International
Journal of Human Studies
Uluslararası İnsan Çalışmaları Dergisi ISSN: 2636-8641

Cilt/Volume 4 Sayı/Issue 8 Yıl/Year: 2021 Alındı/Received: 07-11-2021 – Kabul/Accepted: 16-11-2021

The Hand Reaching out to Migrant Women and Children: The First Stroke!*

Göçmen Kadınlar ve Çocuklara Uzanan El: İlk Kulaç!

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Abstract

The aim of this study was to teach first aid skills and how to use an Automatic External Defibrillator (AED) to possible first responders to cases of drowning suffered by migrants on their sea-crossings in an effort to reduce the number of deaths and injuries caused by drowning, particularly of women and children. The study was of quasi-experimental design. The universe of the study constituted all the individuals who could be possible first responders to incidents of drowning in the areas of Kuşadası and Didim. The sample consisted of

Öz

Bu çalışmada göçmenlerin deniz yolu geçişlerindeki boğulma vakalarıyla ilk karşılaşma ihtimali olan kişilere ilkyardım eğitimi verilerek ilkyardım becerilerinin kazandırılması ve Otomatik Eksternal Defibralatör (OED) kullanımının öğretilmesi ile genelde tüm boğulma vakalarında, özelde ise kadınlar ve çocuklardaki ölüm ve sakatlık oranların azaltılması hedeflenmiştir. Çalışma yarı deneysel tipte yapılmıştır. Çalışmanın evrenini Kuşadası ve Didim'de boğulma vakalarıyla ilk olarak karşılaşma ihtimali olan tüm kişiler oluştururken,

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*This research was presented as a verbal presentation at the I. Adnan Menderes University Health Sciences Congress between June 29-July 1, 2017.

*Author's note: This paper is based on the data of the "First Stroke!" project supported by the A Development Agency as part of the 2016 Technical Support Program conducted by a university.

83 persons who participated in the training course that was provided as part of the project. These individuals received practical first aid training and were taught how to use an AED. Six months after the training, the effectiveness of the education was assessed with a "Course Effectiveness Assessment Questionnaire". In the effectiveness assessment made six months after the training, 88.0% of the participants correctly described what first aid is; 89.3% described how to assess the scene of the incident; 73.3% correctly described first aid procedures in cases of freezing, 86.7% in cases of heat-stroke; 82.7% identified the symptoms of full or partial congestion of the airways; 73.3% accurately explained how to perform the Heimlich Maneuver in conscious, unconscious adults, children and infants; 92.0% described general first aid applications in cases of drowning; 78.7% identified the "Heart Massage/Respiration rate" ratio in adult patients needing Basic Life Support; 94.7% correctly explained the purpose of an AED; 52.0% identified the parts of the device and 37.3% accurately described how to use the device. It was concluded in the evaluation of the course six months later that all the knowledge gained outside of the use of the AED had been retained by a rate of more than 50%.

Keywords: Children, Migrants, First Aid, Automatic External Defibrillator, Basic Life Support

örneklemini ise bu kişilerden proje kapsamında eğitimlere katılan 83 kişi oluşturmuştur. Bu kişilere uygulamalı ilkyardım eğitimi verilmiş ve OED kullanımı öğretilmiştir. Eğitimlerden altı ay sonra eğitimin etkinliği "Eğitim Etkinliği Değerlendirme Formu" ile değerlendirilmiştir. Eğitimlerden altı ay sonra yapılan eğitim etkinliği değerlendirilmesinde; katılımcıların %88.0'ı ilkyardımın tanımını, %89.3'ü olay yerinin değerlendirilme amacını, 73.3'ü donmalarda, %86.7'si sıcak çarpmasında yapılması gereken ilk yardım uygulamalarını, %82.7'si solunum yolunun tam ve kısmi tıkanma belirtilerini, %73.3'ü bilinçli, bilinci kapalı, yetişkin, çocuk ve bebeklerde Heimlick manevrasının nasıl yapılması gerektiğini, %92.0'ı boğulmalarda genel ilk yardım uygulamalarını, %78.7'si Temel Yaşam Desteği sağlanması gereken yetişkin hastada "Kalp Masajı / Solunum Sayısı " oranını, %94.7'si OED'nin ne işe yaradığını, %52.0'ı cihazın parçalarını, %37.3'ü cihazın nasıl kullanılması gerektiğini doğru olarak cevaplamıştır. Altı ay sonra yapılan eğitim etkinliği değerlendirilmesinde OED kullanımı dışındaki diğer bilgilerin %50'nin üstündeki oranlarda kalıcılık gösterdiği sonucuna varılmıştır.

