

Original Paper

Exploration of Social Work Intervention Models in College Students' Youth Health Education —Taking University X as an Example

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Abstract

Based on the youth health program of colleges and universities, we carry out youth health education for X-school students based on the group work method of social work. It explores the practical path of youth health education in colleges and universities and develops a "trinity" youth health education model for colleges and universities, which promotes the organic integration of professional social work education, student peer education, community practice education, and youth health education, and finally provides suggestions for future youth health education in colleges and universities.

Keywords

Social work, Group work, Adolescent health education

1. Background of the Study

Under the combined influence of the imbalance between the physiological and psychological development of sexuality and other factors, more and more university students are engaging in sexual activity without the awareness of self-protection or the willingness to take precautions, and the trend is toward a younger age group. Effective sex education can provide young people with age-appropriate, culturally appropriate, and scientifically accurate sex knowledge. Therefore, it is essential to carry out effective youth health education. This study aims to explore how to help college students establish a correct concept of youth health and acquire the necessary knowledge and skills of youth health by constructing a model of youth health education in colleges and universities, to promote their physical and mental health development.

The "'Healthy China 2030' blueprint" proposes to strengthen comprehensive social management, focusing on adolescents, women of childbearing age, and migrant populations, to carry out publicity,

education, and intervention in sexual morality, sexual health, and sexual safety, and to strengthen comprehensive interventions for people with high-risk behaviors for sexually transmitted infections, so as to reduce unintended pregnancies and the spread of sex-related diseases". related diseases." Therefore, it is necessary to provide sex education to university students to reduce the risks involved.

2. Literature Review

2.1 Current Status of Foreign Research

The determination of the content of sex education in foreign countries is closely related to the understanding of the concept of sex education and the goal of sex education. The content of sex education has evolved from purely sexual physiology to a system of sex education content that includes the entry of gender roles, the identification of sexual identity, the establishment of sexual attitudes, the development of sexual awareness, the physiological needs of sexuality and mental health, as well as the establishment of a sense of morality and responsibility for sexuality, etc. During the development of sex education abroad, Sweden was the first country to carry out sex education nationwide. In the development of sex education in foreign countries, the country that has carried out sex education on a national scale at an early stage is Sweden, which is also a country that has carried out sex education in a more effective manner. The Swedish Government attaches great importance to sex education. In 1942, it emphasized that sex education should start at the lowest grade. In 1945, a handbook on sex education was published for teachers' use in teaching, which gave a clearer description of the objectives of sex education in terms of knowledge and values.

There are various models of sex education for young people abroad. These include the safe sex education model that dominates in Sweden, the Netherlands, Finland, Denmark, and other Nordic countries; the family sex education model that is popular in the United Kingdom, France, and Germany; the peer sex education model that originated in Australia; the abstinence-based sex education model that is popular in the United States and Japan; and the "ABC Sex Education Model" put forward by the United Nations Joint Program on HIV/AIDS (UNAIDS)". All are sex education models chosen by various countries and regions for their national conditions.

Among them, the peer education model originated in Australia, aiming to develop adolescents' self-education through the influence and affinity of peer and peer-to-peer interactions, self-help groups, and to cultivate a good sense of sexuality and sexuality concepts, and to counteract the negative influences from society and the media on adolescents' adolescent gender roles. At present, this model of adolescent sex education is popular in Western countries and has been introduced to some countries in Asia and South America, and its development tends to be mature.

2.2 Current Status of Domestic Research

Despite the late start of domestic sex education and the backward development process of sex education, there is still no lack of research related to sex education and sexual morality in the academic world. Scholar Bao Junlin (2012) used the methods of literature statistics and content analysis to

quantitatively and qualitatively analyze China's research results on adolescent sexual morality, which mainly consisted of essays, during the period from 1986 to 2010 and concluded that research in the field of adolescent sexual morality in China had gone through a period of starting, accumulation and development and that adolescent sexual morality research results were issued in a wide range of essays and other conclusions.

For the research on social work intervention in sex education, most of the domestic research focuses on the field of "children's sex education", and the main subjects are often vulnerable groups such as "left-behind children", "migrant children" and "left-behind girls". The subjects are often vulnerable groups such as "left-behind children", "migrant children" and "left-behind girls". There are fewer studies on college students. Research topics mainly include curriculum research, problems and countermeasures in college students' sex education, and survey research on college students' sexual cognition, attitudes, and behaviors. For example, Wang Lingyan selected 620 college students from four colleges and universities in Hangzhou in 2024 to survey the status quo of sexual cognition, sexual attitudes, and sexual behavior and found that college students from the four colleges and universities in Hangzhou are at an intermediate level in terms of their mastery of sex-related knowledge and that some of the students have fuzzy sexual cognition and have a more open attitude towards sex.

