

The role of the social group work to protect student family groups from the risks of Corona virus

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Research Summary:

The study aimed to know the role of the social group work to protect student family groups from the risks of Corona virus, and the study was applied to all (100) social workers working in the Directorate of Education in Cairo and Giza, and (20) experts and specialists in social guidance. The study reached to identify the most important protect programs and activities to reduce disease and provide an opportunity for students to participate in facing some disasters and health crises, and reached to a suggested vision to face the virus.

Keywords: social group work - student families - corona virus.

ملخص الدراسة

هدفت الدراسة الى معرفة دور طريقة العمل مع الجماعات مع جماعات الاسر الطلابية لمواجهة مخاطر فيروس كورونا، وتم تطبيق الدراسة على جميع الاخصائيين الاجتماعيين العاملين فى ادارة التربية والتعليم بالقاهرة والجيزة وعددهم (100) اخصائى وايضا (20) خبيراً من التوجيه الاجتماعى للتربية الاجتماعية. وتوصلت الدراسة الى معرفة اهمية ممارسة البرامج والانشطة للحد من المرض واتاحة الفرصة للطلاب للمشاركة فى مواجهة بعض الكوارث والازمات الصحية وتوصلت ايضا الى رؤية مقترحة لمواجهة فيروس

الكلمات المفتاحية: طريقة العمل مع الجماعات ، الاسر الطلابية ، فيروس كورونا

First: Study Problem

The protect approach is considered one of the basic approaches that the social work profession seeks to apply, either within institutions or at the level of society as a whole, as the protect aspect, as one of the primary goals of social work, appeared at the heart of therapeutic social work, and since the profession was established on the basis of helping the work to face its problems, which is a kind of protection for it and for those around it, and for the society from falling into existing or expected problems (*Al-Sanhouri, 2003, p. 91*). The protect approach to social work is concerned with healthy people before patients through a set of measures taken to reduce personal and social problems and reduce antisocial behavior to the lowest level, which aims to protect the problems of individuals, groups and communities (*Schuman, 2007, p. 156*).

Egypt is considered one of the developing countries that pays great attention to health care, especially the provision of protect programs, whether for the individual or society through the Ministry of Health and Population, where it has developed protect programs and plans to deal with that virus and work on early detection of this virus, and the social work profession is considered a contemporary human profession that deals with community issues efficiently and effectively with its ability to deal with these issues and with different groups in order to gain societal appreciation by providing protect, curative and developmental experiences and programs and helping them to cope with the changing social conditions due to the technical skills and techniques it contains (*Abd El-Aziz, 2012, p. 36*).

Social work is one of the professions concerned with the social construction of society and the support of man and his environment as it has a positive impact in bringing about the change that society seeks, as it can help individuals to understand their problems, make a positive change in their personalities, develop their attitudes, modify their ideas, increase their awareness and protect individuals from falling into the problems (*Al-Sanhouri, 2007, p. 277*).

Social work in the educational field complements the school's mission in preparing students to receive the scientific life, with the aim of helping them in identifying their preparations, capabilities and attitudes and directing them scientifically and professionally according to the different educational stages and the age and gender, so that it contributes to the student's transition through his

stages of growth in peace and security, and gives him the opportunity to satisfy his needs through the planned programs and activities that develop his abilities and invest his skills (*Ghabari, 1989, p. 50*)

Social work in medical field operates in its social section in the medical field ;the working group combines them with the working group called the working group called the working group in the medical field ;radiology technician ;analysis;social castration ;and due to its importance; psychoanalysis; medical team medical team working group among them .And the holistic theory of the human being that specialized in the human being as a body ;soul and environment; which leads to specialize in making unified decisions about dealing with patient (*Ali"2000"p.99*)

Therefore, the protect role has attracted the attention of social work specialists, as its content tries to avoid problems before they occur, whether by taking appropriate measures so that personal, family, or community problems do not appear at all, or taking appropriate measures so that personal, family, or community problems do not recur (*Al-Sanhouri, 1994, p. 211*).

The working method with groups uses multiple tools to achieve their goals, and there is no doubt that the program is one of these tools, so if we consider that the group is the force controlling the behavior of the individual and satisfying his needs, then the program is its means of directing experiences and psychological attitudes that are provided to members in the fields of human life with the assistance of the social worker (*Menkerios, 2004, p. 148*).

The social group work the medical group is one of the basic social work methods that help patients improve their social performance through the medical team providing the members of the medical group with social work that help them and qualify them for social life and adapting to the surrounding social entertainment(*Al Khatib, 2001, p.81*)

The philosophy of group service is based on the sophisticated and democratic approach that is based on respecting the individual and his dignity, respecting individual differences, and the individual enjoying freedom of will and choice, provided that the rights of others and the society in which he lives are respected (*Fahmy, 2009, p. 49*).

The practicing of the working method with student family groups is based on the fact that all individuals need different collective experiences that are consistent with the different types of adaptation that take place within the group by providing members with experiences, knowledge and skills that help them to

achieve their individual and collective goals through practicing planned programs that are appropriate to their needs and desires (*Mohamed, 2008, p. 11*).

The social group work has many approaches and models that are used in professional practice in the medical field ;the most important of which is the preventive approach;which aims to avoid or avoid social problems predicted by people ;especially individuals at risk more than others ;and instilling desirable goals by providing them with a reasonable amount of knowledge the attitudes and skills needed to face situations of stress; anxiety;stress and crises (*Abu El Nasr, 2008, P.101*).

Prevention is better than treatment;and services the medical community has an important role in the prevention process by spreading health awareness and health culture to achieve diseases prevention in order to avoid diseases ;replace or the spread of infection among family members and then society (*El-Meligy, Ibrahim Abdel-Hady, 2006, pp. 39-42*)

The social worker raises health awareness for individuals through a set of programs that aim to spread health facts about how infection occurs and ways to prevent and control it and work to raise awareness for citizens about the importance of early detection of diseases (*Omar, 2003, pp. 377-387*).

The specialist who works with the groups, in cooperation with the team working inside the school, gives awareness lectures in following healthy methods of coughing, practicing awareness activities, protect corona virus and transmitting reassurance within students by taking into account all dimensions of health safety for teachers and students. The role of the specialist who works with the groups is to organize student activities in its various cultural, scientific and sporting types to achieve communication with students in developing awareness of how to combat corona virus infection. The social worker prepares a preventive plan that will prevent the spread of the virus and preserve the health of students through good ventilation in the student halls, protect overcrowding, pay attention to personal hygiene, and follow healthy methods of coughing and proper nutrition.

The effectiveness of the role of social work depends on the ability of the social worker to perform professionally and collaborate with other specialties as well as his ability to arrive at true estimates of the situation and its circumstances from the perspective of social work (*Fahmy, Ramadan, 1994, p. 168*).

The social worker in the school field has many responsibilities that are to help students to increase academic achievement, solve problems facing them, satisfy the different needs of them, and help them to create healthy social

relationships with each other, and to achieve the professional performance of the social worker with an acceptable degree of efficiency and effectiveness within the school that make him able to achieve this responsibility, he should be familiar with the cognitive, professional and skill aspects in this field (*Ahmed et al., 1999, p. 28*).

