· 流行病与统计方法 ·

泉州市成年居民重点慢性病核心知识知晓情况及影响因素分析

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摘要:目的 了解泉州市成年居民重点慢性病核心知识知晓情况,探索影响慢性病核心知识知晓率的因素,为进一步提升泉州市居民健康素养提供方向。**方法** 利用2023年泉州市慢性病社会因素调查数据,描述分析泉州市居民重点慢性病核心知识知晓情况,采用多因素非条件 logistic 回归对重点慢性病核心知识知晓情况进行影响因素分析。**结果** 2023年泉州市成年居民重点慢性病核心知识知晓率为78.5%,男性知晓率(79.6%)高于女性(77.7%),随着年龄增长,知晓率呈下降趋势($\chi^2=290.339$,$P<0.01$);随教育程度提高,知晓率呈上升趋势($\chi^2=481.641$,$P<0.01$),城市居民知晓率(80.7%)高于农村(77.3%),慢性病综合防控示范区居民知晓率(80.8%)高于非示范区(76.0%)。多因素非条件 logistic 回归分析显示,年龄(45 ~ <65 岁 *OR*:0.805,95% *CI*:0.700 ~ 0.927;65 岁及以上 *OR*:0.646,95% *CI*:0.550 ~ 0.759)、教育程度(小学 *OR*:1.252,95% *CI*:1.102 ~ 1.424;初中 *OR*:1.905,95% *CI*:1.663 ~ 2.181;高中/中专/技校 *OR*:2.715,95% *CI*:2.251 ~ 3.275;大专及以上 *OR*:4.309,95% *CI*:3.419 ~ 5.431)和慢性病综合防控示范区(*OR*:1.120,95% *CI*:1.016 ~ 1.235)是居民慢性病核心知识知晓的影响因素。其中,小学及以上教育程度,以及慢性病综合防控示范区是促进慢性病核心知识知晓的因素;年龄在45岁及以上和非慢性病综合防控示范区的成年居民是慢性病核心知识不知晓的危险因素。**结论** 泉州市成年居民重点慢性病核心知识知晓水平较高,关注年龄、教育程度和慢性病综合防控示范区这些影响因素,才能更好地提升辖区居民慢性病健康素养,有效预防和控制慢性病。

关键词:慢性病;核心知识;知晓情况;影响因素

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Analysis of core information awareness of chronic disease and its influencing factors among adult residents, Quanzhou City

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Abstract: Objective To understand the core information awareness of chronic diseases and its influencing factors among adult residents in Quanzhou City, and to provide a direction for further improving the health literacy of Quanzhou residents. **Methods** Using data from the 2023 Quanzhou Chronic Disease Social Factors Survey, the core information awareness of chronic diseases among residents was descriptively analyzed. Multivariate unconditional logistic regression was employed for analyzing influencing factors. **Results** The core information awareness of chronic diseases among adult residents in Quanzhou 2023 was 78.5%. The awareness rate was higher in males (79.6%) than in females (77.7%) and showed a declining trend with increasing age ($\chi^2=290.339$, $P<0.01$). The higher education, the higher the awareness rate ($\chi^2=481.641$, $P<0.01$). Urban residents had a higher awareness rate (80.7%) compared to rural residents (77.3%), and residents in demonstration areas for comprehensive prevention and control of chronic diseases had a higher awareness rate (80.8%) than those in non - demonstration areas (76.0%). Multivariate unconditional logistic regression analysis showed that influencing factors included age (age 45 - <65: *OR*: 0.805, 95% *CI*: 0.700 - 0.927; age 65 or above: *OR*: 0.646, 95% *CI*: 0.550 - 0.759), education level (primary school *OR*: 1.252, 95% *CI*: 1.102 - 1.424; junior high school *OR*: 1.905, 95% *CI*: 1.663 - 2.181; high school or Technical secondary school *OR*: 2.715, 95% *CI*: 2.251 - 3.275; College degree or above *OR*: 4.309, 95% *CI*: 3.419 - 5.431) and demonstration areas for comprehensive prevention and control of chronic diseases (*OR*: 1.120,

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95% *CI*: 1.016 – 1.235). Generally, an educational attainment of primary school or above and a demonstration areas for comprehensive prevention and control of chronic diseases were the factors that promoted the awareness of core information of chronic diseases. Adult residents aged 45 and above and those in non – demonstration areas for comprehensive prevention and control of chronic diseases are risk factors for lack of awareness of core information of chronic diseases. **Conclusion** The core information awareness of chronic diseases among Quanzhou residents still needs improvement. Focusing on influencing factors such as age, education, and demonstration areas for comprehensive prevention and control of chronic diseases can better enhance the health literacy of residents regarding chronic diseases, effectively preventing and controlling chronic diseases.