3. Research Process

Peer education is an educational method in which peers who have gone through a certain professional training impart knowledge, opinions, and skills to the rest of the peers, and this project was carried out under the guidance of the concept of peer education. The project used the questionnaire analysis method to conduct a questionnaire survey on students of University X. A total of 358 valid questionnaires were collected, which contained five parts: the degree of sexual awareness and attitudes (5 questions), a quiz on sexual health knowledge (6 questions), sources of knowledge on sexual health (6 questions), the demand for sexual education (5 questions), and the basic information of the individual, and we came to the conclusion that college students' attitudes towards sex are open, the demand for sex education is large, and there is insufficient knowledge of sexual health reserves, and this was the basis of the project. After analyzing the questionnaire, we came to the conclusion that college students' sexual attitudes are open, their demand for sex education in colleges is high and their knowledge of sexual health is insufficient.

In the mid-term, we adopted a professional social work methodology - group work, focusing on the three key themes of the United Nations Guidelines for Comprehensive Sexuality Education: sexual and reproductive health, AIDS prevention and violence prevention, and safety and security to recruit members to participate. The content of the Sexual and Reproductive Health group includes how to look at intimate relationships, knowledge about contraception, basic physiological knowledge about sex, and the establishment of correct gender concepts, so as to enable the group members to understand basic physiological knowledge and enhance their gender awareness; the content of the AIDS Prevention and

Control group mainly includes an introduction to the basics of AIDS, ways of preventing AIDS, and the establishment of correct concepts, so as to eliminate the misunderstandings of the group members about AIDS; and the Safety and Security against violence group focuses on the problems that may arise in life. The content of the group focuses on the various types of physical, psychological, and sexual violence that may occur in life, helping group members to recognize the types of violence and to understand the ways to cope with it and the means of protection. The contents of the three groups are consistent and ultimately achieve the group's goal of enhancing group members' knowledge and gender awareness and promoting their healthy life and personal development.

Through the preliminary questionnaire and mid-term group development, the project finally summarized a youth health education model of "empowering social work expertise, supporting university community platform resources, and building a platform for group work and mutual support". It is a feasible proposal to promote youth health education for college students.

Table 1. Contents of Each Group's Activities

"Sexual and Reproductive Health" group	<p>Have clear access to sexual and reproductive health services or assistance and receive basic health information; understand the benefits and possible adverse effects or risks to the individual of the modern contraceptive methods available; recognize the importance of correct use of contraception, including condoms and emergency contraception.</p> <p>Risk reduction strategies need to be considered before making sexual decisions to prevent sexually transmitted infections including HIV infection. Further, understand and reflect on healthy and positive intimate relationships and form and develop their own opinions based on this. Reflect on the positive and negative impacts of socio-cultural and legal norms on sexual behavior and sexual health.</p>
"Violence Prevention" Group	<p>To learn to defend their right to privacy and bodily rights and to use the law to defend their rights when their right to privacy and bodily rights are violated.</p> <p>To be able to report sexual assault, sexual harassment violence, and bullying in intimate relationships; to be able to seek help from trusted adults and institutions to prevent sexual assault, sexual harassment and violence, and bullying in intimate relationships and to provide legal and formal support to victims.</p>
"AIDS Prevention and Control" Group	<p>Know the different ways in which sexually transmitted infections (STIs), including HIV infection, occur; know that HIV has a window period and an incubation period, and describe the difference between a person living with HIV and a person living with AIDS; understand that sexually active people can also reduce the risk of acquiring STIs, including HIV, in some specific ways. Sexually Transmitted Infections (STIs).</p> <p>Be aware of the importance of safe sex; be able to refuse unsafe sex appropriately; and be able to insist on the correct use of condoms.</p>

4. Research Effectiveness

Through three thematic group activities: "Sexual and Reproductive Health", "Violence Prevention" and "AIDS Prevention and Control", we have summarized the skills, methods, and specific scenarios created by social workers in the process of carrying out the activities. In the process of carrying out the activities, we summarized the skills and methods used by the social workers and the specific scenarios they created and built a "three-in-one" model of youth health education in colleges and universities that are empowered by the professional knowledge of social workers, supported by the resources of college clubs, and supported by the platform of mutual assistance in group work. The model takes social work professional methods as the means and college students as the service objects, and through linking the resources of college associations and building a peer group mutual aid platform, it enables college students to learn physiological knowledge, protect mental health, and establish self-knowledge and promotes the further improvement of the system of youth health education for college students.