There are school groups in the school, and they are formed according to the attitudes, desires and hobbies of each student inside the school and they help them to satisfy their desires and achieve their identity with the help of the social worker who encourages them to join these groups inside the school.

Therefore, the student in the school joins two types of groups, which are the classroom and activity groups, and in his transition from one group to another seeks to satisfy his various needs, and in order to satisfy his needs in the group he performs several processes of adapting to the prevailing subjection in the group, and from this point the group's influence begins on his personality, so the group is the tool that the school uses to educate its students (*Fahmy, Badawi, 2002, p. 62*).

School activity groups are one of the groups that form in the school, and the purpose of their formation is not only to provide an opportunity to practice the activity that they tend to, but rather as one of the methods used by the school to achieve its social function which is to develop the experiences of members and train them on the customs and social behavior required by the community in which they live in it (*Al-Seddik et al., 2002, p. 212*).

The importance of the working method with groups in the school is clear, and therefore school activity groups have emerged as a necessity that requires educational conditions for the purpose of carrying out social functions, and therefore the purpose of school activity groups is not to provide students with the opportunity to practice the activities and programs that they tend to, but rather their purpose is to consider them as one of the means which the educational institution uses to achieve its social goals, including helping students to acquire the human personality which can take responsibility, and to know their rights and duties, and to be committed to the social behavior that is accepted and required by the society in which they live (*Marey et al., 1993, p. 302*).

We mention in particular the "Corona virus" that has appeared in all the Arab and European world.

And because of the seriousness and nature of the situation, which drew the researcher's attention to studying this topic and connect it with the social work profession and the actual role played by the specialist who works with groups and

providing protect programs for students, and the role of the school also in living the problem with the residents of society.

Dealing with crises shall be done through a strategy that helps in predicting those crises through the flow of information that helps decision-makers to deal quickly and accurately in crisis management in order to protect it or mitigate their harmful effects as possible, with the need for young cadres that able to deal with those crises through conscious and enlightened thought, and therefore we find that awareness of the value of man has grown as a goal and a means in the comprehensive development system, because people are the true wealth of any nation (*Sarhan, 2008, p. 1415*). The interest in studying crises increased has increased in the recent period, at the global or local levels and in various specialties, after the crises increased in our contemporary world and its multiple dimensions, causes and types and affected the economic, social and political development. As far as the world is expanding and advancing and the population increases, conflicts and interest conflicts increased and the crises are created and affected on the individual, group, and society, even some have considered that we live in an era of crisis (*El-Sayed, 2010, p. 2257*). A set of social, environmental and health factors help in the spread of this virus. This is what the current study sought to identify where the Corona virus appeared and spread.

Hence; the problem of the current study crystallized in answering the main question; which is “The role of the social group work to protect student family groups from the risks of Corona virus”?

Second: Study importance

- 1- The spread of Corona pandemic (Covid 19);that global crisis that has caused many social and health effects and risks on individual; family ;and society ;which requires scientific studies.
- 2- The growing interest of governments and health service providers in trying to reach and develop treatment plans and protect programs to develop the care services provided to students and their locations.
- 3- The use of scientific approaches, in social work in general and in the social group work in particular, are among the methods that can contribute to the protection of infectious diseases such as Corona virus from the perspective of the social group work .
- 4- The development of students' awareness of their knowledge of the factors leading to Corona virus and its effects, and how to develop a protection plan and to confront and overcome these crises.

- 5- The small number of research and studies that dealt with the subject of Corona virus.

Third: Study objectives

The current study seeks to verify the main goal, which is to reach a proposed vision, from the perspective of the social group work, to protect student families groups from the risks of infection with Corona virus, and from the main goal emerge sub-goals, namely:

- 1- Knowing the protective influencing factors of Corona virus on the part of students through their participation in group activities.
- 2- Reaching a suggested vision, from the perspective of the social group work , to protect student families groups from the risks of Corona virus.

Fourth: Study questions

The study attempts to answer the main question which is :

The main question: What is the role of specialist working with scientists and student family groups in educating them about the presence of corona virus ?

This main is question: divided into ten sub- question:

- 1- What is the role of social group worker in student families groups and their awareness of the existence of crises and health disasters?
- 2- significant relationship between the participation of social group worker in student families groups and their awareness of the manifestations of Corona virus.
- 3- What the participation of social group worker in student families groups and their awareness of the factors that cause the spread of the virus?
- 4- what is participation of social group worker in student families groups and their awareness of the daily mistakes and bad habits that resulted in those crises?
- 5- What is participation of social group worker in student families groups and their awareness of methods of prevention from these health crises?
- 6- What is participation of social group worker in student families groups and their awareness of their responsibility in facing disasters and health crises.
- 7- What is relationship between the age of social group worker and their awareness of disasters and health crises?
- 8- What is relationship between the gender of social group worker and their awareness of these health disasters?

- 9- What is relationship between the degree "Bachelor or Higher Studies" for social group worker and their awareness of these crises?
- 10- What is relationship between the extent of social group worker practicing group activities of students and their awareness of health crises?

There are many research studies that dealt with the subject of the study, which is Corona virus.

1-Study explained *Elhussein, M., Brahim, S., Alreedy2020*” In medical research, mass gathering is considered as one of the intensifying factors for respiratory disease outbreaks. An annual crowding event happens during Muslims’ religious practices of Hajj in Saudi Arabia. Another smaller ritual happens all year round, known as Umrah. While Hajj season is recognized, Umrah seasonality is challenging to identify. This paper uses data from Google Trends to identify Umrah seasons for performers from the Eastern Province in Saudi Arabia. It then investigates the correlation between mass gathering events as it affects the flu spread in the Eastern Province through the use of data. Patient data from a hospital was obtained to find flu seasonality and compared to crowding seasons. Google Trend data was confirmed by a limited dataset of official Umrah data and Flu data was confirmed by official FluNet data from neighboring country, Eastern Province with a forward shift of flu data for three months (*Elhussein, M., Brahim, S., Alreedy, A., Alqahtani, M., Olatunji, S.O.,2020*) .

2-Study explained *Shen, J., Xiang2020*, Infectious diseases are a major threat to humans, and finding sources of infection is therefore an important task. We designed a website to help teachers communicate the relevant principles of infectious diseases, deepen students' understanding of disease transmission, and equip students with the ability to trace the origin of infections caused by microorganisms. (*Shen, J., Xiang, Z., Peijing, Y., Zixuan, Z., 2020, pp.37-42*).

