LIVED EXPERIENCES OF THE CHILDREN WITH ASTHMA AT SCHOOL

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Lived Experiences of the Children with Asthma at School

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DECLARATION OF ORIGINALITY

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- this thesis contains no material that has been submitted or accepted for a degree or diploma in any other educational institution;
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ABSTRACT

Lived Experiences of the Children with Asthma at School

This qualitative study aims to investigate the lived experiences of children aged 12 to 15 with asthma at school. The study examines the lived experiences, needs, expectations, and coping strategies of children living with asthma from the perspectives of both the children and their mothers. Given that the study was conducted during the COVID-19 pandemic, it also includes the experiences of the children during this period. The study focuses on the health-related quality of life of the children, aiming to observe their unique experiences at school. To gather data, semi-structured interviews were conducted with six children and their mothers. The data was analyzed using a thematic approach, resulting in the identification of nine main themes: 1) the meaning of asthma, 2) emotional influences of asthma, 3) limitations in daily life, 4) environmental triggers of asthma, 5) social relationships of children with asthma, 6) the influences of asthma on academic life, 7) coping with asthma as a chronic disease, 8) expectations from the school, and 9) the influence of the pandemic era on children with asthma. The findings highlight that school is a microsystem where children with asthma reside, and their needs in the school environment, where they spend most of their time, can be addressed through appropriate intervention plans. School counseling services play a significant role in providing developmental, preventive, and supportive services for these children. School counselors can also contribute to raising awareness about asthma and serve as a valuable resource. Additionally, it is recommended to conduct more comprehensive studies aimed at empowering children and their mothers, as well as establishing asthma-sensitive school systems.

ÖZET

Okullarda Astımlı Çocukların Yaşadığı Deneyimler

Bu nitel araştırma, okuldaki astım hastası 12-15 yaş arasındaki çocukların yaşantılarını incelemeyi amaçlamaktadır. Çalışma, astım hastası çocukların yaşantıları, ihtiyaçları, beklentileri ve başa çıkma stratejilerini hem çocukların hem de annelerinin bakış açılarıyla ele almaktadır. Çalışma, COVID-19 pandemi döneminde gerçekleştirildiği için çocukların bu dönemdeki deneyimlerini de içermektedir. Sağlıkla ilgili yaşam kalitesi odaklı olan bu çalışma, çocukların okuldaki benzersiz deneyimlerini gözlemlemeyi amaçlamaktadır. Veri toplamak için altı çocuk ve anneleriyle yarı yapılandırılmış mülakatlar gerçekleştirilmiştir. Veriler tematik bir yaklaşım kullanılarak analiz edilmiş ve dokuz ana tema belirlenmiştir: 1) astımın anlamı, 2) astımın duygusal etkileri, 3) günlük yaşamda sınırlamalar, 4) astımı tetikleyen çevresel etmenler, 5) astımlı çocukların sosyal ilişkileri, 6) astımın akademik yaşama etkisi, 7) kronik bir hastalık olarak astımla başa çıkma, 8) okuldan beklentiler ve 9) astımlı çocuklar üzerinde pandemi döneminin etkisi. Bulgular, okulun astımlı çocukların yaşadığı bir mikrosistem olduğunu ve çocukların çoğu zamanlarını geçirdikleri okul ortamında ihtiyaçlarının uygun müdahale planlarıyla karşılanabileceğini vurgulamaktadır. Okul rehberlik hizmetleri, bu çocuklara yönelik gelişimsel, önleyici ve destekleyici hizmetlerin sağlanmasında önemli bir rol oynamaktadır. Ayrıca, okul rehberlerinin astım konusunda farkındalığı artırmaya ve değerli bir kaynak olmaya katkıda bulunabileceği belirtilmektedir. Bunun yanı sıra, çocukları ve annelerini güçlendirmeyi ve astıma duyarlı okul sistemleri kurmayı hedefleyen daha kapsamlı çalışmaların yapılması önerilmektedir.

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The statement “People need to each other” shows how important social support is. We can be a light on our paths by understanding each other. As I get deeper into this field, I witnessed my own personal growth through understanding others. As I work harder with children over time, I realised that the high value of understanding a child’s special world. Being understood by people is so special if children have some disadvantages such as asthma or other chronic diseases. When I was a child, I suffered from asthma thus I decided to search for the inner worlds of the children that experience asthma on my thesis. I feel heartfelt gratitude to the mothers and their children who wholeheartedly opened to me.

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CHAPTER 1

INTRODUCTION

Chronic health conditions are prevalent and increasing worldwide regardless of age groups, gender or ethnicities (Anderson & Durstine, 2019). The chronic nature of an illness causes changes in the entire life of a person with a chronic condition rather than affecting only a part of his or her life (Stein & Jessop, 1982). Moreover, in childhood chronic conditions, the entire family is affected by the illness as well as the child in terms of the burden of the condition. Children with a chronic condition, their parents and siblings have common problems and have common lived experiences in relation to chronic illness regardless of the needs, demands and characteristics of illness (Stein & Jessop, 1982).

According to the World Health Organization (WHO), asthma is one of the most common childhood chronic diseases (WHO, 2020).

It is a respiratory disease, thus appearing with cough, wheezing, shortness of breath and chest tightness. Children with asthma suffer from these symptoms in daily life (WHO, 2020). According to the Global Initiative for Asthma (GINA), asthma can cause exacerbations, and in severe cases it can be life-threatening (GINA, 2015).

Asthma is a lifelong chronic disease; this means that asthma never goes away completely but its symptoms can reduce or go away for a period of time. Individuals with asthma can experience asthma exacerbation and the frequency and severity of attacks can change depending on the asthma severity level. Therefore, the main objectives of the treatment plan are to reduce asthma symptoms and prevent asthma attacks; in other words, the goal is to bring the asthma under control (Erdinç & Gülmez, 2013). Medical treatment plans, routine health controls and the ways to

avoid asthma triggers can provide individuals with asthma to maintain daily life activities (WHO, 2020). Nowadays, those who have uncontrolled asthma experience some physiological disturbances including sleep disturbances, concentration problems, and tiredness. In addition, children with uncontrolled asthma experience school absenteeism, problems of performance at school and various psychological problems in childhood; adults with asthma may miss working days or job loss, have problems of performance at work and experience psychological and financial problems more than individuals with controlled asthma, (WHO, 2020). On the other hand, even if asthma is controlled via medical treatment, when the asthma gets worse, there may be similar consequences because of asthma exacerbations regardless of asthma severity. Taking all of this into account, asthma may influence every aspect of the life of an individual with asthma (WHO, 2020).

According to the WHO (2020), there are serious mortality rates caused by asthma worldwide. Furthermore, there were nearly 262 million individuals suffering from asthma and asthma caused 461,000 deaths in 2019. Tarraf et al. (2018) carried out a cross-cultural program in five countries (Egypt, Turkey, Kuwait, Saudi Arabia, and the United Arab Emirates) to assess asthma prevalence among the adult population. Study findings revealed that four out of a hundred individuals in Turkey suffer from asthma (Tarraf et al., 2018). Another study (2014) was carried out to examine the prevalence of asthma in Istanbul. The study accessed 9,991 adolescents from all districts of the city. Findings of the study showed that 11% percent of adolescents who were between 13-14 years are diagnosed with asthma in Istanbul, Turkey (Akçay et al., 2014).

Asthma prevalence has increased around the world. According to the Turkish Thoracic Society (2020), asthma is the most common chronic childhood disease in

Turkey. Literature shows that although asthma prevalence is quite high both in children and the adult population, asthma awareness is still poor in Turkey. Yıldız, Yardım, Ekinci, and Yorgancıoğlu (2013) conducted a study to evaluate awareness of asthma and chronic obstructive pulmonary disease (COPD) in Turkey which involved 8,342 adults over the age of fifteen in many cities of Turkey. Participants filled out a questionnaire including asthma and COPD awareness developed by the Turkish Ministry of Health. Findings of the study demonstrated that individuals who live in Turkey lacked enough information about both asthma and COPD. This study revealed that 51% of the participants knew that asthma is a genetic disease. While 27% of the participants did not have an idea whether asthma is an infectious disease or not, 15% of them indicated that it is an infectious disease. Fifty-five percent of the participants did not have an idea whether asthma medications cause drug dependency or not (Yıldız, Yardım, Ekinci, & Yorgancıoğlu 2013).

Parallel to this study, a study was constituted by Karadağ, Macunluoğlu and Ediger (2018) to assess awareness of teachers about asthma at schools in Bursa, Turkey showed similar results that 37% of the participants had no idea about whether medications of asthma cause drug dependency or not. In addition, the study also showed that 46% of the teachers did not know how many students had asthma in their school. Moreover, 64% of the teachers believed that students with asthma can also participate in physical exercises in school (Karadağ, Macunluoğlu, & Ediger 2018).

Ferrante and Grutta (2018) examined asthma prevalence and burden of asthma worldwide. They indicated that asthma has lifelong influences on individuals with asthma and their families. Ferrante and Grutta (2018) compiled the socioeconomic burden of asthma in three categories: direct costs of asthma, indirect

costs of asthma and intangible costs. The direct costs of asthma are the treatment and management costs such as hospitalization, emergency visits, asthma care, diagnostic issues and medication. Indirect costs are task-related costs such as missing school days by children or work days by adults due to the exacerbation of asthma. Also, the productivity loss may be regarded as an indirect cost. Intangible costs are non-quantifiable costs. Deterioration in quality-of-life, being deprived of physical exercises, reduced study performance and psychological effects including anxiety and depression are considered as intangible costs (Ferrante & Grutta, 2018). Although it cannot be quantified, the intangible costs of asthma on children are quite significant (Ferrante & Grutta, 2018).

Schools are one of the most significant environments for children since they spend most of their time at school together with friends, teachers and school staff (Catalano et al., 2004). Many longitudinal and intervention studies provide evidence of the importance of school bonding-school connectedness for promoting the healthy development of young people. School bonding supports academic success, reduces barriers to learning, and reduces health problems (Catalano et al., 2004). However, studies have shown that students with asthma experience some problems in school life in relation to asthma. Many studies show that students with asthma have more school absences due to the sudden exacerbations when compared to students without asthma. Obviously, absenteeism can affect children's school performance (Collins et al., 2008).

In addition, according to some studies, children with asthma have to limit some of their physical activities at school. Siqueira et al. (2017) conducted a study to investigate the experiences of children with asthma at school. In this study, children reported their dissatisfaction about restrictions in physical activities because of their

asthma. In addition, children with asthma may be worried about attending physical exercises, and also their parents have concerns about their children's physical activities because of the probability of asthma exacerbations (Siqueira et al., 2017; Van Gent et al., 2008).

Children with asthma also have social and emotional problems at school because of their illness. According to a qualitative study that examined the influences of asthma on school-aged children, children with asthma are reluctant to carry inhalers at school because of worry about being ridiculed by their peers (Siqueira et al., 2017). Another study revealed that children with asthma can perceive their illness as a disability because of the embarrassment of having to use an inhaler at school (Laster et al., 2009). According to a study by McCabe and Strauss (2020) who worked with adolescents with asthma in terms of bullying for the first time, 27.5% of the 1,634 adolescent females with asthma were bullied at school and 24.7% of the adolescent females were electronically bullied, meaning that the bullying happened through social media, texts, or emails. When it comes to age, the study revealed that those who got bullied were more likely to be girls aged sixteen or younger (McCabe & Strauss, 2020).

According to Van Gent et al. (2008), International Classification of the Functioning, Disability and Health (ICF) enables broader perspectives about how individuals experience their health condition in daily life. According to the ICF, researchers categorized influences of asthma on children and their parents under the title of a) impairments of body functions such as obstruction, and inflammation; b) activity limitations such as cycling and running; and c) restrictions of participation such as sport, school, social functioning, and the quality-of-life (Van Gent et al., 2008). Although physical activity has an important role in children's health, asthma

substantially hinders sports activities. Asthma has an influence on a child's daily routine, involvement in school activities, interactions with friends and family, and social outings. For the family, asthma may limit involvement in social activities, holidays, owning pets, work hours, and interactions with friends and family (Butz et al., 1995; Juniper, 1997; Nocon & Booth, 1991 as cited in Van Gent et al., 2008). Considering the school, asthma can have a negative effect on attendance, school performance and participation in school activities for children with asthma, lastly the perception of the child about living with asthma influences his or her experiences related to symptoms, physical activity and emotional status, all of which are part of the concept of quality-of-life (Van Gent et al., 2008).

The perception of the chronic condition itself and its experiences can be explained by the 'quality-of-life' concept (Van Gent et al., 2018). Van den Bemt et al. (2010) conducted a study to clarify components of the asthma specific health-related quality-of-life (HRQL) and to use these components in developing an instrument which was individualized HRQL for childhood asthma. The results of focus groups revealed five main domains of health-related quality-of-life, which were categorized as: physical complaints including asthma symptoms, limitations in activities, limitation due to environmental triggers, influences on social life, and emotional and mental influences (Van den Bemt et al., 2010).

According to Van Gent et al. (2008), the advantages of questionnaires are that they are sensitive to certain issues related to asthma and can capture symptoms and functional areas. However, not all aspects of physical activity, social influences, and school life on asthma are covered by these questionnaires. Taking this into account, the current study was carried out in-depth to examine lived experiences of children

with asthma at school from both children and their parents' perspectives. This study aimed to go beyond other survey studies.

