



Practice Plight of Spiritual Support in Rural Areas under Epidemic Situation

—Take the countryside of B County in H Province as an example

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Abstract: This paper based on the ecological system theory, takes the countryside of B County in H Province as an example. In the consideration of the investigation to the spiritual support in rural areas under epidemic situation, it has found the main factors that may affected the practice plight of spiritual support including generation imbalance in rural families, weakening of social responsibilities, the main body established by relevant policies is not active in participation, and the insufficient concerted effort of the social support system constructed. Therefore, it suggests to establish the concerted platform for the national aged mental health professionals, clarify the “three-in-one” operation mechanism, build up the consultant system for the mental health of rural aged people, improve the family assistance efficiency for spiritual support, encourage the deep participation of spiritual support of offspring, and provide potential to improve the living quality of the rural aged people.

Key words: Epidemic situation; Rural areas; Spiritual support; Policy

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1 The raise of question

The spiritual support includes three dimensions: the respect of personality, the expectation to the achievement and emotional solace^[1]. The family and social members

shall fully understand and care the physiological and spiritual needs of the aged, try to help the aged to approach the best state of mind and body. Accordingly, in the ecosystem theory in sociology, the individual environment-support system is built up, its operation mechanism can be improved to intervene the individual function.

In 2020, as the social and population structure is unexpectedly reshaped under the influence of the epidemic, the original active actors are gradually eliminated in the social transformation background, bringing new challenges to the spiritual support to the rural aged people. However, behind these problems hide the more complex systematic factors.

Considering the above situations, this paper, based on the ecological system theory, makes effort to explore the practice plight of spiritual support in rural areas under the influence of COVID-19, discuss the question as follows: effected by the epidemic, in terms of spiritual support to the rural aged people, what kind of plights are generated when the ecological system of the rural aged people are affected by the change of social structure? How to find ways to break through the plight?

2 Research method

2.1 Research objects

According to the standard of W. H. O., “the rural aged people” in this paper refers to those who live in the rural area with rural household over 60 years old. In this survey, the elderly aged 60 and above were sampled

in S City of H Province and rural areas affiliated to B County. According to the contents involved in the investigation, this paper focuses on analyzing the mental health status of the rural elderly under the influence of the current policies related to mental support, including anxiety, depression, compulsion, paranoia, hostility, fear and psychotic symptoms; Family emotional support and social support, etc.

2.2 Research hypothesis

Hypothesis1: the epidemic has caused significant effect on the mental health of the rural elderly, putting on more pressure than the urban elderly.

Hypothesis2: the epidemic has caused significant effect on the family emotional support to the rural elderly.

Hypothesis 3: the social support has caused significant effect on the spiritual support, and the rural elderly has gained much less social support than the urban elderly.

3 The Spiritual Support situation of rural elderly under the epidemic condition

3.1 Before and after the epidemic, the mental health variation of the rural elderly and the comparative analysis with the city rural elderly

After taking the pared-samples T test, the result shows that the mental health condition of the rural elderly before and after the epidemic varies greatly. During the epidemic, the rural elderly shows more severe anxiety, depression, compulsion, paranoia, hostility, fear than that before the outbreak. Meanwhile, after taking the individual-samples T test, the result shows that the mental health varies significantly between the rural and

urban elderly, the former is obviously higher than the latter.

3.2 Before and after the epidemic, the family emotional support variation of the rural elderly

In this investigation, it collects the data of family atmosphere variation, couple and parent-child relationship variation of rural elderly, exploring the effect of epidemic on the family emotional support of rural elderly. After taking the pared-samples T test, the result shows that the family emotional support of rural elderly varies significantly before and after the epidemic, the epidemic mainly has caused the obvious side-effect on it.

3.3 During the epidemic, the comparative analysis to the social support between the rural and urban elderly

In this investigation, after taking the individual-samples T test, the result shows that the social support of rural and urban elderly varies significantly, facing the plight of spiritual support, the rural elderly has got much less social support than the urban elderly.

