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A descriptive study to assess the levels of knowledge regarding rheumatoid arthritis among old age people in M.N. Palayam

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Abstract

Background of the study: Rheumatoid arthritis (RA) is a chronic autoimmune disease that predominantly affects the elderly population, leading to pain, joint deformity, and reduced quality of life. Early detection and appropriate management are crucial, and public awareness plays a vital role in achieving this.

Aims and objectives: Assess the levels of knowledge regarding Rheumatoid Arthritis among old age people.

Methodology: The- research design is descriptive study were conducted at M.N. Palayam 30 Old Age People who satisfied the inclusion the criteria were selected as sample using probability technique.

Results: The findings of the study revealed that most elderly people (46.7%) had inadequate knowledge about rheumatoid arthritis and only 20% had adequate knowledge showing a gap in awareness that may require educational intervention

Conclusion: The present study assessed the level of knowledge regarding Rheumatoid arthritis among Old Age people at M.N. Palayam. Among the demographic variables studied, education level, monthly income and source of information showed a significant association with knowledge about rheumatoid arthritis. This indicates that educational background plays a crucial role in health awareness. Other variables like age, gender, and marital status did not show statistically significant associations.

Keywords: Assess, Rheumatoid arthritis, knowledge, old age people

Introduction

Old age people is consider as a natural Phenomenon it is a crisis situation and at transition phase in women life which is associates with immune system attacking healthy body issue including plain or acting in more than on joint, tenderness and swelling weight , loss, fever, weakness etc. according to WHO in low income setting about 3.6% of women report sign and symptoms of one or other alignments throughout period of old age people.

Rheumatoid arthritis (RA) is a chronic, systemic autoimmune disorder primarily affecting joints and leading to pain, swelling, stiffness, and possible joint destruction. The prevalence of RA increases with age, making it a significant concern among the elderly population. Despite its impact, awareness and knowledge regarding its symptoms, causes, prevention, and treatment remain limited among older adults, particularly in rural and semi-urban areas like M.N. Palayam.

Understanding the level of knowledge among this group can help in designing effective community-based interventions to improve health outcomes and quality of life.

Need for the study

Rheumatoid arthritis (RA) is a chronic autoimmune disorder that predominantly affects joints and can lead to pain, deformity, disability, and reduced quality of life, especially among the elderly. The early identification and proper management of RA are crucial in preventing long-term complications. However, many older adults lack basic knowledge about the disease, including its symptoms, risk factors, and treatment options. This lack of awareness often results in delayed diagnosis, poor adherence to treatment, and unnecessary suffering.

In developing country like India rheumatoid arthritis the major health problem. Rhenatoid

arthritis is defined as a chronic inflammatory disorder affecting many joints, including these in the hands and feet. As per district level health survey Rheumatoid arthritis among old age people very high (61.6% in total).

According to national health survey 65% to 75% old age people are Rheumatoid Arthritis due to immune system affects is disproportionately high in developing countries due to poor access to health services. Indian Council of medical research conducted health programme it reveals rheumatoid arthritis all over the world district health programme conducted in 16 District of 11 states of rheumatoid arthritis in old age people. In Rural areas the old age people age between 60-70 years the rate of rheumatoid arthritis is 70% today's circumstances due to various factors rheumatoid arthritis rises as a burning problem due to within people all going to be ropes with great troubles to their future generation, keeping these views in mind the researches is motivated.

In rural and semi-urban areas like M.N. Palayam, health education services may be limited, and traditional beliefs or misinformation about joint pain and arthritis are common. Most elderly individuals attribute joint problems to "normal aging" and do not seek timely medical help. Therefore, assessing their current knowledge about RA is essential to identify gaps and misconceptions.

This study aims to evaluate the level of knowledge regarding rheumatoid arthritis among the elderly in M.N. Palayam. The findings will serve as a foundation for developing targeted awareness programs and community-based interventions, ultimately improving health outcomes and quality of life for this vulnerable group.

Objectives

- To assess the levels of knowledge regarding rheumatic arthritis among old age people in M.N. Palayam.
- To determine the association between knowledge levels and selected demographic variables

Methodology

A quantitative research approach was used to assess the level of knowledge regarding rheumatoid arthritis among elderly individuals. The study followed a descriptive cross-sectional design to capture knowledge levels at a single point in time. The study was conducted in M.N. Palayam, a semi-urban locality with a notable elderly population. The population of interest included elderly individuals aged 60 years and above residing in M.N. Palayam. A total of 10 elderly people were selected for the study. A purposive sampling technique was used to select participants who were: Aged 60 years and above, willing to participate,

Available at the time of data collection and Able to communicate and provide consent. The Criteria for Sample Selection: Inclusion Criteria: Elderly people aged 60 and above, Residents of M.N. Palayam and Those who are willing to participate and provide informed consent. The Exclusion Criteria: Individuals who are seriously ill or cognitively impaired and Elderly who are non-communicative or unavailable during data collection. The Description of the Tool:

A structured questionnaire was developed in two parts:

Part I: Demographic Profile

Age, gender, education, occupation, marital status, income, etc.

