

原住民健康行為與預防保健利用之族別差異初探研究—以泰雅及太魯閣族為例

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摘要

原住民文化背景、生活習性、健康相關行為及概念與一般民眾有異，山地原住民較全體國民平均餘命少 8.89 歲，男性少 10.14 歲，女性少 7.77 歲，多半原因是因為山地鄉原住民死亡率較高、健康行為較差、醫療資源較貧乏等；其原住民十大死因依序為惡性腫瘤、心臟疾病慢性、肝病及肝硬化、事故傷害、腦血管疾病、肺炎、慢性下呼吸道疾病、糖尿病、高血壓性疾病及敗血症，大多為可以透過預防保健來預防的疾病，最有效益的就是定期健康檢查。原住民的健康狀況較一般國民為差，若是能探討原住民健康行為及預防保健利用行為的差異，或許可以有助於製訂政策來促進原住民的健康。本研究參考醫療利用行為模式架構，探討泰雅族及太魯閣族中老年原住民的健康行為及預防保健利用行為的差異。以花蓮縣太魯閣族及宜蘭縣泰雅族 40 歲以上山地原住民為對象，於 2009 年至 2010 年期間之暑假，採定點方便取樣進行，全部泰雅族受訪者共 225 人、太魯閣族 276 人，合計共 501 人。

結果顯示泰雅族有 32.8%的民眾抽菸、56.9%喝酒、34.7%嚼檳榔，而太魯閣族有 37.3%的民眾抽菸、62.7%喝酒、51.5%嚼檳榔，均較一般族群為高。泰雅族過去三年內有 69.7%的民眾到醫療院所做簡易的檢查，而太魯閣族有 23.2%。泰雅族三年內曾參加健保成人健檢的民眾占 56.9%，而太魯閣族為 6.9%。泰雅族有 39.1%的民眾三年內曾參加大便潛血檢查，而太魯閣族有 12%。泰雅族過去三年內 69.3%曾參加流行性感疫苗預防注射，而太魯閣族有 29.2%。此四項泰雅族利用率均較太魯閣族為高，本研究的樣本在收集資料的管道不同，或許因樣本而有偏差，建議後續研究者可以進一步以較嚴謹的資料來分析此族群間健康檢查利用之差異。

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The Difference of Aboriginal health behaviors and preventive health care utilization among the Atayal and Taroko Tribe

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Abstract

In recent years, changes in the overall economic environment have resulted in the relocation of Taiwan's indigenous people, not only impacting their living conditions, but also affecting their life style and health. The life expectancy of all mountain Aboriginal people is lower than the general population by 11.57 years; for males it is 13.34 years less, and for women 9.96 years less. In addition to this lower life expectancy, Taiwan's mountain dwelling aboriginals exhibit poorer health behaviors and less interaction with health care resources. The top ten causes of death among Taiwanese aboriginals are: cancer, chronic liver disease and cirrhosis, accidents, cerebrovascular disease, heart disease, diabetes, pneumonia, suicide and hypertensive disease. Most of these diseases can be addressed by preventive care in an effort to reduce the mortality rate.

Among preventive health behaviors, regular health examinations are the most effective. The averaged health status of Taiwan's mountain dwelling aboriginals is worse than that of general population. If the difference, upon health behavior and preventive health behaviors, between mountain dwelling aboriginals and general population can be explored, the difference can then be adopted to help establish the health policy to improve the health status of Taiwan's mountain dwelling aboriginals. Therefore, via medical behavior model, this research aims to explore first the difference, upon health behavior and preventive health behaviors, between different tribes of Taiwan's mountain dwelling aboriginals, the Atayal and Taroko Tribe.

The researched objects are the aboriginals who are over 40 years old of the Atayal and Taroko Tribes in Hualien and I-Lan counties. The research was conducted in summer vacation of 2009 and of 2010 in chosen places to interview 501 researched objects, 225 of the Atayal and 276 of Taroko Tribe. The research findings reveal in Atayal, 32.8% of the research objects smoke, 56.9% drink and 34.7% chew betel nuts while in Taroko Tribe, 37.3% of the research objects smoke, 62.7% drink and 51.5% chew betel nuts. These averaged rates upon smoking, drinking, and chewing betel nuts, of both Atayal and Taroko Tribes are higher than these of the general population.

The research findings also reveal that in the past three years, in Atayal, 69.7% of the researched objects have been to hospitals to do some simple health check/ tests, while in Taroko, only 32.2%. Besides 56.9% of the researched objects of Atayal have ever done health screening while in Taroko, only 6.9%. As to Fecal occult blood test, in Atayal, 39.1% of the researched objects have done the test while in Taroko, only 12%; and in Atayal, 69.3% of the researched objects have taken the influenza vaccination while in Taroko, only 29.2%.