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西安市城区初中生健康危险行为调查*

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摘要 目的:健康相关危险行为是产生常见病、多发病的重要原因,其形成受社会、家庭等多种环境因素和自身因素影响。初中阶段是养成良好健康行为的关键时期,了解初中生健康危险行为现状,可为制定干预措施提供科学依据。**方法:**对西安市城区 1608 名初中生进行健康危险行为问卷调查,分析各种健康危险行为检出率的性别差别。**结果:**34.3% 的初中生存在偏食行为,42.6% 的初中生在过去的 30 天内采取过减肥措施;62.2% 的初中生最多有 2 天运动超过 30 分钟;65.3% 的初中生骑自行车违规;9.6% 的初中生目前吸烟。过去 1 个月有大量饮酒行为者占 8.4%。因上网影响学习者占 17.0%;参与过类似赌博的娱乐活动者占 9.8%。多数健康危险行为检出率男生高于女生(P 值均 < 0.05)。**结论:**西安市城区初中生健康危险行为发生率较高,男女生间存在差异,应针对男女生不同健康危险行为,采取有针对性的综合干预措施进行干预,以及早纠正健康危险行为,促进青少年健康发展。

关键词:健康危险行为;中学生;青少年

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Investigation of Health Related Risk Behaviors Among Junior High School Students in Xi'an*

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ABSTRACT Objective: Health related risk behaviors is the main course for many common disease and some chronic diseases. It is influenced by many environmental factors of social, family etc, as well as factors of children themselves. Junior high school is the key period for healthy behavior cultivating. To investigate the health related risk behaviors among junior high school students, so as to provide the scientific bases for laying out the interventional measures by. **Methods:** The health related risk behaviors of 1608 junior high school students were surveyed with the questionnaire and the differences of the detection rates of each health related risk factor between genders were analyzed. **Results:** During the past 30 days, 34.3% reported monophagism behaviors and 42.6% were on a diet; 62.2% did the physical exercises more than 30 minutes for no more than 2 days; 65.3% violated the traffic rules when riding bikes; 9.6% smoked; 8.4% had the excess drinking behaviors; 17.0% reported adverse influence on their study due to net surfing and 9.8% participated in the gamble-like entertainment. The detection rates of most health related risk behaviors among boys were significantly higher than those in girls. **Conclusions:** The rates of the health related risk behaviors among junior high school students in Xi'an are higher and there are differences in them between boys and girls, the corresponding comprehensive interventions should be taken based on the differences, so as to correct health related risk behaviors early and promote health status among junior high school student.

Key words: Health related risk behaviors; Junior high school students; Teenagers

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前言

健康相关行为指凡是对健康、完好状态乃至成年期健康和生活质量造成直接或间接影响的行为^[1]。按其与健康的影响性质分两大类即促进健康的行为和危害健康行为^[2]。促进健康行为有利于维持良好的身心健康,而健康危险行为则会给健康带

来负面影响,是产生常见病、多发病、慢性病的重要原因。行为因素对健康影响的共同特点是自创的、可以改变的。因此,预防和改变健康危险行为,提倡积极的健康行为对促进人群健康有重要作用。健康相关行为的形成是个体因素和社会环境因素综合作用的结果,与家庭教养方式、教育体制及传统观念、社会与文化环境等有关。青春期的青少年社会阅历浅,且敏感而脆弱,

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这一阶段是各种健康相关行为形成的关键时期,初中阶段正处于青春期发育的关键阶段,因此,关注初中生健康相关危险行为,并进行及时矫正,对青少年健康成长意义重大。近年来,儿童青少年健康行为引起了全社会的关注,但有关西安市初中生健康危险行为的报道较少,本研究调查西安市城区初中生健康危险行为的现状,旨在为西安市初中生健康危险行为的干预措施的制定提供参考依据。

1 对象与方法

1.1 对象

采用分层整群抽样方法,在西安市城区东、西、南、北方向各选取1所中学,在各学校中从初一到初三每个年级随机抽取2个班级作为调查对象,共调查1632人。

1.2 方法

1.2.1 调查内容 以北京大学儿童青少年卫生研究所编制的中国青少年健康相关行为调查问卷^[9]为基础,结合中学生的行为特点,编制调查问卷。调查内容包括:①一般情况:性别、年龄、年级等。②健康相关行为:饮食相关行为、运动相关行为、伤害行为、心理和成瘾相关行为,共48个项目。问卷均为单项选择题,以“是”和“否”回答。

