

# 影響社區婦女預防骨質疏鬆症行爲意圖之預測因素-前驅研究

## Predictors of Community Women's Osteoporosis Prevention Intention — A Pilot Study

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### 摘要

本研究的主要目的在於找出影響社區婦女執行骨質疏鬆症預防行爲意圖之預測因素。本前驅研究問卷爲自擬問卷，內容包含 5 項量表：基本人口學資料、健康狀態、骨質疏鬆症健康信念、知識及預防意圖。5 項問卷量表之效度，其內在效度從 .90 到 1.00 之間；在信度上，基本人口學資料及健康狀態量表之再測信度爲 .90 到 1.00；骨質疏鬆症健康信念之 4 項次量表，其 Cronbach' s  $\alpha$  分別爲 .75、.90、.80 及 .72；知識量表之內在一致性信度 (KR-20) 爲 .88；預防意圖量表之 Cronbach' s  $\alpha$  爲 .85。結果顯示 (1) 骨質疏鬆症健康信念之 4 項次量表，在罹患性、嚴重性、利益性及障礙性認知平均得分各爲 2.8、2.2、1.9、2.9 分；知識量表之平均得分爲 10.0 分；預防意圖量表之平均得分爲 2.5 分。(2) 骨質疏鬆症健康信念與基本人口學資料、健康狀態、健康信念、知識及預防意圖，部份達到統計上顯著相關。(3) 知識與障礙性、預防意圖、年齡、自我健康評分、哺餵母乳時間及攝鈣量達正相關。(4) 預防意圖與知識、生育子女數、骨折年齡及女性荷爾蒙達統計上正相關。(5) 以逐步迴歸分析顯示，知識、教育程度 (高中畢業)、子女數有兩位、自我健康評分、曾做過骨密度檢查、曾使用女性荷爾蒙及自覺有駝背情形，共能解釋預防意圖達 45.8%。研究結果可作爲未來社區護理專業人員，在評估、執行及改善婦女在預防骨質疏鬆症之參考。

### Abstract

The main purpose of this pilot study was to identify the predictors of community women's osteoporosis prevention intention. The osteoporosis assessment scales were self-developed and contained 5 scales: a demographics scale, a health status scale, an osteoporosis health belief scale (OHBS), a knowledge scale, and a prevention intention scale. The content validity of the five scales ranged from .90 to 1.00. Test-retest was used to examine the reliability of the demographic characteristics scale and the health status scale, which ranged from .9 to 1.0. Meanwhile, the reliability coefficients of the OHBS comprising perceived susceptibility, perceived seriousness, perceived benefit, and perceived barrier were .75, .90, .80, and .72. In this pilot study,

the coefficient of KR-20 for osteoporosis knowledge was .88. The value of Cronbach's Coefficient Alpha for prevention intention was .85. The results of this research were: (1) The averaged scores of the OHBS comprising perceived susceptibility, perceived seriousness, perceived benefit, and perceived barrier were 2.8 (SD = 0.5), 2.2 (SD = 0.7), 1.9 (SD = 0.4), and 2.9 (SD = 0.7). Meanwhile, the averaged score for women's knowledge on osteoporosis was 10.0 (SD = 2.8). The averaged score for women's intentions for the prevention of osteoporosis was 2.5 (SD = 0.6). (2) There were some significant correlations between OHBS and demographics, health status, knowledge, and prevention intention. (3) Knowledge was positively correlated with perceived barriers, prevention intention, age, self-rated score for health, breast feeding time, and amount of calcium intake. (4) Prevention intention was positively correlated with knowledge, number of children, age of fracture, and hormone replacement therapy. (5) The major factors influencing intention for community women were, in order, knowledge, educational level (high school graduate), number of children (n = 2), self-rated health score, experience of bone density examination (yes), hormone replacement therapy (yes), and kyphosis (yes). These seven items accounted for 45.8% of the variation in intention. The results of this pilot study can help community health professionals evaluate, implement and improve community women's health beliefs regarding prevention of osteoporosis.