

Analysis of the Current Situation of Rural Areas Returning to Poverty Due to Illness under the Perspective of Rural Revitalization

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Abstract: Through the continuous efforts of relevant government departments and all sectors of society, the task of poverty alleviation has made major breakthroughs and achievements. But at present, some areas still have the phenomenon of returning to poverty, especially because of illness. At present, disease has become one of the main reasons for returning to poverty after poverty alleviation. In order to prevent the situation of returning to poverty due to illness in rural areas, relevant departments need to improve the health of rural family members from multiple aspects, improve the disease prevention and treatment capacity of rural medical institutions, and further consolidate the victory of poverty alleviation.

Keywords: Poverty alleviation; The countryside; Return to poverty due to illness

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Poverty alleviation is a major strategic task of our country, in order to safeguard the major achievements of poverty alleviation and victory, the relevant departments of the state should focus on the phenomenon of returning to poverty after poverty alleviation. After poverty alleviation, some rural families return to poverty due to illness, which is caused by many factors. The staff of relevant departments should start from the source of returning to poverty, find out the root cause, and then help poor households get rid of the plight of returning to poverty due to illness, which is also one of the important links of poverty alleviation work.

1. Analysis of the causes of the phenomenon of poor rural households returning to poverty due to illness

1.1 Individual factor

1.1.1 Weak health awareness: As the health awareness and medical knowledge in rural areas are relatively weak, some farmers may not develop good living habits, such as smoking, drinking, unhealthy diet, etc., which may lead to the occurrence of chronic diseases, such as hypertension, diabetes, tumors, etc., and then return to poverty due to illness.

1.1.2 Disease discovery is not timely: In some remote areas, due to limited medical resources, some diseases may already be in an advanced stage at the time of discovery, and the best treatment opportunity is missed, resulting in increased difficulty and cost of treatment, resulting in a return to poverty due to illness.

1.1.3 Rising medical costs: With the rising medical costs, even if some farmers participate in the new rural cooperative medical insurance, they may face higher out-of-pocket medical costs. Once they suffer from diseases requiring long-term treatment, they may fall back into poverty due to high medical costs.

1.2 Family factor

1.2.1 Limited family economic conditions: Some poor families who return to poverty due to illness have a relatively high probability of suffering from chronic diseases. According to the relevant survey of authoritative institutions, in 80% of the low - and

middle-income people, the long-term treatment cost of chronic diseases in rural residents will greatly reduce the quality of life of the family, and then cause the consequences of illness back to poverty.

1.2.2 Single rural family structure: rural family structure is relatively special, such as single-child families, empty-nest families, etc., these families lack sufficient support and help in the face of illness of family members, and are more likely to fall into poverty. At the same time, because the sick people in the family can not bear physical labor, the family's labor force will certainly be relatively reduced, and it is more likely to return to poverty due to illness.

1.2.3 Few education and employment opportunities: there are relatively few education and employment opportunities in rural areas. Due to the limitation of educational level, most poor households do not know enough about health knowledge and health behaviors, and do not have the awareness of taking the initiative to prevent diseases, so they do not pay enough attention to their own health conditions, which leads to the formation of health problems.

1.3 Social factor

1.3.1 Uneven distribution of medical resources: During the in-depth development of poverty alleviation work in the early stage, many front-line staff found that there was a serious shortage of medical resources in poor areas in their rural work. Due to the uneven distribution of medical resources between urban and rural areas, the relative shortage of medical resources in rural areas, the shortage of medical facilities and medical personnel, it was difficult for rural patients to get timely and effective treatment, thus returning to poverty due to illness.

1.3.2 Imperfect medical insurance system: Although China has implemented the new rural cooperative medical insurance system, there are still some problems in the coverage and reimbursement ratio of the medical insurance system in rural areas, some farmers still face some difficulties in the process of medical reimbursement, and the problem of medical expenses for chronic diseases cannot be fundamentally solved. Therefore, helping poor households to solve the problem of shortage of rural medical resources is one of the effective ways to prevent poor households from returning to poverty due to illness.

1.3.3 Imperfect social support system: In rural areas, the social support system is relatively imperfect, and some poor families and seriously ill patients lack social attention and support, and cannot get enough help, thus returning to poverty due to illness.

1.3.4 Inadequate primary medical services: the facilities and personnel of primary medical services in rural areas are insufficient, and some primary medical institutions lack necessary medical equipment and drugs, leading to the need for some patients to go to distant hospitals, which increases the difficulty and cost of seeing a doctor.

2. Analysis of the current situation of cooperation between sports departments and medical institutions

2.1 Training of physical medicine talents

2.1.1 Unclear training goals: In some schools or institutions, the goals of physical and medical integration training may not be clear enough, resulting in the difficulty of training talents to meet the actual needs. Therefore, clear training objectives is the primary problem of physical and medical integration talent training.

