. For example, related to abstinence from foods that can make rheumatism recur again, people continue to consume it even though they already know that the food makes the disease worse. This study aims to determine the relationship between knowledge and attitudes with the incidence of rheumatoid arthritis in the elderly. The research method used was an analytic survey with a cross-sectional study approach. The sample in this study is elderly who suffer from rheumatism in Manisa Village, Baranti District, Sidrap Regency. The data obtained were analyzed using the Chi-Square statistical test with significance level $\alpha = 0.05$. The results of the bivariate analysis showed that there was a relationship between knowledge and attitude with the incidence of rheumatoid arthritis in the elderly with the significance of p = 0.007 and p = 0.002. It is recommended to the Manisa Health Center District. Sidrap to improve health services for the community, especially the elderly in maintaining and maintaining the health of the elderly.
Keywords: Knowledge, attitude, rheumatoid arthritis.

INTRODUCTION

The impact of advances in science and technology, especially in the field of medicine, including the discovery of drugs such as antibiotics that are able to eliminate various infectious diseases, succeed in reducing morbidity and mortality, improve nutrition and sanitation so that the quality and life expectancy (UHH) increases. The success of development in the health sector which resulted in increasing UHH has resulted in an increase in the elderly population. As a result of the aging process, the elderly generally experience a decline in biological, physical, mental and socio-economic functions (Seeman *et al*., 2004; Lachman & Agrigoroaei, 2010).

At present worldwide there are an estimated 500 million elderly people with an average age of 60 years and it is estimated that by 2025 it will reach 1.2 billion. The number of the elderly population in Indonesia in 2015 reached 19.9 million people or 8.48%, in 2016 the elderly population reached 22.6 million people or 8.73% and in 2017 the elderly population reached 23.6 million people or 9, 03% of the total population of Indonesia. In South Sulawesi, the number of the elderly population in 2015 was 255,661 people, in 2016 there were 510,030 people and in 2017 there were 665,395 people from the total population in South Sulawesi. In Sidrap Regency the number of the elderly population in 2015 was 26,080 people, in 2016 there were 59,175 people and in 2017 there were 71,817 people from the total population in Sidrap Regency (Ministry of Health, 2018).

One problem that is often found in the elderly is the lack of interest (compliance) to have their health checked regularly (Health Research and Development Agency, 2013). Arthritis or commonly called rheumatism is a disease that attacks the joints and surrounding structures. Society, in general, considers rheumatism is a trivial disease because it does not cause death. Even if left untreated by rheumatism can make the limbs function abnormally, ranging from bumps, stiff joints, difficulty walking, even lifelong disability.

---

*Corresponding Author: Vonny Polopadang Email: zulfan.nahruddin[at] unismuh.ac.id

The pain that arises can be very disturbing and limiting the activities of daily activities (Nainggolan, 2009).

In Sidrap district, the number of elderly people who suffer from reumatiod arthritis is 2,003 of the total elderly. And in the working area of the Puskesmas district in Sidrap, 92 elderly people suffer from rheumatoid arthritis, which is dominated by the female sex, while 56 are male.

Rheumatic disease is influenced by many factors such as an unhealthy lifestyle, lack of movement and exercise, and lack of knowledge about rheumatism prevention. (Simanjuntak, 2018). Junaidi (2012) states that the general tendency for people to experience symptoms of aches, rheumatic pain, pain, and stiffness in the joints or muscles, which is most likely an initial symptom of rheumatism, is taking practical steps, namely buying antidotes, rheumatic pain, and painful sold freely in the nearest stalls. In addition to knowledge to improve the health status of rheumatoid arthritis, a supportive attitude is needed. The attitude of the community towards the disease. For example, related to abstinence from foods that can make rheumatism recur again, people continue to consume it even though they already know that the food makes the disease worse.

Knowledge is a guide for individuals, families, and communities to behave and act in accordance with the level of knowledge. Lack of knowledge about rheumatoid arthritis can affect recurrent and long-lasting rheumatoid arthritis. From experience and research, it turns out that practices based on knowledge will be more lasting than behaviors that are not based on knowledge (Notoatmodjo, 2007). From the results of observations and interviews of researchers in July 2018 of 3 elderly who experience chronic complaints due to rheumatoid arthritis such as pain and joint pain, the result is that there are 1 elderly who know about the treatment of rheumatoid arthritis and 2 other elderly people say rheumatoid arthritis is a disease that occurs in the joints old age and does not know how to care. Based on the description above, researchers are interested in examining the relationship of knowledge and attitudes of the elderly with the incidence of rheumatoid arthritis in the elderly who live in Manisa Village, Baranti District, Sidrap Regency.