Keywords: Chronic diseases; Core information; Awareness; Influencing factors

慢性病已成为全球公共卫生面临的重大挑战,严重威胁人类健康和社会经济发展。WHO 数据显示,慢性病导致了全球约 75% 的死亡[1]。在我国,以心脑血管病、恶性肿瘤、慢性呼吸系统疾病和糖尿病为代表的慢性病导致了中国人群 91% 的死亡[2]。由于人口老龄化趋势[3]以及吸烟、饮酒、缺乏身体活动、不健康饮食习惯和大气污染等慢性病的重要危险因素[4-5]尚未得到有效控制,多数慢性病的疾病负担日益加重[6-8],慢性病防控形势严峻[9]。研究表明,如果居民能够充分了解慢性病核心知识,改变疾病相关危险因素,促进健康行为养成,许多慢性病是可以预防或延迟发病的[10-12]。然而,不同地区、不同人群由于文化水平、经济状况、健康教育普及程度等因素的差异,慢性病核心知识知晓情况存在较大差距[13]。本研究旨在调查泉州市成年居民重点慢性病核心知识知晓情况,全面了解辖区居民对慢性病核心知识的掌握程度,分析其影响因素,为辖区进一步开展慢性病防控和健康教育工作提供科学依据,以提高辖区居民健康素养水平,有效降低慢性病的发生风险。

1　对象与方法

1.1　调查对象　利用 2023 年泉州市 6 个县(市、区)开展的慢性病社会因素调查数据,采用多阶段整群随机抽样法和 KISH 表法抽取调查对象。第 1 阶段在每个县(市、区)随机抽取 6 个乡镇(街道),第 2 阶段在抽取的 6 个乡镇(街道)中各随机抽取 3 个行政村(社区),第 3 阶段在抽取的 3 个行政村(社区)中各随机抽取 2 个自然村(村民小组),在自然村(村民小组)中选取不少于 50 户居民;采用 KISH 表法选取居民户中≥18 岁居民接受调查,合计调查 11 034 人,纳入分析 10 735 人,问卷有效率 97.3%。所有调查对象均签署了知情同意书,研究通过泉州市疾病预防控制中心伦理审查委员会批准,编号:泉疾控伦理审查[2024](005)。

1.2　调查方法　调查采用面对面的方式,调查人员均经过统一培训。调查问卷采用福建省统一制定的社会因素调查问卷,内容包括个人基本信息、主要慢性病发生情况、慢性病核心知识知晓情况等。

1.3　指标定义

1.3.1　非在婚　包括未婚、同居、离婚、分居和丧偶。

1.3.2　患慢性病　纳入的慢性病种类包括肥胖、高血压、糖尿病、血脂异常、冠心病、脑卒中、慢性阻塞性肺疾病(慢阻肺)、恶性肿瘤和慢性消化系统疾病等 9 种,患有 1 种及以上慢性病即视为慢性病患者。

1.3.3　慢性病核心知识知晓　问卷共 10 题,包含 1 题多选题与 9 题单选题,内容包括常见慢性病的病种、慢性病的三级预防、糖尿病用药、高血压管理、慢性阻塞性肺疾病的早期识别、癌症的危险因素等。多选题错选、漏选均不得分;答对 7 题及以上被认为知晓慢性病核心知识。

1.4　统计分析　采用 EpiData 3.1 进行数据双录入,WPS 2023、SPSS Statistics 22.0 进行数据清理、整理和分析;检验水准 $\alpha = 0.05$。

1.4.1　知晓率　知晓率采用(知晓人数/调查人数)×100.00% 进行描述。

1.4.2　影响因素分析　采用多因素非条件 logistic 回归。

2　结　果

2.1　不同特征人群慢性病核心知识知晓情况　共纳入研究对象 10 735 人,年龄分布在 18 ~92 岁之间,平均年龄(52.1 ± 14.8)岁。所调查人群核心知识知晓率为 78.5%。男性知晓率(79.6%)高于女性(77.7%);随着年龄增长,知晓率呈下降趋势(χ^2 = 290.339, P < 0.01);随教育程度提高,知晓率呈上升趋势(χ^2 = 481.641, P < 0.01),城市地区知晓率(80.7%)高于农村地区(77.3%),慢性病综合防控示范区知晓率(80.8%)高于非慢性病综合防控示范区(76.0%)。见表 1。