3- Study explained *Errett, N.A., Sauer, L.M., Rutkow2020* In our increasingly interconnected world, the potential for emerging infectious diseases (EIDs) to spread globally is of paramount concern. Travel bans-herein defined as the complete restriction of travel from at least one geographic region to at least one other international geographic region-are a potential policy solution to control the global spread of disease. The social, economic, and health-related consequences of travel bans, as well as the available evidence on the effectiveness of travel restrictions in preventing the global spread of influenza, have been previously described. However, the effectiveness of travel bans in reducing the spread of noninfluenza EIDs, characterized by different rates and modes of transmission, is less well understood. This study employs an integrative review approach to

summarize the minimal evidence on effectiveness of travel bans to decrease the spread of severe acute respiratory syndrome (SARS), Middle Eastern respiratory syndrome (MERS), Ebola virus disease (EVD), and Zika virus disease (ZVD). (Errett, N.A., Sauer, L.M., Rutkow, L., 2020, pp. 7-14).

4- Study explained *Oh, S.-H., Lee, S.Y., Han, C., 2020* While there has been increasing attention to the role of social media during infectious disease outbreaks, relatively little is known about the underlying mechanisms by which social media use affects risk perception and protect behaviors during such outbreaks. Using data collected during the 2015 Middle East Respiratory Syndrome coronavirus (MERS-CoV) outbreak in South Korea, this study explores the relationships among social media use, risk perception, and protect behaviors by examining the mediating role of two self-relevant emotions: fear and anger. The findings demonstrate that social media use is positively related to both of these emotions, which are also positively related to the public's risk perception. The findings also indicate that social media use can significantly increase protect behaviors via the two self-relevant emotions and the public's risk perception (*Oh, S.-H., Lee, S.Y., Han, C., 2020*).

5- Study explained *Evans, N.G., Hills, K., Levine, A.C., 2020* In response to the 2013-2016 Ebola virus disease (EVD) outbreak primarily affecting Guinea, Sierra Leone, and Liberia, the World Health Organization (WHO) set out Guidance for Managing Ethical Issues in Infectious Disease Outbreaks, which covered social distancing, research in outbreak settings, and clinical care. This article assesses the Guidance's recommendations on research and long-term storage of biological specimens during infectious disease outbreaks and argues that the Guidance does not provide adequate direction for responders', researchers', and organizations' actions. It considers local persons' access to benefits of research in the aftermath of outbreaks and preparedness for outbreaks, drawing on lessons from both the 2013-2016 EVD outbreak and ongoing research in the Democratic Republic of the Congo (*Evans, N.G., Hills, K., Levine, A.C., 2020, pp. E28-E35*).

6- Study explained *Yin, L., Lin, N., Song, X., Mei, S., 2020* *Shaw* and short message service (SMS) have been widely used in disease control and protections. Personalized SMSs further allows real-time, precisely targeted interventions that achieve better cost-effectiveness. Few SMSs are personalized based on spatiotemporal travel behavior of individuals, which plays an important role in disease spread. We proposed a set of SMS policies tailored to individuals' travel behavior derived from massive mobile phone tracking records. These policies tend to alter spatial, temporal, or spatiotemporal patterns of individuals' daily activities, in order to reduce the risk of disease spread. Taking Shenzhen city, China, as a

study area, we simulated and evaluated these policies for Dengue Fever intervention. Our simulation results show that the spatially targeting policy that discourages discretionary trips produces the highest cost-effectiveness to control disease spread in areas with high importation risk. For the entire city, however, the temporally targeting policy that shifts individuals' travel schedules achieves the best cost-effectiveness. (Yin, L., Lin, N., Song, X., Mei, S., Shaw, S.-L., Fang, Z., Li, Q., Li, Y., Mao, L.,2020).

7- Study explained Lawler, D.F., Tangredi, B.P., Widga, C.C. ,2020 Studies of the ancient history of infectious diseases have been facilitated greatly by development of a succession of novel analytical methods. In particular, laboratory analytical methods that are based on high-throughput ancient deoxyribonucleic acid sequencing have received considerable attention in this respect. Even so, significant environmental caveats remain. There are many means by which microbes move through soil, often fairly readily. Thus, the depositional component of the postmortem environment, especially with respect to unshielded animal or human remains, is a fertile arena for many microbes that can contaminate archaeological specimens well after deposition and decay of soft tissues. The huge number of pathogenic and nonpathogenic genera and species clearly dictate renewed interest and research into the long-term biological activities of soil-covered remains. (Lawler, D.F., Tangredi, B.P., Widga, C.C. ,2020).

8- Study explained Huber, C., Rinner, C.,2020 "Air travel facilitates the international spread of infectious disease. While global air travel data represent the volume of travel between airports, identifying which airport an infected individual might use, or where a disease might spread after an infected passenger deplanes, remains a largely unexplored area of research and public health practice. This gap can be addressed by estimating airport catchment areas. This research aims to determine how existing market area delineation techniques estimate airport catchments differently, and which techniques are best suited to anticipate where infectious diseases may spread. Multiple techniques were tested for airports in the Province of Ontario, Canada: circular buffers, drive-time buffers, Thiessen polygons, and the Huff model, with multiple variations tested for some techniques. The results were compared qualitatively and quantitatively based on spatial patterns as well as area and population of each catchment area. (Huber, C., Rinner, C.,2020, pp. 263-289).

9- Study explained Sarma, N., Ullrich, 2018 Europe received an increased number of migrants in 2015. Housing in inadequate mass accommodations (MA) made migrants prone to infectious disease outbreaks. In order to enhance awareness for

infectious diseases (ID) and to detect clusters early, we developed and evaluated a syndromic surveillance system in three MA with medical centres in Berlin, Germany. Healthcare workers transferred daily data on 14 syndromes to the German public health institute (Robert Koch-Institute). Clusters of ID syndromes and single cases of outbreak-prone diseases produced a signal according to a simple aberration-detection algorithm that computes a statistical threshold above which a case count is considered unusually high. Between May 2016–April 2017, 9,364 syndromes were reported; 2,717 (29%) were ID, of those 2,017 (74%) were respiratory infections, 262 (10%) skin parasites, 181 (7%) gastrointestinal infections. The system produced 204 signals, no major outbreak was detected. The surveillance reinforced awareness for public health aspects of ID. It provided real-time data on migrants' health and stressed the burden of non-communicable diseases. The tool is available online and was evaluated as being feasible and flexible. It complements traditional notification systems. We recommend its usage especially when laboratory testing is not available and real-time data are needed (Sarma, N., Ullrich, A., Wilking, H., Ghazzi, S., Lindner, A.K., Weber, C., Holzer, A., Jansen, A., Stark, K., Vygen-Bonnet, S., 2018).

10- Study explained Hashimoto, K., Zúniga, C., Nakamura, J., Hanada, K., 2015

Integration of disease-specific programmes into the primary health care (PHC) service has been attempted mostly in clinically oriented disease control such as HIV/AIDS and tuberculosis but rarely in vector control. Chagas disease is controlled principally by interventions against the triatomine vector. In Honduras, after successful reduction of household infestation by vertical approach, the Ministry of Health implemented community-based vector surveillance at the PHC services (health centres) to prevent the resurgence of infection. This paper retrospectively analyses the effects and process of integrating a Chagas disease vector surveillance system into health centres. Methods: We evaluated the effects of integration at six pilot sites in western Honduras during 2008-2011 on; surveillance performance; knowledge, attitude and practice in schoolchildren; reports of triatomine bug infestation and institutional response; and seroprevalence among children under 15 years of age. The process of integration of the surveillance system was analysed using the PRECEDE-PROCEED model for health programme planning. The model was employed to systematically determine influential and interactive factors which facilitated the integration process at different levels of the Ministry of Health and the community. (Hashimoto, K., Zúniga, C., Nakamura, J., Hanada, K., 2015).