METHODS

This type of research is an analytic survey with cross-sectional study approach that aims to determine the relationship of knowledge and attitudes of the elderly with the incidence of rheumatoid arthritis in the elderly who live in Manisa Village, Baranti District, Sidrap Regency. This research will be conducted in Manisa Village, Baranti District, Sidrap Regency. This research was carried out on August 14, 2018. The population in this study were elderly who suffer from rheumatism who live in Manisa Village, Baranti District, Sidrap Regency with 92 people. The number of samples in this study was 75 people. To determine the relationship between the independent variables of knowledge and attitudes with the dependent variable rheumatoid arthritis in the elderly, a one-by-one relationship test was conducted using the SPSS 15 program with a significance level of 0.05.

RESULTS

This research was conducted in Manisa Village, Baranti Subdistrict, Sidrap Regency from August 16 to September 2, 2018. This research is an analytical survey research with Cross-sectional Study approach, which aims to determine the relationship between knowledge and attitude variables with the incidence of rheumatoid arthritis in the elderly in Manisa Village, Baranti District, Sidrap Regency. The sample size was 75 respondents who met the inclusion criteria.

Primary data is taken by giving questionnaires to respondents. The collected data is then processed starting from the editing, coding, tabulation and data analysis stages using the SPSS 16 program with significance level $\alpha = 0.05$. From the results of data processing, it is presented in the form of respondents' characteristic frequency distribution (univariate analysis) and analysis of the relationship of independent variables with the dependent variable (bivariate analysis) as well as conducting statistical tests with Chi-Square. The following will present the demographic characteristics of the respondents, univariate analysis and bivariate analysis of the variables studied.

Relationship between Knowledge and Rheumatoid Arthritis in the Elderly

Table. 1. Analysis of Relationship between Knowledge and Rheumatoid Arthritis in Elderly in Manisa Village, Baranti District, Sidrap Regency

Knowledge	Rheumatoid incident Arthritis				Total		P
	Positive		Negative				
	n	%	n	%	n	%	
Enough	15	57.7	11	42.3	26	100.0	
Less	43	87.8	6	12.2	49	100.0	0,007
Total	58	77.3	17	22.7	75	100.0	

Source: Primary Data, 2018

The results of this study showed, of the 26 respondents who had sufficient knowledge, there were 15 people (57.7%) who experienced positive rheumatoid arthritis events and 11 (42.3%) who experienced negative rheumatoid arthritis events. While of the 49 respondents who have less knowledge, there are 43 people (87.8%) who experienced positive rheumatoid arthritis events and 6 people (12.2%) who were negative. From the Chi-Square statistical test results obtained p-value = 0.007 with a significance level (α = 0.05). This shows that the value of p = 0.007 <0.05, then Ho is rejected and Ha is accepted. This means that there is a significant relationship between knowledge and the incidence of rheumatoid arthritis in Manisa Village, Baranti District, Sidrap Regency.

Relationship between Attitudes and Rheumatoid Arthritis in Elderly

Table 2. Analysis of the Relationship between Attitudes and Rheumatoid Arthritis in the Elderly in Manisa Village, Baranti District, Sidrap Regency

Attitude	Rheumatoid incidents Arthritis				Jumlah		P
	Positive		Negative				
	n	%	n	%	n	%	
Positif	19	59.4	13	40.6	32	100.0	
Negatif	39	90.7	4	9.3	43	100.0	0,002
Total	58	77.3	17	22.7	75	100.0	

Source: Primary Data, 2018.

The results of this study showed, of the 32 respondents who had positive attitudes, there were 19 people (59.4%) who experienced positive rheumatoid arthritis events and 13 people (40.6%) who experienced negative rheumatoid arthritis events. While from 43 respondents who had negative attitudes, there were 39 people (90.7%) who experienced positive rheumatoid arthritis events and 4 people (9.3%) who were negative. From the Chi-Square statistical test results obtained p-value = 0.002 with a significance level (α = 0.05). This shows that the value of p = 0.002 <0.05 then Ho is rejected and Ha is accepted. This means that there is a significant relationship between knowledge and the incidence of rheumatoid arthritis in Manisa Village, Baranti District, Sidrap District.