Part II: Knowledge Questionnaire

15 multiple-choice or yes/no questions covering:

- Definition and symptoms of rheumatoid arthritis.
- Risk factors and causes.
- Treatment options.
- Preventive measures.

Each correct answer = 1 mark; incorrect = 0.

Total Score: 15

Knowledge Scoring Criteria

Adequate Knowledge: 11-15 marks

Moderate Knowledge: 6-10 marks

Inadequate Knowledge: 0-5 marks

The Validity and Reliability of the tool was validated by 3 experts (1 community health nurse, 1 medical practitioner, and 1 statistician). A pilot test was conducted with 2 individuals from a nearby area to ensure clarity and simplicity. Reliability was checked using the test-retest method, showing consistent results. The Ethical clearance was obtained from the institutional ethics committee. Informed consent was obtained from all participants. Participants were assured of confidentiality and anonymity. Participation was voluntary, and withdrawal was allowed at any point. Data were collected through face-to-face interviews at the homes of participants. The purpose of the study was explained, and verbal and written consent was obtained. Each interview lasted about 15-20 minutes. Data were collected over a period of 3 days. Data were entered into Microsoft Excel and analyzed using descriptive statistics. Frequencies and percentages were used to summarize demographic data and knowledge levels. Graphs and tables were used for visual presentation.

Distribution of demographic variables variables

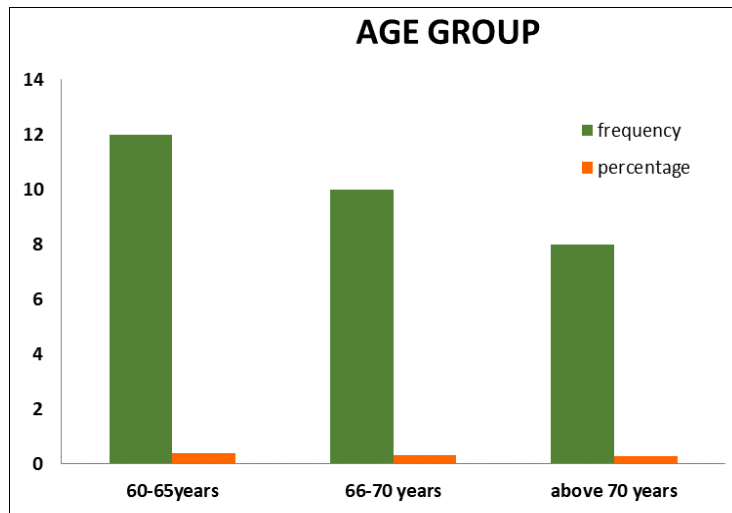


Fig 1: Shows that a large proportion (40%) were aged 60-65 years, 66-70 years were 33.3% and 26.7% were above 70 years

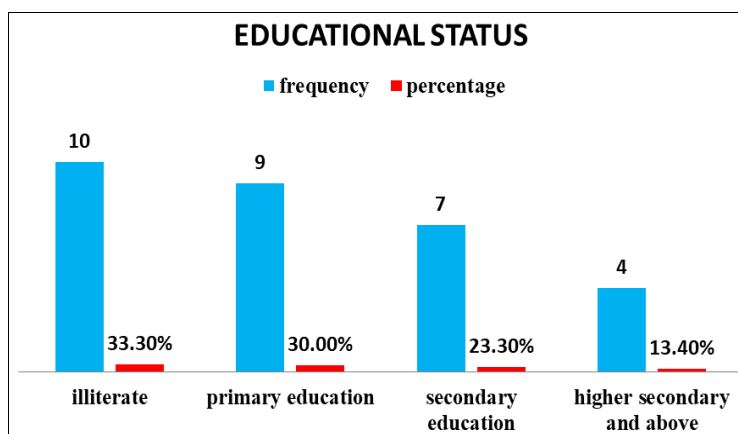


Fig 2: Depicts that 33.3% were illiterate, 30% primary education, 23.3% were secondary education and 13.4% belongs to higher secondary and above.

Discussion and Results

Objective I: To assess the level of knowledge regarding Rheumatoid arthritis among older Age people.

The assessment levels of Knowledge among older people regarding Rheumatoid arthritis were carried out M.N.palayam village. The sample who met the inclusion cities were selected and for each them demographic variables were assessed.

Table 1: Depicts that most elderly people (46.7%)

Knowledge Level	Frequency (F)	Percentage (%)
Inadequate	14	46.7%
Moderate	10	33.3%
Adequate	6	20%
Total	30	100%

Table 1 depicts that most elderly people (46.7%) had inadequate knowledge about rheumatoid arthritis and only 20% had adequate knowledge showing a gap in awareness that may require educational intervention.

