

# *Research on Psychological Counseling and Emotional Care of Left-behind Children under the Strategy of Rural Revitalization*

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**Abstract:** The development of rural children is an important part of the rural revitalization strategy. Left-behind children are a special group of rural children. A series of practical problems, such as the weak social support system of long-term parent-child separation, constrain the development of mental health of left-behind children. This paper takes 665 junior middle school students as the research object, conducts a survey with the Mental Health Diagnostic Test for Middle School Students (MHT) questionnaire, compares and analyzes the differences between the mental health of Left-behind and non Left-behind children, describes the characteristics of the mental health of Left-behind children from different demographic indicators, explores the psychological difficulties of Left-behind children, and puts forward positive and effective psychological counseling and emotional care strategies for their healthy growth.

## 1. Introduction

Since the reform and opening up, large-scale "rural urban" migration is one of the most noticeable social phenomena in contemporary China [1]. As a special group emerged and existed for a long time in the process of economic development and transformation, the healthy growth of Left-behind children is the common aspiration of the whole society. As of December 2021, China's children's health level has continued to improve, and the health management policy has played a significant role in promoting it. However, Left-behind children's mental health and other problems are becoming increasingly serious, which requires special attention. Therefore, focusing on the mental health development of Left-behind children in the "rural urban" migration, has far-reaching significance for their self-development, family harmony and social stability.

## 2. Object and Method

### 2.1. Object

Using the principle of stratified random sampling, 760 junior middle school students selected from four middle schools in Zhengzhou were investigated with online questionnaires. A total of 738 questionnaires were collected, with a recovery rate of 97.1%. After eliminating 73 invalid questionnaires, 665 were finally valid, with an effective rate of 90.1%. 321 boys and 344 girls; 242 in the first grade middle school, 222 in the second grade middle school and 201 in the third grade middle school; 297 urban students and 368 rural students; There are 303 Left-behind children and 362 non Left-behind children.

### 2.2. Tools

The questionnaire consists of two parts. First, the Self compiled Questionnaire. It mainly includes gender, grade, place of origin, time. The second is the Mental Health Diagnostic Test for Middle School Students. The scale consists of 8 subscales and 1 validity scale, with a total of 100 questions. The number of questions is moderate, the screening rate is high, and the reliability and validity are high. SPSS26.0 was used for data statistics and analysis.

## 3. Research results

### 3.1. General situation of mental health of junior middle school students

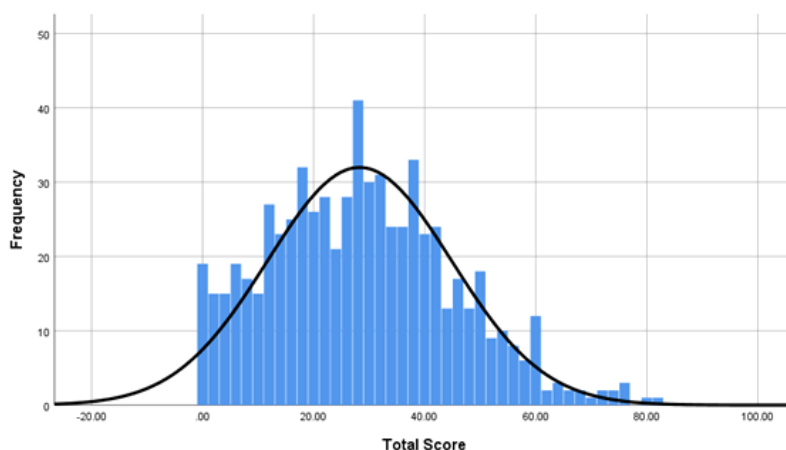


Figure 1: General situation of mental health of junior middle school students.