DISCUSSION

Knowledge is the result of knowing, and this happens if someone senses a certain object. Sensing occurs through the five human senses namely the sense of sight, hearing, smell, taste, and touch. Knowledge or cognitive is a very important domain in shaping one's actions (Notoatmodjo, 2010).

Arthritis or commonly called rheumatism is a disease that attacks the joints and surrounding structures. Society, in general, considers rheumatism is a trivial disease because it does not cause death. In fact, if not immediately treated rheumatism can make the limbs function abnormally, ranging from bumps, stiff joints, difficulty walking, even lifelong disability. The sense that arises can be very disturbing and limiting the activities of daily activities (Nainggolan, 2009).

Based on the results of the study (table.1) shows that the Chi-Square statistical test results obtained p = 0.007 with a significance level (α = 0.05). This shows that the value of p = 0.007 <0.05 = α, then Ho is rejected and Ha is accepted. This means that there is a significant relationship between knowledge and the incidence of rheumatoid arthritis in the elderly in Manisa Village, Baranti District, Sidrap Regency. From the results of the study found that most of the respondents' knowledge in the category is lacking, this is related to the assumption that the majority of respondents have elementary and junior high school education levels so that one's intelligence affects the knowledge of that person.

The results of this study are in line with research conducted by Afriyanti (2014) at Cipayung Nursing Home in Jakarta, where 60 respondents (60%) lack knowledgeable respondents, this is due to the fact that most of the respondents' education levels are elementary school graduates.

The results of the same study were also carried out by Wibowo (2018) in Pamalayan village, Cijeungjing District, Ciamis Regency, namely the relationship between knowledge and the incidence of rheumatoid arthritis with a value of p = 0,000 <α = 0.05 in the elderly in Pamalayan Village.

The results of this study are also in line with research conducted by Fera Bawarodi (2014) in the Beo District Health Center in Talaud District, from a sample of 32 people, the value of p = 0.002 <. α = 0.05.

Attitude is a reaction or response that is still closed from someone to a stimulus or object. Attitudes clearly show the connotation of the suitability of reactions to certain stimuli which in everyday life are emotional reactions to social stimuli. Attitude is a

readiness or willingness to act and is not an implementation of certain motives (Notoatmodjo, 2010). Attitude is an evaluative statement towards an object, person or event Lalljee *et al*., 1984; Cacioppo & Berntson, 1994).

Arthritis or commonly called rheumatism is a disease that attacks the joints and surrounding structures. Society, in general, considers rheumatism is a trivial disease because it does not cause death. In fact, if not immediately treated rheumatism can make the limbs function abnormally, ranging from bumps, stiff joints, difficulty walking, even lifelong disability. The sense that arises can be very disturbing and limiting the activities of daily activities (Nainggolan, 2009).

The results of the study (Table 2) show that the Chi-Square statistical test results obtained p-value = 0.002 with a significance level (α = 0.05). This shows that the value of p = 0.002 <0.05 = α, then Ho is rejected and Ha is accepted. This means that there is a significant relationship between attitude and the incidence of rheumatoid arthritis in the elderly in Manisa Village, Baranti District, Sidrap Regency. The client's attitude toward rheumatism shows an attitude that is less supportive or negative, this is related to the researchers' assumption that the client with rheumatism does not pay attention to his health, because of parental illnesses or distant health facilities that are difficult to reach and busyness such as farming and so forth.

The results of this study are in line with the research results of Hiola *et al*., (2014) in the Work Area of the Limboto Health Center in Gorontalo District with a sample of 79 elderly obtained results, the attitudes of the elderly are included in the category of less than 44 people about 57% of the chi-square test results obtained p-value = 0,000 <0.05.

One of the factors that influence attitude is knowledge and information. Knowledge is the result of knowing and this happens after people have sensed a certain object, from experience and research it is proven that attitudes are based on knowledge (Ariani, 2014). This opinion is in line with the level of knowledge and attitudes of the elderly in Manisa Village, the level of elderly knowledge that is sufficient to produce a positive attitude in dealing with rheumatic diseases, for example by keeping motion, the burden lifted, away from foods that contain high purines such as organ meats, meats, and nuts and go to the health center or doctor regularly, and vice versa elderly people who are knowledgeable lack a negative attitude and have more potential to not maintain a healthy lifestyle.

A positive or supportive attitude will be obtained if there is a match of knowledge, beliefs, motivation, and emotions. This is following the attitude of Notoatmodjo (2010) that is a supportive attitude that can be caused by the suitability and integrity of the 3 main components that are interconnected together to form a complete attitude including trust or belief, emotional life and tendency to act.

