

医院后勤保障员知晓《北京市控制吸烟条例》和烟草危害的调查

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摘要: [目的] 分析医院后勤保障员对《北京市控制吸烟条例》和烟草危害的知晓情况。 [方法] 对中国医学科学院肿瘤医院的后勤保障员(保洁、保安、停车管理、物质运送和患者陪护人员)进行控烟条例和烟草危害知晓调查,用赋值量化方法分析数据。 [结果] 对 364 份有效问卷统计显示,条例知晓总评分为 59.36,非吸烟者高于现在吸烟者(65.18 vs 49.64, $P<0.05$), ≥ 50 岁者高于 <20 岁者(66.82 vs 40.45, $P<0.05$)。烟草危害知晓总评分为 77.63,非吸烟者高于现在吸烟者(79.55 vs 75.25, $P<0.05$),家庭成员无吸烟者高于有吸烟者(79.84 vs 76.84, $P<0.05$)。Logistic 回归分析显示,与 20 岁以下者相比,20 岁以上者的知晓条例水平随年龄增高而增高。 [结论] 医院后勤保障员对控烟条例和烟草危害的知晓仍需巩固提高,尤其是吸烟者和低龄人群。

关键词: 控烟条例;烟草危害;知晓;吸烟

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Awareness of “Beijing Tobacco Control Regulation” and Tobacco Hazards in Hospital Logistics Personnel

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Abstract: [Purpose] To survey the awareness of “Beijing Tobacco Control Regulation” (Regulation) and tobacco hazards in hospital logistics personnel. [Methods] A questionnaire survey was conducted in personnel of logistics departments, including cleaning, security, parking, material delivery, and care-giver in Cancer Hospital, Chinese Academy of Medical Sciences. The data was quantitatively analyzed by systematical categorization. [Results] Statistics on 364 valid questionnaires showed that the mean estimated score of the awareness of Regulation was 59.36. The scores were significantly higher in never smokers than current smokers (65.18 vs 49.64, $P<0.05$), in individuals aged 50 years or older than those under 20 years (66.82 vs 40.45, $P<0.05$). The mean awareness score of tobacco hazards was 77.63, the score in never smokers was significantly higher than that in current smokers (79.55 vs 75.25, $P<0.05$). The score in individuals with smoking family members was lower than those without smoking family members (76.84 vs 79.84, $P<0.05$). Logistic regression analysis showed that as age increasing, awareness levels of Regulation in those aged 20 years or older was rising, compared to those younger than 20 years. [Conclusions] Levels of the awareness of the Regulation and tobacco hazards should be increased in hospital logistics personnel, particularly among young and smoking individuals.

Key words: tobacco control Regulation; tobacco hazards; awareness; smoking

北京市定于 2015 年 6 月 1 日开始实施《北京市控制吸烟条例》,条例规定,北京市所有医院室内环境均为禁烟区。医院的各类后勤保障对维护日常工

作正常运转不可或缺。医院后勤保障员,既是保障院内环境清洁、安全,人流物流畅通,患者顺利康复的队伍,也是保障医院的禁烟区无烟的重要成员,为了解其对《北京市控制吸烟条例》及烟草危害的知晓情况,我们进行了本项调查。

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1 资料与方法

1.1 调查时间与对象

2015 年 5 月 22~25 日,在中国医学科学院肿瘤医院对各类后勤保障人员(即保洁、保安、停车管理、物资运送和患者陪护)进行北京市控烟条例培训时,对参加培训人员进行问卷调查。共收集问卷 404 份,剔除空白项>50.00%,信息前后矛盾者,获得有效问卷 364 份,问卷有效率 90.10%。

364 名调查对象中,男性 179 名,占 49.18%,女性 185 名,占 50.82%。其中,年龄以 35~49 岁居多,占 33.79%;受教育程度以中专以下最多,占 67.58%;吸烟状况中,非吸烟者最多,占 47.25%(Table 1)。

Table 1 Baseline characteristics of objects

Characteristics	N	%
Gender		
Male	179	49.18
Female	185	50.82
Age(years)		
<20	42	11.54
20~	113	31.04
35~	123	33.79
≥50	81	22.25
Unknown	5	1.37
Education		
Under high school	246	67.58
High school or above	75	20.60
Unknown	43	11.81
Smoking status		
Never	172	47.25
Ex-smokers	59	16.21
Current smokers	110	30.22
Unknown	23	6.32
Family members smoking every day		
Yes	229	62.91
No	119	32.69
Unknown	16	4.40