Anahtar kelimeler: Çocuk, Göçmen, İlkyardım, Otomatik Eksternal Defibralatör, Temel Yaşam Desteği

Introduction

The century we are currently living in has been and continues to be a time in which millions of people are exposed to intense periods of migration and seeking asylum. It can readily be seen that if the conditions of today do not change, this will mean that the situation will only accelerate and continue on into the future. The issue has been brought about by the effects of political, social, economic turmoil and natural disasters around the world and as in the past, today too, it maintains its identity as one of

the most fundamental problems of the world and of humanity in general. While it affects all the developed countries in the world, it continues to impact the countries that are geographically close to or on the path of migration routes. Starting particularly after the second half of the 1980's as an offshoot of globalization, migration was first a response to economic, political, social and environmental threats and then became a forced abandonment of land and country for many people as an outcome of civil war, terrorism and human rights violations. In this context, it is clear that economic and political upheavals in the less developed and developing countries as well as conflicts of interest on national and international levels and civil war has compelled millions of people to leave their native lands by legal and illegal means. Turkey as well as been directly impacted by globalization and the current events around the world and as such, has become a target country for large movements of people seeking refuge and asylum, becoming a transit point for illegal migrations to other countries, primarily to countries in Europe (Bodur, 2014, p. 103-136; Bradby, Humphris, Newall, Phillimore, 2015, p. 44; İltica ve Göç Araştırmaları Merkezi, 2013, p. 1-6; Langlois, Haines, Tomson, Ghaffar, 2016, p. 319-21; Türkiye Büyük Millet Meclisi İnsan Haklarını İnceleme Komisyonu, 2014). In 2015, Turkey recorded an apprehension figure of 146,485 "irregular migrants" and in 2016, this number rose to 174,466 (T.C. İçişleri Bakanlığı Göç İdaresi Genel Müdürlüğü, 2017). The groups that are and will continue to be the most adversely affected by war and war-provoked migrations, which are predicted to be ongoing in the coming period, are women and children (Kılıç, Arslanyılmaz, Özvarış 2015, p. 237-244; Tuzcu and Ilgaz, 2015, 56-67; Türk Tabipler Birliği, 2016, p. 52-57; Yıldız and Cengiz, 2016). The most obvious indicator of the degree to which these groups are affected are the statistics that show that while civil losses in World War I accounted for 5%, in World War II, this rate rose to 67%, of which a large majority comprised women and children Kılıç et al. (2015). The psychological and physical damage that women and children suffer from current wars and migration processes need to be brought to a minimum by setting up action plans, methods of intervention and goals formulated to reduce mortality and disability rates. It is suggested that such interventions will serve not only to diminish the physical and psychological harm that all refugees, especially women and children, endure, but will also contribute to pulling down the number of deaths and injuries. Some of the interventions that can be undertaken are those geared to reduce death and injury rates in seafaring accidents taking place when refugees attempt to travel to Europe from Turkey. When the distribution of irregular migrants apprehended in Turkey is considered according to province, the striking finding is that there is a concentration in the cities along the coasts, pointing to the prominence of migrations via sea routes.