4.1 Empowerment through Expertise in Social Work: Integrating Social Work Methods

The project utilizes professional theories and methods of social work, and based on the existing youth health knowledge framework of college students, the project extends the knowledge of youth health education through scenarios and thematic discussions and gives them a sense of fun. Discussions on topics such as "What is marriage really like", "Sexual consent and sexual abuse" and "Invisible transmission of AIDS" were conducted, and special fun activities and discussions were combined. The social workers guided the students professionally through performances or case quizzes, causing them to explore and reflect on their own initiative, and pointing out and explaining to them any misconceptions about relevant knowledge and cognition in a timely manner. Let college students learn in a relaxing and interesting way during the activity, further avoiding the superficiality of learning due to the simplicity and dullness of knowledge.

4.2 Resource Support for the Platform of University Associations: Linking Social Work Associations

The project cooperates with the school community and carries out activities with the support of the community's manpower and resources and with the community's staff. In the process of implementation, through the club channels publicize and recruit team members, not only to promote the project but also to expand the visibility of the club in the school. With the school community as the basis, the maximum degree of protection for the project and model construction. At the same time, members of the project team trained club members in professional skills and methods and learned how to communicate with university students in a respectful, inclusive, and non-judgmental manner. These initiatives ensure the operationalization of the model and further promote its continuation, sustainability, and longevity to better serve university students.

4.3 Building a Platform for Mutual Assistance in Group Work: Promoting Exchange and Growth among Members

The program focuses on leading and guiding, through setting up special activity scenarios and interactive questions and answers, etc. On the one hand, it leads the group members to think deeply

about the topics of "AIDS fear" and "sexual violence" through the social worker's pre-designed roles and event scenarios, and on the other hand, it guides the group members to actively discuss the topics of "sexual health", "sexual education", and "gender awareness". On the other hand, it guided the group members to actively discuss topics such as "sexual health", "sex education" and "gender awareness". Through peer group interaction, the group members can reduce their avoidance of an excessive fear of topics such as "sex" and "AIDS", promote the understanding and application of knowledge about sexual health, AIDS prevention, and self-protection procedures, and learn to use condoms, HIV testing kits and other routine self-testing facilities, so as to enhance gender awareness. They also learn to use condoms, HIV testing kits, and other regular self-testing facilities, raise their awareness of gender, respect, equality, and self-protection, enhance their ability to care for themselves and help others, and further develop a more mature, healthy and positive view of life and themselves.

5. Reflections and Recommendations

Carrying out youth health education for college students is a long-term, multi-party cooperative and co-constructive process. However, due to the constraints of project funds and time, this study still has certain limitations: for example, the short time of implementation leads to the lack of comprehensive activity content; the randomness of activity design; the feedback mechanism is not perfect, and other problems. In the future, the team will endeavor to improve the feedback mechanism and the feedback channels to get more feedback from the group members.

In order to promote college students' youth health education to a higher level, and to strengthen the connection between the social work profession and youth health education activities, the following suggestions are made in the follow-up development:

5.1 Realize the Collaboration of Multiple Forces and Jointly Promote the All-round Development of Youth Health Education

As a kind of activity that promotes personal growth through interaction and experience sharing among group members, group work is more conducive to the growth and progress of the group with diversified participation. Therefore, the integration of psychology, education, anthropology, medicine, and other disciplines into the field of social work is conducive to bringing more diversified experiences to the group members, so that they can obtain theoretical knowledge and practical operation and other aspects of growth in the group activities of adolescent health education.

5.2 Strengthening the Nurturing of School Social Work Teams to Improve the Efficiency of Their Activities

As a team of professional talents, the school social work team, under the standardized construction of the school system and the guidance of professional teachers, is better able to provide theoretical and practical support for the practical activities of youth health education. In the process of carrying out the activities, the connection with the school social work team should be strengthened to become an important supporting force for the activities to be carried out.

5.3 Linking Social Resources and Constructing Multi-level Development Space

Youth health education can only achieve longer-term development through the joint efforts of families, schools, and society. Therefore, the interaction among schools, families, and society should be accelerated to form a synergy of quality education. Social workers should help promote the integration and interaction between community resources and school resources so that college students can gain full knowledge and understanding of youth health knowledge in a diversified space.

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