1.2.2 调查方法 2012年11月在各班主任的协助下,以班为单位进行现场问卷调查。由调查员告知学生填写问卷的目的和意

义,问卷以不记名方式填写,填好问卷后由调查员统一收回。

1.2.3 质量控制 正式调查前进行了预调查,对问卷进行了反复调试和修改,以确保问卷的准确性。统一培训调查员,使其知晓本研究的目的和意义,熟悉调查表的填写方法、审核要点。

1.3 统计学处理

所有调查表使用EpiData 3.0软件录入。数据经整理、审核后,采用SPSS 16.0统计软件进行分析。危险行为发生率的比较采用 χ^2 检验或Fisher精确概率法。

2 结果

2.1 一般情况

本次共发放问卷1632份,回收有效问卷1608份,有效应答率为98.5%。其中:男生785人,女生823人,分别占48.8%和51.2%。

2.2 饮食相关行为

在过去7天里,有31.7%的初中生每天喝加糖饮料,男生高于女生($P<0.05$);34.3%的初中生存在偏食行为。5.2%的初中生一周内吃西式快餐次数超过3次;42.6%的初中生在过去30天内采取过减肥措施,女生高于男生($P<0.05$)。79.7%的初中生每天吃早餐,女生高于男生($P<0.05$)。仅有39.0%的初中生每天喝牛奶,45.3%每天吃水果,53.0%每天吃蔬菜超过半斤。见表1。

表1 过去7天饮食相关行为检出率(%)

Table 1 Detecting rate of diet related behaviours in the last 7 days (%)

Diet related behaviours	Boys(n=785)	Girls(n=823)	Total(n=1608)
Drinking sweetened beverage everyday	38.9	24.8*	31.7
Eating sweet snacks everyday	23.1	25.8	24.5
Eating breakfast everyday	75.6	83.6*	79.7
Drinking milk everyday	39.2	38.8	39.0
Eating fruits everyday	41.1	49.3*	45.3
Eating vegetables exceed 250 g everyday	53.8	52.2	53.0
Eating western fast foods exceed 3 times in the last 7 days	4.8	5.6	5.2
Don't eat street foods	51.2	52.6	51.9
Food fussiness	33.1	35.4	34.3
Having weight reducing measure in the last 30 days	38.2	46.7*	42.6

Note: *There are significant difference in the detecting rate between boys and girls, $P<0.05$.

2.3 伤害相关行为

见表2。近1月来,有65.3%的初中生骑自行车违规,26.0%存在步行违规行为。能导致严重伤害的故意或非故意伤害行为排在前4位的是:在楼梯上追跑打闹、互相推搡的占48.5%,在溜冰、滑板车等时不戴保护装备(如头盔)的占23.1%,斗殴为17.0%,为了逞能而做危险动作占16.4%。所有伤害行为检出率均为男生高于女生($P<0.05$)。

2.4 心理相关行为

29.8%的初中生自觉学习压力很大,女生高于男生($P<0.05$);11.3%的初中生有孤独感,女生高于男生($P<0.05$);6.2%

的学生感觉内心抑郁,7.8%经常失眠,6.7%曾经有过自杀念头,4.5%想离家出走。

2.5 物质成瘾行为

见表3。在过去30天内曾尝试过吸烟者占28.1%,初次烟龄小于12岁者占9.3%,目前吸烟者占9.6%。在过去30天内尝试饮酒者占38.3%;12岁以前开始第1次饮酒者占21.1%;过去1个月有大量饮酒行为者占8.4%,曾出现醉酒症状者占6.4%,无医生指导使用镇静剂者为1.2%。吸烟和饮酒行为的检出率男生均高于女生($P<0.05$)。

2.6 游戏、网络成瘾行为和赌博情况

表 2 伤害相关行为检出率(%)

Table 2 Detecting rate of injury related behaviours (%)

