

深圳市妇女宫颈癌防治知识知晓情况及筛查意愿调查分析

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摘要: [目的] 了解深圳市社区女性宫颈癌防治知识知晓情况及宫颈癌筛查意愿, 为针对性地提高社区人群参与防癌筛查依从性, 制定相关措施提供依据。[方法] 查阅相关文献, 自行设计问卷, 以社康中心为抽样单位, 利用分层整群抽样的方法获得调查对象。[结果] 调查样本 4821 例, 被调查者中“多个性伴侣会增加宫颈癌发生的危险性”知晓率为 62.1%, “早期宫颈癌能够治好”知晓率为 60.2%, “目前已经有早期发现宫颈癌及癌前病变的检查方法”、“宫颈癌的发生与 HPV 有关”与“宫颈癌发生有较长时间的癌前病变阶段”的知晓率分别为 57.8%、43.0% 和 47.8%。83.3% 的人愿意参加针对健康人群的防癌筛查, 5.6% 的人不愿意参加, 不愿意参加筛查的原因主要是“太贵了”(33.3%), “没时间”(31.7%), “没钱”(13.7%)。26~55 岁年龄组女性更愿意接受筛查 ($P<0.001$)。深圳户籍和暂住人口比流动人口更愿意接受筛查 ($P<0.05$)。文化程度越高, 筛查意愿增强 ($P<0.001$)。[结论] 宫颈癌防治知识知晓率相对较低, 文化程度低的人群和外来流动人群是防癌知识健康教育重点对象。大多数人愿意参加防癌筛查, 不愿意参加筛查的主要原因是筛查费用问题。

关键词: 宫颈癌; 防治知识; 筛查意愿; Logistic 回归分析; 深圳

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Survey of Knowledge Awareness and Willingness to Cervical Cancer Prevention and Control in Female Screening Participants in Shenzhen

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Abstract: [Purpose] To investigate the knowledge awareness about cervical cancer prevention and control and willingness of cervical cancer screening participation in Shenzhen community, and to provide basis for improving the compliance of cervical cancer screening among community population. [Methods] Epidemiology questionnaire was designed by reviewing literatures on the basis of the purpose of our research. Stratified cluster sampling method was used to recruit participants with the sampling unit of community. [Results] A total of 4821 participants were recruited in this survey. Of those surveyed population, 62.1% of respondents knew “more than one sex partners might increase the risk of cervical cancer occurrence”, 60.2% of respondents knew “the early stage of cervical cancer can be cured”, and the awareness rate of “there have been early detection methods of cervical cancer and precancerous lesions at present”, “cervical cancer is related to HPV”, and “there was a long period precancerous stage for cervical cancer” were 57.8%, 43.0% and 47.8% respectively. 83.3% of surveyed population were willing to participate in the cervical cancer screening in Shenzhen, 5.6% of respondents were unwilling to attend with the main reason of “too expensive” (33.3%), “lack of time” (31.7%), and “lack of money” (13.7%). 26~55 years old age group were more willing to attend cervical cancer screening ($P<0.001$). Compared to migrant population, resident and temporary resident population were more willing to participate in cervical cancer screening ($P<0.05$). And the higher education level can increase the willingness of screening participation ($P<0.001$). [Conclusion] Awareness rate of cervical cancer prevention and control knowledge is relatively low. People with low education degree and migrant population should be the focus. The majority of the survey respondents are willing to attend the screening. And the “screening cost” is the main problem for screening participation.

Key words: cervical cancer; prevention and control knowledge; willingness of screening participation; Logistic regression analysis; Shenzhen

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以人群为基础的宫颈癌筛查是目前宫颈癌防治的主要手段。宫颈癌防治相关知识的知晓情况及筛查意愿与宫颈癌防治工作的顺利开展有着密切联系。本研究主要对深圳市社区女性宫颈癌防治知识知晓情况及筛查意愿进行调查,为针对性地提高社区人群参与防癌筛查依从性,制定相关措施提供依据。

1 资料与方法

1.1 调查对象

选取深圳市 10 个行政区 21~60 岁的户籍居民、在深圳市居住满半年及以上的非户籍暂住社区女性居民和在深圳居住未满半年的流动女性人口,排除无正常行为认知能力者。以社康中心为抽样单位,利用分层整群抽样的方法获得调查对象。

本次调查中共得到调查样本 4821 例,全部纳入研究。调查对象的年龄 21~60 岁,以 26~45 岁年龄段人群为多数,占 82.7%。户籍居民占 32.6%,暂住和流动人口占 77.4%。本组调查人群的民族、婚姻状况、教育程度等人口学特征详见 Table 1。