1.2 方法与内容

用匿名自填方式进行调查。调查表内容参考中国疾病预防控制中心和北京市控烟宣传材料设计,包括人口社会行为学信息(性别、年龄、受教育程度、吸烟状况、家庭成员是否吸烟)、北京控烟条例内容和烟草危害知识。北京控烟条例内容共选择 11 项问题,包括条例实施日、控烟目的、室内禁烟区、室外禁烟区、室外吸烟区的设置规定、场所经营者和管理者的禁烟责任、个人应遵守的规定、个人可行使的权

利、禁止的传播行为、禁止的商业行为、违反条例的处罚规定。烟草危害有 14 项问题,包括吸烟导致的疾病(肺癌、其他肺部疾病、冠心病)、二手烟可影响健康、二手烟可导致的疾病(肺癌、冠心病)、吸入二手烟会危害健康、公共场所禁烟、劝告家属亲友同事不吸烟、低焦油卷烟是否减害、室内 PM2.5 与烟草烟雾、烟草尼古丁成瘾、决心戒烟与成功戒烟、家庭成员鼓励对戒烟的作用。

1.3 资料整理

采用 Epidata3.1 软件进行问卷录入,SAS9.3 软件进行数据处理和统计分析。定义:从不吸烟者为非吸烟者;以前吸烟而现在不吸烟者为戒烟者;现在仍吸烟者为现在吸烟者。

条例知晓的量化赋值:单选题,正确记 1 分,错误或者未选记 0 分;多选题,正确选项大于 2 项者,记 1 分,其它为 0 分。满分为 11 分。

烟草危害知晓的量化赋值:12 项正向知识:非常赞同记 4 分,同意记 3 分,不同意记 2 分,强烈反对记 1 分,不了解记 0 分;2 项负向知识:不了解记 0 分,非常赞同记 1 分,同意记 2 分,不同意记 3 分,强烈反对记 4 分。满分为 56 分。得分除以满分的百分制分为评分。

1.4 数据分析

采用 SAS9.3 统计分析软件,总分差异的比较采用 t 检验,多组比较采用方差分析;知晓率差异用 χ^2 检验。影响因素关联分析用多元 Logistic 回归模型。在知晓率及多元分析时仅对有效值进行计算。 $P<0.05$ 为差异有统计学意义。

2 结 果

2.1 调查对象知晓条例和烟草危害总分

调查对象知晓条例总分平均为 6.53,评分为 59.36;知晓烟草危害总分平均为 43.47,评分为 77.63。

在条例知晓总分中,受教育程度与《条例》知晓无明显相关性。女性知晓评分(62.73)高于男性(55.91),年龄≥50 岁者(66.82)高于年龄<20 岁者(40.45),非吸烟者(65.18)高于戒烟者(61.00)和现在吸烟者(49.64),家庭成员无吸烟者(66.45)高于有吸烟者(56.09);均有显著性差异($P<0.05$)。

性别、年龄、受教育程度与烟草危害知晓无明显相关性。非吸烟者知晓烟草危害评分(79.55)高于吸烟者(75.25);家庭成员无吸烟者(79.84)高于有吸烟者(76.84);均有显著性差异($P<0.05$)。见 Table 2。

2.2 控烟条例各项内容知晓率

控烟条例的各项内容中,调查对象对实施日的知晓率最高(>80%),其次是场所经营管理者担负的禁烟责任(>70.00%);对违反控烟条例的处罚规定的知晓率最低(<20.00%),其次是工作场所等室内禁烟区域(<60.00%)(Table 3)。

按吸烟状况分析,非吸烟者在关于政府控烟目的,室外禁烟区域,室外设置吸烟区的规定,个人应遵守的法律法规,个人可行使的权利,禁止烟草广告、促销、冠名赞助 6 项条目的知晓上均高于吸烟者,差异均有统计学意义($P<0.05$)。戒烟者对被禁止的商业行为的知晓率最高(62.71%),吸烟者最低(41.82%)。

按年龄分析,随着年龄的增长而增长知晓率的条目有 5 项:室外禁烟区域,设置室外吸烟区应遵循的规定,个人应遵守的法律法规,禁止烟草广告、促

Table 2 Awareness of Regulation and tobacco hazards knowledge and evaluation in respondents