Injury related behaviours	Boys (n=785)	Girls (n=823)	Total (n=1608)
Violate traffic rules when ride a bike	69.7	61.2*	65.3
Violate traffic rules when walking	32.5	19.8*	26.0
Being bullied	9.4	4.6*	6.9
Fighting	28.3	6.3*	17.0
Often chasing or pushing each other in the corridor	57.8	39.6*	48.5
Often climb tree, roof, or other dangerous place	14.8	3.1*	8.8
Often climb over fence,top of a wall or a door, ect、	13.8	2.2*	7.9
Often as dangerous action in order to show off his skill.	26.7	6.5*	16.4
Often in the skate or scooter without wearing protective equipment	29.1	17.3*	23.1

Note: *There are significant difference in the detecting rate between boys and girls, $P<0.05$.

表 3 物质成瘾相关行为发生率(%)

Table 3 Detecting rate of substance addictive behaviour

Substance addictive behaviours	boys(n=785)	girls(n=823)	total(n=1608)
Try to smoking in the last 30 days	38.4	18.2*	28.1
First smoking age less than 12 years old	14.2	4.6*	9.3
Smoking presently	16.0	3.5*	9.6
Try to drinking in the last 30 days	49.5	27.6*	38.3
First drinking age less than 12 years old	26.3	16.2*	21.1
Heavy drinking in the last 30 days	12.7	4.3*	8.4
Drunk or hit the bottle in the last 30 days	9.4	3.5*	6.4
Take ataractic without the instruction of doctor in the last 30 days	1.3	1.1	1.2

Note: *There are significant difference in the detecting rate between boys and girls, $P<0.05$.

表 4 游戏、网络成瘾行为发生率(%)

Table 4 Detecting rate of game and web addictive behaviours

Game and web addictive behaviours	boys(n=785)	girls(n=823)	total(n=1608)
Playing game time exceed 4h/d in the last 7 days	5.2	2.6*	3.9
Surf the internet time exceed to 4h/d in the last 7 days	4.4	1.9*	3.1
Want to stop using the Internet, but can't control	3.7	1.3*	2.5
Influence studies influenced because of surf the Internet	22.5	11.7*	17.0
Conflict with parents because of surf the Internet	19.7	11.6*	15.6
Even without the Internet, many things related to internet emerge in mind.	12.1	9.0*	10.5
Participate in similar gambling entertainment	12.2	7.5*	9.8

Note: *There are significant difference in the detecting rate between boys and girls, $P<0.05$

在过去 7 天里,3.9 %的初中生玩电子游戏每天超过 4 小时;上网超过每天 4 小时者占 3.1 %;想停止上网,但控制不住者占 2.5 %;因上网影响学习者占 17.0 %;因上网与家长发生过冲突者占 15.6 %。即使不上网,也会浮现于网络有关的事情者占 10.5 %。有 9.8 %的初中生参与过类似赌博的娱乐活动。男生均明显高于女生($P<0.05$)。见表 4。

3 讨论

初中阶段正处于青春期发育的关键阶段,合理的营养是保证正常生长发育的基础。本次调查发现,不良饮食行为如喝加糖饮料、吃甜食、偏食的检出率较高,良好饮食行为如每天吃早餐、喝牛奶、吃蔬菜、水果的检出率较低。与国内同类研究结果

基本一致^[5-12]。另外,初中生的减肥行为普遍,特别是女生。目前,国内很多地区青少年营养不良和肥胖问题并存,这与不健康饮食行为密切相关^[13]。

据 WHO 估计,中国目前 20 岁以下青少年有 2 亿吸烟者,其中,至少有 5 千万人将因吸烟而早逝^[14]。肿瘤、心脑血管等疾病的发生与吸烟、饮酒、过量摄入能量 / 脂肪、缺乏体育锻炼等行为密切相关,青少年时期就形成这些行为者,发生上述疾病的概率较成年后才形成者显著提高^[15]。吸烟、饮酒年龄越小,越有可能成为成瘾者^[16]。本次调查显示,初中生吸烟、饮酒比例较高,首次吸烟、饮酒年龄偏低。因此,应该加强对初中生的吸烟、饮酒等不良行为的早起干预。