CONCLUSION

From the results of data processing of research that has been done, researchers can draw some conclusions obtained that there is a significant relationship between knowledge with the incidence of rheumatoid arthritis in Manisa Village Baranti District Sidrap Regency, with a p-value = 0.007 and there is a significant relationship between attitude and rheumatoid events arthritis in Manisa Village Baranti District Sidrap Regency, with a p-value = 0.002. For the Manisa Puskesmas institution, it is expected that the Manisa Puskesmas party to provide health education about rheumatoid arthritis so that the elderly can understand more about rheumatoid because if the elderly understand rheumatoid arthritis, it will improve the attitude of the elderly affected by rheumatoid arthritis. arthritis.

REFERENCES

1. Afriyanti, F, N. (2009). *Tingkat Pengetahuan Lansia Tentang Penyakit Rheumatoid Arthritis di Panti Sosial Tresna Werda (PSTW) Budi Mulia 1 Cipayung Jakarta*. Thesis, Jakarta: Universitas Islam Negeri Syarif Hidayatullah.
2. Health Research and Development Agency. (2013). *Riset Kesehatan Dasar Provinsi Sulawesi Selatan*. Makassar.
3. Ministry of Health. (2018). *Riset Kesehatan Dasar*. available from: https://www.depkes.go.id/resources/download/info-terkini/hasil-riskesdas-2018.pdf
4. Junaidi, I. (2012). *Rematik dan Asam Urat Edisi Revisi*. Jakarta: PT Bhuana Ilmu Populer.
5. Nainggolan, O. (2009). *Prevalensi Rematik*. Artikel Penelitian Kedokteran Indonesia, 59,2
6. Notoatmodjo, S. (2007). *Promosi Kesehatan dan Ilmu Perilaku*. Jakarta: Rineka Cipta
7. Notoatmodjo, S. (2010). *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta
8. Seeman, T. E., Crimmins, E., Huang, M. H., Singer, B., Bucur, A., Gruenewald, T., & Reuben, D. B. (2004). Cumulative biological risk and socio-economic differences in mortality: MacArthur studies of successful aging. *Social science & medicine*, *58*(10), 1985-1997.
9. Lachman, M. E., & Agrigoroaei, S. (2010). Promoting functional health in midlife and old age: Long-term protective effects of control beliefs, social support, and physical exercise. *PloS one*, *5*(10), e13297.
10. Simanjuntak, E. E. (2018). Pengaruh Rutinitas Senam Rematik Terhadap Penurunan Tingkat Nyeri Pada Lansia Yang Menderita Rematik Di Panti Sosial Tresna Werdha Budi Luhur Kota Jambi Tahun 2018. *Scientia Journal*, *7*(2), 54-60.

11. Wibowo, D. (2018). Hubungan Tingkat Pengetahuan Dengan Sikap Keluarga Tentang Perawatan Arthritis Rheumatoid Pada Lansia Di Desa Pamalayan Kecamatan Cijeungjing Kabupaten Ciamis. *Jurnal Kesehatan Bakti Tunas Husada: Jurnal Ilmu-ilmu Keperawatan, Analis Kesehatan dan Farmasi*, *17*(2), 339-356.

12. Lalljee, M., Brown, L. B., & Ginsburg, G. P. (1984). Attitudes: disposition, behaviour or evaluation?. *British journal of social psychology*, *23*(3), 233-244.

13. Cacioppo, J. T., & Berntson, G. G. (1994). Relationship between attitudes and evaluative space: A critical review, with emphasis on the separability of positive and negative substrates. *Psychological bulletin*, *115*(3), 401.

14. Hiola, D. S., Kadir, S., & Yusuf, Z. K. (2014). Hubungan Pengetahuan Dengan Sikap Lansia Pada Penanganan Penyakit Rematik Di Wilayah Kerja Puskesmas Limboto Kabupaten Gorontalo Tahun 2014. *KIM Fakultas Ilmu Kesehatan dan Keolahragaan*, *2*(3).

15. Ariani, D.R. (2014). *Hubungan Tingkat Pengetahuan Pendrita Asam Urat dengan Kepatuhan Diet Rendah Purin di Gawanan Timur Kecamatan Colomadu Karanganyar*. Thesis. Surakarta: STIKES Kusuma Husada Surakarta.