The locations most commonly used by migrants in their transit travels to Europe by sea are the provinces of Edirne, Çanakkale, Balıkesir, Izmir, Aydın and Muğla, which have access to the Aegean coast. Deaths and humanitarian tragedies occur as a result of seagoing vessels sinking while illegally transporting passengers. The most striking cause for these deaths are typically the plastic boats that are used in this transport because of their cheap availability and their capability of being easily carried over land. Passengers are boarded onto dilapidated, discarded plastic boats in numbers far above their capacity, leading to tearing and bursting of the vessel and capsizing, resulting in drowning incidents (Türkiye Büyük Millet Meclisi İnsan Haklarını İncele Komisyonu 2014). According to the statistics on Irregular Migrants published by the Coast Guard Command, 279 people in 2015 and 192 in 2016 lost their lives during these crossings (Sahil Güvenlik Komutanlığı, 2017). The pivot point of this study was the belief that death and injury rates related to drowning could be reduced if possible first responders who are at risk of encountering cases of drowning during migrant sea crossings are

taught first aid skills and how to use an Automatic External Defibrillator (AED). Although there are many studies in the literature on the status of illegal migrations in Turkey, no studies appear to have been conducted on reducing death and injury rates related to unsafe sea crossings. This study therefore sought to address the issue of reducing the number of deaths and injuries related to drowning among migrating refugees fleeing war, particularly the most vulnerable migrant group of women and children.

Research Question: Was the first aid course given to individuals who may be possible first responders in incidents of drowning effective?

Methods

The study is of quasi-experimental design. It is based on the data of the "First Stroke!" project supported by the A Development Agency as part of the 2016 Technical Support Program conducted by a university. A program of first aid education and training on the use of the AED was provided to persons (Coast Guard Boat Command and Coast Guard Safety Team personnel, marina personnel, boat and yacht personnel) who could be possible witnesses to drowning incidents as migrants attempted to cross the seas from Turkey to reach European countries. The education program was conducted in the towns of Kuşadası and Didim, both locations that are the most commonly accessed for the passage over the seas. This study sought to address the issue of reducing the number of deaths and injuries related to drowning among women and children, the group of migrants that is the most vulnerable to the adversities of the journey. The education continued over a period of four days, two of which were conducted in Kuşadası and two in Didim. Different people participated in the course sessions every day. A total of 83 individuals attended, 20 of these being in Kuşadası on August 15, 2016 and 20 on August 16, 2016, with 21 in Didim on August 17, 2016 and 22 on August 18, 2016. The universe of the study constituted all the individuals who could be possible first responders to incidents of drowning in the areas of Kuşadası and Didim. The sample consisted of 83 persons who participated in the training course that was provided as part of the project. The organizations the participants worked in were contacted and official approvals were obtained. Additionally, the participants provided their verbal consent. A university was contacted and the conference halls designated by the university were utilized in the program. The education covered general first aid knowledge, assessing the injured and the scene of the incident, first aid to be applied in the case of burns, freezing, heat stroke, Basic Life Support (BLS), the use of the AED, which were taught in the form of practical training. The time frame and subjects covered in the day-long program of education are shown in Table 1. A Development Agency assigned healthcare expert was in charge of teaching the program and an Agency Expert paid a visit on one of the days to make an assessment.

Table 1. Time frame and subjects covered in the day-long program of education

Subjects covered	Duration (min.)
General first aid knowledge	45
Assessing the patient, the injured and the scene of the incident	60
First aid in the case of burns, freezing, heat stroke	60
First aid in drowning incidents	15
BLS	120
AED	120
Practices	60

