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DAFTAR LAMPIRAN

Lampiran 1

Surat Keputusan Pembimbing



UNIVERSITAS GALUH
FAKULTAS ILMU KESEHATAN

S1 KEPERAWATAN – S1 KEBIDANAN – PROFESI NERS – PROFESI BIDAN
Kampus : Jalan. R.E. Martadinata No. 150 Ciamis 46274 Nomor Kontak: 0821-1790-9060
website: fikes.unigal.ac.id / e-mail: fikes@unigal.ac.id

SURAT KEPUTUSAN
DEKAN FAKULTAS ILMU KESEHATAN UNIVERSITAS GALUH
NOMOR : 66 /401/SK/AK/D/XI/2025

TENTANG
PENGANGKATAN PEMBIMBING KARYA ILMIAH AKHIR NERS (KIAN)
PROGRAM STUDI PENDIDIKAN PROFESI NERS TAHUN AKADEMIK 2025/2026
FAKULTAS ILMU KESEHATAN UNIVERSITAS GALUH

DEKAN FAKULTAS ILMU KESEHATAN UNIVERSITAS GALUH

- MENIMBANG** : 1. Bahwa untuk kelancaran kegiatan Bimbingan Karya Ilmiah Akhir Ners (KIAN) perlu diangkat pembimbing Karya Ilmiah Akhir Ners (KIAN).
2. Bahwa untuk legalitas pembimbing dalam melakukan kegiatan bimbingan Karya Ilmiah Akhir Ners perlu diterbitkan Surat Keputusan Dekan.
- MENGINGAT** : 1. Undang-undang Nomor 12 Tahun 2012 tentang Pendidikan Tinggi;
2. Peraturan Pemerintah Nomor 4 Tahun 2014 tentang Penyelenggaraan Pendidikan Tinggi dan Pengelolaan Pendidikan Tinggi;
3. Permendikbud nomor 3 Tahun 2020 tentang Standar Nasional Perguruan Tinggi;
4. Keputusan Menteri Pendidikan Nasional Nomor 184/U/2001 tentang Pedoman Pengawasan, Pengendalian dan Pembinaan Program Diploma, Sarjana dan Pascasarjana di Perguruan Tinggi;
5. Surat Keputusan Yayasan Pendidikan Galuh Ciamis Nomor 1 Tahun 2025 tentang Statuta Universitas Galuh;
6. Peraturan Rektor Universitas Galuh Nomor 1 Tahun 2025 tentang Pedoman Akademik Universitas Galuh Tahun 2025;
7. Surat Keputusan Rektor Universitas Galuh Nomor : 262/4123/SK/G/VIII/2023 Tanggal 26 Agustus 2023 tentang Pemberhentian dan Pengangkatan Dekan Fakultas Ilmu Kesehatan Universitas Galuh Masa Jabatan 2023-2027;
- MEMPERHATIKAN** : Surat Ajuan dari Ketua Program Studi Ilmu Keperawatan Fakultas Ilmu Kesehatan Universitas Galuh Nomor 86/1490/SP/AK/Ka.Prodi_Kep/XI/2025 perihal Permohonan SK Pembimbing KIAN.
- MEMUTUSKAN**
- MENETAPKAN PERTAMA** :
Nama : **TSANIA ZAKIAH BASIT**
Nomor Pokok : **1490125061**
Program Studi : Pendidikan Profesi Ners
- KEDUA** : Mengangkat Pembimbing KIAN mahasiswa seperti yang tertulis pada diktum pertama sebagai berikut:
Pembimbing I : **Daniel Akbar Wibowo, S.Kep., Ners., M.M., M.Kep.**
Pembimbing II : **Dini Nurbaeti Zen, S.Kep., Ners., M.Kep., Sp.Kep.Kom.**
- KETIGA** : Tugas dan wewenang pembimbing KIAN:
a. Pembimbing KIAN ditugaskan untuk membimbing dan mengarahkan, dan memberikan masukan kepada mahasiswa dalam proses penulisan KIAN hingga selesai.
b. Dosen Pembimbing wajib memastikan bahwa KIAN yang disusun sesuai dengan standar akademik yang berlaku di Program Studi Profesi Ners Fakultas Ilmu Kesehatan Universitas Galuh
c. Pembimbingan KIAN dilaksanakan secara berkala sesuai dengan ketentuan yang berlaku.
- KEEMPAT** : Surat Keputusan ini berlaku sejak tanggal ditetapkan hingga mahasiswa menyelesaikan KIAN dan dinyatakan lulus sidang KIAN, dan apabila di kemudian hari ternyata terdapat kekeliruan dalam Surat Keputusan ini, akan dilakukan perbaikan sebagaimana mestinya.

Ditetapkan : Ciamis
Pada Tanggal : 6 November 2025
Dekan



D. Nurbaeti Zen, S.Kep., Ners., M.M., M.Kep.
NIP. 11.3112770275

Lampiran 2

JBICritical Appraisal

JBICritical Appraisal untuk Quasi-Experimental Studies

Reviewer : Tsania Zakiah Basit

Tanggal : 26/05/2026

Author : Naomi Sawada, et al.