11- Study explained *Arístegui Fernández, J. 2011*

Flu in children may be subclinical form and sometimes with extreme gravity or severe bacterial super infections. Children are the key factor in the chain of transmission of the disease. Hospitalization rates in healthy infants ≤ 2 years are similar or even higher that in persons ≥ 65 years old.

The Advisory Committee of Vaccines (CAV) of the Spanish Association of Pediatrics (AEP) recommends for the 2011-2012 season in paediatric vaccination: 1) children older than 6 months and adolescents belonging to groups at risk, 2) healthy children older than 6 months and adolescents healthy living with risk patients and 3) adults in contact with children and adolescents belonging to groups at risk. In Spain many children belonging to these groups at risk adolescents remain without receiving influenza vaccine. Greater involvement of health professionals, health authorities and social partners, is required to transmit to the population, and in particular to the parents of children and adolescents belonging to groups at risk, vaccination against seasonal influenza recommendations (*Aristegui Fernández, J. 2011, pp. 949-955*).

12- Study explained *Fair, C.D., Sullivan, K., Gatto, A., 2010* Recently, national attention has been drawn to the increasing number of adolescents infected with HIV in the US, particularly in the South. According to the Center for Disease Control and Prevention (2007), at least 50% of new HIV infections occur in persons 15-25 years of age, and the majority of these persons are likely infected in their teens. Adolescents with HIV present new challenges to health and social-service providers. Infected teens are typically identified and initially followed by pediatricians and pediatric staff upon diagnosis. The transition to adult infectious disease care can be difficult due to the increased responsibility for self-care and monitoring placed on the young adult. Interviews were conducted with 19 professionals who provide care for children and adults with HIV in North Carolina in order to identify the best practices for transition to adult care. Approximately half of the providers self-identified as pediatric care providers. Nine of those interviewed were nurses and physicians and 10 were social workers. (*Fair, C.D., Sullivan, K., Gatto, A., 2010, pp. 515-527*).

13- Study explained *Kriščiunas, A., Kowalski, I.M., 2010* "Introduction. Chronic non-infectious diseases (CNID), such as heart and vascular disorders, malignant tumors, diabetes mellitus, chronic obstructive lung disease, obesity, are one of the most topical health problems for Lithuanian and Polish residents. In solving the problems of CNID three areas of medicine (prophylactics, diagnosis and treatment, rehabilitation) are important, as the diseases that begin in childhood are diagnosed most often in the mature age, and their consequences are manifested in an older age.

Aim. The aim of this article was to discuss issues concerned with providing help for patients afflicted with CNID and devising an effective rehabilitation system for them. Discussion. Efficiency of pharmacological and surgical treatments for patients with CNID is much lower than for patients with acute disorders. (Kriščiunas, A., Kowalski, I.M., 2010, pp. 112-122).

14- Study explained *Albertí, C., Orriols, R., Manzanera, R., Jardí, J., 2010* Introduction: This study aims to assess the impact of influenza and other acute respiratory infectious diseases (ARI) on the Catalan working population between January 2007 and December 2009, including the period of the influenza virus A (H1N1) pandemic in our region. Methods: All certified sickness absence episodes (sick-leave) due to influenza and other ARI amongst the working population of Catalonia, Spain, were analyzed from January 2007 to December 2009. Monthly and weekly incidence was calculated, as well as an influenza sick-leave threshold, in order to identify the epidemic season in the working population. Results: Registered annual sick-leave incidence for influenza-like illnesses (ILI) per 100,000 workers was 1,260.6 in 2007, 915.2 in 2008 and 2,377.2 in 2009. Epidemic curves show monthly peaks in January-February each year, plus a second peak in November 2009 corresponding to the influenza virus A (H1N1) pandemic in our region. (Albertí, C., Orriols, R., Manzanera, R., Jardí, J., 2010, pp. 634-639)

15- Study explained *McDade, T.W., Hayward, M.D., 2009* Infectious disease is an important, but often overlooked, component of population health in high-income nations. Common, everyday infections exact significant costs, including school and work absenteeism, reduced productivity, and substantial health care expenditures. Infectious disease also shapes trajectories of biological risk and health and may be causally linked to chronic disease risk later in life. The size, diversity, and representativeness of samples typically employed in survey-based studies of health present exceptional opportunities for advancing scientific knowledge on the social and economic determinants of infectious disease in childhood and adulthood and to investigate the long-term consequences of infectious disease for well-being and attainment across multiple domains. (McDade, T.W., Hayward, M.D., 2009, pp. 159-177).

16- Study explained *Miró, J.M., Gatell, J.M., 2007* Background. Health resources needed by immigrants have increased steadily in the last few years. Studying health problems and social vulnerability in immigrants would help to improve the health care quality. Patients and methods. A case-control study performed in the Hospital Clinic of Barcelona. Immigrant patients admitted with infectious diseases from October 2002 to September 2003 were included. Controls were paired by age,

gender and HIV infection. Clinical (emergency room attendance, days and number of admission to hospital, amount of clinical procedures and drugs used during the admission, etiological and microbiological diagnosis and post-admission control) and social vulnerability variables (social worker consultation, health care card, relatives or friends caregiver, drug use, language barrier and discharge document of the nurse) were analyzed. Results. One hundred and two patients (51 cases and 51 controls, all of them males) were studied. A total of 56% were HIV-1 infected in both groups. (Faura, T., García, F., Isla, P., López, C., Robau, M., Moreno, A., Tricas, A., Ligeró, C., Robles, D., Carmona, S., Miró, J.M., Gatell, J.M., 2007, pp. 234-239)

17- Study explained Goldfarb, J., Lawry, K.W., Steffen, R., Sabella, C., 1998 Munchausen syndrome by proxy is a form of abuse, usually of a child by a parent, in which a factitious illness is reported or produced in the child, resulting in unnecessary medical evaluations and treatments. A dramatic case of a 17-month-old infant with recurrent polymicrobial bacteremia prompted a review of cases diagnosed by the Pediatric Infectious Diseases consultation service at our referral children's hospital and a review of the infectious diseases presentations in the medical literature. The infectious diseases presentations of the syndrome as well as criteria for the diagnosis are reviewed and discussed (Goldfarb, J., Lawry, K.W., Steffen, R., Sabella, C., 1998, pp. 179-186)

It is evident from the analysis of previous studies, the multiplicity and diversity of previous foreign studies that dealt with Corona virus, as well as the role of social work, and the lack of studies that dealt the protect programs of student families groups from the dangers of Corona virus within the limits of the researcher's knowledge, hence the problem of the current study crystallized in answering the main question, which is "What is the suggested vision, from the perspective of the working method with groups, to protect student families groups from the dangers of Corona virus?"

