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ARTICLE

DEATH ATTITUDE OF COLLEGE STUDENTS AND INFLUENCING FACTORS UNDER THE NORMALIZATION OF COVID-19 EPIDEMIC SITUATION

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ARTICLE DETAILS

ABSTRACT

Objective: to explore the influence of major public health emergencies on the death attitude of college students and to provide the basis for college students to establish a correct view of death. Methods: Read the literature, compile the questionnaire, carry on the online electronic questionnaire survey to 478 college students, use the statistical software to analyze. Conclusion: The death fear and death escape level of college students are higher than before, and the post-disaster psychological disaster reduction education is urgently needed.

KEY WORDS

1. INTRODUCTION

Since the end of December 2019, Corona Virus Disease 2019(COVID-19) began to appear and gradually broke out globally. By the end of September 22th, 2020, there are 31.48 million confirmed cases and 960000 deaths worldwide. In China, COVID-19 broke out early, strict control, prevention and control measures have been changed from first-level response to public health emergencies to normalization of prevention and control. which we call the normalization of COVID-19 epidemic situation.

Studies have shown that people of all regions and ages have psychological symptoms such as depression, irritation, compulsion, somatization, anxiety, fear and hypochondria during the epidemic[1]. For college students, due to the delay of school opening, on-line studying and other measures, college students' home time is prolonged, and the Internet utilization rate is high. It is easy to be exposed to a large number of complex information flows[2]. Study showed that the proportion of anxiety symptoms in college students during the prevention and control of the epidemic situation of COVID-19 was high, and the positive coping method could significantly improve the bad mood and reduce the anxiety level[3]. On the other hand, death, as one of the four hospice cares that everyone must face, is an important part of psychotherapy theory. Neimeyer believe that death attitude is the most common term in death-related studies. Death attitude is a more stable and evaluative internal psychological tendency, including negative attitude of death fear, death anxiety, death escape and positive attitude of death acceptance.

By self-compiled questionnaire, basic information and revised edition of death attitude description scale (DAP-R), this study investigated the present situation of death attitude of college students in the post-epidemic era, analyzed its influencing factors, and explored the influence of the epidemic situation on the psychological state of college students.

2. RESEARCH METHODOLOGY

2.1 Subject

Using the method of simple random sampling ,478 questionnaires were collected from July 31 to August 16,2020. After oral informed consent, the subjects voluntarily accepted the questionnaire and completed the questionnaire independently. 469 valid questionnaires, the effective rate was 98.1%.

2.2 Research tools

The questionnaire "College students' attitude towards death under the normalization of COVID-19 epidemic situation" was compiled through literature reading and expert interviews. The questionnaire consists of two parts. The first part is basic information, including age, sex, place of residence, type of residence, major, religious beliefs, etc. And the second part is the Revised Death Attitude Depiction scale (DAP-R), which uses the Likert 5-point scoring method. Scores ranging from low (1) to high (5) represent disagreement, comparative disagreement, general agreement, comparative agreement and agreement, respectively. There are five dimensions of death fear, death escape, natural acceptance, approaching acceptance and escape acceptance. The scale is regarded as a good research tool for death attitude and is most widely used at home and abroad. And according to research, The Cronbach's α coefficient of DAP-R scale is 0.868, Spearman-Brown half coefficient is 0.835. The scale has good reliability and validity when applied to Chinese college students[4].

2.3 Statistical analysis

The survey was applied by electronic questionnaire. SPSS 16.0 statistical software was used to analyze the data. The questionnaire is completed anonymously and independently. The measurement data are expressed

by X±s, the components are compared by T test, and the correlation analysis is Pearson correlation analysis.

3. RESULTS

3.1 Demographic data of the subjects surveyed

There are 469 valid questionnaires. There were 192 boys, accounting for 40.9%, and 277 girls, accounting for 59.1%. The average age of 20.46±1.26. Household registration types, professional categories, religious beliefs, death education, history of major diseases, per capita household income, population groups during the epidemic, centralized isolation is detailed in Table 1.

3.2 Revised version of the Death Attitudes Depictions Scale (DAP-R)

Table 1: Demographic data of the subjects.

Item	Classification	N	%	χ^2	P
Professional	medicine	247	52.7	0.50	0.023*
Category	others	222	47.3		
Living site	City	193	41.2	0.493	0.023*
	countryside	276	58.8		
Religious	Yes	28	6.0	0.237	0.011*
Beliefs	No	441	94.0		
Death	Yes	92	19.6	0.398	0.018*
Education	No	377	80.4		
Major disease history	Yes	23	4.9	0.216	0.010*
	No	446	95.1		
Per capita household income	<50,000 yuan	116	24.7	0.762	0.035*
	50,000 yuan-100,000 yuan	193	41.2		
	>100,000 yuan	3	4.1		
Population groups	Ordinary people	449	95.7	0.217	0.010*
During the epidemic	Epidemic related personnel	20	4.3		
Centralized	Yes	15	3.2	0.176	0.008*
Isolation	No	454	96.8		

Table 2: Statistical tables (total score) (*X±s*).