Therefore, the main aim of this study was to understand the experiences and difficulties of children with asthma within the framework of health-related quality-of-life domains which were physical complaints including asthma symptoms, limitations in activities, limitations due to environmental triggers, influences on social life, and emotional and mental influences, which were stated as well in the study conducted by (Van den Bemt et al., 2010). Examining difficulties, feelings, and perceptions about living with asthma, coping strategies, and also peer relationships of the children with asthma can enable substantial perspectives to understand their school experiences, one of the most important parts of their childhoods.

According to Rodehorst (2003), teachers, school staff and school principals are crucial for children with asthma in terms of noticing and managing their attacks in school and also reducing the possible burden of the illness in the child's school life. Thus, the current study also aimed to increase awareness about asthma for teachers, school counselors, students, school staff and school principals who are in the position of enabling a supportive environment for a child's chronic condition. In addition, one of the aims was to evaluate the results from the perspective of the school counseling and to shed light on future studies that could be conducted in a school setting.

Therefore, throughout this research study, the lived experiences of children with asthma were examined by using health-related quality-of-life components specific to the children's school life.

1.1 Significance of the study

The ultimate objective of this study was to understand lived experiences of children with asthma at school. In the literature, there are many studies examining how asthma influences the daily lives of children with asthma. For instance, Wildhaber, Caroll and Brand (2012) conducted a study to investigate the influences of asthma in the daily lives of children. In the studies of Van den Bemt et al. (2010), and Siqueira et al. (2017), being a child with asthma was examined and the particularities and difficulties of this condition were examined. There are some studies that investigated the perceived quality-of-life of parents and their children who have asthma and also some studies examined children's school functioning including absenteeism, school performance, peer relationships and well-being at school. For instance, Stridsman, Dahlberg, Zandren and Hedman (2017) investigated school attendance of children with asthma by using two-cross sectional population-based studies ten years apart from each other. Moreover, Silverstein et al. (2011) conducted a study to investigate school attendance and its influences on school performance of children with asthma.

Although school is one of the most important places for children, there are limited numbers of studies that investigated the influences of asthma on school life. Stewart et al. (2011) studied children with asthma to understand their educational and support needs. Researchers conducted interviews with children with asthma, and also with their parents. Depending on the study results, researchers determined the children's and their parents' intervention needs, including improving the methods of coping with these children and their parents in terms of living with asthma. Another qualitative study was conducted by Williams et al. (2011) to determine the experiences of the children with asthma and their parents at school. According to results of the study, the researchers determined the beliefs of children and their

parents about physical exercise for children with asthma. Therefore, this current study aimed to contribute to the literature by examining children's school experiences, including their difficulties, needs and expectations, more comprehensively through their subjective stories instead of focusing on a single subject.

Secondly, in Turkey, it can be seen that studies relating with childhood asthma were generally carried out in nursing or medical departments of universities. Therefore, it is a substantial need to carry out further studies in the field of counseling. Counseling services are the protective factor for the child in the school (Gallo, 2017). School counselors can be aware of the unique needs of the students with chronic conditions and lead interventions for students to gain understanding about illness, develop strategies to cope with the illness and enhance their involvement in daily life (Wodrich & Cunningham 2008). Therefore, this study may be a source of inspiration for the subsequent research studies in terms of understanding experiences, difficulties, coping strategies and needs of children with asthma in school settings, which are different from clinical settings. Thus, asthma should not be treated as only a medical problem; it should be treated in an interdisciplinary approach where the fields of counseling, education, developmental and clinical psychology are also included (Celano and Geller, 1993).

Thirdly, in Turkey, there are few studies investigating the quality-of-life of the parents and their children with asthma. Pediatric asthma quality-of-life questionnaire was generally used in Turkey which has three domains, namely, 'symptoms', 'activity limitation' and 'emotional functioning.' It has questionnaire forms for both children and parents. According to Van Gent et al. (2018), these questions on forms are insufficient to evaluate living with asthma in all its bearings

such as influences on social life, school performance, and physical activities. Thus, this study adds a new perspective to the literature in Turkey by examining children with asthma in a more detailed and in a qualitative way.

According to Avcil et al. (2018), the greater the burden of asthma in the family is, the greater the chance that the family may have negative thoughts about the disease. If parents have negative attitudes toward the condition of the children, the psychological well-being of the children are also likely to feel worse about themselves (Marsac, Funk, & Nelson, 2007). Studies revealed that mothers of children with asthma reported their children's school performance as lower than what was recorded on school reports (Kohen, 2010). According to Marsac, Funk and Nelson (2007), mothers of the children with asthma perceive their children as less healthy than they are (Marsac, Funk, & Nelson, 2007). In this respect, fourthly, this study aimed to take not only the children's but also their parents' perspectives in relation to living with asthma, based on asthma-related quality-of-life domains in detail, and also perspectives in relation to coping strategies of children with asthma at school.

Fifthly, this study was carried out in the era of the COVID-19 pandemic; it was a new and uncertain era worldwide. Because of lack of information about the influences of COVID-19 pandemic era on chronic conditions, people with chronic conditions felt worried and fearful throughout the pandemic (Fard et al., 2021). Although it was a difficult era, some research studies showed that children or adults with asthma reported less exacerbations during this period than prior to the COVID-19 pandemic. According to Zhang (2021), it can be attributed to the fact that people were not exposed to the triggers of asthma while at home or that they took precautions outside to avoid those triggers. It can be seen that management of

asthma, hospitalization or the psychological influences of the COVID-19 pandemic era on children with asthma were examined by some researchers. Therefore, this study also included the experiences of children with asthma during the COVID-19 pandemic.

1.2 Purpose of the study

The purpose of this qualitative study was to understand the lived experiences of children with asthma at school. The experiences of children with asthma living in Istanbul, Turkey, were examined from both the parents' and the children's perspective. Within this study, it can be seen how a child with asthma experiences school differently from his or her peers without asthma. Therefore, based on the results of the current study, some adjustments need to be made according to the needs of children with chronic conditions, especially asthma, in schools. From the school counselor's perspective, students, teachers, school staff, school principals and even parents can be aware of these children's difficulties, needs, and expectations from the school. Within the purpose of the current study, in-depth interviews were conducted with six children and their parents.

1.3 Research questions

This research study addressed the following questions for children suffering from mild or moderate asthma who are also students at middle school and their parents:

i. What do children with asthma experience at school?

ii. How is the quality-of-life of the children with asthma described in the following domains?

- Physical complaints including asthma symptoms,

- Limitations in their activities,
- Limitations due to environmental triggers,
- Influences on social life,
- Emotional and mental influences,

iii. How do children with asthma cope with the difficulties relating to asthma in daily life and school life, also in the pandemic era?

iv. How do the parents of the children with asthma perceive their children's illness in terms of their children's quality-of-life, specific to the school context?

CHAPTER 2

LITERATURE REVIEW

2.1 Definition of asthma

Asthma is a prevalent long-term chronic respiratory disease. It is a serious disease affecting children and adults. In this chronic respiratory disease, within inflammation of the airways in the lungs, the air passages narrow, and the airway wall thickens. Consequently, asthma leads to some symptoms such as coughing, wheezing, shortness of breath and chest tightness. These symptoms vary over time in their occurrence, frequency, and intensity. Symptoms are generally worse at night or during physical activities (WHO, 2020).

When individuals with asthma are exposed to asthma triggers, asthma can worsen, or asthma attacks can occur. In general, asthma is triggered by dust, smoke, furry animals, feathers, changes in the weather, pollen, fumes, colds, strong perfumes, being under stress, physical exercises and viral infections (WHO, 2020). In addition, asthma triggers vary from person to person (WHO, 2020). According to the GINA (2015), drugs sometimes can even be triggers of asthma. Beta-blockers, aspirin, and non-steroidal anti-inflammatory drugs (NSAIDs) are among drugs that may trigger asthma.

2.1.1 Epidemiology of asthma

According to the WHO (2020), in general, there is not a single or direct reason for asthma but there are different risk factors. Genetic factors; allergic conditions, such as eczema and rhinitis; early life events such as low-birth weight and prematurity; exposure to tobacco smoke; air pollution results from urbanization; overweight and

obesity are risk factors for asthma. Moreover, environmental allergens and irritants such as indoor and outdoor air pollution, house dust, dampness and exposure to chemicals may pose a risk for asthma (WHO, 2020).

2.1.2 Asthma severities

There are four asthma severities: 1) mild intermittent asthma, 2) mild persistent asthma, 3) moderate persistent asthma, and 4) severe persistent asthma (Urbano, 2008). Individuals with asthma experience the influences of asthma on their daily lives and they need to plan medical treatment, depending upon asthma severity. Mild intermittent asthma is one of the most prevalent types of asthma. Individuals with mild intermittent asthma generally have symptoms either lasting fewer than two days per week or two nights per month; and these symptoms are mild and do not cause any restrictions in daily activities. Individuals with mild persistent asthma generally experience asthma symptoms at least twice a week, also experience the symptoms at night at least four times per month. In moderate levels of asthma, daily life activities are influenced, and asthma symptoms are experienced daily and one night per week. In severe asthma levels, individuals with asthma suffer from asthma symptoms several times a day, also mostly at night. Severe asthma extremely limits individuals' daily life activities, and it can be fatal (Asthma Australia, 2021).

According to Urbano (2008), there are two main domains in the classification of asthma severity level: impairment level and determining risk. Impairments mean that the influences of asthma on an individual's current quality-of-life; functioning in daily life; frequency of nocturnal awakening; missing workdays or school absenteeism. Determining risks means to estimate future exacerbations; impairments; and whether there is a risk of death. For the assessment of the two domains, objective

measures are used such as spirometry and peak flow meters that monitor lung function. In addition, current symptoms and the history of medication are taken into account for the diagnosis of asthma. Detailed clinician assessment and judgement are also quite important for the assessment of risk (Urbano, 2008).

2.1.3 Diagnosis of asthma

Asthma is characterized by 1) repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing, and 2) variable expiratory airflow limitations (GINA, 2015).

For the diagnosis of asthma, the history of an individual's asthma is very important. In the history of asthma, symptoms (wheezing, coughing, chest tightness, shortness of breath) are generally frequent and recurrent and also may vary in intensity. Patients feel healthy when there are no symptoms of asthma and when symptoms generally occur in the nighttime. It is seen that after physical exercises, individuals with asthma generally suffer from wheezing and the shortness of breath. In this disease, the infection increases symptoms; however, symptoms are reduced with the proper treatment plan or disappear on their own. Additionally, for the diagnosis of asthma, there should be evidence of variable expiratory airflow limitations. These limitations are assessed via performing spirometry (PEF) which measures respiratory function (respiratory rate and the course of the disease). The family history of the disease is also quite important in the examination for the diagnosis of asthma (Erdinç & Gülmez, 2013).

2.2 Treatment of asthma

The treatment of asthma means to bring asthma under control. The first goal is control of the symptoms of asthma. Other goals of asthma treatment are avoiding or reducing risk factors, maintaining physical activities including physical exercises, preventing asthma attacks and side effects of the medications, and keeping the lung function at normal levels. For the efficient treatment of asthma, there should be cooperation between patients and health care providers. In addition, health care providers identify risk factors and triggers of asthma and report them to the patient, thus they try to reduce exposure to these triggers and remove risk factors. Routine disease assessment is essential for asthma treatment. In the assessment, control of the symptoms is evaluated for the last four weeks. In addition, if there is any comorbid disease, it is identified; a treatment plan is made and followed accordingly by health professionals (Erdinç & Gülmez, 2013). In addition, the lung function of the patients is assessed regularly. It should be assessed before the first treatment plan is made by a health professional, and 3-6 months after the first assessment. After these two assessments, it should be assessed annually (GINA, 2015).

According to the WHO (2020), individuals who are treated with a regular controlled treatment plan can generally control asthma efficiently. Individuals with asthma who cannot bring their asthma under control have some problems. In terms of physiological problems, uncontrolled asthma may cause sleep disturbance, tiredness and problems in concentration. Moreover, uncontrolled asthma brings along school absenteeism in school-aged children. In addition to these, in the circumstances of uncontrolled asthma, individuals and their families may experience financial difficulties relating to missing workdays and medical burden.

When it comes to controlled asthma, according to the GINA (2015), it comprises two components: the symptoms' control and the avoidance of risk factors. If individuals with asthma can control their symptoms via medical treatment and avoid risk factors, asthma cannot influence individuals adversely, and the asthma is considered to be under control. According to the GINA (2015) risk factors are stated as using inhalers incorrectly; having major psychological problems; comorbid diseases such as obesity, food allergy or rhinosinusitis; coming from low socioeconomic status; exposure to smoking, chemicals or other asthma triggers.

2.2.1 What is an 'asthma attack?'

When asthma symptoms cannot be brought under control or there are considerable risk factors, asthma can worsen or flare up; it is called 'asthma attack' or 'exacerbation.' Asthma attacks can appear suddenly, in minutes or hours, or slowly in days or weeks. An asthma attack is generally concluded with emergency room utilization, visiting the hospital or hospitalization (WHO, 2020). Asthma worsens or flares-up in individuals with uncontrolled asthma more than in those who have controlled asthma. However, asthma attacks may happen even if asthma is controlled or a treatment plan has been implemented (GINA, 2015). In addition to this, asthma may cause death in severe cases (WHO, 2020). During an asthma exacerbation, an asthma action plan should be made, and the patient must act in accordance with it. Signs and symptoms of asthma attacks differ from mild to moderate asthma to severe asthma. In mild to moderate asthma, an individual has minor difficulty in breathing. The individual having asthma attack can talk with someone easily and can easily walk and move around. Coughing and wheezing may be seen. In severe asthma, difficulty in breathing is obvious. Forming a full sentence even becomes difficult.

