

Development and Application of an Infant and Toddler Healthcare Program for Marriage-Migrant Women

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ABSTRACT

This study was conducted among Vietnamese marriage-migrant women to investigate the effect of both cardiopulmonary resuscitation (CPR) and first aid healthcare trainings on their knowledge and attitude towards CPR, self-efficacy, and first-aid. The experimental and control groups revealed statistically significant differences across all dependent variables: knowledge of CPR ($t = 3.26$, $p = 0.002$); attitude towards CPR ($t = 4.46$, $p = 0.019$); self-efficacy during CPR ($t = 2.77$, $p = 0.010$); and finally, knowledge on coping with emergency situations ($t = 2.77$, $p = 0.008$). A significant difference was indicated in their knowledge and attitude towards CPR, self-efficacy, and first aid depending on whether they attended the healthcare training program, which suggested its educative effect. CPR training and relevant information should be continually provided to Vietnamese marriage-migrant women to maintain this effect, and help provide them with guidelines to deal with an emergency situation faced by their family or neighbors.

KEYWORDS

Attitude, Coping With Emergency Situations, CPR (Cardiopulmonary Resuscitation), Knowledge, Self-Efficacy

INTRODUCTION

Outside the hospital, cardiac arrests occur most frequently at home, followed by a public place and in the street. A majority of cardiac arrest cases are witnessed by family members or the public (Ministry of Health and Welfare, 2013). The therapeutic effect of treatments for cardiac arrest is evaluated as the recovery of spontaneous circulation (ROSC). However, the most objective indicator is the discharge rate (Song & Oh, 2007). The ROSC rate was 43.9% and the survival rate was 10.3% in Korea (MHW, 2013). The factors associated with cardiopulmonary resuscitation (CPR), which have been proven by previous studies to improve the survival rate, were the time required to rescue after observing cardiac arrest, duration of bystander CPR, time to CPR, and time to defibrillation (Song & Oh, 2007). CPR performed by witnesses is important because there is a realistic limit to shortening the time needed for a first aid agent to receive a report and arrive at the scene. The mortality rate increases

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in proportion to the time elapsed after cardiac arrest (7–10% per minute). Ten to 15 minutes later, the possibility of revival is poor. In addition, mortality rates increase as the time between the onset of cardiac arrest and CPR increases; however, the survival rate is reported to be 2–3 times higher if CPR is performed by a witness (Song & Oh, 2007). Hence, there is an increasing recognition for the need to educate the general public on CPR (Lee et al., 2010).

Thus far, studies related to CPR training have included a variety of subjects from students (Roh et al., 2016) and healthcare providers, to non-healthcare providers (Chen et al., 2017; Song & Lee, 2015) and community members (Lee et al., 2010). Roh et al. (2016) measured knowledge, self-efficacy, and cardiac dysfunction before and after clinical practice in 255 Korean nursing students. Chen et al. (2017) conducted a study to assess the current level of CPR performance in non-medical practitioners in China, identify the willingness to perform CPR, identify obstacles in performing CPR, and improve CPR performance. In addition, there are many other studies that have been conducted in various settings.

Korea has a higher rate of safety accidents (37.4%) compared to advanced countries such as the US (30.2%) and Australia (12.4%) (Korea Consumer Agency, 2014). Furthermore, a high proportion of child safety accidents involve infants and toddlers under the age of 6 (e.g. 79.4% over 3 years from 2012 to 2014) (KCA, 2014). In Korea, the topmost cause of child mortality accounts for 32.0% of all deaths. Traffic accidents caused by children were followed by traffic (45.7%), drowning (14.1%), falling (8.9%), asphyxia (2.4%), and burning (1.1%). An injury is not accidental if it is due to an unexpected accident or violence. Physical or mental health consequences of individuals include those with risk factors, mediators of risk factors, or environmental risk factors. Just as health has a wider meaning than simply a disease-free state, safety also has a broader meaning beyond simply being undamaged. Child safety accidents primarily occur at home. Although they occur mostly in the presence of a parent or other family members as first witnesses, it is difficult for parents to handle an emergency situation appropriately, because most parents do not have specialized knowledge regarding first aid (Song & Lee, 2015).

As the number of marriage migrants rapidly increases through international marriage, Korea is fast becoming a multicultural society. In 2014, 48.4% of all foreign residents were women, the number of marriage migrants was 149,764, and people of Chinese nationality comprised the largest group of marriage migrants, followed by people of Vietnamese nationality (Statistics Korea, 2014). The present study was conducted as a part of the healthcare educational program to train Vietnamese marriage-migrant women on first aid to enable them to cope with emergency situations at home that might happen to their children. Specifically, the study was conducted to evaluate the effects of a CPR and first aid healthcare training program for infants and toddlers on trainees' knowledge, attitude, and self-efficacy in performing CPR, and ultimately to provide basic data useful in developing a standardized first aid healthcare training program for multicultural families.

MATERIALS AND METHODS

Data Collection and Participants

Study participants were Vietnamese marriage-migrant women with an infant or toddler under the age of 3, who were registered as members of a cultural center located in the J province. All participants were informed of the study objectives and gave their informed consent to participate in the study. The authors conducted the study using this specific population for the following reasons. First, Vietnamese make up 22.7%–34.3% of all marriage-migrant women who settled in Korea, which is the largest group (Statistics Korea, 2015). Second, most of Chinese marriage-migrant women are of Korean descent, with a very similar culture to the Korean culture. Vietnamese migrant women have difficulties in raising their children in Korea due to cultural differences (Cha & Kim, 2008; Kim, 2009; Seo et al., 2008). Third, there is an average age difference of about 17.0 years between Vietnamese

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