1.2 调查方法

结合调查目的,查阅相关文献及咨询有关专家,自行设计问卷,经预调查修改完善后形成正式的宫颈癌防治知识及筛查意愿调查表。调查内容包括一般人口学特征、宫颈癌防治知识及危险因素、宫颈癌筛查意愿等。

1.3 质量控制

在调查之前对调查员进行统一培训,详细讲解调查表内容及调查过程中的质量控制具体措施。所有调查对象均签署知情同意书。

1.4 统计学处理

采用 Epidata3.1 软件对调查资料进行双份录入核对,使用 SPSS 20.0 统计软件对数据资料进行统计学分析。检验水准 $\alpha=0.05$ 。

Table 1 Demographic characteristics of community women in Shenzhen

Characteristics	Group	N	%
Age(years)	≤25	141	2.9
	26~35	1951	40.7
	36~45	2012	42.0
	46~55	610	12.7
	≥56	77	1.6
Census register	Permanent	1504	32.6
	Transient	2436	52.8
	Floated	677	14.7
Race	Han	4461	94.1
	Minority	278	5.9
Marital status	Single	395	8.3
	Married	4168	87.1
	Divorced	153	3.2
	Widowed	25	0.5
	Separation	35	0.7
Education	Other	10	0.2
	≤Primary school	462	9.7
	Junior high school	1449	30.4
	Senior high school	1248	26.2
	≥Junior college	1610	33.8

2 结果

2.1 被调查者宫颈癌防治知识知晓情况

被调查者中“多个性伴侣会增加宫颈癌发生的危险性”知晓率为 62.1%，“早期宫颈癌能够治好”知晓率为 60.2%，“目前已经有早期发现宫颈癌及癌前病变的检查方法”、“宫颈癌的发生与 HPV 有关”与“宫颈癌发生有较长时间的癌前病变阶段”的知晓率分别为 57.8%、43.0%和 47.8%。其他相关知识知晓率见 Table 2。

2.2 宫颈癌筛查意愿

对人群宫颈癌筛查意愿的调查显示,83.3%的人愿意参加深圳市开展的全市妇女人群宫颈癌检查,5.6%的人不愿意参加,原因主要是“太贵

Table 2 Awareness rate of cervical cancer prevention and control knowledge in Shenzhen

Item	N	%
1、Vaginal bleeding, leucorrhea increase and hemorrhagic leucorrhea are the early symptoms of cervical cancer	2816	59.6
2、Multiple sexual partners increases the risk of cervical cancer	2925	62.1
3、Cervical cancer is related to HPV	2027	43.0
4、Cervical cancer has a long stage of precancerous lesions	2255	47.8
5、There have been detection method of early stage of cervical cancer and precancerous lesions	2730	57.8
6、The early stage of cervical cancer can be cured	2849	60.2

了”(占 33.3%),“没时间”(占 31.7%),“没钱”(占 13.7%),“没必要”(占 12.3%)(Table 3)。

2.3 人群筛查意愿的影响因素分析

对人群筛查意愿作单因素及多因素 Logistic 回归,其中“愿意”赋值为“1”,“不愿意”或“无所谓”赋值为“0”。将单因素分析中有意义的变量作多因素分

析,结果显示年龄、户籍、民族和教育程度对人群筛查意愿有影响。26~55 岁年龄组女性更愿意进行筛查,25 岁及以下女性筛查意愿最低($P<0.001$)。深圳户籍和暂住人口比流动人口更愿意接受筛查 ($P<0.05$)。文化程度越高,筛查意愿增强 ($P<0.001$) (Table 4)。

Table 3 The willingness of screening participation

Characteristics	N	%
Are you willing to attend the cervical cancer screening in Shenzhen		
No	263	5.6
Yes	3943	83.3
Doesn't matter	529	11.1
The main reasons are you not willing to participate in cervical cancer screening in Shenzhen		
Too expensive	1192	33.3
Unnecessary	441	12.3
Lack of time	1137	31.7
Lack of money	492	13.7
Afraid of disease be detected	186	5.2
Mistrust of hospital and/or doctor	52	1.5
Other reasons	82	2.3