Characteristics	Regulation				Tobacco hazards			
	Mean	Evaluation score	t/F	P	Mean	Evaluation score	t/F	P
Total	6.53	59.36			43.47	77.63		
Gender			4.81	0.03			2.14	0.14
Male	6.15	55.91			42.93	76.66		
Female	6.90	62.73			43.99	78.55		
Age(years)			9.46	<0.001			1.32	0.27
<20	4.45	40.45			43.10	76.96		
20~	6.25	56.82			42.97	76.73		
35~	7.13	64.82			43.29	77.30		
≥50	7.35	66.82			44.84	80.07		
Education			0.17	0.68			0.97	0.32
Under high school	6.63	60.27			43.69	78.02		
High school or above	6.81	61.91			42.77	76.38		
Smoking status			9.37	<0.001			3.99	0.02
Never	7.17	65.18			44.55	79.55		
Ex-smokers	6.71	61.00			43.42	77.54		
Current smokers	5.46	49.64			42.14	75.25		
Family members smoking every day			9.45	<0.001			4.59	0.03
Yes	6.17	56.09			43.03	76.84		
No	7.31	66.45			44.71	79.84		

Table 3 Awareness rate of the Regulation contents by smoking status and age(%)

Items	Smoking status			Age(years)			
	Never	Ex-smokers	Current	<20	20~	35~	≥50
Date of Regulation conducted	91.28	93.22	84.55	69.05	92.04	93.50	92.59*
Purpose of tobacco control	78.49	74.58	61.82*	57.14	77.88	77.24	71.60*
No smoking indoor areas	51.16	44.07	37.27	33.33	39.82	54.47	48.15*
No smoking outdoor areas	76.74	72.88	60.00*	45.24	66.37	74.80	86.42*
Regulations on setting outdoor smoking areas	62.79	50.85	40.00*	30.95	53.98	56.10	62.96*
Anti-smoking responsibility of place managers	80.81	71.19	72.73	73.81	69.91	78.86	82.72
Provisions of 'No smoking' for individuals in no-smoking areas	73.26	62.71	52.73*	33.33	61.95	70.73	77.78*
Individual rights of discourage smoking	67.44	57.63	38.18*	33.33	47.79	68.29	62.96*
Ban on tobacco advertising, promotion and sponsorship	69.19	64.41	45.45*	28.57	49.56	73.17	75.31*
Ban on commercial behaviorssuch as sales tobacco products to minors	54.65	62.71	41.82*	30.95	46.02	56.91	65.43*
Penalties on violation of regulations	11.63	16.95	11.82	9.52	19.47	8.94	8.64*

Note: *, $P<0.05$

Table 4 Awareness rate of tobacco hazards by smoking status and whether family members smoking (%)

Items	Smoking status			Family members smoking every day	
	Never	Ex-smokers	Current	Yes	No
Positive views					
Smoking causes lung cancer	98.26	96.61	97.27	96.51	100.00
Smoking causes other lung diseases	98.84	100.00	95.45	97.82	99.16
Smoking causes coronary heart disease	94.19	86.44	85.45*	88.65	92.44
Second hand smoking can affect personal health	97.67	93.22	96.36	96.51	99.16
Second hand smoking can cause lung cancer	95.35	91.53	92.73	92.14	98.32*
Second hand smoking can cause coronary heart disease	88.95	81.36	80.91	84.72	88.24
Smoking should be banned in public places	98.26	98.31	96.36	97.82	97.48
We should advise persons around us not to smoke	98.84	100.00	95.45	98.25	98.32
Inhalation of second-hand smoke can harm human health	96.51	98.31	98.18	96.94	99.16
Indoor PM2.5 mainly comes from tobacco smoke	83.14	69.49	75.45	75.11	88.24*
Nicotine in tobacco is addictive	93.60	93.22	88.18	89.52	97.48*
Support and encouragement from families can assist smoker to quit	96.51	93.22	97.27	96.07	96.64
Negative views					
Low tar and low nicotine products will reduce harm to human health	18.02	27.12	13.66	17.47	19.33
Smokers who are determined to quit can successfully quit smoking	1.16	1.67	4.55	3.49	0.00

Note:*, $P < 0.05$

销、冠名赞助,禁止向未成年人销售烟草制品等商业行为($P < 0.05$)。

2.3 各项烟草危害的知晓率

12项正向知识中,调查对象知晓率高于90%的问题有吸烟可导致肺癌、吸烟可导致其它肺部疾病、二手烟可影响个人健康、二手烟危害健康、二手烟可导致肺癌、公共场所应禁止吸烟、应劝告亲友同事不要吸烟和家庭成员鼓励有助于吸烟者戒烟(Table 4)。但是,调查对象对2项负向观点的识别率很低($< 30\%$),尤其在关于戒烟的问题上,95%以上误认为有决心就可以成功戒烟。吸烟状况和家庭成员是否吸烟与负向观点的识别率差异无统计学意义。

