衛生教育介入對於社區婦女在預防骨質疏鬆症知識、健康信念及行爲成效之探討

The Effect of Health Education on Community Women''s Knowledge, Health Beliefs. and Compliance for Osteoporosis Preventing Behavior

中文摘要

骨質疏鬆症影響中老年婦女的健康甚巨，其引發的相關問題已在最近引起各界的注意，然而對於社區婦女在預防骨質疏鬆症之介入性研究仍屬有限。因此，本研究將針對社區婦女給予衛生教育介入，以了解社區婦女在預防骨質疏鬆症之成效。本研究的主要目的旨在：(1) 瞭解社區婦女對預防骨質疏鬆症之知識、健康信念及行爲之現況；(2) 探討影響社區婦女對預防骨質疏鬆症之知識、健康信念及行爲之相關因素；(3) 比較衛生教育介入前後，社區婦女對預防骨質疏鬆症之知識、健康信念及行爲的變化差異；(4) 了解影響社區婦女在實際執行預防骨質疏鬆症行爲之因素。

本研究採類實驗設計法。研究對象以方便取樣方式，選定台北市某社區年齡在 30-65 歲間且識字之婦女。前、後測的問卷，是依健康信念模式所設計。前測問卷以郵寄方式寄給婦女，並請婦女將問卷寄回。參與團體衛教之婦女爲實驗組並再隨機分爲兩組實驗對象，實驗組二的婦女在團體衛教後一週內接受個別電話護理指導；而控制組則以未參加團體衛教但仍將問卷寄回者爲對象，並於團體衛教後寄發後測問卷。一個月後所有研究對象再進行知識、健康信念及實際行爲的電話調查。

本研究發現婦女年齡越輕、攝鈣總量越高則其對預防骨質疏鬆症知識得分越高；而母乳哺餵時間越長則越不覺得到骨質疏鬆症的嚴重性，且不認爲預防措施的執行是有效的，同時不覺得會有執行預防骨質疏鬆症的困難；另以自覺健康得分越高、生育子女總數越多及曾發生骨折年齡越早，其與行爲相關性越高。在團體衛教的前後測上，婦女在預防骨質疏鬆症之知識、罹患性認知、嚴重性認知及行爲意圖能獲得有效提升，而結合團體衛教及個別護理指導之婦女其知識、罹患性認知、嚴重性認知、有效性認知及實際執行行爲方面獲得顯著提升；而後測行爲意圖是影響社區婦女實際執行預防骨質疏鬆症的主要變項。

英文摘要

Osteoporosis significantly influences the health of women after their middle age. Problems caused by osteoporosis have received much attention recently. However, investigations related to osteoporosis prevention behavior for community women have not yet been thoroughly studied. Therefore, this research would evaluate the

effect of health education on community women. The purposes of this study included: (1) to explore women's current knowledge, health beliefs and preventing behavior; (2) to identify factors that related to community women's knowledge, health beliefs and behavior; (3) to compare the effects of different health education programs on community women's knowledge, health beliefs and behavior; and(4) to predict the factors that influence the community women' s osteoporosis preventing behavior。
The quasi-experimental research design was employed. A convenience sample of all 30-65 years old women from a community was recruited as study samples. The structural questionnaire, which was based on Health Belief Model, was pre- and post tested. Women were characterized as either experimental group or control group. The experimental group would receive the group health education lectured by an expert. Post-test of structural questionnaires was also be collected during the same time. Meanwhile, these experimental group participants were randomly assigned into two groups. Subjects in the experimental group 2 would receive an additional individual health education by phone one week after group education. One month after phone interview, all subjects were received another telephone survey.
Major findings as followed. Women's knowledge was negatively related to age, and positively related to calcium intake. Period of breast-feeding was negatively correlated with perceived severity, perceived benefits, and perceived barriers. Women's Osteoporosis preventing behavior, were positively related to their perceived health status and number of children. There was a negative correlation with age of fracture and their behavior. Group health education could effectively improve women's knowledge, perceived susceptibility, perceived severity and behavior intention during immediate outcome. Through group and individual health education, women's knowledge, perceived susceptibility, perceived severity, perceived benefits and barriers of action and actually behavior were all significantly improved. The major predictor for women's osteoporosis preventing behavior was behavior intention. Based on the results of this study, community health nurses should learn about the effective way of health education. By this way, community health nurses can effectively enhance women's perceived susceptibility and reduce their perceived barriers to improve their behavior intention and actual behavior during their daily life.