Coughing or wheezing increases, and tiredness and lethargy may be seen. In young children, there may be sore tummy. If the severity of asthma is life threatening, the individual may get out of breath in the case of asthma attack. Reliever medication may not work; speech is deteriorated; exhausting is seen. The individual may be unconscious or collapsed and his or her face looks pale (Asthma Australia, n.d.).

2.3 Prevalence of asthma

Nowadays, it is known that asthma prevalence has increased significantly. According to the Disease Control and Prevention Center (2020), 1.8 million individuals visited an emergency department for asthma-related care and 189,000 individuals were hospitalized because of asthma in 2016, in the USA. Moreover, when it comes to changes in prevalence according to years, compared to 2001 in the USA, 7.3% of the individuals out of 20 million were diagnosed with asthma, whereas in 2017, this increased to 8% of the population out of 25 million individuals.

According to the World Health Organization (2020), worldwide, 262 million individuals were diagnosed with asthma in 2019. In addition, asthma caused 461,000 deaths in the same year. The National Health Interview Survey (2019) revealed that 5,104,410 children under the age of eighteen and 20,026,722 adults over the age of eighteen were diagnosed with asthma in 2019. Another survey study was conducted to investigate asthma prevalence in the United States by Pate et al. (2021). The finding of the study revealed that asthma is more common in males under the age of eighteen and in females over the age of eighteen. In addition, asthma is more common among African-American individuals residing in the United States. Moreover, the study found that children, also females, suffer more from asthma attacks compared to other adult populations (Pate et al., 2021). Emergency room

visits and hospitalization are more frequent in children and women over the age of eighteen. The Disease Control and Prevention Center (2020) gathered data from studies conducted between 2016-2018; it showed that mortality rates are four times higher among the adult population (13.2 per 1 million) than among children (2.7 per 1 million).

2.3.1 Prevalence of asthma in Turkey

In Turkey, asthma prevalence is high and has increased over the years. A research study investigating five Middle Eastern countries including Turkey collected data via a cross-sectional program (SNAPSHOT) to analyze the prevalence and risk factors of asthma in the adult population. Study findings showed that while overall asthma prevalence is 6.4% in five countries, prevalence reduces to 4.4% in Turkey. Moreover, in the study, allergic rhinitis, obesity and gastrointestinal diseases are found as essential comorbid diseases for asthma worldwide (Tarraf et al., 2018).

In a study, the prevalence and risk factors of asthma among 13–14-year-olds adolescents in all districts of Istanbul reached 9,991 adolescents. Study findings showed that asthma prevalence in 13–14-year-olds adolescents was 11.8%. When it comes to risk factors, the history of atopy in the family was found to be the highest risk factor for asthma. In addition, pickles including acidic vinegar, fermented drinks made from millet, nuts and sugar were found to be risky foods, while fruits were protective foods for asthma (Akçay et al., 2014). Another study conducted by Emri et al. (2005) in five cities from different regions of Turkey, namely, Aksaray, Eskişehir, Kütahya, Mersin, and Sakarya. The study findings revealed that the prevalence of asthma is found in 6.6% of the population. Briefly stated, findings of this research study showed that asthma prevalence has been increasing over the years. Study

findings also showed that asthma increased by age, the history of atopy in family, and having hay fever. Another study (Bolat et al., 2017) was conducted to investigate the prevalence of asthma and risk factors in preschool children with asthma. This study includes 396 randomly selected children attending day-care centers in Mersin, Turkey. In this study, the prevalence of ever having wheezing attacks was 53%; wheezing during the last 12 months was 33%; physician-diagnosed asthma was 27%; and allergic rhinitis was 13%. Parallel to findings of previous research studies, this study showed that family history of atopy and pneumonia, starting to complementary food in babies who are under three years old, dampness at places where individuals live and food allergies are significant risk factors for asthma (Bolat et al., 2017).

2.4 The quality-of-life of children with asthma

Nabors, Hoffman and Ritchy (2011) defined quality-of-life as: “We define QOL for children as reflecting child health and psychosocial functioning, including social, emotional, and behavioral functioning. Thus, our definition encompasses health-related quality-of-life and the psychosocial aspects of QOL.” (Nabors, Hoffman, & Ritchy, 2011, p.1).

The quality-of-life can be defined as the perception of the individual about his or her status in life; it is shaped with his or her values or culture in which he/she lives. Individual ways of perception of his or her experiences determine his or her quality-of-life. It can change depending on expectations, standards, goals or experiences of the individual. The WHO (1995) developed a scale to measure quality-of-life. This scale includes five domains, namely, the individual's physical health, psychological state, level of independence, social relationships, and their relationships to salient features of their environment (WHO, 1995). According to

WHO, chronic illnesses influence an individual's quality-of-life (WHO, 1995). Therefore, some studies were conducted to determine how a chronic health condition affects a person's quality-of-life.

Juniper et al. (1996) carried out a study to identify functional impairments due to asthma, thus, to develop Pediatric Asthma Quality-of-Life Questionnaire. The study was conducted with 100 children with asthma aged between 7 to 17. In the study, 23 of the most appropriate items were selected for the questionnaire. The instrument consisted of three domains. These are activity limitations, symptoms, and emotional function. In the domain of activity limitation, children were asked to select three activities that are most important for children but are also limited because of asthma. In the symptom's domain, children were asked how often they experienced the symptoms of asthma that were stated in the questionnaire. In the emotion's domain, children were asked how often they felt certain emotions (frustration, fright, uncomfortableness). In the same year, Juniper et al. (1996) developed a Pediatric Asthma Caregiver's Quality-of-Life Questionnaire to measure caregivers' quality-of-life. This instrument assessed two functions of the caregivers, namely, activity limitation and emotional function.

Van den Bemt et al. (2010) conducted a study to clarify components of the asthma-specific health-related quality-of-life and used these components to develop an instrument which was individualized HRQL for childhood asthma (Van den Bemt et al., 2010). Four focus groups' analysis revealed five main domains of health-related quality-of-life, namely, physical complaints including asthma symptoms, limitations in activities, limitations due to environmental triggers, influences on social life, and also emotional and mental influences.

In the study of Van den Bemt et al. (2010), pets, exposure to cigarette smoke and dust were the most mentioned environmental triggers. Coughing, shortness of breath and wheezing were the most mentioned physical complaints. Running, sport activities like cycling were components of the domain named "limitations in activities" that were mentioned the most. Moreover, being bullied by peers was marked the most on the list of negative components of health-related quality-of-life, and also visits to doctors, hospitals, tests, and missing days at school are components of the 'influences of social life' domain.

The study of Van den Bemt et al. (2010) showed that because of the unpredictable symptoms, children with asthma missed some school days, which negatively affected their peer relationships (Van den Bemt et al., 2010). Lastly, daily medication use, dependency on medication and the difficulty of concentrating were frequently mentioned emotional and mental influences of asthma. Children most frequently mentioned that they felt different and deficient from their peers because of continuous medication use and coughing in class. This was named 'influences on social life.' Children indicated that they were ignored because of their physical weakness, especially in establishing a team when physical strength is important. Their peers generally preferred other children who were faster than children with asthma in physical activities (Van den Bemt et al., 2010). Findings showed that the existence of this chronic health condition influences children's overall quality-of-life including the school life of the children.

Influences of asthma on the child differ from severe or moderate asthma to mild asthma, also from persistent asthma to intermittent asthma. Varni, Limbers and Burwinkle (2007) conducted a study that investigated ten different diseases and thirty-three disease severities in terms of the quality-of-life. In the context of asthma,

their study showed that moderate and severe persistent asthma causes a decrease in overall health related quality-of-life, physical health, and psychosocial health more than mild persistent and mild intermittent asthma. Briefly stated, both severe and moderate asthma have a serious negative influence on the child's quality-of-life. In addition, children with moderate or severe asthma reported lower social and school function than children with mild intermittent asthma. The results of the children's reports showed similarity with their parents' reports in all areas (Varni, Limbers, & Burwinkle, 2007).

Matsunaga et al. (2015) carried out a study to investigate associations between asthma severity, asthma control and quality-of-life of children with asthma. Researchers worked with adolescents with asthma aged between 7-17, and they used a pediatric asthma quality-of-life questionnaire for children. Asthma severities of the participants were divided into three categories: severe, moderate, and mild asthma. The findings of the study showed that both asthma severities and asthma control have an influence on the quality-of-life of the adolescents with asthma. The consequences of the study showed that when asthma severity increases, the quality-of-life of the adolescents reduces. On the other hand, it was revealed that adolescents who had high asthma control scores, their quality-of-life scores were also high. That is why, if asthma control awareness is raised and asthma control is improved in adolescents, their quality-of-life will increase (Matsunaga et al., 2015).

Studies showed that the health-related quality-of-life, that was the framework of this current study, includes many life issues such as physical activities, emotions, symptoms of the condition, school performance, and social relationships, etc. Therefore, the following part of the literature review included these domains based on health-related quality-of-life.

2.4.1 Meaning of the chronic illness

Children experience chronic diseases from their own perspectives. Each child gives the disease its own meaning. Therefore, it is known that quality-of-life is related to how the child perceives and experiences his or her disease. It is important that a positive perception toward the disease can enhance children's well-being (Van Gent et al., 2008).

In Kohen's study (2010), adolescents with asthma identified themselves as much sicker than adolescents without asthma. This negative perception was found to be associated with asthma severity. This means, while asthma severity increases, negative perceptions about the chronic illness also increases. In addition, adolescents with severe asthma reported themselves as ten times sicker than other children without asthma (Kohen, 2010).

In the study of Siqueira et al. (2017), which investigated asthma's particularities and asthma-related experiences of 13 families and five children with asthma, the study findings showed that children with asthma may perceive their asthma as fatal. To exemplify, a child reported, "When there is a strong crisis, I think it even has the danger of killing me. What if I stop breathing and die?" (Siqueira et al., 2017, p.4).

Moreover, according to the research study conducted by Wildhaber, Caroll and Brand (2012), it can be said that not every child defines asthma as fatal or very bad. In the study composed of 943 interviews with children and adolescents, 81% of the children and adolescents with asthma identified asthma as 'not too bad.' Only 4% of the participants identified asthma as 'too bad.'

From a different point of view, children with asthma need to use some medications for treatment. Children with asthma also must adopt daily medication

usage. Their commitment to medication usage influences the course of the illness. However, children can perceive this in a negative way. In the study of Siqueira et al. (2017), children reported that they sometimes feel ashamed to use their medication, especially inhalers, at school. In this study, a child expressed his/her feelings about using medication at school, "If it is to use it at school, I feel embarrassed. My schoolmates keep laughing at me. But when I feel tired, I stay quiet. I do not use the medication there" (Siqueira et al., 2017, p.4).

A grandmother of the child with asthma said, "She always said that she would not take the medication to school; she was embarrassed by the disease of her medication" (Siqueira et al., 2017, p.4).

Furthermore, it can be concluded that the child can interpret asthma according to the severity of the asthma, the level of symptoms, and changes in social relationships and reactions from their peers. This perception can vary from child to child.

When it comes to the parents, in the case of the existence of chronic illness, parents may perceive their children's condition from a more negative perspective. Kohen (2010) conducted a study to investigate mothers' ratings regarding their children's school performance. Findings of the study showed that mothers' ratings for school performance of their children is lower than what the school reports, especially, in the case of three or more missing school days compared with children who have fewer missing days. Similarly, the study of Marsac, Null, and Nelson (2007) showed that parents are prone to perceive their child as unhealthier and their school performance as lower than children without any chronic condition. In addition, mothers generally expressed their distress because of illness more than their children did (Marsac, Null, & Nelson, 2007).

Blackman and Gurka (2007) conducted a study to investigate developmental and behavioral comorbidities of asthma by analyzing data from the National Survey of Children's Health, and also to see whether asthma causes these comorbidities or not. Researchers interviewed 102,353 parents whose children were between the ages of 0-17. The study consisted of almost 8,700 parents stating that their child had asthma. The results of this study showed that parents express twice as many concerns about their children having emotional problems such as depression and anxiety, learning difficulties, problems of school performance and concentration problems due to asthma than parents of children who reported no health-related conditions. Moreover, thirty percent of the parents indicated that they were concerned about their child being bullied because of asthma. While asthma severity increases, the concerns of the parents about the chances of these comorbidities directly increase.

Parents' beliefs and perspectives about living with a child with chronic conditions were quite important issues, because these worries affect the parents' overall quality-of-life, and therefore, also their children's overall quality-of-life. Silva, Crespo, Carona, and Canavarro (2015) examined children with asthma and their parents in terms of caregiver burden, the quality-of-life, and two coping strategies: denial and acceptance. Study findings showed that when caregivers' burden increases, the child and his or her parents' quality-of-life reduces. In turn, children and their parents perceive their family environment in a more negative way. According to Silva, Crespo, Carona, and Canavarro (2015), a positive family environment is quite important in many aspects. Firstly, children and parents who perceive their family environment positively feel that they can share their thoughts, worries, fears or happiness easily among other family members. Accordingly, this increases their quality-of-life and well-being. In addition to this, family cohesiveness

and positive parental attitude are the protective factors for both the child and the parents to adapt asthma to their daily life. On the other hand, in a negative family environment with lack of harmony between family members, the child can experience increased somatic asthma symptoms (Silva, Crespo, Carona, & Canavarro, 2015).