2.4 知晓条例的影响因素

对知晓条例的影响因素进行 Logistic 回归分析,结果显示:调查对象的知晓水平与性别、受教育程度、吸烟状态和家庭成员是否吸烟无明显相关性,但与年龄和烟草危害知晓水平显著性相关。20~岁、35~岁、 ≥ 50 岁者对控烟条例的知晓水平分别是20岁以下人群的2.88、4.81和5.39倍;烟草危害知晓度较高($\geq 80.00\%$)者是较低($< 60.00\%$)者的2.94倍。见Table 5。

Table 5 Logistic regression analysis of factors influence on Regulation knowledge

Factor	β	P	OR(95%CI)
Gender			
Male	—	—	1.00
Female	-0.28	0.39	0.75(0.39~1.45)
Age(years)			
< 20	—	—	1.00
20~	1.06	0.01	2.88(1.26~6.58)
35~	1.57	< 0.001	4.81(2.05~11.31)
≥ 50	1.68	< 0.001	5.39(2.19~13.27)
Education			
Below high school	—	—	1.00
High school or above	0.12	0.68	1.12(0.65~1.94)
Smoking status			
Current smokers	—	—	1.00
Ex-smokers	0.42	0.30	1.52(0.69~3.35)
Never smokers	0.44	0.22	1.55(0.78~3.10)
Family members smoking every day			
No	—	—	1.00
Yes	-0.27	0.32	0.76(0.45~1.30)
Score ratio of tobacco hazards			
$< 60.00\%$	—	—	1.00
60.00%~80.00%	0.86	0.06	2.37(0.98~5.71)
$\geq 80.00\%$	1.08	0.01	2.94(1.24~6.99)

*Score of Regulation as dependent variable: 1-low ($< 60.00\%$), 2-middele (60.00~80.00%), 3-high($\geq 80.00\%$)

3 讨论

降低烟草危害最有效的方法是实施控烟立法^[1]。自签署《烟草控制框架公约》以来,我国在控烟立法上已取得进展。目前,北京、天津、哈尔滨、长春、鞍山、青岛、唐山、杭州、上海等市先后实行公共场所和工作场所禁烟的政策法规。北京控烟条例明确规定所有室内公共场所和工作场所为禁烟区;未成年人为主要活动人群的场所、对社会开放的文物保护单位、体育场、儿童医院等场所的室外区域均为禁止吸烟区域^[2],并将禁止烟草广告、促销赞助列入法规^[3]。北京控烟条例被誉为我国史上最严厉的控烟法规。

本研究调查显示,调查对象的知晓条例评分为59.36,提示相关的宣传仍需细化知识点,加大深度。女性的知晓度高于男性,年长者高于年轻者,非吸烟者高于现在吸烟者,与前期上海市的调查结果一致^[4]。对控烟条例各项内容的知晓分析显示,调查对象对场所经营管理者担负的禁烟责任知晓率高于70.00%,可能与医院后勤保障人员更重视自己担负的禁烟责任有关。非吸烟者和戒烟者对政府的控烟目的、室外禁烟区、个人在禁烟区可行使的权利的知晓水平均高于现在吸烟者,反映非吸烟者更关心免受二手烟暴露的权利和义务。低年龄组中,除知晓场所经营管理者的禁烟责任与高年龄组的知晓无显著性差异外,其余条目的知晓率均低于高年龄组人群。多因素分析显示,年龄和烟草危害知晓度是影响知晓条例的重要因素。

本调查中,调查对象知晓烟草危害的评分为77.63,高于前期报道的肿瘤咨询者(66.40%)的知晓度水平^[5],可能与本次调查对象是医院从事后勤保障的员工,平时较多接触宣传烟草危害知识有关。与北京、上海等地居民的调查结果不同^[4,6,7],本次调查未发现性别、年龄、受教育程度与烟草危害知晓度有关,可能与调查对象代表的群体不同有关。对14项烟草危害知识分析发现,调查对象对低焦油低尼古丁烟可减少对人体危害和成功戒烟条件的错误观点的识别率很低,需要重点宣传。

医院后勤保障者是医院禁烟的主要责任承担者,本调查结果显示,尽管肿瘤医院后勤保障人员对烟草危害的总体知晓高于一般民众,但对控烟条例

的知晓仍需巩固提高,尤其对控烟条例的处罚规定、室内禁烟范围、个人可行使的权利和低焦油低尼古丁卷烟不能减害、戒烟需要反复努力等相关知识。对低年龄人群和吸烟者的控烟宣传,还应着重开发多种形式和易于接受途径的宣传工具。

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