Study Concepts:

Definition of The role: An organizations pattern of norms with regard to the behavior of an individual with a particular function in the community. Or The function of the individual in the community and the role played by individual in a social group or position. (Zahran ;2000;p.164)

The procedural definition of the role in this study as :

1- in this role a set of professional procedures that social group worker perform from the perspective of the working method with groups.

2- It is used to protect school groups to face corona virus crisis.

Definition of Corona virus: Corona virus is a wide group of viruses that can cause a range of illnesses in human ranging from the common cold to serve acute respiratory syndrome also viruses from this group cause a number of animal diseases and this particular strain of corona virus (*Radwan;2020;p.69*)

Corona virus: it is a large group of viruses that cause diseases in animals and can also lead to disease in humans. They got their name because of their shape in the electronic microscope that looks like the crown (*Corona in Latin*) and can be mild as cold (*health.gov.il*).

The procedural definition of Corona virus in this study is defined as:

- 1- It is a disease similar to the symptoms of the seasonal flu.
- 2- They are infectious viral diseases that affect the respiratory organs.
- 3- They are diseases that spread quickly within society.

Definition of Student Families Groups: They are groups that have emerged as a necessity required by certain educational conditions in order to perform social functions as one of the means that the educational institution uses to achieve its social goals (*Ahmad, 1998, p. 333*).

Student Families Groups: School activity refers to the types of free and organized behavior practiced by students from outside the classroom, away from the prescribed classes for the subjects (*Abu Al-Nasr, 2009, p. 106*).

Student Families Groups: It is one of the aspects of professional practice to serve the group in the school field, that the social group worker works with to achieve the goals of school social work.

These groups are defined as a number of members of the students in the school who have a common tendency or goal and participate together in a specific activity that is formed to satisfy this tendency or achieve this goal, and they follow a specific path or plan to achieve their goals, meaning that each group has a program that it implements (*Mustafa, 2001, p. 147*).

Procedural definition of student families groups in the school field:

- The groups that are formed inside the school to practice various activities.
- The social group worker works with them according to a plan that he participates in developing, implementing and evaluating it.
- The groups: "Trips group - Public service group - Cooperative Society - Red Crescent Society."

Systematic procedures for the study:

First: Study type

This type of current study is known as the descriptive and analytical study, where it aims to develop a proposed vision from the perspective of social group work to protect student families groups from the dangers of Corona virus.

Second: The used method

This study used the social group work, which is one of the most appropriate scientific methods appropriate to the subject of the study, as follows:

- 1- The comprehensive social survey of social group worker working in the school field in the Directorate of Education in Giza and Cairo. The Directorate of Education in Giza is represented in the departments: “El-Haram and Giza (south of Giza)”, North of “Imbaba”, and 6th of October. The Directorate of Education in Cairo represented in the departments: Nasr City "North" - Hadaeq Al Qubbah - Shubra "Al-Sahel" - El-Zawya El-Hamraa.

Third: Study tools

In this study, the researcher relied on:

1. An interview form for social group worker working in schools of the directorates of education in Cairo and Giza.

The researcher designed the interview form through the following steps:

1. Viewing the theoretical framework of the current study and referring to previous studies in this field.
2. A measure of protect programs for social group worker to know health disasters.

The researcher designed a scale of social group worker awareness of this virus according to the following steps:

- a) Defining the topic of the scale and its indicators.
- b) Preparation of the scale phrases.
- c) Presenting the scale to the arbitrators.
- d) Calculation of the stability and validity of the scale.

a) Defining the topic of the scale and its indicators:

With reference to the scientific references and previous related studies, the researcher identified the topic of the scale of social group worker awareness of health and environmental problems and disasters, and the following indicators were identified for measurement:

- Realizing the presence of health crises.
- Realizing the features of health crises.
- Realizing the causes of health crises.
- Realizing the dangers arising from health crises.
- Realizing ways to face crises and health disasters
- Realizing responsibility in facing health crises and disasters.

b) Preparation of the scale phrases:

After the researcher determined the topic of the scale and its indicators, she collected a large number of phrases that represent the indicators that were previously identified, whether this phrase expresses the opinion of the respondents in some situations that revolve around the topic of the scale and its indicators, or represents a behavioral position. The number of phrases reached 80 phrase.

c) Validity of the scale:

"Virtual validity". The researcher presented the questionnaire to a number of (15) arbitrators from social work professors in terms of phrases link to the subject of the study, and also language integrity and formulation, delete and add some phrases, amend and formulate some phrases that were not agreed upon by not less than (85%) of the arbitrators.

Table No. (1) shows the coefficients of the scale stability

Indicator	Correlation coefficient
- Realizing the presence of health crises.	0.86
- Realizing the features of health crises.	0.88
- Realizing the causes of health crises.	0.92
- Realizing the dangers arising from health crises.	0.90
- Realizing ways to face crises and health disasters	0.78
- Realizing responsibility in facing health crises and disasters.	0.76
Overall scale	0.85

From the previous results, it is clear that correlation coefficients are high, both in the indicators and in the scale as a whole, which indicates the stability of the scale.

Validity of the scale:

Besides the researcher's reliance on the virtual validity or the validity of the arbitrators, the researcher calculated the self- validity coefficients by calculating the root of stability coefficient as follows:

Table No. (2) shows the calculation of the scale validity

Indicator	Correlation coefficient
– Realizing the presence of health crises.	0.93
– Realizing the features of health crises.	0.94
– Realizing the causes of health crises.	0.96
– Realizing the dangers arising from health crises.	0.95
– Realizing ways to face crises and health disasters	0.88
– Realizing responsibility in facing health crises and disasters.	0.87
Overall scale	0.92

And the previous results indicate that the validity coefficients are high, which reflects the validity of the scale.

E- The scale in its final form:

The scale came in its final form, consisting of 60 phrase, with 10 phrases for each of the six indicators of the scale. The correction key for the scale was determined by three responses. The respondent selects one of them. These responses are (Yes – Fairly – No), where the response "Yes" got three degrees, and the response "Fairly" got two degrees, and the response "No" got a degree. Thus the maximum limit of the scale is determined by $3 \times 60 = 180$ degrees and the minimum limit is $1 \times 60 = 60$ degrees.

Fourth: Study fields

(1) The spatial field of study:

It is represented by the preparatory schools affiliated to the Education Directorate in Cairo and Giza and represented by the following administrations:

a- The Directorate of Education in Giza, represented by:

- Haram Educational Administration.
- Giza Administration "South Giza".
- Imbaba administration "North".
- 6th of October Administration.

b- The Directorate of Education in Cairo, represented by:

- Nasr City Administration "North".
- Hadaeq Al Qubba Administration.
- Shubra "Al-Sahel" Administration.
- El-Zawya El-Hamraa Administration.

Reasons for choosing that spatial field:

1. The researcher's supervision of the third year "for training in the school field".
2. The good relationship between the researcher and the educational administrations of these schools.
3. Accepting social workers to cooperate with the researcher.
4. The importance of choosing that subject for study, and the importance of raising awareness about Corona virus within the school field.