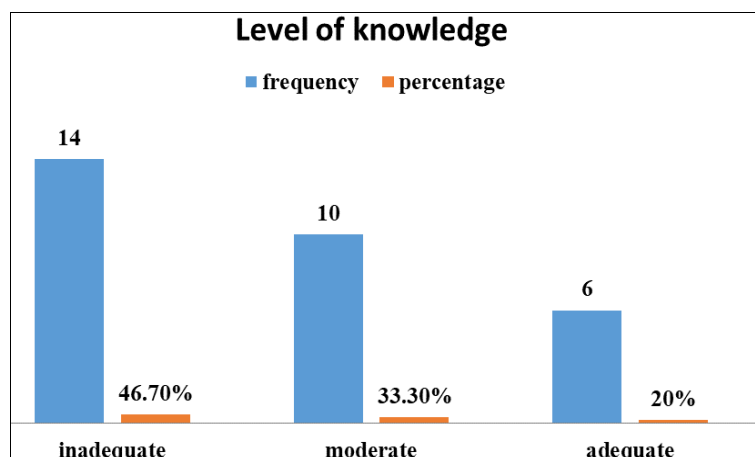


Fig 3: Shows that 46.7% has inadequate knowledge, 33.3% were moderate knowledge and 20% had adequate knowledge

Objective 2: Association between Knowledge Levels and Demographic Variables

The association between the knowledge levels of elderly individuals regarding rheumatoid arthritis and selected demographic variables—such as age, gender, education, and marital status—was assessed using the Chi-square test. Most participants aged 60-69 years showed moderate knowledge. Participants aged 70 years and above mostly had poor knowledge. No statistically significant association was found ($p > 0.05$), possibly due to small sample size. Both male and female participants had similar knowledge levels. No significant association was found between gender and knowledge level ($p > 0.05$). Participants with higher education (secondary and above) tended to have better knowledge compared to those who were illiterate or had only primary education. A statistically significant association was found between education and knowledge level ($p < 0.05$), monthly income and knowledge level ($p < 0.05$), and source of information and knowledge level ($p < 0.05$). No meaningful difference was observed in knowledge levels between married and widowed individuals. No significant association found ($p > 0.05$).

Among the demographic variables studied, education level, monthly income and source of information showed a significant association with knowledge about rheumatoid arthritis. This indicates that educational background plays a crucial role in health awareness. Other variables like age, gender, and marital status did not show statistically significant associations.

Demographic variables	Chi-square	df	P value	Significance
Age	4.82	2	0.089	NS
Gender	1.26	1	0.261	NS
Educational status	9.73	3	0.021	S
Occupation	6.15	3	0.104	NS
Monthly income	7.58	2	0.023	S
Source of health information	8.96	3	0.030	S

There was a statistically significant association between knowledge level and education, monthly income and source of health information

Nursing implications

- Nursing Practice:** Nurses play a crucial role in educating elderly patients during hospital visits or community health outreach. Health teaching sessions should be incorporated into routine geriatric care to promote awareness and early identification of rheumatoid arthritis symptoms.
- Nursing Education:** Nursing curriculum should include more emphasis on geriatric conditions like rheumatoid arthritis. Student nurses should be trained to assess knowledge levels and provide age-appropriate health education in both clinical and community settings
- Nursing Administration:** Nurse administrators should support the development of structured health education programs for the elderly. Policies should be created to ensure community health nurses include arthritis awareness in their home visit protocols
- Nursing Research:** Further research is needed to explore effective methods of improving knowledge and self-care practices in elderly patients with arthritis. Comparative studies can be done to assess the effectiveness of different teaching strategies or

interventions.

- Community Health Nursing:** Community health nurses can organize camps, awareness drives, and screenings for early detection and management of rheumatoid arthritis.

Recommendations

- Health Education Programs:** Conduct regular awareness and education programs in community settings to improve elderly people's knowledge about rheumatoid arthritis—its causes, symptoms, prevention, and management.
- Use of Mass Media:** Utilize popular media like television, radio, and local newspapers to spread accurate and easy-to-understand information, especially targeting less-educated or illiterate elderly individuals.
- Involvement of Health Workers:** Train community health workers to provide door-to-door education and distribute informative pamphlets to the elderly population.
- Inclusion in Primary Health Care:** Integrate rheumatoid arthritis education into regular check-ups and health services at primary health centers, especially in rural areas.
- Focus on High-Risk Groups:** Pay special attention to elderly individuals with low education and income levels, who were found to have significantly lower knowledge.

Conclusion

The present study was conducted to assess the level of knowledge regarding rheumatoid arthritis among elderly people in M.N. Palayam. Based on the findings, it was observed that a significant portion of the elderly population had inadequate knowledge about the disease, including its causes, symptoms, preventive measures, and treatment options. This indicates a pressing need for health education and awareness programs specifically designed for the elderly in rural and semi-urban settings.

By identifying the gaps in knowledge, this study highlights the importance of community-based health interventions and the role of healthcare professionals in educating the elderly. Enhancing awareness can lead to early diagnosis, better disease management, and an improved quality of life. Therefore, health workers, nurses, and public health educators should take proactive steps to disseminate accurate and accessible information about rheumatoid arthritis among older adults.

Conflict of Interest

Not available

Financial Support

Not available

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