# 台灣地區鄰里型態與個人社會經濟地位對個人健康之影響

# The Effects of Neighborhood Type and Individual Socioeconomic Status on Individual Health in Taiwan


## 中文摘要

本研究主要想瞭解台灣地區不同鄰里類型、居民個人社經地位及個人健康三者間的關係，研究的假設是，一、在控制了個人因子的情況下，居住在狀況不好的鄰里類型的居民（例如鄰里社經地位低），個人的健康狀況（慢性病、日常生活功能障礙、自評健康）也會比較差。二、鄰里特徵會和個人特徵產生交互作用來影響個人的健康，也就是說，鄰里類型與個人健康狀況的關係會因個人社經地位的不同而有所差異。

資料來源是以 1990 年與 2000 年「台灣地區社會變遷基本調查」中第二期第一次及第四期第一次調查計畫爲個人層次的資料，分別連結七十九年和八十九年「台閩地區戶口及住宅普查」的鄰里資料。在 1990 年的樣本中共有 1934 人，230 個鄰里，2000 年有 1895 人，88 個鄰里。

鄰里類型是將普查資料中的八個鄰里特徵，利用集束分析（cluster analysis）的方式進行分類，這些特徵包含國中未畢業比率、大學畢業以上比率、未工作人口比率、單親家庭比率、離婚或分居比率、老年人口比率、未成年人口比率及鄰里都市化程度等八個因子，最後形成一個鄰里的類型（Typology），再以多層次分析法（multi-level analysis, MLA），分析在控制了個人因子的情況下，居住在狀況不好的鄰里類型的居民，個人的健康狀況是否也會比較差，以及鄰里類型與個人因子之間是否存在著交互作用（cross-level effect）的關係，所有的統計分析皆分成 1990 與 2000 年進行，以比較在 1990 與 2000 年鄰里類型與個人健康是否會因爲時代的不同而有所差異。

結果發現，2000 年的資料中鄰里類型對於個人健康會有影響，而且有交互作用存在，換句話說，鄰里類型對於健康結果的影響會因爲個人社經地位的不同而有差異，進一步分層分析發現，在慢性病方面，在高社經地位者的身上作用較爲明顯，如果高社經地位者居住在低社經地位、低度都市化的鄉村會比居住在其他類型鄰里有較高的機率罹患慢性病，而在日常生活功能障礙方面，則是在低社經地位者的身上較爲明顯，低社經地位者居住在低社經地位、低度都市化的鄉村有越高的機率發生日常生活功能障礙。鄰里類型對於健康的影響，在 1990 年的結果中，在控制個人層次的變項後，鄰里類型只對日常生活功能障礙有影響，位在高社經地位、高度都市化程度的城市會比位在低社經地位、低度都市化的鄉村有比較少的機率發生日常生活功能障礙，而交互作用上則不顯著。

## 英文摘要

The purpose of this study is to understand the relationships among neighborhood type,

individual SES, and individual health in Taiwan. The hypotheses are (1) after controlling individual characteristics, those who live in disadventaged neighborhoods (i.e., Low SES neighborhoods) have a higher probability to have chronic diseases, functional limitation, and poor self-rated health compared to those who live in adventaged neighborhoods; (2) the relationship between neighborhood type and individual health status is moderated by individual SES.

The data came from the first wave of 1990 Social Change Study and the first wave of 2000 Social Change Study. Social Change Study is a nationally representative study examining social issues in Taiwan. Participants' residential addresses were geocoded with the 1990 and 2000 census for measuring neighborhood characteristics, respectively. The 1990 sample included 1934 cases in 230 neighborhoods and the 2000 sample included 1985 cases in 88 neighborhoods.

I used cluster analysis to create a neighborhood typology based on eight neighborhood characteristics: rates of less than junior high school, rates of more than college degree, rates of single-parent families, rates of divorce or living apart, rates of elderly, rates of teens under 18, and rurality/urbanity. Individual health status was measured by three indicators including chronic disease, functional limitation, and self-rated health.

I used multi-level analysis to examine whether individuals who live in disadventaged neighborhood types have worse health status compared to those who live in adventaged neighborhood types. In addition, I examined the moderating relationships of neighborhood types and individual SES on individual health. All of the analyses were conducted separately for 1990 and 2000.

The findings of this study are as follows:

1. In 2000, there are significant interaction effects of neighborhood types and individual SES on individual health status. For high SES people, living in rural low SES neighborhoods is more likely to have chronic diseases than in other neighborhood types. However, the same effects were not found among low SES residents. On the contrary, neighborhood types are more likely to influence individual functional limitation among low SES residents, but not high SES residents. For people with low socioeconomic status, living in rural low SES neighborhoods is more likely to have functional limitation than in other neighborhood types.
2. In the year of 1990, the relationship between neighborhood type and functional limitation is significant after controlling for individual characteristics. Residents who live in the rural low SES neighborhood type are more likely to report functional limitation than those who live in the urban high SES neighborhood type.