(2) The human field of study:

1- All the social workers in the schools affiliated to the Directorate of Education in Giza, who are (100) social workers and (20) mentor from the social mentors, and collecting questionnaire data from all of them in a comprehensive inventory method.

(3) The time field of study:

The study was conducted from (19/01/2020 AD) to (10/03/2020 AD).

Second: The results of the study: Presentation, analysis and interpretation of data related to social group worker.

1- General results for social group worker.

Table No. (3) shows the type of group activities in which social group worker participate and lead to students' awareness of health crises, ranked according to their importance

Activity	Average	Rank
Sports activities	1.35	6
Social activities	3.0	3
Cultural activities	2.89	4
Artistic activities	2.20	5
Public and mobile service activities	3.22	2
Environmental activities	4.35	1

From the previous table, it is clear that the group activities practiced by social group worker through school groups lead to their awareness of health crises. From the point of view of social workers these activities are ranked according to their impact, which are environmental activities by average of 4.35, then public service activities by average of 3.22, then social activities by average of 3, and then cultural activities by average of 2.86.

Table No. (4) shows the methods used in group activities to develop social workers' awareness of health problems

Methods	Number	Percentage%
Group discussion	17	85%
Group projects	19	95%
Seminars and lectures	18	90%
Public service camps	16	80%
Environmental service projects	13	65%
Visits and excursions	12	60%

From the previous table, it is clear that the methods, used in group activities that lead to the social group worker awareness of health problems, are group projects by 95% of social group worker, followed by seminars and lectures by 90%, then group discussion by 85%, then public service camps by 80%.

Table No. (5) shows the goals pursued by group activities in the field of social group worker' awareness of health problems.

Goal	Number	Percentage%
Identifying the problems facing society	18	90%
Identifying the causes of these viruses	17	85%
Identifying the dangers of these viruses	15	75%
Identifying ways to face these viruses	12	60%
Identifying the responsibility of students in facing these crises	11	55%
Providing opportunities to participate in facing these crises	18	90%

From the previous table, it is clear that the goals pursued by group activities in the field of social group worker awareness of health problems, are providing opportunities for student participation in facing these crises by 90%, followed by identifying these crises, then identifying their causes and then identifying their dangers and methods of facing them.

Table No. (6) shows students' awareness of health problems and mentors' point of view

Realizing	Number	Percentage%
High	12	60%
Medium	4	20%
Low	4	20%
Total	20	100%

From the previous table, it is clear that 60% of the social group worker believe that students' awareness of health crises is high, 20% believe that awareness is moderate, 20% believe that awareness is low.

Table No. (7) shows the best methods that help students in realizing health problems

Method	Number	Percentage%
Camps and work projects	18	90%
Medical groups and committees	20	100%
Public service projects	18	90%
Health bulletins and magazines	16	80%
Health awareness programs	15	75%
Participate in health care competitions	18	90%

From the previous table it is clear that the best methods that help students to realize health crises, ranked according to their importance from the point of view of social group worker, are health groups and committees by 100%, then camps and work projects, public service projects and participate in health care competitions by 90%, then health bulletins and magazines by 80%.

Table No. (8) shows the benefits accrue to students by participating in group activities

Advantages	Number	Percentage%
Acquisition of experience and skills	19	95%
Feeling of self-satisfaction	16	80%
Spend free time in a beneficial way	14	70%
Increase knowledge and information	17	85%
Provide an opportunity to take responsibility and participation	16	80%
Identifying the community diseases	15	75%

From the previous table, it is clear that the benefits accrue to students by participating in group activities, from the point of view of social group worker, are the acquisition of experience and skills by 95%, then increase knowledge and information by 85%, followed by feeling of self-satisfaction and provide the opportunity to take responsibility by 80%, then Identifying the community diseases by 75%.

From the previous results, the study has answered the first question.

Table No. (9) shows the role of mentors in the field of social group worker' awareness of health problems

The role	Number	Percentage%
Help in evaluating health awareness programs	12	60%
Encourage students to participate in group activities	16	80%
Solve problems that hinder this participation	15	75%
Help students in gaining health knowledge	14	70%
Help students in gaining health skills	12	70%
Help students in using available resources	12	60%

From the previous table it is clear that the role of the social worker represented in encouraging students to participate in group activities by 80%, then solving problems that hinder this participation by 75%, then helping students in gaining health knowledge by 70%, then helping students in gaining health skills by 70%, and then helping students in using available resources by 60%.

Table No. (10) shows the role of working method with groups in the field of awareness of crises and health disasters

The role	Number	Percentage%
Help in forming healthy groups	16	80%
Help in setting up group programs	16	80%
Directing groups towards achieving their goals	15	75%
Help students to participate in health awareness programs	17	85%
Help students to use available resources	14	70%
Hold competitions on health aspects and prevent these diseases	18	90%

From the previous table it is clear that the role of the social group work in the field of students' awareness of crises and health disasters, from the point of view of social group worker, is holding competitions on health aspects and prevent these diseases by 90%, then helping students to participate in health awareness programs by 85%, then helping in forming healthy groups and helping in setting up group programs by 80%, and then directing groups towards achieving their goals by 75%.

Table No. (11) shows the strategies and techniques used by the social group work in the field of student awareness of crises and health disasters.

Strategies and techniques	Number	Percentage%
Group discussion	20	100%
Environmental situation technique	16	80%
Group project technique	14	70%
Behavior modeling technique	12	60%

From the previous table it is clear that the strategies and techniques used by the social group work in the field of student awareness of crises and health disasters, from the point of view of social group worker, are group discussion by 100% , then the environmental situation technique by 80%, then the group project technique by 70%, and then behavior modeling technique by 60%.

From the previous results, the study has answered the second question.

Second: The results of selecting hypotheses:

a) First hypothesis and its performance:

There is a positive and statistically significant relationship between the participation of social group worker in group activities in schools and their awareness of Corona virus.

Table No. (12) shows the selection of χ^2 (Chi-Square) between participating and not participating social group worker in group activities on the sub-indicators of the indicators of the scale of health problems' awareness, as well for the scale as a whole.