2.2　不同条目慢性病核心知识知晓情况　不同条目的慢性病核心知识知晓率介于 19.8% ~94.4% 之间,其中,知晓率最高的题目为:“每个人都是自己健康的第一责任人,每个人都需要关注自身健康,对吗?”,为 94.4%;知晓率最低的题目为多选题:“哪些疾病属于发病广、致残率高、致死率高的慢性病?”,仅 19.8%。知晓率低于 70% 的题目有 4 题:糖尿病核心知识、慢

阻肺核心知识、慢性病影响因素和慢性病的种类。见 表 2。

表 1 泉州市不同特征成年居民慢性病核心知识知晓情况比较

Table 1 Comparison of core information awareness of chronic disease among adult residents with different characteristics in Quanzhou

特征	调查人数	占比(%)	知晓人数	知晓率(%)	χ^2 值	P 值
性别					5.585	0.018
男	4 496	41.9	3 579	79.6		
女	6 239	58.1	4 848	77.7		
年龄(岁)					290.339	<0.01
18 ~ <45 岁	3 399	31.7	2 973	87.5		
45 ~ <65 岁	4 848	45.2	3 726	76.9		
65 岁及以上	2 488	23.2	1 728	69.5		
婚姻状况					1.968	0.161
在婚	8 809	82.1	6 938	78.8		
非在婚	1 926	17.9	1 489	77.3		
教育程度					481.641	<0.01
小学以下	3 175	29.6	2 165	68.2		
小学	1 961	18.3	1 443	73.6		
初中	2 706	25.2	2 219	82.0		
高中/中专/技校	1 367	12.7	1 190	87.1		
大专及以上	1 526	14.2	1 410	92.4		
居住地					16.926	<0.01
城市	3 775	35.2	3 047	80.7		
农村	6 960	64.8	5 380	77.3		
慢性病综合防控示范区					36.682	<0.01
是	5 511	51.3	4 455	80.8		
否	5 224	48.7	3 972	76.0		
患慢性病						
是	7 277	67.8	5 645	77.5	11.504	<0.01
否	3 458	32.2	2 782	80.5		
合计	10 735		8 427	78.5		

表 2 泉州市成年居民不同题目慢性病核心知识知晓情况

Table 2 Comparison of core information awareness of chronic disease among adult residents with different questions in Quanzhou

题目	知晓人数(人)	知晓率(%)
每个人都是自己健康的第一责任人,每个人都需要关注自身健康,对吗?	10 132	94.4
慢性病病人要听从医嘱、坚持用药,对吗?	10 110	94.2
高血压患者需要长期监控血压吗?	10 062	93.7
为了尽早发现慢性病的早期征兆,定期体检很重要,对吗?	9 681	90.2
远离烟草可以远离多种癌症,对吗?	9 185	85.6
慢性病可以预防吗?	9 049	84.3
糖尿病患者按时用了药,饮食不需要控制,对吗?	6 660	62.0
您知道慢性阻塞性肺疾病(COPD)的早期典型症状吗? 比如慢性咳嗽、咳痰、活动后气促。	5 695	53.1
慢性病的发生主要与个人生活方式有关系,与社会和环境没有关系,对吗?	5 651	52.6
哪些疾病属于发病广、致残率高、致死率高的慢性病?(多选题)	2 122	19.8

2.3 *慢性病核心知识知晓率影响因素* 以是否知晓慢性病防控核心知识为因变量(0 = 否,1 = 是),以性别、年龄、教育程度、居住地、是否为慢性病综合防控示范区和是否患慢性病等 6 个因素为自变量进行多因素非条件 logistic 回归分析。结果显示,相比小学以下,小学及以上教育程度,以及慢性病综合防控示范区促进慢性病核心知识的知晓;相比 18 ~44 岁,45 岁及以上和非慢性病综合防控示范区是慢性病防控核心知识不知晓的危险因素。见表 3。

3 讨 论

本次调查结果显示,泉州市居民重点慢性病核心知识知晓率为 78.5%,已达到《中国防治慢性病中长期规划(2017—2025 年)》2025 年 70% 的目标[14]。但是对于慢性病的种类、影响因素、早期发现和控制等方面仍然表现出知晓率较低的情况,提示在慢性病健康教育工作中,需要进一步加强对慢性病相关知识有针对性的深层次普及。准确可靠的健康信息是健

表 3　泉州市成年居民慢性病核心知识知晓率影响因素多因素非条件 logistic 回归分析

Table 3　Multivariate unconditional logistic regression analysis of influencing factors of core information awareness of chronic disease among adult residents in Quanzhou