目前,意外伤害已经成为我国儿童青少年的首位死因^[17,18]。本次调查显示,可能导致自己或他人受到伤害的故意或非故意行为主要有:在楼梯上追跑打闹、互相推搡,在玩溜冰、滑板车等时不戴保护装备,斗殴,为逞能而做危险动作等。这些行为是导致意外伤害的主要原因。本次调查显示,内心抑郁、经常失眠、自杀念头、想离家出走,网络依赖和虚幻倾向不容忽视。主要是由于初中生处于青春发育期,敏感而脆弱,社会阅历浅,不能很好解决面临的各种矛盾,容易产生心理问题。初中生社会阅历浅,常用幻想代替现实,而网络的虚拟性正迎合了他们的这种需要,青少年是网络成瘾症的易感人群。

健康危险行为发生的原因是多方面的,可能是个体因素和社会因素综合作用的结果,与家庭教养方式、教育体制及传统观念等有关^[19]。因此,学校、家庭及社会应足够重视。学校方面,应注意培养青少年乐观健全的性格,开展全面、及时的健康教育以消除学生因好奇而发展起来的健康危险行为;家庭应建立和谐的家庭气氛,家长自觉提高自身素质,积极与孩子沟通,正确教育孩子;社会有关部门要建立完善有效的学生健康危险行为监测系统,长期、及时、完整、准确地收集学生相关健康行为信息,并及时分析变化规律,制定切实可行的干预方案。总之,健康危险行为的预防需依赖学校 - 家庭 - 社会三联预防屏障^[20],通过健康教育,引导学生往正确、健康的方向发展,有效减少健康危险行为的发生。

参考文献(References)

- [1] 季成叶. 中国青少年健康相关 / 危险行为调查综合报告 [M]. 北京: 北京大学出版社, 2007: 7-335
Ji Cheng-ye. Survey reports of Health related/ risk behaviours among Chinese adolescents [M]. Beijing: Beijing University Press, 2007: 7-335
- [2] 常春. 健康相关行为 [J]. 中国健康教育, 2005, 21(9): 662-665
Chang Chun. Health related behavior [J]. Chinese Journal of Health Education, 2005, 21(9): 662-665
- [3] 孙要武. 预防医学 [M]. 第四版. 北京: 人民卫生出版社, 2010, 21-22
Sun Yao-wu. Preventive Medicine [M]. 4th ed. Beijing: People Health Press, 2010, 21-22
- [4] 季成叶. 中国青少年健康相关 / 危险行为调查综合报告 2005 [M]. 北京: 北京大学医学出版社, 2005
Ji Cheng-ye. Survey reports of Health related/ risk behaviour among Chinese adolescents 2005 [M]. Beijing: Beijing University Medical Press, 2005
- [5] 吴洁. 青少年健康相关行为研究的倾向性及差异 [J]. 体育学刊, 2011, 18(6): 101-103
Wu Jie. Comparison of the tendencies and differences between researches on teenager health related behaviors [J]. Journal of Physical Education, 2011, 18(6): 101-103
- [6] 孙江平, 宋逸, 马迎华, 等. 中国 5 省市中学生危险行为调查报告 (四): 日常饮食和体育锻炼状况 [J]. 中国学校卫生, 2001, 22 (6): 482-484
Sun Jiang-ping, Song Yi, Ma Ying-hua, et al. Survey report of risk behavior among student in five province, China (four): daily dietary and physical activity [J]. Chinese Journal of School Health, 2001, 22 (6): 482-484
- [7] 孙莉, 朱鸿斌, 张成云, 等. 四川省城市青少年健康危险行为现状分析 [J]. 中国学校卫生, 2006, 27(12): 1069-1072
Sun Li, Zhu Hong-bin, Zhang Cheng-yun, et al. Analysis of health related risk behavior among adolescents in Sichuan province [J]. Chinese Journal of School Health, 2006, 27(12): 1069-1072
- [8] 林馨, 周权, 刘建, 等. 福州市青少年健康危险行为现状分析 [J]. 中国学校卫生, 2010, 31(3): 355-357
Lin Xing, Zhou Quan, Liu Jian, et al. Analysis of health related risk behavior among adolescents in Fuzhou City [J]. Chinese Journal of School Health, 2010, 31(3): 355-357
- [9] 夏生林, 罗乐, 张瑞红, 等. 中山市在校青少年健康危险行为现状 [J]. 中国学校卫生, 2012, 33(12): 1440-1443
Xia Sheng-lin, Luo Le, Zhang Rui-hong, et al. Health risk behavior for adolescents at school in Zhongshan [J]. Chin J School Health, 2012, 33 (12): 1440-1443
- [10] 黄洋, 蒋骅, 范宏恩, 等. 上海虹口区青少年健康危险行为调查分析 [J]. 健康教育与健康促进, 2009, 4(1): 11-15
Huang Yang, Jiang Hua, Fan Hong-en, et al. Investigation and analysis of health risk behavior among the youths in Hongkou district, Shanghai [J]. Health Education and Health Promotion, 2009, 4(1): 11-15
- [11] 潘淑贤, 张万方. 广州市荔湾区青少年健康相关行为现状分析 [J]. 华南预防医学, 2012, 38(5): 25-29
Pan Shu-xian, Zhang Wan-fang. Investigation on health related behaviors among adolescents in Liwan District, Guangzhou City [J]. South China J Prev Med, 2012, 38(5): 25-29
- [12] 张立敏, 李玉堂, 赵瑞兰, 等. 北京市顺义区中学生健康危险行为现状调查 [J]. 职业与健康, 2011, 27(10): 1081-1084
Zhang Li-min, Li Yu-tang, Zhao Rui-lan, et al. Investigation on health risk behaviors among middle school students in Shunyi district of Beijing city [J]. Occup and Health, 2011, 27(10): 1081-1084
- [13] 赵勇, 赵梅, 罗建, 等. 重庆市某中学初中生营养不良及肥胖影响因素分析 [J]. 中国学校卫生, 2005, 26(12): 990 - 991
Zhao Yong, Zhao Mei, Luo Jian, et al. The Influencing factors of mal-nutrition and obesity among students in a junior middle school in Chongqing [J]. Chinese Journal of School Health, 2005, 26(12): 990 - 991
- [14] Wallace JM, Bachman JG, OM' Alley PM, et al. Gender and ethnic differences in smoking, drinking and illicit drug use among American 8th, 10th and 12th grade students, 1976- 2000 [J]. Addiction, 2003, 98(2): 225 -234
- [15] 仁学锋, 安家教. 中国青少年吸烟有关政策因素分析 [J]. 中国健康教育, 2000, 16(3): 142-145