Project	Factors	Death Fear	Death escape	Natural acceptance	Towards Acceptance	Escape
Gender	Male	19.79±5.91	14.14±4.35	18.60±3.86	26.01±7.94	13.23±4.51
	Female	18.62±4.97	13.31±3.85	19.01±3.35	24.81±6.58	12.25±3.73
Professional category	Medicine	18.24±5.02	13.25±3.99	19.12±3.29	24.43±6.79	12.48±4.01
	Non-medical	20.05±5.66	14.15±4.15	18.54±3.86	26.26±7.49	12.84±4.19
Living site	Urban	18.93±5.75	13.45±4.34	18.71±4.00	24.62±7.41	12.61±4.25
	Rural	19.22±5.14	13.83±3.89	18.92±3.24	25.77±6.99	12.68±3.98
Religious beliefs	Yes	17.93±5.63	13.57±3.96	19.43±3.87	29.64±9.24	12.96±3.90
	No	19.17±5.38	13.68±4.09	18.80±3.55	25.02±6.96	12.63±4.11
Death education	Yes	18.34±6.03	13.17±4.44	19.27±3.93	24.64±7.61	12.18±4.57
	No	19.29±5.22	13.80±3.99	18.74±3.48	25.46±7.08	12.76±3.96
Major Disease History	Yes	17.65±5.73	13.43±4.58	19.52±4.68	22.09±7.92	11.35±3.83
	No	19.17±5.38	13.69±4.06	18.81±3.51	25.46±7.11	12.72±4.10
Per capita household income (yuan)	<50,000	19.68±5.32	14.03±4.38	19.22±3.63	25.11±7.94	12.43±4.39
	50,000-100,000	19.06±5.21	13.70±3.85	19.12±3.06	25.60±6.23	12.99±3.82
	>100,000	18.73±5.67	13.38±4.14	18.22±4.01	25.06±7.69	12.40±4.17
Population under outbreak	Ordinary population	19.17±5.38	13.71±4.09	18.89±3.53	25.31±7.10	12.61±4.04
	Epidemic-related population	17.50±5.75	12.95±3.81	17.75±4.37	24.95±9.13	13.45±5.20
Centralized isolation	Yes	19.73±4.44	14.80±3.72	17.87±4.48	26.13±6.16	13.07±4.01
	No	19.08±5.43	13.64±4.09	18.87±3.54	25.27±7.22	12.64±4.10

The death attitude depiction scale has 32 items, which was distributed to five dimensions. The death fear dimension is added to entries 1,2,7,18,20,21,32, the death escape dimension is added to entries 3,10,12,19,26, and the natural acceptance dimension is added to entries 6,14,17,24,30. the approaching acceptance dimension is added to entries 4,8,13,15,16,22,25,27,28,31, and the escape acceptance dimension is added to entries 5,9,11,23,29, grouped according to different demographic data in table i. the mean values of each dimension are shown in Table 2.

4. ANALYSIS OF INFLUENCING FACTORS

4.1 There are differences in the dimensions of death fear among college students of different gender and professional categories

There are horizontal differences in the dimensions of death fear in the attitude of death among different genders and different professional categories (medical students and non-medical students) under the normalization of the new coronary pneumonia epidemic (Table 3). In terms of gender, the level of fear of death in men is higher than that in women. For each item of this dimension, there are differences between the two items. One item is "People will eventually die; this settlement makes me feel troubled" and "Whether there is life after death". In different professional categories, the level of death fear of non-medical students is higher than that of medical students. Among the items in this dimension, medical students and non-medical students differ in six of the seven items that make up this dimension. The items involved "There is no doubt that death is a ghastly experience", "the thought of my own death will cause my anxiety", "the person will die, this settlement will bother me", "I have a strong fear of death", "whether there is life after

death, this problem makes me very troubled", "death means the end of everything, this fact makes me afraid".

4.2 There are differences in the dimension of death escape among different gender and professional categories

There is a horizontal difference in the dimension of death evasion in the attitude of death between different genders and different professional categories (medical students and non-medical students) under the normalization of the epidemic situation of new coronary pneumonia (Table 4). Among them, the death escape level of male college students is higher than that of female college students, and there are differences between male and female students in the entry "I completely avoid thinking of death" in each item. The death escape level of non-medical students was higher than that of non-medical students. In each item, there was a statistical difference between the two items.