Table 4 Influence factors analysis of screening participation

Characteristics	Group	Assignment	Unadjusted OR(95%CI)	P	Adjusted OR(95%CI)	P
age				<0.001		<0.001
	≤25	1	0.729(0.387~1.371)	0.327	0.655(0.337~1.272)	0.211
	26~35	2	1.790(1.050~3.051)	0.033	1.601(0.914~2.806)	0.100
	36~45	3	1.913(1.122~3.262)	0.017	1.858(1.063~3.248)	0.030
	46~55	4	1.204(0.692~2.097)	0.512	1.240(0.697~2.207)	0.464
	≥56	0	1.000		1.000	
Census register				<0.001		0.046
	Permanent	1	2.133(1.693~2.687)	<0.001	1.559(1.201~2.024)	0.001
	Transient	2	1.721(1.399~2.117)	<0.001	1.564(1.263~1.937)	<0.001
	Floated	0	1.000		1.000	
Race				<0.001		0.003
	Han	1	2.740(1.442~2.524)	<0.001	0.699(0.554~0.882)	0.003
	Minority	0	1.000		1.000	
Marital status				0.739		
	Single	1	1.982(0.523~7.517)	0.315		
	Married	2	4.541(1.216~16.957)	0.024		
	Divorced	3	2.318(0.592~9.070)	0.227		
	Widowed	4	1.018(0.220~4.720)	0.982		
	Separation	5	2.971(0.626~14.102)	0.170		
	Other	0	1.000			
Education				<0.001		<0.001
	≤Primary school	1	0.389(0.300~0.503)	<0.001	0.447(0.331~0.603)	<0.001
	Junior high school	2	0.593(0.485~0.726)	<0.001	0.649(0.513~0.821)	<0.001
	Senior high school	3	0.647(0.52~0.799)	<0.001	0.700(0.555~0.884)	0.003
	≥Junior college	0	1.000		1.000	

3 讨论

目前,宫颈癌防治的关键仍然是筛查和早期诊断、早期治疗,社区人群对宫颈癌防治相关知识的了解,将影响其参与筛查的依从性^[1]。因此,了解社区人群宫颈癌防治相关知识的知晓情况和筛查意愿,对今后有针对性开展宫颈癌防治相关工作具有十分重要的影响^[2]。宫颈癌防治应覆盖 75% 以上的目标人群,才能降低宫颈癌发病率与死亡率,这一观点已成共识。目前宫颈癌筛查公认的目标人群为 21~60 岁妇女(ASCCP 指南),我国根据实际情况,确定的目标人群为 25~55 岁女性。本研究的研究对象具有良好的代表性。

理论上,疾病防治的知晓率会影响目标人群的防治意识与参与意愿,本次深圳市社区女性宫颈癌防治知识知晓情况调查结果显示,被调查者中“多个性伴会增加宫颈癌发生的危险性”知晓率为 62.1%，“早期宫颈癌能够治好”知晓率为 60.2%，“目前已经有早期发现宫颈癌及癌前病变的检查方法”、“宫颈癌的发生与 HPV 有关”与“宫颈癌发生有较长时间的癌前病变阶段”的知晓率均不到 60%，甚至在 50% 以下,与同类相关研究相比,知晓率偏低^[3-5],与防治所需要的覆盖率也存在一定的差距。大多数被调查者愿意参加针对健康人群的宫颈癌防癌筛查,占被调查对象的 83.3%，不愿意参加防癌检查者仅为 5.6%，与防治知晓率似不相符,可能与目标人群防病意识加强有关。而不愿意参加防癌检查者最主要原因是“筛查费用问题”(占 47%),可见“筛查费用”是影响人群参与筛查的一个不可忽视的问题。

宫颈癌及癌前病变筛查意愿多因素分析结果显示,26~55 岁年龄组女性更愿意进行筛查,与宫颈癌防治重点目标人群较为一致。受教育程度对参加宫颈癌防治的意愿有一定程度影响,文化程度越高,筛查意愿越强。这与国外相关研究“健康教育干预对研究对象的宫颈癌筛查认知具有积极影响”的结论一致^[6,7]。除此之外,人口居住状态对宫颈癌防治参与意愿有一定程度影响,深圳户籍和暂住人口比流动人口更愿意接受筛查。

综上所述,目标人群对宫颈癌防病治病知识还

缺乏了解,但目标人群防病意识较强,有较强的宫颈癌防癌筛查参与意愿;筛查费用与受教育程度是目标人群参与意愿的重要影响因素;加强健康教育,普及宫颈癌防治知识,可以作为提高宫颈癌防治覆盖率的重要手段。

目前中国社会处于重要变革期,人口流动性较大。深圳市是一座移民城市,外来打工的流动人口较多,本研究基本人口信息充分反映了这一问题,而流动人口宫颈癌筛查参与意愿较低,应有针对性地开展社区宣传、人群宫颈癌防治知识教育等相关工作。

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