- [6] Mallika P S, Aziz S, Goh P P, et al. Diabetic retinopathy in native and non-native Sarawakians-Findings from the Diabetic Eye Registry[J]. Med J Malaysia, 2012, 67(4): 369
- [7] Yau J W Y, Rogers S L, Kawasaki R, et al. Global prevalence and major risk factors of diabetic retinopathy [J]. Diabetes Care, 2012, 35(3): 556-564
- [8] Simo R, Villarroel M, Corraliza L, et al. The retinal pigment epithelium: something more than a constituent of the blood-retinal barrier-implications for the pathogenesis of diabetic retinopathy [J]. J Biomed Biotechnol, 2010, (2010): 190724
- [9] 郭龙, 许慧卓, 夏晓波, 等. 高糖对视网膜 Muller 细胞 VEGF, EPO, EPOR mRNA 表达的影响[J]. 国际眼科杂志, 2010, 10(3):449-452
Guo Long, Xu hui-zhuo, Xia Xiao-bo, et al. Retinal Muller cells in high glucose on VEGF, EPO, EPOR mRNA expression [J]. International Journal of Ophthalmology, 2010, 10(3):449-452
- [10] Turner R C, Holman R R, Cull C A, et al. Intensive blood-glucose control with sulphonylureas or insulin compared with conventional treatment and risk of complications in patients with type 2 diabetes (UKPDS 33)[J]. Lancet, 1998, 352(9131): 837-853
- [11] 陈玲, 陆雷群, 沈莹, 等. 高同型半胱氨酸血症是 2 型糖尿病微血管病变的危险因子[J]. 上海医学, 2005, 28(8): 653-655
Chen Ling, Lu Lei-qun, Shen Ying, et al. High homocysteine is microvascular complications of type 2 diabetes risk factor [J]. Shanghai Medical, 2005, 28(8): 653-655
- [12] Sandbaek A, Griffin SJ, Rutten G, et al. Stepwise screening for diabetes identifies people with high but modifiable coronary heart disease risk. The ADDITION study [J]. Diabetologia, 2008, 51(7): 1127-1134
- [13] Raymond NT, Varadhan L, Reynold DR, et al. Higher prevalence of retinopathy in diabetic patients of South Asian ethnicity compared with white Europeans in the community: a cross-sectional study[J]. Diabetes Care, 2009, 32(3):410-415
- [14] Zhang H, Wang J, Ying G, et al. Serum lipids and other risk factors for diabetic retinopathy in Chinese type 2 diabetic patients[J]. Journal of Zhejiang University SCIENCE B, 2013, 14(5): 392-399
- [15] Xu J, Wei W B, Yuan M X, et al. Prevalence and risk factors for diabetic retinopathy: the Beijing Communities Diabetes Study 6[J]. Retina, 2012, 32(2): 322-329
- [16] Wang F H, Liang Y B, Peng X Y, et al. Risk factors for diabetic retinopathy in a rural Chinese population with type 2 diabetes: the Handan Eye Study[J]. Acta Ophthalmologica, 2011, 89(4): e336-e343
- [17] Ugun N I, Yildirim Z, Kilic N, et al. The importance of serum lipids in exudative diabetic macular edema in type 2 diabetic patients[J]. Annals of the New York Academy of Sciences, 2007, 1100(1): 213-217
- [18] Keech A C, Mitchell P, Summanen P A, et al. Effect of fenofibrate on the need for laser treatment for diabetic retinopathy (FIELD study): a randomised controlled trial[J]. The Lancet, 2007, 370(9600): 1687-1697
- [19] Dawson H, Collins G, Pyle R, et al. The immunoregulatory effects of homocysteine and its intermediates on T-lymphocyte function [J]. Mech Ageing Dev, 2004, 125(2):107-110
- [20] 王清峰. 2 型糖尿病患者血尿酸水平与血管并发症的相关性研究[J]. 第四军医大学学报, 2009(24): 2909
Wang Qing-feng. Correlation study of type 2 diabetic blood uric acid levels and vascular complications [J]. Journal of The Fourth Military Medical University, 2009 (24): 2909
- [21] 朱锋, 张哲, 李红. 血尿酸: 2 型糖尿病视网膜病变的独立危险因素[J]. 浙江医学, 2005, 27(4):266-268
Zhu Feng, Zhang Zhe, Li Hong. Uric acid: independent risk factors of type 2 diabetes with retinopathy [J]. Zhejiang medicine, 2005, 27(4): 266-268