Tahun Publikasi : 2025

Judul : *Family-Centered Care in Asthma Treatment for Patients Under 5 Years of Age*

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak Berlaku
1.	Apakah jelas dalam studi apa “penyebab” dan apa “efek” (tidak ada kebingungan variabel)?	✓			
2.	Apakah peserta yang dibandingkan berasal dari populasi yang sama?	✓			
3.	Apakah peserta mendapat perlakuan/perawatan yang sama selain intervensi utama?	✓			
4.	Apakah ada kelompok kontrol?		✓		
5.	Apakah terdapat beberapa pengukuran hasil sebelum dan sesudah intervensi/paparan?		✓		
6.	Apakah tindak lanjut peserta lengkap dan bila tidak, apakah perbedaannya dijelaskan?	✓			
7.	Apakah hasil diukur dengan cara yang sama untuk semua peserta?	✓			
8.	Apakah pengukuran hasil dilakukan secara reliabel/valid?	✓			
9.	Apakah analisis statistik yang digunakan sudah tepat?	✓			
Overall Appraisal		7			
Presentase		78%			

JBI Critical Appraisal untuk Quasi-Experimental Studies

Reviewer : Tsania Zakiah Basit

Tanggal : 26/05/2026

Author : Mingyu Shao, et al.

Tahun Publikasi : 2024

Judul : *Effects of Family-Supported Healthcare on Children with Asthma*

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak Berlaku
1.	Apakah jelas dalam studi apa “penyebab” dan apa “efek” yang diteliti?	✓			
2.	Apakah peserta yang dibandingkan berasal dari populasi yang sama?	✓			
3.	Apakah peserta mendapat perlakuan/perawatan yang sama selain intervensi utama?	✓			
4.	Apakah ada kelompok kontrol?	✓			
5.	Apakah terdapat beberapa pengukuran hasil sebelum dan sesudah intervensi/paparan?	✓			
6.	Apakah tindak lanjut peserta lengkap dan bila tidak, apakah perbedaannya dijelaskan?	✓			
7.	Apakah hasil diukur dengan cara yang sama untuk semua peserta?	✓			
8.	Apakah pengukuran hasil dilakukan secara reliabel/valid?	✓			
9.	Apakah analisis statistik yang digunakan sudah tepat?	✓			
Overall Appraisal		9			
Presentase		100%			

JBI Critical Appraisal untuk Qualitative Research

Reviewer : Tsania Zakiah Basit

Tanggal : 26/05/2026

Author : Eden Kassa, et al.

Tahun Publikasi : 2022

Judul : *Perceptions towards Childhood Asthma and Barriers to its Management among Patients, Caregivers and Healthcare Providers: A Qualitative Study from Ethiopia*

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak Berlaku
1.	Apakah terdapat kesesuaian antara perspektif filosofis dan metodologi penelitian?	✓			
2.	Apakah terdapat kesesuaian antara metodologi penelitian dan pertanyaan/tujuan penelitian?	✓			
3.	Apakah terdapat kesesuaian antara metodologi penelitian dan metode pengumpulan data?	✓			
4.	Apakah terdapat kesesuaian antara metodologi penelitian dan representasi serta analisis data?	✓			
5.	Apakah terdapat kesesuaian antara metodologi penelitian dan interpretasi hasil?	✓			
6.	Apakah peneliti menempatkan dirinya secara budaya atau teoritis?	✓			
7.	Apakah pengaruh peneliti terhadap penelitian dan sebaliknya dijelaskan?	✓			
8.	Apakah partisipan dan suara mereka terwakili secara memadai?	✓			
9.	Apakah penelitian dilakukan sesuai dengan etika penelitian saat ini?	✓			
10.	Apakah kesimpulan penelitian mengalir dari analisis atau interpretasi data?	✓			
Overall Appraisal		10			
Presentase		100%			

JBI Critical Appraisal untuk Qualitative Research

Reviewer : Tsania Zakiah Basit

Tanggal : 26/05/2026

Author : Kristin Kan, et al.

Tahun Publikasi : 2021

Judul : *Parent Experiences With Electronic Medication Monitoring in Pediatric Asthma Management: Qualitative Study*

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak Berlaku
1.	Apakah terdapat kesesuaian antara perspektif filosofis dan metodologi penelitian?	✓			
2.	Apakah terdapat kesesuaian antara metodologi penelitian dan pertanyaan/tujuan penelitian?	✓			
3.	Apakah terdapat kesesuaian antara metodologi penelitian dan metode pengumpulan data?	✓			
4.	Apakah terdapat kesesuaian antara metodologi penelitian dan representasi serta analisis data?	✓			
5.	Apakah terdapat kesesuaian antara metodologi penelitian dan interpretasi hasil?	✓			
6.	Apakah peneliti menempatkan dirinya secara budaya atau teoritis?	✓			
7.	Apakah pengaruh peneliti terhadap penelitian dan sebaliknya dijelaskan?	✓			
8.	Apakah partisipan dan suara mereka terwakili secara memadai?	✓			
9.	Apakah penelitian dilakukan sesuai dengan etika penelitian saat ini?	✓			
10.	Apakah kesimpulan penelitian mengalir dari analisis atau interpretasi data?	✓			
Overall Appraisal		10			
Presentase		100%			

JBI Critical Appraisal untuk Qualitative Research

Reviewer : Tsania Zakiah Basit

Tanggal : 26/05/2026

Author : Lauren Kelada, et al.