4.3 There are differences in the dimension of natural acceptance among college students with different family income

There are horizontal differences in the dimension of death evasion in the attitude of college students with different gender and different professional categories (medical students and non-medical students) under the normalization of the epidemic situation of new coronary pneumonia (Table 5). The natural acceptance level of college students with per capita annual income <50,000 is higher than that of college students with per capita annual income of 50,000-100,000 and >100000. In each entry, death should be regarded as a natural, undeniable and inevitable event" and "I think death is a natural part of life" have statistical differences.

Table 3: Analysis of Factors Influencing Death Fear.

Variable		$X\pm s$	X^2	P
Gender	Male	19.79±5.91	0.047	0.022
	Female	18.62±4.97		
Professional category	Medical students	18.24±5.02	0.051	0.000
	Non-medical students	20.05±5.66		

Table 4: Analysis of factors influencing death escape.

Variable		$X\pm s$	X^2	P
Gender	Male	14.14±4.35	0.100	0.022
	Female	13.31±3.85		
Professional category	Medical students	13.25±3.99	0.129	0.017
	Non-medical students	14.15±4.15		

Table 5: Analysis of factors affecting natural acceptance.

Variable		$X\pm s$	X^2	P
Per capita household income (yuan)	<50,000	19.22±3.63	0.651	0.015
	50,000-100,000	19.12±3.06		
	>100,000	18.22±4.01		

Table 6: Analysis of factors influencing the approach.

Variable		$X\pm s$	X^2	P
Religious belief	Yes	29.64±9.24	0.000	0.001
	No	25.02±6.96		
Major Disease History	Yes	22.09±7.92	0.030	0.028
	No	25.46±7.11		
Professional category	Medical students	24.43±6.79	0.210	0.006
	Non-medical students	26.26±7.49		

4.4 There are differences between students with religious beliefs, history of major diseases and acceptance of different specialties

Whether or not there is a religious belief, whether there is a history of major diseases, and whether there is a level difference in the approach acceptance of different professional categories (medical students and non-medical students) in the attitude of death (Table 6). College students with religious beliefs have higher acceptance level than those without religious beliefs, and eight of the ten entries are different. College students with a history of major diseases are less likely to accept a history of major diseases than college students. Among the entries, there are statistical differences in the three entries: "I think death is the entrance to the world of bliss", "I hope to be reunited with my loved ones after death" and "expect to live after death", respectively. The acceptance level of medical students was lower than that of non-medical students, and there were statistical differences in 6 items.

4.5 There are differences between different gender college students in the dimension of escape acceptance

Under the normalization of the epidemic situation of new coronary pneumonia, there were horizontal differences in the escape acceptance dimension of death attitude among college students of different genders (Table 7). The escape acceptance level of male college students is higher than that of female college students. Among the items, there is a statistical difference between "death will end all my troubles" and "death makes me escape from this terrible world" two items.

Table 7: Analysis of factors affecting escape.

Variable		$X \pm s$	X^2	P
Gender	Male	13.23±4.51	0.008	0.010
	Female	12.25±3.73		

5. RESULTS AND DISCUSSION

5.1 Under the normalization of COVID-19 epidemic situation, the death fear and death avoidance value of college students are higher

The natural acceptance dimension had the highest mean score of 3.77±0.71, followed by death fear (2.73±0.77) and death escape (2.73±0.81), and finally approach acceptance (2.53) and escape acceptance (2.53±0.81).

It shows that most college students have a positive and rational attitude to death, but there are still a considerable number of college students who have a strong fear and anxiety about death, will avoid things related to death as far as possible, and try not to think of death or discuss death. and this may be related to the fact that most students have not received death education (N=337,80.4%). Research shows that college students, especially undergraduates in medical colleges, have a higher demand for death education, and the more they have contact with dying patients, experience death events and attend funerals, the higher the demand for death education content[5]. In such a special period after the epidemic situation of new crown pneumonia, college students have Internet access at home in the early stage, the utilization rate of Internet is high, the state of mental health is declining, and the education of psychological disaster reduction after disaster is urgently needed.

5.2 Female college students and medical college students have more positive and rational attitude towards death

In the statistics of each dimension, male college students scored higher than female college students in the four dimensions of death fear, death escape, approaching acceptance, and escape acceptance, but lower in natural acceptance, indicating that male college students have a strong anxiety and fear of death, will avoid death-related things as much as possible, try not to think of death or discuss death, believe that there is a better after life after death, and even hope that death will come early

To see death as a relief from mental pain. Research on the Approach to Acceptance Dimension and Chen Siguang et al., the research is consistent[6]. The death fear and escape value of medical college students are smaller than that of non-medical college students, which may be related to the more death education and more contact with death events.

5.3 Death Fear and Death Evasion in College Students

According to Zhou Fang et al., the death fear of college students before the epidemic was divided into 2.70±0.80, now 2.73±0.77, and the death escape of college students before the epidemic was 2.69±0.90, now 2.73±0.81, which showed that after the epidemic situation, college students' anxiety and fear of death were even serious[7]. There is an urgent need for psychological education.

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