Those with a full scale score of 65 or above believed that there were some degree of adverse psychological reactions and maladaptive behaviors. The lower the score, the better the mental health. It can be seen from the figure 1 that the average MHT total score of junior middle school students is  $28.27 \pm 16.59$ , with a normal distribution of mental health, and the overall situation is good. In the interpretation of subscale scores, high scores ( $\geq 8$  points), medium scores (4-7 points), and low scores ( $\leq 3$  points). The details are as follows:

The average score of learning anxiety was  $7.06 \pm 3.94$ ; The mean scores of anxiety and loneliness were  $3.78 \pm 2.58$  and  $2.11 \pm 2.31$  respectively; The mean scores of self blame tendency, allergy tendency, physical symptoms, terror tendency and impulsivity tendency were  $3.26 \pm 2.78$ ,  $4.79 \pm$

2.82,  $3.89 \pm 2.92$ ,  $1.79 \pm 2.23$  and  $1.58 \pm 1.91$  respectively. Among them, although the overall level of learning anxiety is above the middle level, it has the highest score in all subscales; Secondly, the scores of anxiety, self blame tendency, allergic tendency and physical symptoms are at the medium level, which also needs attention.

### 3.2. Comparison of mental health of Left-behind and non Left-behind children

The total scores of mental health of Left-behind children and non Left-behind children ( $t=2.684$ ,  $P < 0.01$ ), anxiety for people, ( $t=2.881$ ,  $P < 0.01$ ), loneliness tendency ( $t=2.266$ ,  $P < 0.05$ ), allergic tendency ( $t=2.599$ ,  $P < 0.01$ ), physical symptoms ( $t=2.560$ ,  $P < 0.01$ ), and terror tendency ( $t=2.201$ ,  $P < 0.05$ ) were statistically significant. The overall mental health of non Left-behind children was better than that of Left-behind children.

### 3.3. Mental health of Left-behind children with different demographic indicators

The difference of gender in total score ( $t=-3.974$ ,  $P < 0.001$ ), learning anxiety ( $t=-3.019$ ,  $P < 0.01$ ), anxiety for people ( $t=-4.720$ ,  $P < 0.001$ ), self blame tendency ( $t=-2.348$ ,  $P < 0.05$ ), allergic tendency ( $t=-3.230$ ,  $P < 0.01$ ), physical symptoms ( $t=-2.583$ ,  $P < 0.01$ ), phobic inclination ( $t=-4.628$ ,  $P < 0.001$ ), and impulsive tendency ( $t=-2.063$ ,  $P < 0.05$ ) was statistically significant. The scores of female students were significantly higher than that of male students, and the mental health level of female students was lower than that of male students.

There were statistically significant differences of grade in total score ( $F=6.284$ ,  $P < 0.01$ ), learning anxiety ( $F=4.661$ ,  $P < 0.01$ ), anxiety for people ( $F=7.128$ ,  $P < 0.001$ ), self blame tendency ( $F=5.284$ ,  $P < 0.01$ ), allergic tendency ( $F=5.934$ ,  $P < 0.01$ ), and terrorist tendency ( $F=4.372$ ,  $P < 0.01$ ). After multiple LSD comparisons, the mental health of students in grade two was better than that in grade one and grade three.

The difference of origin in total score ( $t=-2.521$ ,  $P < 0.01$ ), self blame tendency ( $t=-2.212$ ,  $P < 0.05$ ), and allergic tendency ( $t=-2.749$ ,  $P < 0.01$ ) was statistically significant. Among them, urban areas are lower than rural areas, which indicates that the overall mental health of Left-behind children in urban areas is better.

The difference of time in total score ( $F=2.282$ ,  $P < 0.05$ ), learning anxiety ( $F=2.327$ ,  $P < 0.05$ ), anxiety for people ( $F=1.981$ ,  $P < 0.05$ ), Loneliness tendency ( $F=2.988$ ,  $P < 0.05$ ), self blame tendency ( $F=2.122$ ,  $P < 0.05$ ) was statistically significant, After multiple LSD comparisons, the overall score of mental health of Left-behind children for more than 3 years was higher than Left-behind children for 6 months to 1 year, It shows that the longer the stay, the more negative the mental health of children.

## 4. Discussion and Analysis

### 4.1. The influence of Left-behind experience on the mental health of junior high school students

The results of this study show that there is a statistically significant difference in the overall mental health level between left behind children and non left behind children. Left behind children may be overly concerned about the vision of others and slow to adapt and identify with the surrounding environment. The parents' going out to work provides material security for the family's economic life, but they neglect the parent-child relationship and emotional concerns, which

indirectly affects the left behind children's interpersonal communication and emotional management ability. When peer conflict occurs, left behind children are used to escaping or swallowing their words, and are unwilling to ask teachers for help [2].