Tahun Publikasi : 2021

Judul : *Child and Caregiver Experiences and Perceptions of Asthma Self-Management*

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak Berlaku
1.	Apakah terdapat kesesuaian antara perspektif filosofis penelitian dan metodologi penelitian?	✓			
2.	Apakah terdapat kesesuaian antara metodologi penelitian dan pertanyaan/tujuan penelitian?	✓			
3.	Apakah terdapat kesesuaian antara metodologi penelitian dan metode pengumpulan data?	✓			
4.	Apakah terdapat kesesuaian antara metodologi penelitian dan representasi serta analisis data?	✓			
5.	Apakah terdapat kesesuaian antara metodologi penelitian dan interpretasi hasil?	✓			
6.	Apakah peneliti secara budaya atau teoritis menempatkan dirinya dalam penelitian?		✓		
7.	Apakah pengaruh peneliti terhadap penelitian dan sebaliknya telah dibahas?		✓		
8.	Apakah partisipan dan suara mereka terwakili secara memadai?	✓			
9.	Apakah penelitian dilakukan sesuai dengan etika penelitian yang berlaku dan terdapat persetujuan etik?	✓			
10.	Apakah kesimpulan penelitian mengalir dari analisis atau interpretasi data?	✓			
Overall Appraisal		8			
Presentase		80%			

JBI Critical Appraisal untuk Qualitative Research

Reviewer : Tsania Zakiah Basit

Tanggal : 26/05/2026

Author : Daniel Lange, et al.

Tahun Publikasi : 2024

Judul : *'Will anybody listen?' Parents' views on childhood asthma care: a qualitative study*

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak Berlaku
1.	Apakah terdapat kesesuaian antara perspektif filosofis penelitian dan metodologi penelitian?	✓			
2.	Apakah terdapat kesesuaian antara metodologi penelitian dan pertanyaan/tujuan penelitian?	✓			
3.	Apakah terdapat kesesuaian antara metodologi penelitian dan metode pengumpulan data?	✓			
4.	Apakah terdapat kesesuaian antara metodologi penelitian dan representasi serta analisis data?	✓			
5.	Apakah terdapat kesesuaian antara metodologi penelitian dan interpretasi hasil?	✓			
6.	Apakah peneliti secara budaya atau teoritis menempatkan dirinya dalam penelitian?	✓			
7.	Apakah pengaruh peneliti terhadap penelitian dan sebaliknya telah dibahas?		✓		
8.	Apakah partisipan dan suara mereka terwakili secara memadai?	✓			
9.	Apakah penelitian dilakukan sesuai dengan etika penelitian yang berlaku dan terdapat persetujuan etik?	✓			
10.	Apakah kesimpulan penelitian mengalir dari analisis atau interpretasi data?	✓			
Overall Appraisal		9			
Presentase		90%			

JBI Critical Appraisal untuk Qualitative Research

Reviewer : Tsania Zakiah Basit

Tanggal : 26/05/2026

Author : Ririn Rapika, et al.

Tahun Publikasi : 2023

Judul : *Analisis Pengalaman Keluarga Dalam Pemberian Dukungan Pada Anak Yang Menderita Asma*

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak Berlaku
1.	Apakah terdapat kesesuaian antara perspektif filosofis penelitian dan metodologi penelitian?	✓			
2.	Apakah terdapat kesesuaian antara metodologi penelitian dan pertanyaan/tujuan penelitian?	✓			
3.	Apakah terdapat kesesuaian antara metodologi penelitian dan metode pengumpulan data?	✓			
4.	Apakah terdapat kesesuaian antara metodologi penelitian dan representasi serta analisis data?	✓			
5.	Apakah terdapat kesesuaian antara metodologi penelitian dan interpretasi hasil?	✓			
6.	Apakah peneliti secara budaya atau teoritis menempatkan dirinya dalam penelitian?		✓		
7.	Apakah pengaruh peneliti terhadap penelitian dan sebaliknya telah dibahas?		✓		
8.	Apakah partisipan dan suara mereka terwakili secara memadai?	✓			
9.	Apakah penelitian dilakukan sesuai dengan etika penelitian yang berlaku dan terdapat persetujuan etik?			✓	
10.	Apakah kesimpulan penelitian mengalir dari analisis atau interpretasi data?	✓			
Overall Appraisal		7			
Presentase		70%			

JBI Critical Appraisal untuk Analytical Cross Sectional Study

Reviewer : Tsania Zakiah Basit

Tanggal : 26/05/2026

Author : Tang, et al.

Tahun Publikasi : 2024

Judul : *Knowledge, attitude, and practice toward asthma medication and adherence among parents of preschool children with asthma*

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak Berlaku
1.	Apakah kriteria inklusi dalam sampel dijelaskan dengan jelas?	✓			
2.	Apakah subjek dan setting penelitian dijelaskan secara rinci?	✓			
3.	Apakah paparan diukur dengan cara yang valid dan reliabel?	✓			
4.	Apakah kriteria objektif dan standar digunakan untuk mengukur kondisi?	✓			
5.	Apakah faktor perancu (confounding factors) diidentifikasi?	✓			
6.	Apakah strategi untuk mengatasi faktor perancu dijelaskan?	✓			
7.	Apakah hasil diukur dengan cara yang valid dan reliabel?	✓			
8.	Apakah analisis statistik yang digunakan sesuai?	✓			
Overall Appraisal		8			
Presentase		100%			

JBIC Critical Appraisal untuk Case Report

Reviewer : Tsania Zakiah Basit

Tanggal : 26/05/2026

Author : Via Jasinda Neola, et al.