(上接第 2726 页)

- Ren Xue-feng, An Jia-ao. Analysis of policy influencing factor of smoking among adolescent in China [J]. Chinese Journal of Health Education, 2000, 16(3): 142-145
- [16] Boyd CJ, McCabe, Morale SM. College students, alcohol use: A critical review[J]. Annu Rev Nurs Res, 2005, 23: 179-211
- [17] 季成叶. 青少年健康危险行为预防[J]. 中国健康教育, 2004, 20(5): 415-419
Ji Cheng-ye. Prevention of health-risky behaviors among the youngsters [J]. Chinese Journal of Health Education, 2004, 20(5): 415-419
- [18] 高峻璞. 我国儿童伤害的流行病学研究进展 [J]. 中国学校卫生, 2006, 25(7): 555-557
Gao Jun-pu. Epidemiology study status of injury among Chinese children[J]. Chinese Journal of School Health, 2006, 25(7): 555-557
- [19] 冯秀英, 黄耀峰, 付玉美, 等. 上海市青浦区青少年健康危险行为调查[J]. 中国学校卫生, 2006, 27(3): 240-241
Feng Xiu-ying, Huang Yao-feng, Fu Yu-mei, et al. Investigation of health risk behavior among adolescent in Qingpu district, Shanghai [J]. Chinese Journal of School Health, 2006, 27(3): 240-241
- [20] Krug eg, Dah Iberg LL, Mercy JA, et al. World report on violence and health. Geneva[R]: World Health Organization, 2002