女性宫颈癌认知情况、健康行为调查及知晓率的影响因素分析 *

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摘要 目的：调查女性宫颈癌认知情况、健康行为，分析影响患者知晓率的影响因素。方法：选择 2018 年 3 月至 2020 年 5 月于我院进行检查的女性 210 例为研究对象，采用问卷调查形式对调查对象宫颈癌认知以及防治宫颈癌健康行为进行调查，采用 Logistic 回归分析影响宫颈癌认知知晓率的危险因素。结果：本次调查共发放问卷 210 份，回收问卷 205 份，有效问卷 200 份，有效问卷率 95.24%。调查对象对宫颈癌检查次数、宫颈癌检查目的、生殖道感染症状认知正确率较高，分别为 51.50%、48.00%、45.00%，获取宫颈癌防治知识途径较少，3 种以上者比例仅占 25.50%。健康行为调查结果显示性生活前后偶尔清洁外阴、人工流产次数为 1 次、偶尔采取避孕措施、从未参与宫颈癌筛查的女性占比分别为 47.50%、41.50%、51.50%、47.00%。单因素分析显示年龄、文化程度、居住地、家庭经济收入、宫颈癌家族史、宫颈癌防治信息获取途径与宫颈癌相关防治知识知晓率有关（P<0.05），Logistic 回归分析结果显示文化程度低、家庭经济收入低、宫颈癌防治信息获取途径少是影响女性对宫颈癌相关防治知识知晓率的危险因素（P<0.05）。结论：被调查女性中对宫颈癌认知度偏低，防范意识薄弱，健康行为不足，应加强宫颈癌筛查和防治宣传，以降低宫颈癌发病率。
关键词：宫颈癌；筛查；认知；健康行为；危险因素
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Investigation on Cognition, Health Behavior of Women with Cervical Cancer and Analysis on Influencing Factors of Awareness Rate*

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ABSTRACT Objective: To investigate the cognition and health behavior of women with cervical cancer, to analyze the influencing factors which affect the awareness rate of patients. Methods: 210 female patients who examined in our hospital from March 2018 to May 2020 were selected as the research objects, the cognition of cervical cancer and health behavior of prevention and treatment of cervical cancer were investigated by questionnaire, Logistic regression analysis was used to analyze the risk factors influencing the awareness rate of cervical cancer. Results: A total of 210 questionnaires were distributed in this survey, 205 questionnaires were collected, and 200 were valid, with the effective questionnaire rate of 95.24%. The subjects had the highest cognitive accuracy ratio on the number of cervical cancer examination, the purpose of cervical cancer examination, the symptoms of reproductive tract infection, which reached 51.50%, 48.00%, 45.00% respectively. There were few ways to acquire the knowledge of cervical cancer prevention and control, and only 25.50% of the subjects had more than three kinds of knowledge. The results of the health behavior survey showed that the proportion of women who occasionally clean vulva before and after sex life, once a induced abortion, occasionally taking contraceptive measures, and never having cervical cancer screening were 47.50%, 41.50%, 51.50%, 47.00% respectively. Univariate analysis showed that age, education level, place of residence, family income, family history of cervical cancer, access to cervical cancer prevention and treatment information were related to awareness rate of cervical cancer related prevention and treatment knowledge (P<0.05), Logistic regression analysis showed that low education level, low family income and lack of access to cervical cancer prevention and treatment information were the risk factors influencing women's awareness of cervical cancer related knowledge (P<0.05). Conclusion: The awareness of cervical cancer among women are low in this survey, the awareness of prevention is weak, the health behavior is insufficient, cervical cancer screening and prevention and control should be strengthened, so as to reduce the incidence rate of cervical cancer.
Key words: Cervical cancer; Screening; Cognition; Health behavior; Risk factors
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前言

宫颈癌是高危人乳头瘤病毒持续感染引起的女性常见恶性肿瘤，也是迄今为止发现的少数可预防的恶性肿瘤之一，随着阴道和子宫颈涂片检查、人乳头瘤病毒检测等诊疗技术提高，在经济发达国家和地区宫颈癌发病率有大幅下降[1-3]。我国是宫颈癌高发国家，部分地区经济条件、医疗卫生水平有限，宫颈癌发病率呈增多趋势[4]。宫颈癌筛查和早期防治是降低宫颈癌发病率和死亡率的关键[5-7]，但依赖于广大女性对宫颈癌认知和防范意识的加强[8]。了解对宫颈癌认知和相关健康行为，分析影响宫颈癌认知的因素有助于针对性增加女性对宫颈癌的认知，提高防范意识。