特征	比较组	β	S_x	$Wald\ \chi^2$	P	OR(95% CI)
性别(ref:男性)	女性	0.070	0.051	1.884	0.170	1.073(0.970 ~ 1.186)
年龄(ref:18 ~ <45 岁)						1.000
	45 ~ <65 岁	−0.217	0.072	9.148	0.002	0.805(0.700 ~ 0.927)
	65 岁及以上	−0.437	0.082	28.347	<0.01	0.646(0.550 ~ 0.759)
教育程度(ref:小学及以下)						1.000
	小学	0.225	0.065	11.848	0.001	1.252(1.102 ~ 1.424)
	初中	0.644	0.069	86.635	<0.01	1.905(1.663 ~ 2.181)
	高中/中专/技校	0.999	0.096	109.034	<0.01	2.715(2.251 ~ 3.275)
	大专及以上	1.461	0.118	153.193	<0.01	4.309(3.419 ~ 5.431)
居住地(ref:农村)	城市	0.069	0.053	1.743	0.187	1.072(0.967 ~ 1.188)
慢性病综合防控示范区(ref:否)	是	0.113	0.050	5.201	0.023	1.120(1.016 ~ 1.235)
患慢性病(ref:否)	是	0.054	0.054	0.988	0.320	1.055(0.949 ~ 1.174)
常数		0.901	0.102	78.546	<0.01	2.462

康管理的基础,随着科技发展,数字时代下健康信息获取渠道日益增多,健康信息纷繁复杂,提示在健康教育过程中还应注重对人群健康信息甄别的赋能。

本次调查结果显示,年龄和教育程度影响重点慢性病核心知识知晓率,与既往研究[15-17]相似。认知能力随着年龄变化而不同,老年人因身体机能衰退,认知功能下降,学习和记忆慢性病相关知识的效率降低[18-19],新媒体技术的涌现虽然为健康信息的获取提供了便利,但老年群体接触和理解这些健康信息却面临着诸多障碍[20],他们对于传统媒体仍然更加偏好,获取信息也较年青人更为被动,难以系统获得全面准确的健康信息[21-22]。高教育程度人群往往具备更强的学习能力以及信息获取和甄别能力[23],并主动通过多种渠道获取慢性病相关知识,凭借自身良好的理解能力将新知识融入到已有的知识体系中,形成对慢性病较为全面和深入的认知。此外,有研究显示,教育可以延长寿命,每多受一年教育,全因死亡风险就会下降 1.9%[24]。高教育程度的居民重视健康,将健康视为财富,更愿意投入时间和精力去维护,这也促使了这部分人群主动学习慢性病相关知识,以便更好地预防和管理慢性病[25-26]。提示针对不同年龄段和不同教育程度的人群应采取不同的健康教育策略,对于老年人可采用更通俗易懂、新旧媒体结合的方式进行健康知识的传播。根据居民教育程度的差异制定分层健康教育方案。对于低文化程度的人群,要注重采用形象化、简单易懂的教育方式;对于高教育程度的人群则可提供更深入、更专业的健康知识资源,以满足不同人群的需求。

本次调查结果显示,慢性病综合防控示范区居民的重点慢性病核心知识知晓率高于非慢性病综合防控示范区,提示慢性病综合防控示范区的创建对提升辖区居民的慢性病核心知识知晓水平有着重要意义。既往研究表明[27-28],慢性病综合防控示范区对提升居民健康认知有明显的促进作用。慢性病综合防控示范区的健康教育体系完备,健康教育工作有针对性,覆盖人群广泛,资源配置高,健康促进工作不断提升[29-30]。慢性病综合防控示范区宣传手段多样,新旧媒体充分结合,广泛开展慢性病防控知识宣传,注重公共场所的环境营造,健康文化氛围浓厚,使得居民在日常生活中随时随地都能接触到健康相关知识,潜移默化提高了居民的健康知识水平。慢性病综合防控示范区通过完善的健康教育体系、多样化的宣传手段、便捷的健康服务以及有力的政策支持和社会动员,提升了居民慢性病核心知识的知晓水平。

综上所述,泉州市居民重点慢性病核心知识知晓水平较高,年龄、教育程度和慢性病综合防控示范区为影响慢性病核心知识知晓情况的重要因素,关注这些影响因素,针对性制定分层分类的健康教育活动,对提升辖区居民慢性病核心知识知晓情况有促进作用。积极创建慢性病综合防控示范区,通过综合干预手段,提升居民健康素养,有效预防和控制慢性病。

利益冲突声明　本研究不存在任何利益冲突

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