2.4.2 Emotional influences of asthma

Studies showed that chronic illnesses influence children's emotional status. In this respect, this part of the literature included the emotional influences of the chronic illnesses especially asthma on the children.

2.4.2.1 Emotional influences of asthma in children

According to Röder, Kroonenberg and Boekaerts (2003), children with asthma apparently appear like other children without asthma. It is difficult to separate the child with asthma from other children. They are at school; they listen to the teacher; they do homework, and they are involved in play groups. However, apart from this context, children with asthma experience additional stress because of their disease and that is why they are psychologically, socially, physically, and cognitively influenced by this chronic condition (Röder, Kroonenberg, & Boekaerts, 2003)

Children with asthma also have additional work and difficulties compared to children without asthma. According to Lorig and Holman (2003), there are three tasks that an individual must confront to manage the chronic condition: medication management, maintenance of daily activities, and the emotional work of having a chronic disease (Lorig & Holman, 2003). In line with Lorig and Holman (2003), Corbin and Strauss (1991) describe the 'work' relating to living with a chronic

illness. They defined the work as “illness-related work” (e.g., managing symptoms or crisis prevention, often termed illness management), “everyday life work” (e.g., managing work or household or school tasks, often described as role management), and “biographical work” (e.g., managing emotions or identity). Therefore, asthma requires additional work which may cause also stress and burden on the children (Röder, Kroonenberg, & Boekaerts, 2003).

Some studies were carried out to investigate children’s emotional status while living with asthma which showed that a child with asthma may feel fear when his or her symptoms were intense. In the study of Siqueira et al. (2017), a child explained the fear as, “It is, it is very bad. I feel headache, shortness of breath and pain here in my belly. I feel fear, lots of fear, fear that... That I’m going to die.” (Siqueira et al., 2017, p.4).

When it comes to emotional and mental comorbidities of asthma, Blackman and Gurka’s study (2007) revealed that attention-deficit/ hyperactivity disorder, concentration and emotional problems, and problem of interacting with friends are twice as common in children with asthma. In severe asthma, this rate is prone to increase. Moreover, the scores related to severity of depression and anxiety are higher in children with asthma compared to healthy children. Similar to Blackman and Gurka’s study (2007), the study of Avcil et al. (2019) revealed that when asthma severities and asthma durations increase, the anxiety scores of the children with asthma increase.

2.4.2.2 Emotional influences of asthma on families

Asthma does not only affect children, but also their families’ lives in numerous aspects. According to Austin (1990), parents of children with chronic illness feel that

they have a deficient child. Also, parents who have a child with chronic illness generally experience a similar process. The adaptation process includes four stages: (1) Disbelief/denial, with parents thinking that this diagnosis is incorrect. Denial occurs because of unexpected conditions. This denial stage protects the parents from all the adverse emotional influences of the illness; (2) anger, when parents begin to experience the outcomes of the condition and gain better understanding of the condition. Feelings of anger appear in this stage; also, anxiety, depression and guilt may also come into existence. In this stage, the family cannot use their energy to cope with the situation effectively because their anger prevents them from perceiving the situation objectively; (3) demystification, when parents adjust and can make sense of the condition. Parents learn more about the condition's facts and treatment, even if some of their information may be false or hearsay. Thereafter, they begin to have a sense of control and develop some coping strategies; (4) conditional acceptance, which is the final stage of the adaptation process. In this stage, parents gain a realistic perspective and find new ways to handle their troubles about the illness. Families generally feel stronger after developing strategies for every situation in relation to living with chronic health conditions. Family members gain more positive ways to adapt and can give their child support to become more independent (Austin, 1990).

Jonsson, Egmar, Hallner and Kull's (2014) study showed the influences of asthma on parents whose children have asthma. In this study, four focus groups were interviewed to investigate the experiences of adolescents and their parents in terms of living with asthma. Two of the focus groups were carried out with parents and two with adolescents with asthma. The results of the study showed that parents generally felt alone in their asthma management and complained that nurses in hospitals and

teachers in primary schools did not comprehend their problems and did not believe them concerning the seriousness of their children's disease. On the other hand, the results of this study showed how the experience of chronic conditions differs from adolescents to parents. While parents mostly indicated that their children felt ashamed, tired and sad, most of the adolescents did not indicate such feelings and mostly indicated that they wanted to look like their peers without asthma. Moreover, adolescents with asthma wanted to be able to do whatever children without asthma did. According to the researchers, to adapt their children to everyday life, parents feel obligated to include their children in social life, school life and in activities necessitating physical effort. They need their children to be like (and feel like) other children without asthma. Briefly stated, these issues may cause parents' experiencing difficulties emotionally (Jonsson, Egmar, Hallner, & Kull, 2014).

A study was carried out by Hatzmann et al. (2008) to investigate the quality-of-life of parents who have a chronic disease compared to parents without a chronic disease. In this study, parents were divided into two groups: a disease specific group including 533 participants and ten chronic diseases including asthma; and another group without illness (433 participants). The findings of the study showed that parents in the disease specific groups showed lower health-related quality-of-life than the other group. This low health-related quality-of-life caused parents to have problems with three clusters: social and daily functioning, vitality and sleep, and having fewer positive and more negative emotions (Hatzmann et al., 2008).

In addition, some study findings investigated the attitude of the parents toward their children with chronic conditions. A study by Siqueira et al. (2017) investigated perspectives of the family members about living with a person who has asthma. In the study, family members expressed their worries about the parents

having fear of the exacerbation of children with asthma, and of causing limitations of their children's lives. This study showed that conflicts among family members are generally caused by the attitude of the parents. Also, the family members (grandmothers, aunts, sisters and stepfathers) expressed those parents as generally developed protective attitudes. In addition, parents emphasized that conflicts are experienced not only because of poor management styles of their children with asthma but also because of their children's non-compliance with the guidance and instructions of health professionals (Siqueira et al., 2017).

Another study with relation to parental attitude was carried out by Avcil et al. (2019). In this study, the psychological well-being in children with asthma and their mothers, the mothers' attitudes towards their children, and also family functioning associated with asthma were examined. The study consisted of 64 children with asthma and 60 children without asthma and their mothers. The results showed that parents of children with asthma developed a more rigid, over-protective parental attitude. The mothers mostly used rejection as a coping strategy for chronic conditions; also, they might impose punishment on their children (Avcil et al., 2019). The findings of the study revealed that the duration of asthma affected family functioning in a negative manner, especially in the domains of affective involvement and distribution of the roles in the family. That is why, when the duration of asthma increases, family functioning also worsens. Daily activities and routines of families were also found to be adversely affected by the condition of asthma (Avcil et al., 2019).

Furthermore, the child and the family members experience chronic conditions including asthma in different ways. Therefore, their perspectives on the illness influence their emotional status, quality-of-life and also well-being.

2.4.3 Activity limitations in children with asthma

According to the studies conducted with children and adolescents with asthma, asthma influences children's and adolescents' participation in physical activities. Children with asthma sometime must limit their activities in daily life to better manage their chronic conditions; sometimes this is resulted from the children's or adolescents' negative beliefs or worries about physical activities or from parental attitude, etc. This limitation is twenty times greater in children with severe asthma compared to other children with asthma (Kohen, 2010).

Some studies were carried out to identify the views of children with asthma about their disease. In a study conducted by Wildhaber, Caroll and Brand (2012), children with asthma expressed the worst things they experienced because of asthma: firstly, asthma attacks, and secondly, not being able to do physical exercises (Wildhaber, Caroll, & Brand, 2012).

Williams et al. (2010) investigated physical activities of the child with asthma in the school context. In the study, researchers interviewed 30 children with asthma and their parents to examine experiences and perceptions of the children and their parents in terms of joining physical activities at school. In addition, a focus group was conducted with school staff to examine their perceptions about physical activities for children with asthma. In this study, parents explained that medical doctors always encourage children with asthma to join physical activities at school. However, both parents and children worried about safety because they perceived physical activities as a danger for a child with asthma. They explained that their fear of exacerbation resulted from intensive physical exercise (Williams et al., 2010).

Worrying about physical activities may cause more concerns for adolescents and young people than for younger children with asthma. In the study of Williams et

al. (2010), it was revealed that primary school age children reported the least stress about safety regarding physical exercise; however, older children and females reported more concerns about safety (Williams et al., 2010). The results of the study also showed that children with asthma who were motivated for exercises generally focused on the social or personal advantages of physical activities. They used physical activities as a means of social acceptance, fun, and belonging and developing self-esteem (Williams et al., 2010). In this study, it appeared that attending physical activities has some social and individual advantages.

Some studies showed children's and adolescents' perceptions about attending physical activities. Studies generally represented children's dissatisfaction and sadness about not being able to join in physical activities, but also fears about the effects that joining physical exercises might cause. In Siquera's study (2017), children with asthma mentioned their dissatisfaction about being restricted from school activities that needed physical effort. This limitation of active exercise is not due to the advice of health professionals but is caused by the teachers' or the parents' concerns that exercise will worsen the asthma symptoms (Siqueira et al., 2017).

A cross-sectional study conducted by Stridsman, Dahlberg, Zandren and Hedman (2017) investigated school life of adolescents with asthma concerning physical education lessons and asthma triggers that can occur at school. The child participants, aged 14 to 15, indicated that their participation in sports or other physical activities was less than their classmates without asthma. The children stated that participating in physical activities at school made their asthma symptoms worse. This perspective did not change over the ten years from 2003 to 2013. That's why, from their perspective, if they join physical exercises at school, their asthma will increase (Stridsman, Dahlberg, Zandren, & Hedman, 2017).

Furthermore, a study showed that students who cannot attend school activities with their peers believed that they might be rejected by those peers. Therefore, not being able to participate in activities cannot be defined as simply a restriction in physical activities; it is also a risk factor for social adjustment and peer satisfaction at school for students with chronic illness (Castillano & Scott, 2013).

2.4.4 Environmental triggers of asthma

In the study of Stridsman, Dahlberg, Zandren and Hedman (2017), children defined asthma triggers as dusty air, poor air quality, physical exercises, allergens, strong scents, dust, and mental distress. This caused a reduction in the quality-of-life of the children at school (Stridsman, Dahlberg, Zandren, & Hedman, 2017). Children also remarked that it is difficult to avoid both the furry asthma allergens on the clothes of classmates who have pets and the poorly cleaned environment at the school (Stridsman, Dahlberg, Zandren, & Hedman, 2017).

Furthermore, in the study of Van den Bemt et al. (2010), pets, exposure to cigarette smoke and dust were the most mentioned environmental triggers.

From a different point of view, the study of Fereday et al. (2009) showed that children, young adults and their parents viewed winter as a risk factor for asthma because the cold weather caused children and young people to be sick and cough increasingly. Thus, some children stated that they preferred indoor sports in the winter (Fereday et al., 2009).

Consequently, as children with asthma suffer from its symptoms at varying levels from person to person, so the level of responses to triggers also varies among individuals (WHO, 2020).

2.4.5 Social influences of asthma on children

There have been many studies investigating the relationship between asthma and social life. Generally, these studies were conducted with both parents and their children to investigate the social relationships in-depth.

A study carried out by Röder, Kroonenberg and Boekaerts (2003) investigated stress-processing and the well-being of children with and without asthma at school. The study was conducted with 79 children with, and 359 children without asthma aged between 8-12. In this study, teachers also filled out a questionnaire to examine the children's well-being at school, and parents were asked to fill a questionnaire about their children's behavioral problems. The findings of the study showed that while parents reported that their children had problems, the children did not report differences from their peers in terms of well-being at school. The study appeared that children generally pay attention to similarities between themselves and other children, and they want to view themselves as typical as their peers. They also perceive their social support from parents, friends, and teachers in a similar way as their peers do. (Röder, Kroonenberg, & Boekaerts, 2003).

On the other hand, another study showed that children with asthma have the stressor of "rejection by peers" more strongly than children without asthma. Moreover, children with asthma use aggression as their reaction to the stressor of "problem at school" more strongly than children without asthma (Röder, Kroonenberg, & Boekaerts, 2003). Therefore, while children with asthma were prone to see similarities with their peers, they were also worrying about rejection by their peers because of asthma.

There was another study conducted by Majoko (2018). The findings of this study were parallel to the study of Röder, Kroonenberg and Boekaerts (2003) in

terms of worrying about stigmatization or bullying. Majoko (2018) carried out a study to investigate students with a disability or illness, including asthma in youth. This study was conducted with 17 students to examine the students' facilitators and barriers in university, in a qualitative way. The participants were interviewed in an in-depth way. In the study, some students reported their fear of stigmatization, saying that their fears were rooted in past experiences from elementary school to high school. When they explained their condition, they said they were exposed to discrimination in activities, group studies, or games (Majoko, 2018). These findings showed that social relationships from elementary school to high school were formative for people with asthma and kept them from developing positive concepts about social relationships. Therefore, school awareness was quite important for children in order not to regard asthma as a barrier for social relationships.