1 资料与方法

1.1 临床资料

选择 2018 年 3 月至 2020 年 5 月于我院进行检查的女性为研究对象，纳入标准：① 年龄 18～60 周岁；② 汉族；③ 精神、神志正常，具备交流沟通，阅读填写问卷的能力。排除标准：① 严重妇科疾病、既往宫颈病史；② 精神疾病或神经系统疾病；③ 拒绝参与调查者。

1.2 宫颈癌认知情况、健康行为调查

采取自愿原则，调查前调查对象均自愿签署调查同意书。自行设计一般人口学调查问卷获取人口学信息，为便于统计，如职业类别和收入等级统计例数为零的情况将不计入统计，等采用《宫颈癌防治知识调查问卷》调查对宫颈癌认知情况，该问卷包括宫颈癌症状、宫颈癌危险因素、绝经与宫颈癌关系、宫颈癌检查次数、宫颈癌检查方法、宫颈癌检查目的、宫颈癌是否能治好、宫颈癌预防、生殖道感染症状、妇科筛查意义、获取宫颈癌防治知识途径共 11 个选项，采用书面笔试作答形式进行。根据文献[9-10]设计宫颈癌健康行为调查问卷，内容包括第一次性

生活年龄、性生活前后清洁外阴、人工流产次数、是否避孕措施、采取何种避孕措施、是否参与宫颈癌筛查、宫颈癌筛查频率共 7 个方面进行。

1.3 质量控制

成立调查小组，组员由 2 名妇产科主治医师和 5 名妇产科专科护士组成。调查前对小组成员进行培训，包括宫颈癌相关知识、问卷调查方法、指导语使用、问卷内容检阅等，所有小组成员均经培训考核通过。调查前随机选择妇科门诊行妇科检查女性共 30 名进行预调查，根据调查情况修改问卷内容，保证问卷内容通俗易懂，避免过度专业化。现场调查在我院门诊会议大厅进行，调查对象间隔入座，填写问卷时不许交流，保持安静，填写完毕当场全部收回，调查员审核是否存在遗漏、模糊项等，由填写人及时补充纠正。经复核去掉不合格问卷，其余进入结果分析。

1.4 统计学分析

SPSS 25.0 进行数据分析，计数资料以率并采用 x^2 检验，Logistic 回归分析进行多因素分析，检验水准α=0.05。

2 结果

2.1 调查问卷回收情况

本次调查共发放问卷 210 份，回收问卷 205 份，有效问卷 200 份，有效问卷率 95.24%。

2.2 宫颈癌认知情况调查结果

从表 1 结果可知 200 例女性中对宫颈癌检查次数、宫颈癌检查目的、生殖道感染症状认知正确率较高，分别为 51.50%、48.00%、45.00%，宫颈癌检查方法、宫颈癌是否能治好、宫颈癌预防认知偏差，回答正确率偏低，分别为 32.50%、30.50%、29.50%，200 例女性中获取宫颈癌防治知识途径较少，3 种以上者比例偏低，仅占 25.50%。

表 1 女性宫颈癌认知情况调查结果

Table 1 Investigation results of cognition of cervical cancer in women

Projects	Number of correct cases(n)	Accuracy rate(%)
Symptoms of cervical cancer	81	40.50
Risk factors of cervical cancer	69	34.50
Relationship between menopause and cervical cancer	62	31.00
Number of cervical cancer examinations	103	51.50
Cervical cancer examination methods	65	32.50
Purpose of cervical cancer examination	96	48.00
Can cervical cancer be cured	61	30.50
Prevention of cervical cancer	59	29.50
Symptoms of genital tract infection	90	45.00
Significance of gynecological screening	83	41.50
People who acquired the knowledge of cervical cancer prevention and treatment for more than three ways	51	25.50