2.1.2 Curriculum is not scientific enough: In terms of curriculum, there may be an unreasonable proportion of sports and medicine courses, which makes it difficult for students to fully master the knowledge and skills in the two fields. Therefore, more scientific lesson plans need to be developed to ensure that students can acquire comprehensive knowledge and skills.

2.1.3 Lack of teachers: In the integrated training of sports and medicine, compound teachers with knowledge and skills in both sports and medicine fields are needed. However, in the current education system, the number of such teachers is still relatively small, and it is necessary to strengthen the training and introduction of teachers.

2.1.4 Lack of practice links: physical and medical integration training needs a large number of practice links to cultivate students' practical ability and comprehensive quality. However, in the current education system, there may still be deficiencies in the practice link, so it is necessary to strengthen the construction of practical teaching resources and the implementation of practice link.

2.2 Health care integration policy and funding problems

2.2.1 Insufficient policy support: The current physical and medical integration policy is not systematic and targeted, and has not formed a complete policy system. As a result, it is difficult to obtain sufficient policy support and guidance for physical and medical integration in practice.

2.2.2 Insufficient investment: Physical and medical integration requires a large amount of investment, including infrastructure construction, equipment renewal, talent introduction and other costs. However, the current funding investment is insufficient, it is

difficult to meet the needs of the integrated development of physical medicine.

2.2.3 Single source of funds: The current funds for physical and medical integration mainly come from government input, and the participation of social forces is not high. This leads to a single source of funding for the integration of physical medicine, and it is difficult to achieve diversified financing.

2.2.4 Non-standard use of funds: In terms of the use of funds, there are non-standard phenomena, such as opaque equipment procurement and waste of funds. This leads to limited funds can not be fully used, affecting the promotion of physical medicine integration.

3. Specific measures to help poor rural households get rid of the plight of poverty

3.1 Improve the health status of family members and enhance the ability to prevent disease

First of all, relevant departments can carry out free medical check-ups and other assistance programs for poor households, and early detection and treatment of diseases can reduce economic losses to a certain extent. Secondly, we can track and treat the poor households with existing diseases through the establishment of records and cards, so as to avoid minor illnesses from becoming serious diseases. Finally, diversified health education programs can enhance the health management awareness of poor households and improve their health literacy level.

3.2 Reduce the burden of chronic diseases and enhance the capacity for healthy development

In order to fundamentally solve the problem of returning to poverty due to illness in rural areas, it is still necessary to rely on the self-development ability of poor family members themselves. The development power of the poor households themselves is infinite, only from the source of the problem, in order to completely eradicate the crux of the problem. First of all, when the relevant government departments carry out health assistance work, they should first have a comprehensive understanding of the basic situation of rural households returning to poverty due to illness and the treatment needs of patients, and then analyze the facts after understanding the situation, and finally design targeted solutions. Secondly, relevant departments and staff should actively develop and make full use of some groups and institutions in society, such as hospitals and disease prevention departments. Finally, in the process of helping, the staff can develop some relevant teaching materials in hospitals or medical colleges and other institutions that can be applied to medical escorts.

3.3 Improve the level of rural medical care and ensure adequate medical resources

In order to solve this problem, the relevant departments should first help rural medical institutions to solve the problem of hardware equipment update and software medical personnel configuration. The hardware problem is relatively easy to solve, and the relevant government departments can increase the investment in hardware equipment; More critical is the allocation of medical personnel, front-line professional medical personnel is the main body of rural medical institutions, which occupies the most important position in the rural medical system, high-quality medical personnel is an important guarantee to prevent rural poverty due to illness. Therefore, the relevant government departments should pay attention to the training of front-line professional medical personnel, starting from various aspects such as salary and welfare, promotion system, etc., to help impoverished rural households and all residents to train more front-line medical personnel.

Sum up

To sum up, the prevention of returning to poverty is a key part of the strategic task of poverty alleviation. Relevant government departments and staff should not only complete poverty alleviation work at a high level, but also prevent the occurrence of returning to poverty at a high level. Returning to poverty due to illness is a relatively common reason for the phenomenon of returning to poverty, relevant departments and staff should start from the source, help poor households to find out the root cause of returning to poverty due to illness, improve health conditions, improve disease prevention ability, guarantee rural medical services and other multi-pronged, to help poor households completely out of the dilemma, to achieve real poverty alleviation and prosperity.

References:

- [1] Xiong Zhenzhen, Zhao Jing. Current situation analysis and countermeasures of poverty and anti-poverty governance from the perspective of rural revitalization: A case study of Bazhong City, Sichuan Province [J]. *Modern Rural Science and Technology*, 2021(2).
- [2] [Zhang B. Research on governance mechanism of rural poverty return under the background of rural revitalization. *Southern Agricultural Machinery*, 2022(4).]