4 Influencing factors of spiritual support plight in rural areas

It has built up an OLS regression model which has capable explanatory power. In terms of this model, the control variable of gender, education degree and individual income of last year have obvious effect on the spiritual support quality of the elderly, among which, the men's are lower than the women's; those who have higher education degree will have more annual and higher spiritual support quality. The relationship between the couple and parenthood and

Table I : An OLS regression model of samples

	Independent variable	Regression model
Individual traits	Male	-.087 (.055) **
	Education degree	0.111 (.007) ***
	Individual income of last year	0.083 (.115) *
Family status	Family economic condition	0.154 (.034) ***
	Relationship between the couple and parenthood	0.206 (.044) ***
	Number of offspring	-.143 (.032) ***
Status of social support	Long-term of community care	-.078 (.059) *
	Social relief	0.107 (.100) ***
	Professional psychological consultancy	0.049 (.087) **
	-2 Log Likelihood	-
	Std. Error of the Estimate	0.82547
	Chi-Square (sig.)	-
	R-Square (Adjust/Pseudo)	0.172

Remark: *** stands for sig. <0.001, ** stands for sig. <0.01, * stands for sig. <0.05.

family economic condition have obvious positive effect, while the number of offspring have significant negative effect. Those who have accepted the social relief and the professional psychological consultancy will have obvious positive effect, while the elderly who have received long-term of community care have lower spiritual support quality. Therefore, it proof that the deep participation of offspring is very important. From the above analysis, it considers that, there are three variables which have great effect on the spiritual support quality of the elderly: the education degree of individual and the economical capital, the deep participation of offspring, as well the social coordination outside of the family.

4.1 The weak self-help capacity and insufficient coordination power of social support system

The COVID-19 has motivated the adjustment to the former economic structure, population and the trend of population flow. As a large number of young and middle-aged rural laborers are unemployed, the already feeble family economy becomes even weaker, as a result, the effect of spiritual support depending on it is facing the decline in living quality.

The insufficient coordination power of social support system is also one of the important reasons of current spiritual support problem. Take Northeast rural areas for example, the amount and scale of public products haven't been effectively planed. The gap between urban and rural basic elderly public services are gradually enlarged because the lack of ideology of seeking psychological counseling, the inability to obtain ways of psychological counseling, and the lack of home assistance from social workers and volunteers. As to this problem, the policy shall be made depending on the local development status as a whole, accompanying with suitable design and planning, as well promoting the redistribution of public service products, instead of making the support system appear fragmented, which may lead to a series of spiritual support problems.

4.2 Generation imbalance, offspring shall be more active in initiative and participation

Nowadays, as the huge transformation happened to the family structure of rural population, a very important background of the rural supporting has occurred while the stem family is changed to the core family, enforcing the collapse of spiritual support system for rural elderly. The previous three generation family structure with the

father-son relationship as the core has changed to two generation family structure with the couple relationship as the core. Therefore, the emotional focus of offspring has moved and the family authority of parental generation has devolved, as a result, the offspring is gradually on the domination while the emotional need and the previous feeling of existence of the elderly is neglected. Furthermore, the offspring have become less serious and awed to the obligation performance as stipulated in the policy.

During the period of social transition, the spiritual support system for rural elderly has become the contradiction between the tradition and modern. As for this issue, the relevant policies shall be made to be more standard, detailed and operational, not only providing the activity guidance to the supporter, but bounding the offspring in the law frame, aiming to endow the sense of mission to perform the obligation, further motivate the offspring to participate the spiritual support, and optimize the participation path of policy objects.

4.3 The weakening of social responsibilities, aggravating the plights of family pension during the special social development period

Effected by the epidemic, the third industry which is under severe impact, has lead to the change of employment structure, forcing lots of young and middle-aged working population unemployed. These people in remote rural areas are flowing to the big cities, has become the response mechanism of rural families. However, because the limitation of cultural degree and self class property, most of them are still doing the low-end production, facing with the dilemma of serious shortage of income and security.

Against that backdrop, the number of left-behind elderly people has increased dramatically, and the family structure has become more unstable. At the same time, unexpected personal risks will cause greater property losses to the working population. The family is cut down the ability to resist social risks, and there are more problems in the family's material and spiritual support for the elderly.