Tahun Publikasi : 2022

Judul : *Penatalaksanaan Holistik Pasien Anak Dengan Asma Bronkial Melalui*

Pendekatan Kedokteran Keluarga

No	Pertanyaan	Ya	Tidak	Tidak Jelas	Tidak Berlaku
1.	Apakah karakteristik demografi pasien dijelaskan dengan jelas?	✓			
2.	Apakah riwayat pasien dijelaskan secara jelas dan kronologis?	✓			
3.	Apakah kondisi klinis pasien saat masuk dijelaskan dengan jelas?	✓			
4.	Apakah prosedur/intervensi pengobatan dijelaskan dengan jelas?	✓			
5.	Apakah kondisi pasien setelah intervensi dijelaskan dengan jelas?	✓			
6.	Apakah efek samping atau kejadian yang tidak diharapkan dilaporkan?		✓		
7.	Apakah terdapat pelajaran atau kesimpulan yang dapat diambil dari laporan kasus ini?	✓			
Overall Appraisal		6			
Presentase		86%			

Lampiran 3

Lembar Konsultasi Pembimbing I



PROGRAM STUDI KEPERAWATAN
FAKULTAS ILMU KESEHATAN
UNIVERSITAS GALUH CIAMIS

LEMBAR KONSULTASI

Nama Mahasiswa : ISANIA ZAKIAH BASIT
Pembimbing I : DANIEL AKBAR WIGOWO S.KEP. NERS. N.M. M.KEP.
Judul : LITERATURE REVIEW EFEKTIVITAS TERAPI KELUARGA
(FAMILY CENTERED CARE) DALAM MENINGKATKAN
KEPATUHAN PENGOBATAN PADA ANAK
DENGAN ASMA.

No	Hari/Tanggal	Saran	Paraf
1.	Kamis, 14 Mei 2026	Revisi Judul	✓
2.	Senin, 18 Mei 2026	- Revisi Bab 1-3 - Lanjut BAB 4	✓
3.	Selasa, 26 Mei 2026	- Revisi Bab 5 - Perbaiki penulisan.	✓
4.	Jumat, 29 Mei 2026	ACC Sidang KIAN	✓

Lampiran 4

Lembar Konsultasi Pembimbing II



PROGRAM STUDI KEPERAWATAN
FAKULTAS ILMU KESEHATAN
UNIVERSITAS GALUH CIAMIS

LEMBAR KONSULTASI

Nama Mahasiswa : TSANIA ZAKIYAH BAJIT

Pembimbing II : DINI NURBAETI LEN., S.KEP., NERS., M.KEP. SP. KEP. KOM

Judul : LITERATURE REVIEW EFEKTIVITAS TERAPI KELUARGA (FAMILY CENTRED CARE) DALAM MENINGKATKAN KEPATUHAN PENGOLAHAN KADA ANAK DENGAN ASMA.

No	Hari/Tanggal	Saran	Paraf
1.	2 Juni 2024	- Perbaiki Abstrak - Perbaiki cara penulisan kata ilmiah - perbaiki rumusan masalah - perbaiki tujuan penelitian - perbaiki manfaat penelitian - perbaiki kerangka penelitian - perbaiki hasil DSVIA → cek lagi terkait desain penelitian dan analisa - perbaiki pembahasan → utamanya bagaimana fce dijalankan di bebe rupa negara → bahasan	 

fampai meliballcen care giver.



**PROGRAM STUDI KEPERAWATAN
FAKULTAS ILMU KESEHATAN
UNIVERSITAS GALUH CIAMIS**

LEMBAR KONSULTASI

Nama Mahasiswa : Teania Zakiah Basit
 Pembimbing II : Dini Nurbaek Len., S.Kep., Ners., M.Kep., Sp.Kep.Kom
 Judul : LITERATURE REVIEW EFEKTIVITAS TERAP KELUARGA
(FAMILY CENTERED CARE) DALAM MENINGKATAN
KEPATUHAN PENGOBATAN PADA ANAK DENGAN
ASMA.

No	Hari/Tanggal	Saran	Paraf
		Perbaiki Abstrak	<i>[Signature]</i>
		Acc sidzy	<i>[Signature]</i>

Lampiran 5

Jurnal-Jurnal Penelitian

Kassa et al. *BMC Pulmonary Medicine* (2022) 22:184
<https://doi.org/10.1186/s12890-022-01984-2>

BMC Pulmonary Medicine

RESEARCH

Open Access



Perceptions towards childhood asthma and barriers to its management among patients, caregivers and healthcare providers: a qualitative study from Ethiopia

Eden Kassa^{1,2}, Rahel Argaw Kebede³ and Bruck Messele Habte^{2*}

Abstract

Background: The management of asthma, which is one of the major causes of childhood morbidity and mortality has been affected by non-adherence to recommended treatment regimens with severe consequences. The aim of the present study was therefore to explore the perceptions of the children with asthma, their caregivers and their healthcare providers towards asthma and barriers to long term childhood asthma management in an institutional setting in Addis Ababa, Ethiopia.

Methods: A qualitative descriptive design was followed for the present study that used individual interviews as a data collection method. The study participants were 23 pairs of children with asthma that had treatment follow-ups in two tertiary hospitals and their caregivers and eight healthcare providers who cared for these children. The data was analyzed using thematic analysis approach.

Results: The study findings revealed that the children's reported adherence to the recommended treatment regimens was low and they along with their caregivers were facing physical, emotional and social burdens related to asthma. Some of the influencing factors affecting childhood asthma management were found to be the low-level implementation of the asthma management guidelines by the healthcare providers, limited awareness about asthma and its management by the children and their caregivers, use of traditional home remedies and religious healing on a complementary and alternative basis and inadequate education received from healthcare professionals. Further identified barriers to the adherence of especially inhaled corticosteroids appear to be the low necessity beliefs towards chronic administration of treatment regimens and concerns related with difficulty of administration, fear of side effects and general negative attitude towards it, in addition to their low availability and affordability.