Indicator	Calculated χ^2	Tabular χ^2	Level of significance	significance
Realizing the presence of health crises.	18.6	9.310	0.01	significant
Realizing the features of health crises.	24.2	9.310	0.01	significant
Realizing the causes of health crises.	16.7	9.310	0.01	significant
Realizing the dangers arising from health crises.	21.0	9.310	0.01	significant
Realizing ways to face crises and health disasters	12.0	9.310	0.01	significant
Realizing responsibility in facing health crises and disasters.	11.4	9.310	0.01	significant
Overall scale	17.3	9.310	0.01	significant

From the previous table it is clear that:

- 1- By calculating χ^2 on the indicator of realizing the presence of health crises, it was found = 18.6 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the first sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in group activities in schools and their awareness of the presence of health crises.
- 2- By calculating χ^2 on the indicator of realizing the features of health crises, it was found = 24.2 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the second sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in group activities and their awareness of the features of health crises.
- 3- By calculating χ^2 on the indicator of realizing the causes of health crises, it was found = 16.7 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the third sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in group activities and their awareness of the causes of health crises.
- 4- By calculating χ^2 on the indicator of realizing the dangers arising from health crises, it was found = 21.0 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the fourth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship

- between the participation of social group worker in group activities and their awareness of the dangers arising from health crises.
- 5- By calculating χ^2 on the indicator of realizing ways to face crises and health disasters, it was found = 12.0 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the fifth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social workers in group activities and their awareness of the ways to face crises and health disasters.
 - 6- By calculating χ^2 on the indicator of realizing responsibility in facing health crises and disasters, it was found = 11.4 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the sixth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in group activities and their awareness of their responsibility in facing health crises and disasters.
 - 7- By calculating χ^2 on the scale of social group worker` awareness of health crises, it was found = 17.3 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social workers participating in group activities and non-participating social group worker, which indicates the validity of the first hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in group activities and the awareness of the students of health crises.

From the previous results, the study has answered the third question.

b) Second hypothesis and its performance:

There is a positive and statistically significant relationship between some personal and social variables of social group worker and their awareness of disasters and health crises.

Table No. (13) shows the selection of χ^2 (Chi-Square) between some personal and social variables for social group worker and their awareness of disasters and health crises

Variable	Calculated χ^2	Tabular χ^2	Level of significance	significance
(Age)	14.63	11.345	0.01	significant
(Gender)	8.51	6.635	0.01	significant
(Education)	22.16	13.277	0.01	significant
(Number of group activity practices)	15.60	11.345	0.01	significant
(Participation in health activities and programs)	17.632	6.635	0.01	significant
(Membership in other social organizations)	11.231	6.635	0.01	significant

From the previous table it is clear that:

- 1-By calculating χ^2 between the age of the social group worker and their awareness of health crises, it was found = 14.63 which is greater than the tabular value of χ^2 at $n = 3$, $\alpha = 0.01$ which equals 11.345, which means that there are significant differences between them, which indicates the validity of the first sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the age of the social group worker and their awareness of health crises. That is, age is a factor affecting the awareness of health crises in favor of the older group.
- 2-By calculating χ^2 between the gender of the social group worker and their awareness of health crises, it was found = 8.51 which is greater than the tabular value of χ^2 at $n = 1$, $\alpha = 0.01$ which equals 6.635, which means that there are significant differences between them, which indicates the validity of the second sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the gender of the social group worker and their awareness of health crises. That is, gender is a factor affecting the awareness of health crises in favor of the males.
- 3-By calculating χ^2 between the education level of the social workers and their awareness of health crises, it was found = 22.16 which is greater than

the tabular value of χ^2 at $n = 4$, $\alpha = 0.01$ which equals 13.277, which means that there are significant differences between them, which indicates the validity of the third sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the education level of the social group worker and their awareness of health crises. That is, education level is a factor affecting the awareness of health crises in favor of higher education level.

4-By calculating χ^2 between the duration of social group worker practicing group activities and their awareness of health crises, it was found = 15.60 which is greater than the tabular value of χ^2 at $n = 1$, $\alpha = 0.01$ which equals 13.277, which means that there are significant differences between them, which indicates the validity of the fourth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the duration of social group worker practicing group activities and their awareness of health crises. That is, the duration of social group worker practicing group activities is a factor affecting the awareness of health crises in favor of longer duration.

5-By calculating χ^2 between the participation of social group worker in health activities and programs and their awareness of health crises, it was found = 17.63 which is greater than the tabular value of χ^2 at $n = 1$, $\alpha = 0.01$ which equals 6.635, which means that there are significant differences between them, which indicates the validity of the fifth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in health activities and programs and their awareness of health crises. That is, the participation in health activities and programs is a factor affecting the awareness of health crises.

6-By calculating χ^2 between the membership of social group worker in other social organizations and their awareness of health crises, it was found = 11.231 which is greater than the tabular value of χ^2 at $n = 1$, $\alpha = 0.01$ which equals 6.635, which means that there are significant differences between them, which indicates the validity of the sixth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social workers in

health activities and programs and their awareness of health crises. That is, the membership of social group worker in other social organizations is a factor affecting the awareness of health crises.

From the previous results, we can conclude the validity of the second hypothesis of the study, and which states "There is a positive and statistically significant relationship between some personal and social variables of social group worker and their awareness of disasters and health crises."

From the previous results, the study has answered the fourth question.

A proposed vision, from the perspective of the social group work, to protect student families groups from the dangers of Coronavirus "Covid 19"

First: The theoretical basis of the vision

Using the theoretical basis and the professional and skill aspects of the social group work and its professional components, this program is based on the following theoretical basics:

1) Behavioral cognitive approach:

It is considered one of the approaches that the social group work depends on by dealing with the ideas, attitudes and knowledge of the members of the group to correct the wrong habits and ideas, and working to give the members of the group new ideas and knowledge that help them to interact positively.

The behavioral cognitive approach helps students in facing Corona virus in the following aspects:

1. Teaching and directing some new skills to prevent diseases.
2. Teaching students how to follow and understand the virus from the local and international community reality.
3. Directing students to logical thinking and teaching them how to modify wrong habits.

Second: The objectives of the proposed vision

a) Cognitive goals

1. Helping students to understand the changes that have appeared on society and work to avoid them and how to deal with them.

2. Understanding the roles of the school and the family and strengthening cooperation between them.
3. Students' knowledge of the virus, its seriousness, methods of protection, and how to solve it in a scientific and cognitive manner.

b) Skill goals:

1. Providing students with the skills to form social relationships with other schools at the same age.
2. Providing students with the skills to deal with these disasters and health crises.

c) Trends goals:

1. Providing students with positive trends towards anticipating health problems and health disasters that affect society.
2. Contributing to forming a positive trend for students and assessing the value of the school and the family in these problems.

Third: The types of groups that can be used in the proposed vision

1. Self-help groups.
2. Collective experience groups.
3. Personal growth groups.

Fourth: Strategies used by the social group worker practicing the social group work :

1- Social interaction strategy

Focusing on group thinking and dealing in a team work method.

2- Cognitive reconstruction strategy

Developing students' abilities, providing them with knowledge, information and ideas, and modifying their trends and ideas towards proper awareness programs.

3- Behavior modification strategy

It is represented in modifying some ideas, trends, and behaviors that are practiced on a daily basis to support healthy ideas.

Fifth: The techniques used by the social worker practicing the social group work:

1. Role Play
2. Group Discussion.
3. Group mentoring sessions.

Sixth: Professional activities and methods used by the social group worker practicing the social group work :

1. Seminars
2. Awareness lectures

Seventh: the skills used by the social group worker practicing the social group work

1. Observation skill
2. Recording skill
3. The skill of influencing student behavior.
4. Communication skill.
5. The skill of directing and mentoring.
6. Listening skill.