McCabe et al. (2020) conducted a study to investigate, for the first time, bullying at school and electronic bullying in adolescent females with asthma. The International Classification of Functioning, Disability and Health (ICF) Macro, Company and Centers for Disease Control and Prevention (CDC) were responsible for the data collection, school selection, and sample design in this research study. The findings of this study showed that 27.5% of the 1,634 adolescent females with asthma were bullied and 24.7% of the adolescent females were electronically bullied (by texting, e-mail or social media). When it comes to age, the study revealed that those who got bullied were more likely to be 16 or younger. Moreover, it was found that, there was a positive relationship between mental health issues (feeling sad or helpless, considering suicide or making a suicide plan) and both types of bullying (bullying at school and electronic bullying) among adolescent females with asthma. In addition, according to the study, adolescent females who experienced bullying at

school and/or electronic bullying were prone to substance abuse at school (cigarette smoking, electronic vaping, alcohol use, and/or exposure to illegal drugs).

Parallel to the study of McCabe et al. (2020), in the study of Wildhaber, Caroll and Brand (2012), 10% of the 943 children and adolescents with asthma reported that they were bullied because of asthma (Wildhaber, Caroll, & Brand, 2012).

Moreover, Collins et al. (2008) investigated difficulties of children with asthma at school and showed that those who have asthma indicated their difficulties to join a group of friends, and also complained about getting bullied more than other children without asthma. On the other hand, children with asthma stated that they were treated as having a mental health problem as well as physical health problems at school.

When it comes to parents' reports, the study of Blackman and Gurka (2007) showed that 30% percent of parents of the children with asthma reported concerns about their children being bullied at school. Moreover, in the study of Van den Bemt et al. (2010), children in the focus group interviews indicated that they generally had trouble while playing with their peers. Sometimes they were not preferred by their peers, or they were bullied (Van den Bemt et al., 2010).

2.4.6 The influences of asthma on academic life of children

Studies showed that asthma influences children's school life in some respects. In this part of the literature, it was addressed in terms of absenteeism, school success, and asthma awareness at school, school counseling services and asthma-sensitive schools.

2.4.6.1 Absenteeism of the children with asthma

A study conducted by Stridsman, Dahlberg, Zandren and Hedman (2017) highlighted children's perspectives about living with asthma at school. In this study, girls reported (more than boys) that asthma influenced their lives adversely in terms of school absenteeism, participation in physical activities, and appearance regarding physical fitness (Stridsman, Dahlberg, Zandren, & Hedman, 2017). Moreover, this study revealed that school absenteeism with relation to asthma attacks decreased over the years. Although school absenteeism decreased, the children who reported that 'their asthma was getting worse at school' did not change over the years, so it can be said that children perceive their condition in a negative way.

In terms of school settings, there are many research studies examining issues of absenteeism in children with asthma. Children with asthma have a higher rate of school absenteeism than children without asthma (Blackman & Gurka, 2007; Kohen, 2010; Röder et al., 2003), and also their frequency of absence is higher than other children (Röder, Kroonenberg, & Boekaerts, 2003). Asthma caused children to miss almost 10 school days per academic year. According to Blackman and Gurka (2007), in the severe condition of asthma, absenteeism increases parallel to the severity of the asthma (Blackman & Gurka, 2007).

A study conducted by Johnson et al. (2019) investigated the social risk factors resulting in absenteeism from the aspects of both parents and children, in two large urban schools, in the USA. Researchers gathered the absenteeism rates from school of the children with asthma and the reasons for the absenteeism from both parents and children. The study findings showed that parents attributed their children's absenteeism not to asthma but to other factors. These factors were, for instance, environmental problems such as problems with the school bus, individual problems

such as mental or behavioral issues, or the stress of economic problems. However, the children's reports appeared that emergency visits, hospitalization and medication use associated with asthma caused the absenteeism (Johnson et al., 2019). These findings showed that the results were reported differently by the children and their parents, i.e., children attributed their absenteeism to their asthma, parents regarded absenteeism mostly as an individual problem of their child. This may have resulted from the level of asthma acceptance of the children or of the parents.

In parallel to these studies, Collins et al. (2008) carried out a study to examine the difficulties in school of children with asthma. The study consisted of 4,611 children aged between 5-15 as a representative population. In the telephone interview, children were asked whether they had mental, emotional or attention problems. Additionally, they were asked questions about bullying, friendship, and also absenteeism. This study revealed that children missed at least one school day in the last month. This absenteeism was attributed to asthma. In addition, children expressed that they were seen as having mental problems at school. Therefore, it can be seen that because of asthma, the children had more difficulties at school compared to their peers without asthma.

2.4.6.2 School performance of the children with asthma

The relationship between absenteeism and school performance is a widely studied issue in asthma disease. There are incompatible findings in the literature. On the one hand, some studies argued that school absenteeism reduces school performance in the case of asthma. Moreover, absenteeism is found to be associated with low scores in school performance (Celano and Geller, 1993; Kohen, 2010). According to Kohen (2010), children with moderate or severe asthma have low math scores compared

with those who have no chronic condition. On the other hand, there are some studies that have not found a significant relationship between absenteeism and school performance because of asthma. Another study (Silverstein et al., 2001) was conducted to compare children with and without asthma in terms of relationships between school attendance and school performance. This study found that children with asthma missed just two more school days than children without asthma. Moreover, when it comes to school performance, standardized test scores did not show any difference between children with and without asthma (Silverstein et al., 2001). Another study conducted by Röder, Kroonenberg and Boekaerts (2003) revealed that reading and mathematics scores of children with asthma are similar to those of their peers, even despite having more absences from school (Röder, Kroonenberg, & Boekaerts, 2003).

Celano and Geller (1993) conducted a study to investigate school functioning including some concepts such as attendance, school performance, learning, behavior and psychological problems of children with asthma. According to the results of the study, asthma caused reduced school performance because of asthma flare-ups, also some adverse influences of medication such as oral steroids or theophylline that may prompt attention deficit problems in children with asthma. In addition, asthma cause sleep disturbance depending on asthma symptoms at night. In the light of the consequences, Celano and Geller (1993) indicated that not just the illness itself nor poor attendance causes poor school performance, but psychological problems in relation to the chronic condition such as stress of the children or misbelief of parents or teachers that ‘a child with asthma should not attend school activities when he/she is sick’ cause poor school performance. On the other hand, children with asthma who have poor self-management of their asthma generally have academic problems.

Therefore, it was seen that school performance was affected by some factors in addition to poor attendance. Factors relating to children, their parents and teachers should be considered when children's school performance is investigated.

Jones, DeWalt and Huang (2017) carried out a study with 238 children with asthma to investigate the effects of patient-reported outcomes (PROs) on children's daytime sleepiness and school functioning. PROs measured six domains of the asthma outcomes as follows: asthma influences, pain interference, fatigue, anxiety, depressive symptoms, and mobility. Patient-reported outcomes, school functioning and daytime sleepiness were measured four times over a period of 15 months. The consequences of the four measurements revealed that children with asthma have low scores on all of PROs' domains. Moreover, the study showed that poor patient-reported outcomes (PROs) caused a decrease in school functioning and an increase in daytime sleepiness. Therefore, the study findings supported the previous findings of Celano and Geller 's (1993) study, that school functioning was affected by various factors including children's psychological status in addition to absenteeism.

When it comes to mental influences of asthma, Bender (1995) conducted a study that investigated studies about the influences of asthma on the neurocognitive abilities of children. The study findings showed that asthma medications may have temporary influences on the moods and behaviors of children, however, in this study none of these changes were found to be permanent. The study revealed that asthma medications do not permanently interrupt the learning, memory or cognitive abilities of children with asthma. However, oral steroids can influence mood or memory abilities temporarily.

Bender (1995) indicated that asthma has a serious influence on the educational life of a child with asthma; this was not found to result from direct

absenteeism but from a variety of reasons. Isolation from peers, limited physical activities, reduced self-esteem, and depression can seriously affect performance and the adaptation of children with asthma at school. Moreover, comorbid risk factors including poverty, family problems, severe illness, and having psychological problems are found to affect performance and school functioning of children with asthma (Bender, 1995).

2.4.6.3 Asthma awareness among teachers

Children with asthma have some difficulties at schools. For example, in general, they have more absenteeism than their peers, they may have difficulties with relation to their peers, or physical activities at school. In addition, children with chronic illness who have interruption in relationships with peers may feel alone in school. According to Searcy and Meadows (1994), schools should be a bridge for children in both social and academic gaps (Searcy & Meadows 1994, as cited in Shiu, 2001). According to Shiu (2001), if teachers, classmates and other school staff know about the children's illness, they can understand the children's needs and expectations. When school teams fulfill the children's needs, they feel more attached to school and more supported; thus, their attendance and school performance will directly increase (Shiu, 2001).

According to Rodehorst (2003), teachers and school staff are crucial ones to help the children with asthma to notice and manage their attacks in school, also to enhance their participation in school life. In addition, according to Bruzesse et al. (2010) teachers did not have enough knowledge about asthma and its effects on children (Bruzzese et al., 2010).

Another study conducted with 320 kindergarten teachers showed that teachers know that wheezing and shortness of breath are the crucial signals for asthma attacks. A great majority of the teachers knew most of the asthma triggers, including colds and the flu, dust, furry animals, buildings' dampness, airborne irritants, etc. However, only half of the teachers were aware of three significant symptoms of asthma which are tight chest, insistent cough and hunched shoulders (Bruzzese et al., 2010). The study also showed that teachers did not know that physical exercise may not be a trigger if the student with asthma takes his/her medication prior to exercise. The relationship between physical activity and asthma is completely unknown by teachers; thus, teachers are prone to limit physical activities to prevent asthma triggers (Bruzzese et al., 2010).

Another study's findings highlighted a different point of this issue. In the study of Williams et al. (2010), teachers stated that parents or their children with asthma who do not want to attend physical activities use medical treatment as an excuse to their teachers (Williams et al., 2010). Moreover, teachers indicated that children with asthma generally are unmotivated to do physical exercises (Williams et al., 2010). Therefore, attending physical education lessons, knowledge and the beliefs of parents and the children with asthma are important factors to consider as well as the teacher's awareness.

The study of Bruzzese et al. (2010) showed that more than half of the teachers did not communicate with school nurses or parents to get information about students with asthma. Another finding is that teachers who had a student with asthma in their classes are more aware of asthma management than those who did not have such a student in class. The study revealed that, if the child with asthma exhibits asthma symptoms in class, teachers learn to deal with it and have a better

understanding about asthma management. In addition, teachers were more aware of the situation of living with asthma than teachers whose students do not exhibit asthma symptoms in class.

In conclusion, teachers who know the children with the chronic condition at school enable children to feel being supported. In addition, those who know the children with asthma can understand children's needs and expectations, they can provide a supportive environment for these children.

2.4.6.4 Asthma-friendly schools

According to Shiu (2001), children with chronic illnesses can be seen as sick and treated according to their circumstances in many places; however, school can be a place where they are not seen as sick. Thus, if schools ensured the necessary supporting environment for the children with a chronic illness, the children could have equal opportunities among their peers who do not have a chronic illness.

According to Matsui and McCormack (2017), the school environment has an influence on children's health. Therefore, to create a safer environment for children with asthma, collaborative studies should be conducted within the schools. Also, school resources that reduce asthma morbidity and provide children a safer environment should be determined (Matsui & McCormack, 2017).

In Ontario, Canada, an incident where a school-age child died because of asthma, prompted the establishment of asthma-friendly schools. In this respect, schools were enabled with an Asthma-Friendly Schools Resource Kit for training all the school staff, teachers, school principals and children with asthma. The training lasted 50 hours, spaced out over 6 weeks. The training was divided into two main parts: the first one was training children, and the second one was training the school

community (Cicutto et al., 2006). In this project, the objectives were to determine the students with asthma, teach students to carry inhalers in school, have an asthma action plan (when asthma worsens), increase school awareness, reduce asthma triggers in the school environment, increase collaboration among family members, children, all the school staff and school principles. In addition, the project included enabling students to participate in school activities depending on their abilities by removing barriers for their participation. Additionally, the project adopted raising community awareness as its main task and aimed to carry out many studies about this at school such as organizing awareness events, using posters or school websites to spread knowledge of asthma, addressing special conditions like asthma at school meetings (Cicutto et al., 2006).

The study of Cicutto, Gleason and Szefler (2014) revealed some issues that caused students to avoid participation in physical activities such as: students not having an asthma care plan, lack of knowledge of how to manage their asthma, concerns about stigmatization from peers and embarrassment about using inhalers in front of their peers. This study supported the concerns of students with asthma and their parents about attending physical activities (Williams et al., 2010; Stridsman, Dahlberg, Zandren, & Hedman, 2017). For establishing asthma- friendly schools, this project handled students' concerns in physical activities by providing an asthma action plan (using an inhaler before and after attending physical activities) and encouraging the students with asthma to join physical activities (Cicutto, Gleason & Szefler, 2014). Because it was known that participating in physical activities, and other school activities allow the student with asthma to be included in a group of other students and develop friendships at school.

From a different angle, for establishing asthma-friendly schools, the Louisiana Asthma Management and Prevention Program used a social ecological model (SEM) and defined various influences of asthma depending on the ecological model's protocols. According to the ecological model, the intrapersonal layer includes children with asthma, his or her health, and also the quality-of-life of the children. The interpersonal layer includes family, peers, teachers, counselors, coaches and school nurses of the children with asthma. Institutional layers are composed of school staff, school asthma action plans, tools for the school and school environment. Other layers are the community layer, and state and national layer (Nuss et al., 2016). The study was implemented over a period of two years, and depending on the program in the schools, identifying and listing the students with asthma, following asthma action plans, training staff, and working to reduce asthma burden in schools were some of the significant issues stated in the study (Nuss et al., 2016). Results of the study showed that, prior to this study, school staff and teachers had limited knowledge about asthma, the triggers of asthma, and which students have the diagnosis of asthma in their school. Within the study, 2,400 personnel including teachers, coaches, school counselors, school principals, and school staff were trained. Consequently, asthma awareness increased in all the schools where the project was implemented (Nuss et al., 2016).