Conclusions: Low awareness of the biomedical treatment regimens and use of traditional home remedies and religious healing by the children with asthma and their caregivers, the low-level implementation of the asthma management guidelines as well as low access to medications may among other things contribute to the low adherence of the children to their recommended regimens. The findings support the need for implementation of asthma management guidelines, institution of strong asthma care and education programs that are sensitive to local and individual

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ARTICLE OPEN



Child and caregiver experiences and perceptions of asthma self-management

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Asthma is the most common chronic condition of childhood. Self-management is integral to good asthma control. This qualitative paper explores how children with asthma and their parents perceive asthma, their experience with asthma, and how they manage symptoms, preventions and medications within and outside the home. We undertook 15 focus groups with 41 school-aged (6–11 years) children with asthma and 38 parents. Parents and their children attended the same focus groups. We used thematic analysis to analyse the transcripts. Our findings show the impact asthma can have on children's social and emotional wellbeing and highlight how reliant school-aged children are on their parents to effectively manage their asthma. Parents reported being unsure when their child's symptoms warranted visiting their doctor or hospital. Schools were identified as a source of difficulty regarding asthma management; families reported that children may be self-conscious about their asthma and using their inhaler at school. School policies and teachers' lack of asthma knowledge were reported to exacerbate children's reluctance to use their inhaler at school. Our results have implications for the design and implementation of children's self-management interventions for their asthma, particularly when they are at school and away from their parents.

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INTRODUCTION

Asthma is the most common chronic condition of childhood with approximately 14% of children worldwide experiencing asthma symptoms¹. In Australia, 1 in 10 children under the age of 15 years has asthma, with the highest prevalence in those aged 5–9 years (13%)². Poorly controlled asthma is commonly observed³, related to poorer quality of life among children, and can impose significant burden on families and the health-care system⁴. Children with asthma access health-care services more frequently (416 hospitalisations per 100,000⁵), experience increased school absenteeism⁶, have sleep disturbance⁷ and restriction to everyday activity compared to children without asthma⁸. Caregivers of children with asthma also experience lower quality of life and higher workplace absenteeism than caregivers of children without asthma⁹.

Self-management is integral to good asthma control. Asthma clinical guidelines in Australia and internationally advocate for the inclusion of routine self-management education for patients with asthma^{9–12}. Self-management programmes for children with asthma have important health benefits, including improved lung function, decreased morbidity, fewer days absent from school and reduced visits to emergency departments^{13,14}. Emerging evidence also shows that apps and other digital media may be effective tools to facilitate asthma self-management, particularly among adolescents and adults^{15–18}. However, further research is needed to assess the appropriateness and desired content of apps for children with asthma and their parents¹⁹.

Responsibility for management of a child's asthma predominantly lies with the caregivers. However, it is important for

children to begin to learn greater self-management as they commence school and spend increasing amounts of time away from direct parental care^{20–22}. This transfer of responsibility for asthma management is likely to align with Piaget's theory of cognitive development. As children move from the preoperational stage (2–7 years) to the concrete operational stage (7–11 years) of development, they begin to develop logical thinking skills which are necessary for following an asthma management plan²³. However, school-aged children still lack the abstract thinking and planning skills required for the complex series of decision-making involved in autonomous asthma self-management. Therefore, to understand asthma management among children of this age group, the perspectives of both children and parents should be included.

It is important to understand families' lived experiences of asthma management, both within and outside the home, given their central role in reducing asthma symptoms, as well as the substantial burden of disease imposed by childhood asthma. The aim of this study was to explore the experiences and perspectives of asthma and current and desired asthma self-management strategies of both children and caregivers, to enable identification of potential areas for improvement²⁴.

METHODS

The current study was part of a larger project to develop an app to help families manage child asthma. The current study focusses on data gathered from focus groups to explore the experiences and perspectives of children with asthma and their caregivers. The

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Effects of Family-Supported Healthcare on Children with Asthma

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Introduction: Healthcare is essential for asthma control, however, whether family-supported healthcare improves therapeutic effects in childhood asthma remains unclear.

Methods: The enrolled patients were randomly divided into control and intervention groups. The pulmonary function was evaluated by forced expiratory volume in 1 s as a percentage of forced vital capacity (FEV1/FVC) and fractional exhaled nitric oxide (FeNO). Asthma control and life quality were assessed via a childhood asthma control test and pediatric asthma quality of life questionnaire. Inflammatory cytokines interleukin-6 (IL-6) and interleukin-17 (IL-17) were determined by enzyme-linked immunosorbent assay.

Results: No significant differences existed in the basic characteristics of asthma children and their parents among two groups. The increase of FEV1/FVC was higher in the intervention group versus the control group ($76.47 \pm 10.76\%$ vs $69.76 \pm 8.88\%$, $p = 0.001$ at the time of post-intervention), and the decrease of FeNO was greater in the intervention group (30.43 ± 6.85 bbp vs 35.64 ± 6.62 bbp, $p = 0.003$ at the time of post-intervention). Family-supported healthcare highly improved asthma control and quality of life in childhood asthma post-treatment. Meanwhile, the inflammatory cytokines IL-17 (118.14 ± 25.79 pg/mL in intervention group vs 142.86 ± 28.68 pg/mL in control group, $p = 0.004$ at the time of post-intervention) and IL-6 (103.76 ± 23.11 pg/mL in intervention group vs 119.73 ± 22.68 pg/mL in control group, $p = 0.009$ at the time of post-intervention) significantly decreased by family-supported healthcare intervention. Importantly, acute exacerbation (80.8% in intervention group vs 95.7% in control group, $p = 0.030$) and rehospitalization cases (88.5% in intervention group vs 100% in control group, $p = 0.028$) also decreased by family-supported healthcare intervention.

Discussion: Family-supported healthcare improves pulmonary function and quality of life while alleviates inflammation, acute exacerbation, and rehospitalization in childhood asthma post-routine treatment.