At present, the rural elderly has gained much less social support than the urban elderly even minimal. The elderly are reluctant to accept the spiritual support resources from the community and social organization due to the low quality of resources, and the hierarchical needs can hardly be met.....Therefore, the available policy arrangement shall find the balance point shared with the family, government and the social obligation,

in the hope to provide efficient policy support to the spiritual support of rural elderly. In response to deep aging and public health emergencies.

5 Policy recommendations

5.1 Building a national collaborative platform for elderly mental health professionals

The application of network technology has significant meaning to the elderly spiritual support, assisting the collaborative platform to strengthen the regional connection of professionals engaged in mental health services across the country, and provide the possibility of high-quality and efficient crisis intervention.

It is suggested to enforce the training of compound talents in related majors, and explore more diversified ways to meet the emotional needs of rural elderly and the concept of spiritual support in the special economic and social development period. For example, they should be educated multidisciplinary knowledge such as geriatric psychiatry, geriatric nursing, geriatric biology and geriatric social security^[1]. Therefore, professionals can better understand and respond to the specific sensory needs, individual spiritual needs and other microscopic psychological worlds of the rural elderly during the epidemic period.

The collaborative platform is divided into professional management team and professional technical team. The professional management team will organize and lead the whole operation system, coordinate, supervise and guarantee the whole collaborative platform, and make decisions on the purposes, objectives, functional positioning, development direction and funding sources of the whole system^[2].

When constructing the specialized technical team, it shall be led by innovation, form a reasonable division of functions and cultural construction. The team should take specialization as the standard, and select the technicians whose working objects are matched with their age, gender, knowledge and work experience. Professional technical team members need to provide information and resources to each other, so as to gradually form a new elderly mental health service system which is focused on the rural elderly population, supported by internet technology and integrated with professional management and professional technology.

5.2 Clarify the “three-in-one” operation mechanism

After the full investigation, the Chinese Society for the Aged puts forward a new model of home-based care for the elderly, which comprises the family care, community care and social care^[3]. Although the current “three-in-one” operation mechanism has rich theoretical innovations, it is still immature on the whole. Therefore, the specific operation mechanism of the “three-in-one” should be further clarified through policy arrangements. First of all, it shall clarify the specific functional orientation of family and rural community in spiritual support, that is, the unique rights and responsibilities of family, community and society, and propose a tripartite cooperation mode which is easy to be operated. Secondly, it shall clarify the detailed rules for the implementation of the “three-in-one” model, including the applicable conditions of different service objects, the selection criteria of service personnel, the use of service resources, budget and expenditure, etc., thus the practicality and credibility of the “three-in-one” model can be gradually improved.

5.3 Establishing a mental health consultant system for the elderly in rural areas

The government attaches great importance to the spiritual support of rural elderly, carrying out the mental health consultant for rural elderly. The consultants, as the government official, will visit rural areas, publicize the laws and regulations of spiritual support, help rural families interpret the policy content, assist the offspring to clarify the specific obligations of spiritual support, and further guide the proper means of performing the obligations. Consultants shall also need to help rural elderly understand the legitimate rights and interests of spiritual support and teach effective ways to safeguard their rights, and promote the communication among family, community and government.

The professional knowledge and professional ability of employees appear to be particularly important. Government departments should regularly hire experts in the fields of geriatric psychology, geriatric security and geriatric nursing to organize employees to study and train their professional skills, strive to achieve the goal of training compound talents, and keep the advancement of employees.

It is essential to focus on the ecosystem of the rural elderly, concentrate the power of the whole system, and develop the self-help efficiency of individuals and families no matter the national collaborative platform for aged mental health professionals, the “three-in-one” operation mechanism or the rural elderly mental

health consultant system. Therefore, for the purpose of truly improving the quality of spiritual support for the rural elderly and actively respond to the aging of the population, it is necessary for the government, community, family and individual to cooperate with each other to continuously promote the self-awakening, self-transformation and self-development ability of the family itself, only by doing so can we fundamentally enhance the resilience of rural families, realize the desire to safeguard and improve people's livelihood and achieve the goal of "Healthy China Strategy".

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