2.3 宫颈癌防治相关健康行为调查结果

经统计可知，200 例女性中第一次性生活年龄 ≥ 18 周岁、

性生活前后偶尔清洁外阴、人工流产次数为 1 次、偶尔采取避孕措施、采用避孕套进行避孕、从未参与宫颈癌筛查的女性占

比较高。见表 2。

2.4 影响宫颈癌知晓率的影响因素

以对《宫颈癌防治知识调查问卷》中前 10 项条目回答正确率达 60% 为知晓，60% 以下为不知晓，200 例女性中判定为知晓者 75 例，知晓率 37.50%。单因素分析年龄、文化程度、居住地、家庭经济收入、宫颈癌家族史、宫颈癌防治信息获取途径与 200 例女性对宫颈癌相关防治知识知晓率有关(P<0.05)，见表 3。建立 Logistic 回归模型，以对宫颈癌相关防治知识知晓为因变量，以年龄(连续性变量)、文化程度(赋值:1= 硕士及以上，2= 本科，3= 高中或大专，4= 初中或中专，5= 小学及以下)、居住地(赋值:1= 城镇，2= 农村)、家庭经济收入(赋值:1=5000 元以上 / 月，2=3001～5000 元 / 月，3=1000～3000 元 / 月)、宫颈癌家族史(赋值:1= 有，2= 无)、宫颈癌防治信息获取途径(赋值:1≥ 3 种，2=<3 种)为自变量。结果显示文化程度低、家庭经济收入低、宫颈癌防治信息获取途径少是影响女性宫颈癌相关防治知识知晓率的危险因素(P<0.05)，见表 4。

表 2 女性宫颈癌防治相关健康行为调查结果

Table 2　Investigation results of health behaviors related to prevention and treatment of cervical cancer in women

Projects	n	Constituent ratio(%)
Age of first sexual life		
<18 years old	65	32.50
≥ 18 years old	135	67.50
Cleaning the vulva before and after sex		
Always	61	30.50
Occasionally	95	47.50
Never	44	22.00
Number of induced abortion		
0 times	59	29.50
Once	83	41.50
Twice or more	58	29.00
Contraception		
Often	70	35.00
Occasionally	103	51.50
Never	27	13.50
What contraceptive measures should be taken		
Sterilization	24	12.00
Acyeterion	28	14.00
Condom	64	32.00
Intrauterine device	57	28.50
No contraceptive measures were taken	27	13.50
Participate in cervical cancer screening		
Yes	106	53.00
No	94	47.00
Cervical cancer screening frequency		
Once a year	23	11.50
Once every three years	62	31.00
The interval time is more than 3 years	21	10.50
Never participated in cervical cancer screening	94	47.00

3 讨论

宫颈癌是女性恶性肿瘤中发病率排名第三的生殖道恶性肿瘤，全球每年约有 50 万新发病例，26 万死亡病例，大多数新发病例和死亡病例在经济欠发达国家[11]。我国每年约 13.15 万新发病例，5.3 万死亡病例，死亡例数占全部女性恶性肿瘤 18.4%[12]。宫颈癌的发生与人乳头状瘤病毒感染有关，而过早性行为、多婚多育、性卫生不良与人乳头状瘤病毒传播有密切关

联，通过行为干预可有效预防和控制人乳头状瘤病毒传播，从　为十分必要。
而降低宫颈癌发病率[13]，因此了解女性对宫颈癌认知和健康行

表 3　影响女性对宫颈癌相关防治知识知晓率的单因素分析结果

Table 3　Univariate analysis results of influencing women's awareness rate of cervical cancer related prevention and treatment knowledge

Factors	n	Awareness rate[n(%)]	x^2 value	P value
Age				
18～29 years old	35	21(60.00)		
30～39 years old	82	39(47.56)	24.574	0.000
40～49 years old	63	12(19.05)		
50～60 years old	20	3(15.00)		
Degree of education				
Primary school and below	31	3(9.68)		
Junior high school or technical secondary school	53	7(13.21)		
High school or junior College	60	30(50.00)	42.549	0.000
Undergraduate	46	29(63.04)		
Master degree or above	10	6(60.00)		
Place of residence				
Town	95	44(46.32)	6.000	0.014
Countryside	105	31(29.52)		
Occupation				
Farming	46	13(28.26)		
Worker	59	23(38.98)		
Civil servant	42	17(40.48)	2.253	0.522
Individual business	36	14(38.89)		
Other	17	8(47.05)		
Marital status				
Married	83	33(39.76)		
Unmarried	31	13(41.94)	1.705	0.636
Divorce	73	26(35.62)		
Widowed	13	3(23.08)		
Family income				
1000～3000 yuan / month	69	13(18.84)		
3001～5000 yuan / month	96	43(44.79)	16.636	0.000
>5000 yuan / month	35	19(54.29)		
Family history of cervical cancer				
Yes	58	36(62.07)	21.039	0.000
No	142	39(27.46)		
Access to information on prevention and treatment of cervical cancer				
≥ 3 kinds	51	43(84.31)	64.010	0.000
＜3 kinds	149	32(21.48)		

　　本研究结果显示我院接诊的 200 例女性中对宫颈癌的认　癌检查目的、生殖道感染症状方面，在宫颈癌检查方法、宫颈癌
知度普遍较低，且对宫颈癌认知局限在宫颈癌检查次数、宫颈　是否能治好、宫颈癌预防认知偏方面缺乏充分的认知。曾江忠