Keywords: asthma, family-supported healthcare, pulmonary function, IL-6, IL-17

Introduction

Bronchial asthma, also known as asthma, is the most common chronic lung disease of childhood, with 420000 deaths worldwide, and developing countries account for over 80% of child deaths worldwide.^{1,2} Asthma is an incurable disease that requires careful management to be controlled. Uncontrolled asthma results in high healthcare costs, including acute ambulatory, emergency and in-patient hospital care. The Global Initiative for Asthma (GINA) regards asthma control as the absence of recurrent exacerbations.³ A recent study showed that 59.6% of asthma patients experienced at least one exacerbation post-therapy in a year, and almost one in three experienced three or more exacerbations.⁴ The life quality of asthma patients is significantly impaired including lethargy, sleep disturbance, decreased activity and poor concentration.

Simple asthma drugs, such as controllers like inhaled corticosteroids and relievers like short-acting bronchodilators, can be used to treat the symptoms of asthma. These drugs have been developed over time and are recognized as essential medicines by the World Health Organization.⁵ The fact that accessibility and availability are still major problems in low-income nations makes them one of the most crucial challenges. Reliever treatment, or salbutamol, was not listed as a necessary medication in 72% of low-income nations, according to a survey.⁶ Similarly, only 50% of all asthma patients

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Analisis Pengalaman Keluarga Dalam Pemberian Dukungan Pada Anak Yang Menderita Asma

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Article Info	Abstract
Key words : Analysis, Asthma, Providing Support Corresponding author: Lussyefrida Yanti Email: lussyefrida@umb.ac.id	<i>Asthma is a heterogeneous disease which is usually characterized by a history of wheezing, shortness of breath, chest tightness, and cough, which varies over time and in intensity accompanied by variations in airway obstruction during expiration. This study aims to determine the family's experience in providing support to children who suffers from asthma at the Nusa Indah Public Health Center, Bengkulu city in 2021. This type of research is qualitative with a research design using a phenomenological approach with a purposive sampling technique. The results of the researchers got themes and subthemes obtained from an analysis of family experiences about providing support to children with asthma through interviews with the three informants, the results obtained that the three informants already understood calmly providing support to children with asthma by wearing jackets, wearing masks, wearing blankets, keep the diet, avoid cigarette smoke & dust. Suggestions for the Nusa Indah Health Center in Bengkulu City can provide education to the community about how to prevent asthma and can educate families on how to support children with asthma.</i>

PENDAHULUAN

Asma adalah penyakit heterogen, biasanya ditandai dengan peradangan saluran napas kronis, gejala pernapasan seperti mengi, sesak napas, dada sesak dan batuk yang bervariasi dari waktu ke waktu (Asthma, 2019). Berdasarkan data dari GINA, 2020. Asma merupakan masalah kesehatan global khususnya di negara berkembang yang menyebabkan kematian paling banyak di dunia. Biaya pengobatan yang mahal membuat masyarakat terbebani untuk mengatasi masalah asma pada keluarga.

Berdasarkan data dari (Asthma, 2020). Asma mempengaruhi sekitar 300 juta orang di seluruh dunia dan diperkirakan pada tahun 2025 akan mencapai angka 400 juta penderita asma. Jumlah ini dapat saja lebih besar mengingat asma merupakan penyakit yang *under diagnosed*. Buruknya kualitas udara dan berubahnya pola hidup masyarakat diperkirakan menjadi penyebab meningkatnya penderita asma. Data dari berbagai negara menunjukkan bahwa prevalensi penyakit asma berkisar antara 1-18%.

Di Indonesia, berdasarkan data Riset Kesehatan Dasar (2018) menyebutkan bahwa prevalensi asma pada penduduk semua umur di Indonesia adalah 2,4%, asma pada anak dengan kelompok umur <1 berada pada angka 0,4%, 1-4 berada pada angka 1,6%, 5-14 berada pada angka 1,9%, Menurut data yang didapat dari hasil studi pendahuluan Riskesdas Kota Bengkulu, dari 2,4% prevalensi asma di Provinsi Bengkulu

ORIGINAL ARTICLE

Family-Centered Care in asthma treatment for patients under 5 years of age

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Abstract

Background: Family-Centered Care (FCC) is important for self-management education and partnership building in childhood asthma treatment. This study aimed to gather suggestions for promoting FCC in the asthma treatment of patients aged <5 years.**Methods:** We conducted a web-based survey of pediatric doctors, nurses, and pharmacists in Japan between June and August 2023. We measured the degree of FCC using the Measure of Processes of Care for Service Providers (MPOC-SP) and assessed its associated factors using multiple regression analysis.**Results:** In total, 133 participants responded to the survey. MPOC-SP scores were 4.70 ± 1.03 for showing interpersonal sensitivity, 3.82 ± 1.34 for providing general information, 4.58 ± 1.28 for communicating specific information about the child, and 5.12 ± 0.95 for treating people respectfully. Their perception of sufficient time for FCC and good interprofessional collaboration was significantly associated with a high degree of FCC.**Conclusions:** Adequate provision of information to families and effective information-sharing within and between families is essential for improving FCC in childhood asthma treatment. To further promote FCC, securing time for FCC, raising awareness of its importance even in limited timeframes, and fostering interprofessional collaboration are key.

KEYWORDS

asthma, family, family-centered care, health communication, healthcare provider

INTRODUCTION

Childhood asthma is a common chronic disease among children worldwide, with a heavy disease burden.¹ The social impact is also significant, such as absenteeism from school, unscheduled medical visits, and hospitalization.¹ In Japan, the number of hospitalizations for childhood asthma has drastically decreased, and asthma-related deaths have reached zero owing to the dissemination of the Japanese guidelines for childhood asthma.² However, its prevalence rate is approximately 1 in 10 in children aged 6–8 years³; therefore, childhood asthma remains an important chronic disease in Japan.