Another project was conducted by Datt, Rodesano and Moreiras (2019). In this project, some steps were determined by the project teams. For students to achieve their full academic, athletic, and emotional potentials; to lower the morbidity, and mortality rates by making schools a safer environment for students with asthma; enhancing knowledge and assurance among staff in handling asthma in schools and reducing the number of days missed from school and hospital

admissions due to asthma. For building asthma- friendly schools, the project team designated some standards. Registering students with asthma on the list, having an asthma care plan and a school emergency plan, and also having a leader who is identified for emergencies were some of the standards (Datt, Rodesano, & Moreiras, 2019).

The project was conducted to establish asthma-friendly schools appeared that teachers had limited information about students with asthma and what they should do when students' asthma symptoms were worse, and also whether students with asthma should carry inhalers or not (Cicutto et al., 2006; Cicutto, Gleason, & Szefler, 2014; Nuss et al., 2016; Datt, Rodesano, & Moreiras, 2019). The study showed that teachers realized that their asthma management skills were inadequate (Cicutto et al., 2006). Asthma-friendly school projects were targeted firstly on students with asthma and their parents to share information about the student's diagnosis of asthma with the school community, because identifying the students with chronic conditions is important for prevention plans (Cicutto et al., 2006).

According to some studies, educational or psychoeducational programs were conducted in the school for children with asthma and their parents for children to learn how to live with the conditions of asthma, to manage the illness and to enhance their school functioning. According to Bender (1995), school staff, parents and significant others have substantial influences on children and can help them manage their illness effectively. In addition, according to Collins et al. (2008), asthma adversely influences children not only physically but also psychosocially; thus, intervention programs that address these factors should be conducted (Collins et al., 2008). For example, Wigal et al. (1990) indicated that extensive intervention programs can enhance active participation and involvement in children's lives.

Comprehensive programs also increase a child's school performance and school functioning. According to Wigal et al. (1990), when self-management programs are applied effectively, they can help children and their parents in the following areas: "1) preventing and managing attack; 2) reducing asthma-related health care costs; 3) reducing the influences of asthma on the lives of children and their families; and 4) accepting greater responsibility for the management" (Wigal et al., 1990, p.1).

Consequently, for children to manage their asthma and reduce the influences of asthma on their daily lives, enhance their participation in daily life, school life and other activities, the objective is to make the children feel like their peers without asthma. The study of Röder, Kroonenberg and Boekaerts (2003) mentioned a need for children with asthma to see themselves as typical and just like their peers.

2.4.6.5 The role of school counseling services in the case of chronic illness

Children with chronic illness have special needs in school. Schools should work to meet these special needs; thus, schools can become a place where all the students develop academically, socially, and psychologically. In addition to the treatment plan and the patient's state of health, if schools ensure children mandatory support and motivation, children with chronic illness can continue school life. At this point, teachers, school counselors and school staff have great importance in noticing and helping these children (Shiu, 2001).

Moreover, apart from teachers and school staff, school counseling services are vital for the children who have special needs. In this respect, school counselors have a central role to work in fulfilling these children's needs and supporting their improvement, in consultation with parents, teachers and school staff for adapting the children to school life (Yalçın, 2006). According to Hardwick and Bigg (1997),

children with chronic illness need a treatment plan and medical care; however, it is not less important to contact children and to use simple counseling techniques. Because children with chronic conditions also expect emotional support and understanding, supportive attitudes of the counseling services become more essential (Hardwick & Bigg, 1997 as cited in Chesson, Chisholm, & Zim, 2004).

School counseling services do not work just in issues of crisis counseling, but also work on issues of prevention or developmental counseling such as decision-making, developing communication skills, self-acquaintances, having a positive sense of self, etc. All these issues are included in a model of comprehensive counseling (Doğan, 2000). In addition, school counselors should organize programs to maintain children's development and fulfill their potential therefore, to increase their motivation in school (Ültanır, 2000).

School counselors also work with parents and teachers to support children's social, personal, professional and educational development, because a school counselor has a central role among teachers, parents, students, school staff and school management for children to realize themselves (Yalçın, 2006). According to Chesson, Chisholm and Zim (2004), in some studies, researchers take just family reports about children's experiences; however, they do not represent the children's perception and needs about chronic illness, but rather the families' views about living with chronic illness. However, it is important to understand the children's perception about chronic illness and then counseling services should make a decision on how to work, depending on the child's needs.

According to Chesson, Chisholm and Zim (2004), in counseling services, school counselors should be more sensitive toward the children. Because children who suffer from a chronic disease meet a lot of strangers in the hospital process,

counselors should reassure the child about the counseling services and avoid long sessions at the first meeting. Rather, they should meet for short sessions with both parents and children with chronic conditions (Chesson, Chisholm, & Zim, 2004).

In counseling a child who has chronic illness such as asthma, epilepsy, cystic fibrosis or diabetes, it should be considered that the child may have psychosocial issues depending on the illnesses, too. At this point, the counselor should pay attention and try to handle his or her special needs such as coping with problems of relationships, including family and peer relationships, orientation about a treatment plan, and decreasing adverse influences of the illness on the children (Chesson, Chisholm and Zim, 2004).

When it comes to adolescents with chronic illness, Oerter (1995) stated that adolescence can be called a 'transition period' because adolescents developmentally desire to be autonomous in this period by taking some new roles in daily life. However, in the presence of chronic illness, adolescents have difficulty in separating from their family, especially in management of the illness. This difficulty may cause a crisis on adolescent's life (Oarter, 1995). Gaining autonomy is essential for children to improve self-confidence at this age. Therefore, in this life period, the psychosocial support must be substantial to ensure a healthy transition process (Oerter, 1995 as cited in Kyngas, 2000).

On the other hand, in this transition period, adolescents seek support and approval from peers rather than family members. They also pay attention to their friends' thoughts and interests, thus they become more sensitive about peers' comments and ideas (American School Counselor Association [ASCA], 2019). The school counseling service is vital to enable students to get through and understand their developmental period in an appropriate way related to their age. Moreover,

psychosocial factors including children's reappraisal of the illness and treatment plan, perception and behavior toward the illness, and emotional well-being positively affect children's adaptation to living with asthma. In addition to these, the support system of the child with chronic illness including peers, families, and healthcare professionals has positive influences on the adherence of the child to his illness (Kyngas, 2000). According to ASCA (2019), school counseling services can establish a connection among teachers, parents, peers and the child to constitute a support system for the child to cope with these critical changes in their lives (ASCA, 2019).

In the meantime, school counselors provide supporting services for students to handle barriers they encounter, and also impede students' achievement in the school. These barriers may be critical changes in their lives: social- emotional needs, stress, times of transition etc. (ASCA, 2019). Studies showed that chronic illnesses, including asthma, can interrupt students' achievement and adherence to school (Celano & Geller, 1993). Therefore, school counseling services can arrange a positive school environment to increase children's functioning in the school (ASCA, 2019).

2.4.7 Coping with asthma as a chronic disease

According to Petrie and Jones (2009), coping can be handled as a stable personal characteristic to stressful life events or situations. In the presence of chronic disease, individual coping strategies are one of the important factors in getting used to a new lifestyle. Chronic disease requires new strategies, to handle the symptoms of the chronic illness, the necessary treatments, and also the impairment of daily life functioning. Maintaining social relationships and developing new relationships with

healthcare professionals are other important tasks to cope with the chronic illness. Moreover, an individual with chronic illness generally must restrict his or her social or physical activities depending on the demands of the chronic illness. Changes along with the chronic illness may cause an individual to readjust his or her emotional demands. Therefore, coping strategies can be divided into cognitive, behavioral and emotional ways to regulate an individual's life in terms of illness (Petrie & Jones, 2009).

According to Austin (1990), if the child with chronic illness is well-adapted to the condition, he or she is more likely seen to have control over the illness, have a positive attitude and a perspective toward illness, and adapt daily life activities to a treatment plan. On the other hand, a poorly adapted chronically ill child is more likely seen as a mostly restless individual. He or she sees him/herself generally different from peers. He or she is more likely to be an easy quitter, in other words, vulnerable and possessing a more negative attitude (Austin, 1990).

Many research studies are conducted to investigate coping ways of the children with asthma in terms of difficulties confronted in school regarding chronic conditions. A study conducted by Van De Ven et al. (2007) examined coping strategies of adolescents with asthma, and their quality-of-life. Findings of this study showed that there is a negative relationship between asthma severity and asthma specific quality-of-life in adolescents, but it was found that coping mediated this relationship. That’s why, if coping strategies are used effectively, the quality-of-life of adolescents may not reduce, thus, coping strategies will be a buffer for quality-of-life (Van De Ven et al., 2007). This study also indicates that adolescents use mostly positive reappraisal coping strategies, which is one of the active coping strategies toward stressful conditions, and it is most strongly associated with a positive quality-

of-life. Hiding asthma and ignoring its symptoms are passive coping strategies that are the other two mostly used strategies by adolescents with asthma. A restricted lifestyle is found to mediate the relationship between asthma severity and the quality-of-life. This means that as the symptom severity increases, an adolescent may restrict his or her activities such as peer activity or extracurricular activities, and thereby his or her quality-of-life may decrease (Van De Ven et al., 2007).

In another perspective, according to a research study (Röder, Kroonenberg, & Boekaerts, 2003), children with asthma use similar coping strategies with their peers regarding school problems. In the case of problems about school, they mostly use approaching as a coping strategy (making more effort) or asking for help. However, in the case of rejecting by their peers, they can use some different strategies such as avoiding from these children, confronting them or asking for help and support (Röder, Kroonenberg, & Boekaerts, 2003).

Marsac, Funk and Nelson (2007) conducted a study. They examined forty-seven adolescents' quality-of-life, coping styles in relation to asthma, also their mothers' perceptions about her children's coping methods and psychological functioning and the mothers' quality-of-life. Researchers used some measures such as self-report coping measures, pediatric asthma quality-of-life (PAQLQ), pediatric asthma caregivers' quality-of-life and strengths and difficulties questionnaires. The study revealed that children with asthma use mostly approach coping (dealing with the situations and trying to solve them) rather than avoidant coping (ignoring symptoms) in managing their illness. In the mothers' perspective, if the child uses avoidant coping, their psychological functioning becomes poorer than the child using approach coping. Moreover, there was a negative relationship between avoidant

coping and quality-of-life in both the child and the mother (Marsac, Funk and Nelson, 2007)

When it comes to caretakers' coping strategies, a research study conducted by Mailick et al. (1994) investigated 23 caretakers in terms of effects of the illness and their coping strategies. The caretakers filled Impact of Illness on Family Scale, and also COPE Scale measuring the coping strategies of the caretakers. The study findings revealed that caretakers use mostly active coping, planning, religious orientation, and acceptance of the illness as coping strategies. The caretakers also reported using restraint, denial and mental disengagement as a coping strategy the least often. It is found that religious orientation is a common and quite important coping strategy for caretakers (Mailick et al., 1994).

2.4.8 The COVID-19 pandemic era and its influences on children with asthma

According to Fard, Bakhtiari, Eslami and Arami (2021), the COVID-19 pandemic is the new and life-critical situation for humanity. Consequently, uncertainty in the literature and lack of awareness cause individuals to fear and worry. It is quite a significant issue to examine the influences of the COVID-19 pandemic era on chronic illness. A research study conducted by Di Riso et al. (2021) investigated children with asthma aged 7-14 and their families by comparing them with children without asthma in terms of psychological functioning (child and mother's well-being, fear of contagion and mother's perception about the COVID-19 pandemic relating to childhood asthma). This study included forty-five children and their mothers who visited the Women and Children Health Department in Italy, and also forty-one typically developing children and their mothers as another group without asthma. Additionally, asthma severities and asthma control were explored via Global

Initiative for Asthma (GINA) guidelines. In this study, the mother's fear and perception about the COVID-19 pandemic was assessed by the COVID-19-Related Fears questionnaires. Study findings revealed that asthma control was at a good level in the lockdown. When it comes to mothers, their reports showed high levels of COVID-19- related fears, they expressed their worries about contagion, and managing their children's asthma. Moreover, mothers' psychological well-being was found to worsen in the COVID-19 pandemic lockdown (Di Riso et al., 2021). This study also demonstrated that, when mothers' psychological well-beings and children's physical well-beings were high, children's psychological well-being was high, too. According to the researchers, mothers' well-being affects children's psychological well-beings (Di Riso et al., 2021).

Another research study conducted by Farzan et al. (2021) supported findings of this study regarding asthma control, in the US. Study findings showed that although children with asthma were admitted to hospital with symptoms of COVID-19, they did not need inpatient treatment. It is found that forty-one percent asthma patients admitted to hospital improved because of their asthma control; they did not need intensive asthma care in hospital, nor did they require rescue medication (Farzan et al., 2021).