BLS: Basic life support; AED: Automatic external defibrillator

At the end of each day of training, the educators asked the participants to fill out the "Activity Evaluation Form" that was to be used as a written evaluation record. The form contained demographic information on the respondent's age, gender and education status. Each participant's Activity Evaluation Form was delivered to A Development Agency at the conclusion of the project. To assess the effectiveness of the education, six months after the program, the project coordinator prepared a "Course Effectiveness Assessment Questionnaire" on the topics covered by the program and filled this out during face-to-face interviews held with the participants. A pilot application of the questionnaire was conducted with 8 first aid attendants who were not participants in the research but had received first aid training at some other institution. The deficiencies noted in the pilot implementation were noted and revisions were applied to the final version of the questionnaire. The questionnaire covered six topics of the education with three questions for each topic, a total of 18 items: Definition of First Aid, its goals and basic applications, the purpose of assessing the scene of an incident, the first things to check when assessing the condition of an accident victim, how to evaluate respiration, first aid applications in cases of burns resulting from fire, chemicals, electrocution, first aid applications in the case of freezing, first aid applications in the case of heat stroke, the symptoms of full and partial congestion of airways, how to perform the Heimlich maneuver on conscious, unconscious adults, children and infants, general first aid applications in cases of drowning, the "Heart Massage/Respiration Rate" ratio that must be aimed for in BLS in adult patients, how much compression must be achieved in the rib cage when applying pressure on the chest in a heart massage, what kind of surface BLS should be performed on, the purpose of the AED, its components and how it is used.

The data were analyzed in the SPSS 11.5 computer program, using descriptive statistics. Additionally, while the number of participants attending the training program had been 83, 8

participants could not be reached at the time the course effectiveness assessment was carried out six months later, therefore only 75 participants were considered in the statistical analysis.

Results

The mean age of the participants in the research was 36.09±7.1; 88% were men, 12% were women. Of the participants, 39.8% were university graduates.

Of the participants, 88.0% were able to correctly define the meaning of first aid, 66.7% were able to describe its purpose, and 60.0% were able to name basic first aid techniques (Table 2).

Of the participants, 89.32% correctly described the purpose of assessing the scene of the incident, 73.3% were able to relate what to check initially in the case of a victim of an accident, 61.3% correctly explained how (with which method) respiration was evaluated (Table 2).

Of the participants, 56.0% correctly named the first aid techniques needed in the case of burns resulting from fire, chemicals, electrocution, 73.3% named the first aid applications needed in cases of freezing, 86.7% correctly identified the first aid applications needed in cases of heat stroke (Table 2).

Of the participants, 82.7% were able to name the symptoms of full or partial asphyxiation, 73.3% correctly described how to perform the Heimlich maneuver on conscious, unconscious adults, children and infants, 92.0% were able to describe the general first aid techniques to be used in cases of drowning (Table 2).

Of the participants, 78.7% correctly identified the "Heart Massage / Respiration Rate" ratio aimed for in BLS, 82.7% correctly answered the question about how much compression must be achieved in the ribs while applying chest pressure in a heart massage and 93.3% correctly identified the kind of surface BLS should be performed on (Table 2).

Of the participants, 94.7% were able to explain the function of an AED, 52.0% identified the components of the device, and 37.3% correctly explained how the device should be used (Table 2).

Table 2. Training knowledge retained by the participants six months after the course

Training knowledge (n=75)	**Yes** **n/%**	**No** **n/%**
General first aid knowledge		
Able to define first aid	66/88.0	9/12.0
Able to list goals of first aid	50/66.7	25/33.3
Able to list basic first aid techniques	45/ 60.0	30/40.0
Assessing the patient, the injured and the scene of the incident		
Identifying the purpose of assessing the scene of the incident	67/89.3	8/10.7