Eighth: The roles used by the social group worker practicing the social group work

1. The mentor.
2. The assistant.
3. The encouraging person.
4. The therapist.
5. The Claimant

Ninth: The success factors of the group mentoring program:

- 1- The social group worker who works with the groups shall have scientific, knowledge and skill experience, and have the ability to provide awareness programs for students to face these health crises.
- 2- The social group worker shall have the ability to cooperate and participate with the working team inside the school or the lecturers and participants in awareness programs from experts and specialists in the educational field.
- 3- The use of experts and specialists in the fields of health and the various media to prevent disaster risks and health crises.
- 4- Establishing and developing national reference laboratories for epidemic and infectious diseases.

Tenth: Discussion of Results

- 1- It is clear that the group activities practiced by social group worker through school groups lead to their awareness of health crises. From the point of view of social group worker these activities are ranked according to their impact, which are environmental activities by average of 4.35, then public service activities by average of 3.22, then social activities by average of 3, and then cultural activities by average of 2.86.
- 2- It is clear that the methods, used in group activities that lead to the social group worker' awareness of health problems, are group projects by 95% of social group worker, followed by seminars and lectures by 90%, then group discussion by 85%, then public service camps by 80%.
- 3- It is clear that the goals pursued by group activities in the field of social group worker' awareness of health problems, are providing opportunities for student participation in facing these crises by 90%, followed by identifying these crises, then identifying their causes and then identifying their dangers and methods of facing them.
- 4- It is clear that 60% of the social group worker believe that students' awareness of health crises is high, 20% believe that awareness is moderate, 20% believe that awareness is low.

- 5- It is clear that the best methods that help students to realize health crises, ranked according to their importance from the point of view of social group worker, are health groups and committees by 100%, then camps and work projects, public service projects and participate in health care competitions by 90%, then health bulletins and magazines by 80%.
- 6- it is clear that the benefits accrue to students by participating in group activities, from the point of view of social group worker, are the acquisition of experience and skills by 95%, then increase knowledge and information by 85%, followed by feeling of self-satisfaction and provide the opportunity to take responsibility by 80%, then Identifying the community diseases by 75%.
- 7- it is clear that the role of the social group worker represented in encouraging students to participate in group activities by 80%, then solving problems that hinder this participation by 75%, then helping students in gaining health knowledge by 70%, then helping students in gaining health skills by 70%, and then helping students in using available resources by 60%.
- 8- it is clear that the role of the working social group work in the field of students' awareness of crises and health disasters, from the point of view of social group worker, is holding competitions on health aspects and protect these diseases by 90%, then helping students to participate in health awareness programs by 85%, then helping in forming healthy groups and helping in setting up group programs by 80%, and then directing groups towards achieving their goals by 75%.
- 9- It is clear that the strategies and techniques used by the working method with groups in the field of student awareness of crises and health disasters, from the point of view of social group worker, are group discussion by 100% , then the environmental situation technique by 80%, then the group project technique by 70%, and then behavior modeling technique by 60%.
- 10- By calculating χ^2 on the indicator of realizing the presence of health crises, it was found = 18.6 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the first sub-hypothesis of the study, and which states that there is

a positive and statistically significant relationship between the participation of social group worker in group activities in schools and their awareness of the presence of health crises.

- 11- By calculating χ^2 on the indicator of realizing the features of health crises, it was found = 24.2 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the second sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in group activities and their awareness of the features of health crises.
- 12- By calculating χ^2 on the indicator of realizing the causes of health crises, it was found = 16.7 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the third sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in group activities and their awareness of the causes of health crises.
- 13- By calculating χ^2 on the indicator of realizing the dangers arising from health crises, it was found = 21.0 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the fourth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in group activities and their awareness of the dangers arising from health crises.
- 14- By calculating χ^2 on the indicator of realizing ways to face crises and health disasters, it was found = 12.0 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker,

which indicates the validity of the fifth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in group activities and their awareness of the ways to face crises and health disasters.

- 15- By calculating χ^2 on the indicator of realizing responsibility in facing health crises and disasters, it was found = 11.4 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social workers participating in group activities and non-participating social group worker, which indicates the validity of the sixth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social workers in group activities and their awareness of their responsibility in facing health crises and disasters.
- 16- By calculating χ^2 on the scale of social group worker` awareness of health crises, it was found = 17.3 which is greater than the tabular value of χ^2 at $n = 2$, $\alpha = 0.01$ which equals 9.310, which means that there are significant differences between the sample of social group worker participating in group activities and non-participating social group worker, which indicates the validity of the first hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in group activities and the awareness of the students of health crises.
- 17- By calculating χ^2 between the age of the social group worker and their awareness of health crises, it was found = 14.63 which is greater than the tabular value of χ^2 at $n = 3$, $\alpha = 0.01$ which equals 11.345, which means that there are significant differences between them, which indicates the validity of the first sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the age of the social workers and their awareness of health crises. That is, age is a factor affecting the awareness of health crises in favor of the older group.
- 18- By calculating χ^2 between the gender of the social group worker and their awareness of health crises, it was found = 8.51 which is greater than the tabular value of χ^2 at $n = 1$, $\alpha = 0.01$ which equals 6.635, which means that there are significant differences between them, which indicates the validity of

the second sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the gender of the social group worker and their awareness of health crises. That is, gender is a factor affecting the awareness of health crises in favor of the males.

- 19- By calculating χ^2 between the education level of the social group worker and their awareness of health crises, it was found = 22.16 which is greater than the tabular value of χ^2 at $n = 4$, $\alpha = 0.01$ which equals 13.277, which means that there are significant differences between them, which indicates the validity of the third sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the education level of the social group worker and their awareness of health crises. That is, education level is a factor affecting the awareness of health crises in favor of higher education level.
- 20- By calculating χ^2 between the duration of social workers practicing group activities and their awareness of health crises, it was found = 15.60 which is greater than the tabular value of χ^2 at $n = 1$, $\alpha = 0.01$ which equals 13.277, which means that there are significant differences between them, which indicates the validity of the fourth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the duration of social group worker practicing group activities and their awareness of health crises. That is, the duration of social workers practicing group activities is a factor affecting the awareness of health crises in favor of longer duration.
- 21- By calculating χ^2 between the participation of social group worker in health activities and programs and their awareness of health crises, it was found = 17.63 which is greater than the tabular value of χ^2 at $n = 1$, $\alpha = 0.01$ which equals 6.635, which means that there are significant differences between them, which indicates the validity of the fifth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in health activities and programs and their awareness of health crises. That is, the participation in health activities and programs is a factor affecting the awareness of health crises.

22- By calculating χ^2 between the membership of social group worker in other social organizations and their awareness of health crises, it was found = 11.231 which is greater than the tabular value of χ^2 at $n = 1$, $\alpha = 0.01$ which equals 6.635, which means that there are significant differences between them, which indicates the validity of the sixth sub-hypothesis of the study, and which states that there is a positive and statistically significant relationship between the participation of social group worker in health activities and programs and their awareness of health crises. That is, the membership of social group worker in other social organizations is a factor affecting the awareness of health crises.

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