Fard, Bakhtiari, Eslami and Arami (2021) conducted a study on adolescents with asthma and their mothers to examine COVID-19 pandemic anxiety on their children's psychiatric symptoms and the quality-of-life of adolescents with asthma. Adolescents utilized the Pediatric Asthma Quality-of-Life Questionnaires, Child Anxiety and Depression Scale, and Pediatric Coronavirus Anxiety Scale for Children (Fard, Bakhtiari, Eslami, & Arami, 2021). The study findings showed that coronavirus-related anxiety had a moderating role between psychiatric symptoms and

quality-of-life of the adolescents. This means that, corona virus anxiety resulted from psychiatric symptoms causing a twenty-seven percent decrease in quality-of-life. Moreover, the uncertainty of the pandemic and doubts about whether asthma poses a risk for COVID-19 and a fear of contamination were found to increase worries in both parents and their children (Fard, Bakhtiari, Eslami, & Arami, 2021).

Jia et al. (2021) conducted a qualitative study to investigate caregiver's experiences with asthma control during the COVID-19 pandemic. The study was carried out with 16 caregivers who had one child under 14 years old with asthma. While some caregivers indicated that their child was under control, some of them stated their asthma management improved compared to before the pandemic period. They talked about their experiences about asthma control. They attributed their child's asthma control to the child's regular medication use, the child's management strategies, the use of masks, and caring about hygiene rules during the pandemic (Jia et al., 2021). Moreover, caregivers talked about the lockdown. The lockdown reduced exposure to outdoor allergens and environmental triggers; consequently, children suffered from those triggers much less often. Most of the caregivers mentioned that if symptoms are mild, they did not seek professional help at the hospital because of their fear of contamination. They sought alternative solutions for asthma care. They also said that they preferred to consult health professionals via phone calls or video conferencing. Caregivers remarked that they could manage to take care of their children better than prior to the pandemic due to the lockdown. One caregiver shared this sentence:

> During the outbreak, we have been quarantined at home, unlike in the past (before the outbreak) when I had to go to work…Now, I stay at home as a

> result of the lockdown and have more time to care for my children more carefully… (Jia et al., 2021, p.4)

That's why caregivers indicated that they took advantage of the COVID-19 pandemic to take care of their children.

This current study was carried out during the COVID-19 pandemic to determine the influences of the pandemic on children with asthma and their parents to examine their experiences. Therefore, children with asthma and their parents' experiences during the COVID-19 pandemic was also one of the objectives investigated in the current study.

In conclusion, the child with asthma is influenced asthma not only physically, but also influenced in various fields. Therefore, the current study was aimed to investigate these fields and also being a voice of the children with asthma who are also students at school.

CHAPTER 3

METHODOLOGY

3.1 Research design

The aim of this research study was to understand the lived experiences of the children with asthma and their parents related to the school context. It was important to investigate the experiences of children related to asthma based on health-related quality-of-life, to also investigate their coping strategies at school and their expectations in detail in the school context for developing comprehensive counseling programs. For this purpose, qualitative research was an appropriate method to comprehend the experiences of children with asthma in detail (Merriam & Tisdell, 2015).

In a qualitative study, the participants have the freedom to identify what is significant to them, and to talk about their unique experiences. Therefore, in a qualitative study, the researcher gathered valuable data even if the number of people interviewed is small (Rydström et al., 2005). Thus, researchers wanted the participants to expand on their experiences, and they tried to capture the meanings of the participants' experiences when they described them in qualitative studies (Merriam & Greiner, 2019). Consequently, this qualitative study focused on the ways how children and their parents perceive and interpret the chronic disease.

3.2 Participants

In this research study, a convenient sampling was chosen to comprehend the lived experiences of the children at school, because the primary investigator has worked as a psychological counselor in a public school in Bayrampaşa district, it was thought

that it would be easier to access students and their parents in this district. Therefore, five eligible criteria were required to be a participant in this study.

In Turkey, in the beginning of each fall semester, risk maps are filled out at school. The map developed by the Directorate of Special Education and Guidance Services (ORGM), includes information of the students who have some special conditions such as chronic diseases, special needs, low socio-economic status or having a group of friends at risk for delinquencies or crimes. The forms of the risk maps and instructions on how to fill the maps are in the ORGM's website (ORGM, 2019). These risk maps are requested from classroom teachers for each student in the class, and then the school risk maps are collated by school counselors. After the school risk maps are filled out, school counselors plan and develop interventions for students in cooperation with classroom teachers. School counselors carry out individual or group counseling works based on the students' needs (Manavgat Counseling and Research Center, 2021). In this study, firstly the Boğaziçi University Ethics Committee for Master and PhD Thesis in Social Sciences and Humanities (SOBETIK) ethical approval was required, and then the Istanbul Directorate of National Education's legal approval was taken (See also Appendix A, Appendix B, respectively) in order to use school risk maps to identify children with asthma with the help of the school counselors in the education system in Istanbul, Turkey.

The first criterion was being a child with asthma in middle school. The reason for selecting middle school students is that they are at age of early adolescents. In this period, the management responsibilities of asthma were still shared with parents. They have more information about their chronic condition and start to have a deeper understanding about chronicity, and also are gaining more autonomy in the management of their condition (Schilling, Knafl, & Grey, 2006). Therefore, since

this study aimed to examine lived experiences comprehensively, children with asthma who were middle school students, and their parents were the most appropriate participants for this study. The second criterion was to be diagnosed with asthma as one of the codes of ICD-10, which are J45 asthma, J45.0 allergy induced asthma, J45.1 not allergy induced asthma or J45.9 unspecified asthma, and mild or moderate asthma level for at least two years. The third criterion was being the child only diagnosed with asthma; having another comorbid illness or disorder was not accepted in the selection. The fourth criterion was taking daily treatment with inhaled corticosteroids and the last one was visiting the outpatient clinics and taking professional help at least once a year regularly. In summary, five criteria are presented below:

i. Attending a middle school
ii. Being diagnosed with asthma including allergic asthma for at least two years and having one of the ICD-10 codes and have mild or moderate asthma level.
iii. Having no comorbid illness
iv. Taking daily medication treatment for asthma
v. Visiting the outpatient clinics at least once a year

In this study, depending on selection criteria, three male and three female participants and their mothers, in total 12 participants, were selected and then interviewed. In the study, the children's parents were invited by the school counselors via phone call to participate in the study regardless of being the mother or the father of the child. After the invitation, only mothers agreed to participate in the study. Based on the demographic information form, the participants' age, gender, school, grade, place where the participants grew up, the number of days participants were absent from school; information about the parents such as their education level,

age and job, whether the parents were together or not, smoking at home; information about the asthma (onset, diagnosis and severity of asthma) were gathered from mothers (Also see Appendix C for Demographic Information Form in Turkish and Appendix D for Demographic Information Form in English). For this study, pseudo names for all mothers and children were used to increase confidentiality. Detailed information about the participants is given below. Table 1 (for the child participants) and Table 2 (for the mother participants) contain the participants' pseudo names, and also their detailed information.

3.2.1 Child participants

This study included six child participants and six mother participants. All the child participants were selected from various public middle schools in Bayrampaşa, Istanbul by the convenient sampling method primary investigator have worked in a school as a school counselor thus access to the participants was aimed to be easier. All the child participants had asthma or allergic asthma.

This study included three male participants and three female participants. One of them was a fifth grader, two of them were sixth graders, two of them were seventh graders and one of them was an eighth grader. Their age range was between 11- 15. Mothers were asked about the asthma severity that their child has, based on the GINA's asthma severity definitions (2015). The child's participants' information is given below.

Ahmet was the eleven-year-old boy in the 5th grade. He was very energetic and kind. Ahmet stated that he had a lot of friends at school. Ahmet's mother (Mrs. Aylin) also indicated that Ahmet was a popular student, and he participated in most of the activities in school. According to Ahmet and his mother, Ahmet was a

successful student. His school has three psychological counselors (school counselors). Ahmet stated that he was satisfied with his school. In the interview, Ahmet mentioned that every child who has asthma should do physical exercise to get rid of asthma. He said that he does not suffer from asthma anymore, he just requires medication to keep himself healthy. His mother also said that Ahmet was healthier compared to the times in primary school, and he rarely suffered from an asthma attack. However, in the member check interview, it was revealed that Ahmet had frequent attacks. Furthermore, depending on the demographic form obtained from the mother, Ahmet was born in Istanbul, and he was diagnosed with asthma when he was five years-old. Also, his asthma was indicated as mild intermittent asthma by his mother.

Eren was the eleven-year-old boy who was in the 6th grade. He was also identified as gifted and had attended a public science and art center governed by The Republic of Turkey Ministry of National Education to get additional training in social, art and mechanical science. He looked kind and calm. According to his mother's report, Eren was born in Istanbul and has a twin. His diagnosis was allergic asthma, and he was diagnosed when he was five years old. During the interview with Eren, he had difficulty to express his experiences about asthma. Also, he mentioned his difficulties in expressing his personality traits. He generally preferred to give short answers. His mother (Mrs. Emine) stated that Eren had difficulty accepting his condition and avoided talking much about it so as not to get upset. His mother stated his asthma was mild intermittent asthma. In addition, his school has two psychological counselors.

Mete was the twelve-year-old boy who was in the 6th grade. Prior to being interviewed, Mete had an asthma attack and had been on sick leave. Mete's mother

(Mrs. Melek) was interviewed via videoconference in an app. Then, for an interview with Mete, the school counseling service office -his school has three psychological counselors- was used after Mete returned to school. Mete was a talkative and polite student. He stated that he had a group of friends at school, but he mentioned that after school, he was restricted by his parents from going out or joining activities with friends because of his asthma. Although Mete's mother identified Mete as a shy and introvert person, he described himself as a witty and friendly person in the interviews. In the interview with Mete's mother, she confirmed that as his parents they had a protective attitude toward Mete, and in general, they were limiting Mete's activities because of his asthma. According to Mete's mother, he is an only child. Also, his mother stated that he was quite sensitive about environmental triggers such as pets or smoking in the home.

Dilara was the thirteen-year-old girl who was in the 7th grade. She also attends an academic course at a center to prepare for high school entrance exams. She looked a little bit shy, however, she expressed herself very well in the interview. She grew up in Istanbul. She was diagnosed with asthma when she was eight months old. Her mother stated that Dilara has mild asthma, but she had severe asthma in the past. She does not have allergic reactions now. She has no siblings. Her school has two psychological counselors. In the interview with Dilara and her mother, they stated that the most adverse influence of asthma on Dilara's life was school absenteeism. The mother stated that Dilara cannot attend every lesson because their doctors told to them that Dilara should keep the use of masks to a minimum. Thus, Dilara went to school for only her main lessons. Dilara's mother (Mrs. Dilruba) talked about her own efforts to deal with asthma in the interview. She comes to school every day to take Dilara home. Also, she is always in contact with all of Dilara's teachers. Even though the

mother talked about the adverse emotional influences of asthma on Dilara, Dilara did not mention any of them.

Simge was thirteen-year-old girl who was in the 7th grade. She looked very shy, and she answered the questions briefly in the interview. She grew up in Istanbul. She was diagnosed with allergic asthma when she was 3.5 years old. Her mother indicated that her asthma is mild now, but in the past, she had suffered from severe asthma symptoms. Both Simge and her mother stated that Simge felt compelled to restrict herself from social activities because of her asthma. She remembers avoiding the shopping center because when she goes there, she suffers from a headache, stomach-ache and has difficulty in breathing. During the interview with both, they mentioned Simge mostly has asthma attacks frequently, and also asthma has emotional influences. Her mother mentioned that Simge's emotional status influences her asthma adversely. According to Simge, she does not want to talk about asthma with friends in general. Also in some situations, she hides her asthma from her peers. According to her mother (Mrs. Sevinç), asthma affected Simge's school success. Additionally, her school has two psychological counselors.

Eslem was the fourteen-year-old girl who was in the 8th grade. She seemed accepting of her illness and living with this illness. She had a sibling, and she grew up in Kütahya, Turkey. During the interview, she mentioned how to adapt her life to her illness. She stated that 'asthma is like that you breathe, but your lungs do not fill with oxygen.' She highlighted that she no longer had many asthma symptoms. She had good health as long as she took daily medication. Eslem's mother (Mrs. Yıldız) stated that Eslem used to be frequently sick, and she (Mrs. Yıldız) wondered whether this frequent sickness results from asthma or not. In a hospital visit, the mother did not tell the doctor about Eslem's asthma, however, the doctor said that Eslem looked like she had asthma.

Her mother mentioned her emotional burden about asthma over this incident. Her mother mostly mentioned the burden of asthma in past experiences. However, Eslem looked more accepting. According to Eslem, she was satisfied with her school. Her school has three psychological counselors.

The child participants' characteristics regarding name, sex, age, grade, days of absence, grade point age (GPA in 100), type of and severity of asthma are given in Table 1.

Table 1. Characteristics of Child Participants with Asthma

Child's name	Sex	Age	Grade	Days of absence	GPA	Type of asthma	Severity of asthma
Ahmet	Male	11	5	5	89	Allergic asthma	Mild intermittent
Eren	Male	11	6	4	98	Allergic Asthma	Mild intermittent
Mete	Male	12	6	15	96	Allergic asthma	Mild asthma
Dilara	Female	13	7	She attended only main lessons	100	Asthma	Mild asthma
Simge	Female	13	7	13	92	Allergic asthma	Mild asthma
Eslem	Female	14	8	11	93	Asthma	Moderate asthma

3.2.2 Mother participants

The mothers of the six children participated in this research study voluntarily. The demographic information forms were obtained from mothers. Table 2 shows information about mother participants. Most of the mothers were housewives; only two mothers stated that they had a job, but only one mother stated she worked full-time. According to the mothers' statements, the families were coming from low to middle SES backgrounds. Also, according to the demographic information forms, all the parents live together. Before the interviews, two mothers indicated that during the pandemic, they gave the asthma medical report to school for their children to be granted a leave of absence. They stated that this school year, mothers sent their

children to school as long as the children were in good health. Mothers were asked whether they smoked in the house or not. Just two mothers stated that they smoked only on the balcony, and none of them smoked in the house or near the child.