To treat and manage childhood asthma effectively, domestic and international guidelines state that self-management education and partnership building are vital.^{1,2} They also state that healthcare providers should support not only patients but also their families, especially when treating children under 5 years of age.^{1,2}

On the other hand, systematic reviews have highlighted difficulties faced by families with children experiencing asthma, such as “lack of psychosocial support for families”^{4,5} and “communication problems between family and healthcare providers”.⁶ Family-Centered Care (FCC) has been recommended as a means to address these challenges.

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Original Paper

Parent Experiences With Electronic Medication Monitoring in Pediatric Asthma Management: Qualitative Study

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Abstract

Background: Electronic medication monitoring (EMM) is a digital tool that can be used for tracking daily medication use. Previous studies of EMM in asthma management have been conducted in adults or have examined pediatric interventions that use EMM for less than 1 year. To understand how to improve EMM-enhanced interventions, it is necessary to explore the experiences of parents of children with asthma, recruited from outpatient practices, who completed a 12-month intervention trial.

Objective: The objective of our study was to use qualitative inquiry to answer the following questions: (1) how did using an EMM-enhanced intervention change parents'/caregivers' experiences of managing their child's asthma, and (2) what do parents recommend for improving the intervention in the future?

Methods: Parents were recruited from the intervention arm of a multicomponent health intervention enhanced by Bluetooth-enabled sensors placed on inhaler medications. Semistructured interviews were conducted with 20 parents of children aged 4-12 years with asthma. Interviews were audio-recorded, transcribed, and inductively analyzed using a constant comparative approach.

Results: Interview participants reflected an even mix of publicly and privately insured children and a diverse racial-ethnic demographic. Parents discussed 6 key themes related to their experience with the EMM-enhanced intervention for the management of their child's asthma: (1) compatibility with the family's lifestyle, (2) impact on asthma management, (3) impact on the child's health, (4) emotional impact of the intervention, (5) child's engagement in asthma management with the intervention, and (6) recommendations for future intervention design. Overall, parents reported that the 12-month EMM intervention was compatible with their daily lives, positively influenced their preventive and acute asthma management, and promoted their child's engagement in their own asthma management. While parents found the intervention acceptable and generally favorable, some parents identified compatibility issues for families with multiple caregivers and frustration when the technology malfunctioned.

Conclusions: Parents generally viewed the intervention as a positive influence on the management of their child's asthma. However, our study also highlighted technology challenges related to having multiple caregivers, which will need to be addressed in future iterations for families. Attention must be paid to the needs of parents from low socioeconomic households, who may have more limited access to reliable internet or depend on other relatives for childcare. Understanding these family factors will help refine how a digital tool can be adopted into daily disease management of pediatric asthma.

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Penatalaksanaan Holistik Pasien Anak Dengan Asma Bronkial Melalui Pendekatan Kedokteran Keluarga

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Abstract

Asthma is a chronic respiratory disease based on chronic inflammation that results in obstruction and hyperreaction of the respiratory tract as a result of the interaction between genetic factors, host factors, and the environment. According to WHO, the death rate due to asthma in Indonesia reaches 24,773 people or around 1.77 percent of the total population mortality, while placing Indonesia in 19th in the world regarding deaths from asthma. Asthma management must be with continuous monitoring to achieve controlled asthma, so doctors must manage patients holistically from various aspects to improve the patient's quality of life. Application of evidence-based medicine-based family doctor services to patients by identifying risk factors, clinical problems, and patient management based on a patient-centered problem solving framework with a patient-centered approach and a family approach. This study is a Case Report. Primary data were obtained through history taking, physical examination, home visits to complete family and psychosocial, and environmental data. Assessment is based on a holistic diagnosis from the start, process and end of the study in quantitative and qualitative terms. Boy children patient with intermittent asthma. On internal factors include as genetic factors from the patient's mother and lack of awareness in avoiding precipitating factors. External factors include allergies to cold, dust and consumption of cold drinks made from preservatives. Pharmacological and non-pharmacological interventions are carried out in the form of education in preventing the occurrence of asthma attacks in patients. The diagnosis and management of these patients has been carried out in a holistic, patient centered, family approach and based on several recent theories and research. In the process of behavior change, the patient and family have reached the adoption stage.