表 4 影响影响女性对宫颈癌相关防治知识知晓的 Logistic 回归分析

Table 4 Logistic regression analysis influencing women's awareness of cervical cancer related prevention and treatment knowledge

Factors	β	SE	Wald x^2	OR(95%CI)	P value
Age	0.321	0.231	1.931	1.379(0.968～1.426)	0.769
Degree of education	0.956	0.217	19.409	2.601(2.512～2.865)	0.000
Place of residence	0.295	0.203	2.112	1.343(0.957～1.405)	0.682
Family income	1.235	0.356	12.036	3.438(3.325～3.651)	0.000
Family history of cervical cancer	0.206	0.169	1.486	0.429(0.313～0.642)	0.051
Access to information on prevention and treatment of cervical cancer	1.405	0.332	17.909	4.076(3.946～4.217)	0.000

等人[14] 调查显示 HPV 感染高危女性对宫颈癌的认知度较低低。董宏英等人[15]调查对象对宫颈癌的认知也存在严重不足，均与本研究结果类似。本研究受试对象在宫颈癌防治健康行为的情况不容乐观，其中偶尔在性生活前后清洁外阴的占47.50%、偶尔采取避孕措施的占 51.50%，三年进行 1 次宫颈癌筛查占31.00%，从未进行宫颈癌筛查的占 47.00%，分析原因与对宫颈癌的认知缺乏有关，彭鹏等人[16]调查了 7909 例 15 岁以上女性对宫颈癌的认知和行为，结果显示上海女性对宫颈癌认知度较高，但参与宫颈癌筛查率偏低，健康行为有待改善。

本研究进一步分析影响宫颈癌知晓率的危险因素发现文化程度低、家庭经济收入低、宫颈癌防治信息获取途径少是女性对宫颈癌相关防治知识知晓率的危险因素，这是因为文化程度高的个体社会资源更丰富，获取宫颈癌知识的途径和机率均较高，其次文化程度高者对宫颈癌医学知识理解更容易，因此其对于该病的认知水平明显提高。Rashid 等人[17]调查了印度684 名大学女生，发现印度大学女生对宫颈癌和人乳头状瘤病毒疫苗的知晓率较高，尤其是生物学专业女大学生。Williams[18]调查了加纳成年女性对宫颈癌的认知，发现高中以下文化程度女性参加宫颈癌筛查和疫苗接种的比例明显较低，甚至对宫颈癌存在负面认知。但也有研究报道显示[19]，女大学生对宫颈癌防治认知了解相对匮乏，说明文化程度不能完全决定对宫颈癌的认知程度，为女性群体提供宫颈癌预防健康教育以及更多的获取健康知识途径也十分重要。本研究 200 个调查对象中有149 例调查对象宫颈癌防治信息获取途径少于 3 种，且 200 个调查对象仅 37.50%对宫颈癌防治知识回答正确率达 60%以上，说明调查对象对于宫颈癌相关防治知识的知晓情况不容乐观，因此既往研究中亦提倡增强对宫颈癌相关知识的传播以提高女性的认知程度[20,21]。家庭经济收入对宫颈癌认知存在较大的影响，经济收入来源匮乏者获得相关信息途径明显减少，对宫颈癌的防治投资也大幅下降，甚至可能明知宫颈癌危害，但拒绝进行宫颈癌筛查，导致健康行为缺失[22-24]。本研究调查对象中家庭经济收入为 1000～3000 元 / 月人群中仅 18.84%对宫颈癌知晓，说明经济收入低下可能是导致对宫颈癌认知偏低的原因。来自豫东农村地区的调查显示农村地区女性对宫颈癌的知晓率仅为 23.6%[25]，一项系统性分析显示在中低收入的非洲和西太平洋国家女性对宫颈癌缺乏认知和家庭经济支持[26]。同样来自经济欠发达的伊朗和利比亚的报道也显示女性对宫颈癌

症状和风险因素的总体认识偏低[27,28]。发达国家美国东南部的韩裔女性对宫颈癌认知也与月收入、教育程度呈正相关[29]。有研究[30]认为种族对宫颈癌认知也存在一定影响，而本研究选择样本均为汉族，因此不同种族女性对宫颈癌的认知差异尚不能确定。

综上，本研究所调查的女性对宫颈癌认知和健康行为不容乐观，文化程度低、经济能力有限、缺乏了解宫颈癌信息途径是导致宫颈癌认知薄弱的主要因素，对于高危人群应加强筛查和防治宣传，以降低宫颈癌发病率。

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