Able to list what must be checked first in assessing the victim of an accident	55/73.3	20/26.7
Knowing how (which method to use) to assess respiration	46/ 61.3	29/38.7
First aid in the case of burns, freezing, heat stroke		
Knowing first aid techniques that need to be used in cases of burns resulting from fire, chemicals, electrocution	42/ 56.0	33/44.0
Knowing first aid techniques that need to be used in cases of freezing	55/73.3	20/26.7
Knowing first aid techniques that need to be used in cases of heat stroke	65/86.7	10/13.3
First aid in drowning incidents		
Able to list the symptoms of full or partial asphyxiation	62/82.7	13/.17.3
Knowing how to perform the Heimlich maneuver on conscious, unconscious adults, children and infants	55/73.3	20/26.7
Knowing general first aid techniques in cases of drowning	69/92.0	6/8.0
BLS		
Knowing the "Heart Massage / Respiration Rate" ratio aimed for in adults	59/78.7	16/21.3
Knowing how much compression is needed in the ribs when applying chest pressure during a heart massage	62/82.7	13/17.3
Knowing what kind of a surface BLS must be performed on	70/93.3	5/6.7
AED		
Knowing what an AED is good for	71/ 94.7	4/5.3
Able to list the components of the AED	39/ 52.0	36/48.0
Knowing how to use an AED	28/ 37.3	47/62.7

BLS: Basic life support; AED: Automatic external defibrillator

Discussion and Conclusion

It was seen that teaching first aid techniques and skills to persons that may be first responders in cases of drowning during the sea voyage of migrants, giving them the skills needed in working with an AED, which were the aims of study in the effort to reduce mortality and injury rates in general in cases of drowning, particularly among women and children, resulted in an outcome of an over 50% correct response rate in the evaluation of the retention abilities of the participants, as reflected in their answers to questions asked of them six months after the completion of the program. This outcome is important in that it provides evidence that a large part of the knowledge transferred in the training program was not lost in the six-month period. Strömsöe et al. (p. 211-216) report that first aid attendants enrolled in a regular first aid course conducted in Sweden exhibited a high rate of success in being able to perform BLS in cases of cardiac arrest (55% in 2007). Consequently, annual refresher courses that constantly provide repetitions of the techniques taught may make a contribution to reducing mortality and injury rates in cases of drowning. Furthermore, Gülalp et al. (p. 151-158) state that in developed countries, this type of course is widely offered and has obtained successful results. While a large percentage of the participants knew what the function of an AED was, the fact that they did not know how to use it suggests that the time allotted to teaching the use of the device was insufficient and that this period should be extended. This is vital because an AED is a device that must be administered in the first few minutes of live-saving interventions performed on individuals who have stopped breathing. Manual BLS techniques lower the chance of success due to the fatigue of the person administering the procedure, faulty techniques and other factors. As opposed to the disadvantages of manual techniques, the use of the fully automatic AED device supports the persons administering the BLS by providing verbal commands in Turkish in clear and concise, easily understood language. This not only increases the effectiveness of BLS but saves time at a moment when seconds are a matter of life or death to the victim of an accident (Gülalp et al. 2012, Rhee, Kim, Kim, Choi. 2009, p. 231-237). When all of the advantages of the AED are considered, it appears that its widespread use is something that must be aimed for. For this reason, the AED must be kept on hand in all public areas and training on how to use the device must be widely implemented. Research has shown that the use of AED's placed in places of public access has achieved high rates of success (Drezner et al. 2007, p. 253-271; Lienhart, Breitfeld, Voelckel, 2005, p. 150-155; Whitfield et al. 2005, p. 269-277).

This study evaluated the effectiveness of the education only six months after its completion. It is therefore a limitation of the study that the effectiveness of the education was not examined both before and after the training.

In the six-month evaluation of the effectiveness of the education given to possible first responders in cases of drowning during the sea passage of migrants, it was found that 50% or more of the knowledge outside of the use of the AED had been retained. On the basis of this result, it might be recommended that the first aid courses be continued in the form of refresher courses to be repeated every year. Also, since the study revealed that the only knowledge that was largely forgotten in time was the use of the AED, it might be suggested that more time is allotted to the application of the AED in the course. Furthermore, a similar study to be conducted with evaluations made before and after the training might contribute to a more accurate assessment of the effectiveness of the course.

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