

论文

中国三省农村居民健康素养个体和社会因素分析

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摘要:

目的 从个体和环境、卫生服务等社会角度分析农村居民健康素养的影响因素,为农村居民健康素养综合干预提供理论依据。方法 采用多阶段分层整群抽样方法确定样本村和调查对象,采取定量调查和定性调查相结合的方式对农村居民健康素养现状及影响因素进行分析。结果 仅8.36%的农村居民具备健康素养,男性为7.45%,女性为9.17%;25~34岁(16.89%)、文化程度大专(21.74%)和本科及以上(21.43%)的农村居民具备健康素养比例较高,从事农林牧渔业生产运输(5.92%)及在外地务工(3.53%)的农村居民具备健康素养比例较低;2周患病居民具备健康素养的比例低于未患病者($\chi^2=9.42, P<0.01$);就诊时医护人员解释病情较好和医护人员主动传播健康知识的农村居民健康素养相对较高($\chi^2=10.29, 42.90, 均P<0.01$);江苏省、安全饮水、使用卫生厕所以及垃圾集中处理的农村居民健康素养相对较高($\chi^2=81.66, 20.74, 68.29, 36.82, 均P<0.01$);多因素logistic回归分析结果显示,接受教育($OR=1.518$)、垃圾集中处理($OR=2.065$)、就诊时医护人员主动传播健康知识($OR=2.020$)的农村居民健康素养较高,河南省($OR=0.405$)、陕西省($OR=0.069$)和年龄较高($OR=0.975$)的农村居民健康素养较低。结论 农村居民健康素养的主要影响因素为个体因素(文化程度、年龄)、卫生服务因素(医护人员传播健康知识)以及社会环境因素(地区、垃圾处理),需居民、政府和社会共同营造促进其健康素养水平的支持性环境。

关键词: 健康素养 个体因素 卫生服务因素 社会环境因素

Individual and social factors influencing health literacy in rural residents of China

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Abstract:

Objective To evaluate individual and environmental characteristics, health service and some other social factors influencing health literacy among rural residents in Jiangsu, Shanxi and Henan province of China, and to provide evidence for developing intervention strategies of health literacy. Methods Multistage stratified random sampling was applied to investigate the rural permanent residents aged 15-65 years in three provinces and questionnaire survey and interview were adopted to collect data. Results A total of 1 281 qualified questionnaires were collected with a respondent rate of 82.74%. The proportion of adequate health literacy (AHL) of the residents was 8.37% (7.45% for male, 9.17% for female). The residents of 25-34 years old (16.89%), with junior college education (21.74%), and with college education (21.43%) had higher health literacy. The residents engaged in farming physical labor had very limited health literacy level. Two-week morbidity ($\chi^2=9.42, P<0.01$), getting comprehensive knowledge about illness and health from health worker when visiting a doctor ($\chi^2=10.29, P<0.01$), and with good health education ($\chi^2=42.90, P<0.01$) related to health literacy. Social and environmental factors, including residential place ($\chi^2=81.66, P<0.01$), with safe drinking water ($\chi^2=20.74, P<0.01$), with sanitary latrine usage ($\chi^2=68.29, P<0.01$), and with concentrated garbage treatment ($\chi^2=36.82, P<0.01$) also related to health literacy. Logistic regression analyses showed that education (odds ratio [OR]=1.518), concentrated garbage treatment ($OR=2.065$), and with health education and communication with medical professionals ($OR=2.020$) were protective factors of health literacy among the residents, while residential place (central China: $OR=0.405$, west China: $OR=0.069$ compared to east China) and age ($OR=0.975$) were risk factors. Conclusion The health literacy of rural residents was influenced by health service, individual, social and environmental factors. Individual, government and social organization should collaborate to build supporting environment for health literacy.

Keywords: health literacy individual factor health service social environment factors

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