Keywords: asthma, genetic factors, family medicine management

Abstrak

Asma merupakan penyakit respiratori kronik dengan dasar inflamasi kronik yang mengakibatkan obstruksi dan hiperreaktivitas saluran respiratori sebagai hasil interaksi antara faktor genetik, faktor inang, dan lingkungan. Menurut WHO, angka kematian akibat penyakit asma di Indonesia mencapai 24.773 orang atau sekitar 1,77 persen dari total jumlah kematian penduduk, sekaligus menempatkan Indonesia di urutan ke-19 di dunia perihal kematian akibat asma. Penatalaksanaan asma harus dengan pemantauan yang berkelanjutan untuk tercapainya asma yang terkontrol, sehingga dokter harus menatalaksana pasien secara holistik dari berbagai aspek untuk meningkatkan kualitas hidup pasien. Penerapan pelayanan dokter keluarga berbasis *evidence based medicine* pada pasien dengan mengidentifikasi faktor risiko, masalah klinis, serta penatalaksanaan pasien berdasarkan kerangka penyelesaian masalah pasien dengan pendekatan *patient centred* dan *family approach*. Studi ini adalah studi kasus penatalaksanaan holistik anak dengan asma bronkial. Data primer diperoleh melalui anamnesis, pemeriksaan fisik, kunjungan rumah untuk melengkapi data keluarga dan psikososial, serta lingkungan. Penilaian berdasarkan diagnosis holistik dari awal, proses dan akhir studi secara kuantitatif dan kualitatif. Pasien anak laki-laki dengan asma intermiten. Faktor internal pada kasus ini antara lain faktor genetik dari ibu pasien dan kurangnya kesadaran dalam menghindari faktor pencetus. Faktor eksternal meliputi alergi dingin, debu serta konsumsi minuman dingin yang berbahan pengawet. Dilakukan intervensi farmakologis dan non farmakologis berupa edukasi dalam mencegah terjadinya serangan asma berulang pada pasien. Penegakan diagnosis dan penatalaksanaan pada pasien ini telah dilakukan secara holistik, *patient centered*, *family approach* dan berdasarkan beberapa teori dan penelitian terkini. Pada proses perubahan perilaku, pasien dan keluarga sudah mencapai tahap *adoption*.

Kata Kunci: asma, faktor genetik, penatalaksanaan kedokteran keluarga

'Will anybody listen?' Parents' views on childhood asthma care: a qualitative study

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Abstract

Background: Asthma is the most common chronic disease in children, resulting in considerable morbidity and healthcare utilisation, especially in geographical areas with high deprivation. Parents play a pivotal role in children's asthma management.

Aim: To explore the views of parents whose children have asthma, regarding barriers and facilitators to receiving adequate asthma care.

Design & setting: A qualitative study conducted in an urban, multi-ethnic setting with high socioeconomic deprivation and paediatric asthma-related hospital admissions.

Method: The study used a pragmatic approach underpinned by a perspective of critical realism. Parents of children with asthma were recruited through purposive and convenience sampling, and data were collected through semi-structured interviews. Transcripts were analysed using thematic analysis, facilitated by NVivo12 software.

Results: Ten parents participated in nine interviews. Six themes were identified relating to the following: (1) the establishment of a new life dynamic following a diagnosis of asthma; (2) the turbulent and drawn-out process of asthma diagnosis; (3) the roles and expectations of the partnership established between parents and healthcare services; (4) the importance of schools in asthma management; (5) sources and access to relevant information; and (6) the importance of social support networks. Parents frequently felt unsupported and misunderstood, particularly during the diagnostic process.

Conclusion: Unmet parental educational and emotional needs, particularly around the time of diagnosis, were identified as a key barrier to adequate asthma management. Deeper understanding of gaps in support can instruct asthma care delivery and inform co-produced interventions, thus improving asthma outcomes in children.

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Author Keywords: asthma, child health, qualitative research

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How this fits in

Asthma is the cause of considerable morbidity, unplanned hospital presentations and, unfortunately, mortality, in children in the UK each year. Parents play an important role in its management but often face challenges when caring for their children. This qualitative study adds to the literature by exploring parents' views in a multi-ethnic, urban setting with high levels of socioeconomic deprivation. It offers insight into some of the barriers and facilitators they face when looking for support in providing adequate asthma care for their children.



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Preschool children's asthma medication: parental knowledge, attitudes, practices, and adherence

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Chongqing, China**Introduction:** As parents or legal guardians primarily care for children with asthma, understanding their knowledge, attitudes, and practices (KAP) barriers to treatment and medication adherence is of essential importance. This study aimed to analyze the KAP toward asthma medication and adherence among preschool-aged asthmatic children's parents and explore the factors influencing adherence.**Methods:** This cross-sectional study was conducted between February 2023 and April 2023. Parents of preschool children with asthma were asked to complete the questionnaire containing knowledge, attitude, practice dimensions, and demographic characteristics. The Morisky Medication Adherence Scale (MMAS) was used to investigate adherence.**Results:** A total of 632 valid questionnaires (154 male and 478 female) were included. Parents showed moderate knowledge (9.49 ± 2.86 , 63.27%, possible range: 0–15) and moderate attitudes (26.18 ± 2.51 , 74.80%, possible range: 7–35) towards asthma medication, while their practices (27.46 ± 5.26 , 91.53%, possible range: 6–30) were proactive; however, medication adherence was low (4.84 ± 1.78 , total score: 8). The attitude scores (OR = 1.10, 95% CI: 1.01–1.19, $P=0.020$), practice scores (OR = 1.16, 95% CI: 1.12–1.21, $p < 0.001$), and smoking (OR = 1.64, 95% CI: 1.14–2.37, $p = 0.008$) were associated with medication adherence.**Discussion:** Preschool-aged asthmatic children's parents showed moderate knowledge, attitudes, and proactive practice toward asthma medication. Continuous training and education programs should be provided for parents to improve asthma medication management in preschool children.

KEYWORDS

knowledge, attitudes, practice, asthma, children, treatment adherence and compliance, cross-sectional study

Introduction

Asthma is a long-term condition characterized by coughing, wheezing, shortness of breath, and chest tightness, varying in intensity and frequency. These symptoms are accompanied by chronic airway inflammation and variable airflow obstruction (National Asthma and Prevention, 2007; Healthcare Improvement Scotland, 2019;

Lampiran 6

Daftar Riwayat Hidup

DAFTAR RIWAYAT HIDUP



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Riwayat Pendidikan :

1. SDN Cibeureum : 2010-2015
2. MTsN 1 Kota Tasikmalaya : 2015-2018
3. SMAN 3 Kota Tasikmalaya : 2018-2021
4. S-1 Keperawatan Universitas Galuh : 2021-2025