#### **4.2. Analysis of mental health of Left-behind children under different demographic indicators**

The mental health level of Left-behind girls is lower than that of Left-behind boys. A meta-analysis of the MHT scale study showed that the mental health level of Left-behind girls was worse than that of Left-behind boys [3]. Due to physiological and psychological differences, junior school girls are more sensitive than boys in interpersonal relations, and have a deeper degree in learning anxiety, emotional loss of control, etc. In the face of setbacks and failures, they may use a negative attitude to face them, and will not correctly attribute them, thus affecting individual self-confidence and desire to work hard. When individuals are extremely anxious, they may even have obvious somatization symptoms such as vomiting, insomnia, dizziness and headache, which may be related to puberty development. After the development of the second sexual characteristic, the body undergoes severe physiological changes, and the psychological performance is doubt, fear and confusion [5].

The second grade of junior school is the turning point of Left-behind children's psychological development. At present, all circles of society have reached a consensus on the "phenomenon of the second grade": different from the great changes in physical and mental development in the first grade, and also different from the pressure of the third grade to cope with the reality of entering a higher school, the self-consciousness of the second grade students has been enhanced, but their mental health can be maintained at a better level.

Origin and time of Left-behind children have a significant impact on their mental health. The mental health level of Left-behind children from rural sources was significantly lower than that of Left-behind children from urban sources. Influenced by living environment, parents' education level and other factors, Left-behind children in rural areas have weak resilience. They often face difficulties with insufficient self-confidence, less positive attitude towards failure, and often choose the wrong attribution method.

Children stay for more than 3 years, and their total score of mental health is higher than that of 6 months to 1 year, which indicates that the longer they stay, the worse their mental health. This is consistent with the research of Hu Yiqiu et al. [4]. It is generally believed that the younger children start to stay behind and the longer they stay behind, the greater the impact on their mental health. Whether the main caretakers are mothers, fathers or other relatives and friends, the serious impact of parents' working out status on the anxiety of Left-behind children is consistent.

#### **5. Conclusions**

Focusing on the special group of Left-behind children in rural areas, we must clarify the main responsibilities of the government, society, families and schools.

The government should establish a long-term mechanism for the healthy development of Left-behind children based on local conditions and a series of national laws and regulations. First, ensure that the laws and regulations that have been introduced are implemented in place. Second, we should coordinate the development of regional economy, strengthen the policy of returning home for employment and entrepreneurship, and indirectly alleviate the psychological problems of Left-behind children caused by the Left-behind problem. Third, actively build a high-quality care service platform for Left-behind children.

All sectors of society should abandon the negative perspective of Left-behind children and actively create a humanistic atmosphere. Actively develop a vision of Left-behind children, enhance

their positive emotional experience, stimulate their good quality of loving life and the collective, guide them to correctly understand themselves, correctly understand the difficulties in life, improve their psychological resilience, and face life with a positive and resilient attitude.

To strengthen the responsibility of parents' education, parents should fully understand the importance of family education for the healthy growth of children, and parents should help children establish a correct concept of family education from family atmosphere, parent-child communication, family functions and other aspects. Parents should establish the concept of lifelong learning, and realize that the care for Left-behind children should not simply stay in the material level. After a long time of working outside, Left-behind children's desire for emotion far exceeds material rewards. Scientific parenting is based on scientific cognitive concepts. Young parents should also work hard to learn how to get along with their children to make up for the emotional loss caused by the absence of parents.

Schools should play the role of the main body of educational responsibility. First, strengthen the construction of teachers' ethics and style, change teachers' ideas, and avoid negative "labeling" of Left-behind children; Second, guide educators to take the initiative to care for Left-behind children, especially Left-behind girls, and pay attention to their needs for collectivity and respect; The third is to establish a psychological assistance mechanism for Left-behind children and establish psychological files for them. The fourth is to add and improve the curriculum of mental health education, and strengthen the team construction of full-time and part-time teachers of mental health.

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