The mother participants' characteristics regarding mothers' and children's names, age, educational level and occupation are given in Table 2.

Table 2. Characteristics of Mother Participants

Mother's name	Child's name	Age	Education level	Occupation
Mrs. Aylin	Ahmet	35	High school	Housewife
Mrs. Emine	Eren	42	Middle school	Housewife
Mrs. Melek	Mete	40	Middle school	Textile worker
Mrs. Dilruba	Dilara	45	University	Housewife
Mrs. Sevinç	Simge	38	High school	Accountant
Mrs. Yıldız	Eslem	41	University	Housewife

3.3 Instruments

In this study, there are three instruments. The first instrument is demographic information form, which includes information about the child's age, sex, school grade, place that participants grew up, number of days that participants were absent from school, GPA, information about the asthma (onset, diagnosis and severity of asthma); also information about the parents such as parent's education level, age and job, whether parents were together or not, smoking at home were gathered from mothers. This form was completed by the mothers before starting the interviews. Semi-structured interview forms for the parents were the second instrument, and the children's interview form was the third instrument. These instruments are presented below.

3.3.1 Demographic information form

In this research study, the demographic information form was generated by the researcher and by the help of the thesis advisor depending on the literature review and particularities of living with asthma.

In the first part of the demographic form, the children's birthday and sex, children's grades, number of days that these children were absent, years the children have been at this school and whether a school counselor works at the student's school were asked to mothers.

In the second part of the demographic form, the family life was asked to the mothers such as socio-economic status, number of children, education levels of the parents, jobs of the parents and whether smoking in the home environment is observed and whether the parents were together or not. Also, the parent's age, education level and mother and father's jobs were asked to mothers.

In the third part of the demographic form, information about asthma such as year of diagnosis with asthma, ICD code of the asthma, severity of the asthma, and daily medication routine were asked to mothers of the children with asthma (see also Appendix C and Appendix D).

3.3.2 Semi-structured interview questions

In the current study, for interviewing with the participants, semi-structured interview questions were used which included children's form and parents' form respectively. These interviews were conducted in open-ended and qualitative ways. In the face- to-face interviews, the aim was to learn lived experiences of the children with asthma and their parents in detail and comprehensively.

Moreover, semi-structured interview forms were conducted to get information about children's experiences in school, their parents' perception about their children's condition and experiences based on the asthma. In the interview questions flow, the health-related quality-of-life domains were used as a starting point. Also, with the interviews, information about coping strategies of the children with asthma, and experiences about the COVID-19 pandemic were aimed obtained. (See also Appendix E for Semi-Structured Interview form for Children in Turkish, Appendix F for Semi-Structured Interview form for Children in English, Appendix G for Semi-Structured Interview form for Parents in Turkish, and Appendix H for Semi-Structured Interview form for Parents in English)

3.4 Procedure

In this research study, to carry out interviews, firstly Boğaziçi University Ethics Committee for Master and PhD Thesis in Social Sciences and Humanities (SOBETIK) ethical approval was taken, and then the Istanbul Directorate of National Education's legal permission was taken as stated before.

After permissions were taken, middle schools were visited in Bayrampaşa, the selected area in Istanbul to carry out this study because the primary investigator had worked in a public school as a school counselor, in Bayrampaşa, Istanbul. In this research study, convenient sampling method was used in the process of selecting participants. With the help of the school counselors in Bayrampaşa district and the risk maps of the school-which includes information of the disadvantaged students in the school and information taken from teachers in the beginning of the academic semester- students with asthma and their parents who qualified for the study were invited to attend to the research study. Parents whose child has asthma were called by

school counselors and invited to participate in the study. Since mothers accepted to participate in this study voluntarily, the school counselor invited the mothers to school. The mother participants were firstly informed about the research study, purpose of the study, children's rights and confidentiality with the help of the school counselors via a phone call. When the mothers accepted to join this study, interviews were organized at a school counseling service, the most appropriate environment to carry out the interviews. Because research was conducted during the pandemic, two mothers requested to be interviewed via phone or video talk. Also, a mother stated that she was working, thus she preferred to be interview by video. In the pandemic, the mothers and children got used to attending identified live lessons and videoconferences. So, interviews with three mothers and two children were conducted via videoconferences.

Before the interviews, the children and mother participants were informed. They were reminded of the process of the interview, their rights and confidentiality. It was explained to the mother and child participants that the audio recordings would be used to transcribe all the interviews to be able to analyze the data. Also, information was given to mothers and children about the confidentiality and storage procedure of the audio recordings. When the mothers and their children indicated that they were volunteers, a written consent form (See also Appendix I for the consent form in Turkish, and Appendix J for the consent form in English) which included process of the interview, purpose and the confidentiality of the study and identity of the researcher, were asked to sign for permitting to attend the study, and also for the audio recording. Participants who preferred videoconferencing were enabled electronic consent forms.

After the process of permission, mothers were asked to fill the Demographic Information Form, which consisted of children and their mothers' personal, educational and familial information, and also some information about asthma. Face-to-face interviews were conducted first with children one to one, and then their mothers one to one. Before the interview with the child participant, the school counselor introduced the researcher to the child. The researcher met the child and gave information about the study in the presence of the mother and the school counselor. Videoconference interviews were conducted with mother participants first and then with the child participants. In these interviews, mothers were told that it was important for the participants to be alone during the interview.

In the interviews, the researcher asked questions to participants and enabled them to express their experiences in detail. The interview with the children lasted approximately thirty minutes both in the videoconference and the face-to-face interviews. The interview with the mothers lasted approximately forty-five minutes both in the videoconference and the face-to-face interviews.

3.5 Data analyses

In this study, a thematic analysis method was used for analyzing the data. This method is quite appropriate to analyze interviews or narratives (Sundler, Lindberg, Nilsson, & Palmer, 2019). The aim of this type of analysis is to find patterns of the meanings with relation to questions and then organize these patterns into themes. During this analysis phase, researchers should be open-minded and read the data by focusing on both similarities and differences between meanings in the patterns and take notes to determined themes (Sundler, Lindberg, Nilsson, & Palmer, 2019).

According to Clarke and Braun (2018) in thematic analysis, themes can be thought of as important keys in an individual's story. Keys include some parts of the stories; thus, they have significant resources. Themes are also active concepts that researchers organize both obvious and implicit meanings of the individual's story so that it is not just a descriptive method (Clarke and Braun, 2018). Because of this reason, Clarke and Braun (2018) stated that thematic analysis is quite an appropriate method to analyze the data for counseling and psychotherapy researchers. In this study, children's lived experiences, their challenges, needs and expectations, and also coping ways based on asthma were examined mainly in the school context. Also, their mothers' perspective about their children's experiences, needs and expectations associated with asthma within the framework of health-related quality- of- life, also the perspective of mothers toward living with asthma were examined. In this respect, their individual stories and their meanings were quite significant. To capture unique experiences, implicit meanings, and organize them into meaningful concepts, thematic analysis was used in this study.

3.6 Identity of the researcher

I have been working at middle school for eight years after graduating from the Guidance and Psychological Counseling Department in 2014. I have preferred working with children entering puberty because, on the one hand, they feel dependent on their parents in managing everyday life issues, but on the other hand, they want to express themselves freely and, gain autonomy. In this process, I believe that as counselors, we can develop a system supporting them for personality development.

In 2018, I started doing my master's degree in the Guidance and Psychological Counseling Program, in the department of Educational Sciences, at Boğaziçi University. In the current thesis study, my main motivation is that I am also an asthma patient. I have suffered from asthma since my childhood. I know this illness and empathize with these children in my school. In my childhood, I remember that I had some concerns about school grades, relationship with my friends, also responsibilities with relation to asthma management, everyday life, and also school life. Asthma attacks were causing me to fall behind in some things such as lessons, some school activities or celebrations. In this respect, I wanted to hear these children's unique experiences and be their voice in the school context. I wondered about their experiences, their perceived quality-of-life and their coping strategies. In my opinion, knowing their challenges, difficulties and their needs, teachers, school counselors, school staff, and school principals can organize school environment in terms of children with asthma as well as children with needs and other chronic diseases.

3.7 Trustworthiness

During the data collection process, the interviews were recorded, and the primary investigator also took field notes to gather detailed information. In the current research study, in-depth interview techniques were used and in the results of the study about lived experiences of the children, it was very important to increase the trustworthiness.

In the data analysis, the primary investigator (PI) and thesis advisor were analyzing the data and revealed first codes concordantly. In each step of the data analysis, they compared their codes and drafted until building a consensus. After the

discussion of the PI and the thesis advisor, ultimate themes of the data were formed. Thus, trustworthiness would be ensured.

For ensuring trustworthiness, after the data analysis, the researcher used the method of member checking. Therefore, based on themes and sub-themes that consisted of data analysis including the participants' stories and the meaning of their experiences were checked again with the participants.

3.7.1 Member checking

Member checking is a tool to ensure credibility of the study (Doyle, 2007). According to Doyle (2007), it is regarded as one of the most important techniques in qualitative research for establishing or enhancing a study's credibility. By employing this technique, the researcher hopes to determine the degree to which the actual participants in the study accept the analyses and interpretations as accurate depictions of their experiences and reality (Doyle, 2007). The participants in the member check read transcripts to ensure that thoughts and representations are accurate; in turn this enhances the trustworthiness of the study (Lincoln & Guba, 1985 as cited in Chase, 2017). According to Chase (2017), in the member checking, participants can see which points the researcher sheds light on in the interviews. Thus, they can change some parts of their statements, or add something important for them or accept everything. In addition, participants can feel that they are collaborating with the researcher (Chase, 2017). Doyle (2007) identified the process of member checking. After the first interview, researchers transcribe interviews verbatim and identify themes and narratives; highlight some concepts; note questions for some points; make analysis of themes based on conceptual framework of the study; do content preparation for the member-checking interview; deliver the transcription to the

participants and make them read the transcript. After these steps, the researcher and participants conduct an interview again. In this interview, they explore the interview content and do modifications of the first interview. They discuss the themes and narratives and participants answer the researcher's questions. Then member checking is terminated (Doyle, 2007).

Chase (2017) mentioned another process to use member checking. In Chase's study, after the data collection, the researcher writes an initial draft to send to the participants. The first draft includes the participant's thoughts, narratives and quotations, also the researcher's interpretations. After the participant reads the draft, a collaborative review session is done. The researcher revises the data and sends a second draft to participants. After the participants read second draft, the researcher and the participants interview again. Finally, the researcher makes the last revision (Chase, 2017).

Considering all this information, the information from the interviews was verified. Upon request from certain participants, a small amount of information was omitted from the transcripts. Information was added in other areas to elaborate on a theme or narratives of the participant (Chase, 2017).

Consequently, in this research study, member checking was done by calling participants via telephone. Within the member checking, it was also aimed at the primary investigator to avoid subjective thoughts because of her having asthma. Therefore, the primary investigator asked participants, 'Do these experiences and comments divided into these themes reflect your thoughts and experiences?' Thus, the participants checked themes, headings and comments.

In these interviews, some of the significant points can be addressed in this part of the methodology. First of all, in member checking interviews, both the mother and

the child participants had similar attitudes toward the interviews. For example, while a child (Eren) gave short answers again, the mother (Mrs. Sevinç) talked about the experiences of asthma at length. In fact, Mrs. Sevinç stated that because she was very full of emotional burden regarding asthma, she was prone to over-talk. However, all the participants were willing to participate in the interviews.

Another considerable finding was that most of the participants stated that it was a first experience, in which a school counselor (primary investigator) talked about asthma with them. In fact, three of the mother participants (Mrs. Emine, Mrs. Melek, and Mrs. Aylin) expected that the primary investigator would communicate their difficulties and needs to the teachers at their school. For example, Mete's mother stated that they have some difficulties with absenteeism. Because Mete's asthma often gets worse, and, at that time, they must stay at home. She stated that teachers should help Mete so that absenteeism would not influence his school performance negatively. In addition, Mrs. Emine stated that if teachers encourage Eren to talk about asthma and the difficulties of asthma, Eren can calm down regarding living with asthma.

Thirdly, in the member check interviews, it appeared that, the first interviews could make some changes in the school lives of the participants. Two of the mothers and two children mentioned these changes. To briefly state, two of the mothers (Mrs. Aylin and Mrs. Sevinç) stated that their children's asthma was already known by many teachers at school after member checking. Ahmet also mentioned that his teacher conducted a seminar to increase awareness of asthma. It can be understood that this current study could make some positive changes at school regarding asthma awareness. In addition, while Dilara stated she was upset when she could not attend class activities at the first interview, it was understood that she reframed her thoughts about restrictions of her life caused by asthma at the member check interviews.

Last but not least, in the first interviews, most of the participants had stated that asthma was worse during the former middle school period. The mother and the child participants stated that symptoms of asthma were more in the past. In addition, asthma attacks occurred rarely in recent years. Yet, in the member check interviews, nearly all the participants stated that asthma attacks and shortness of breath increased after the first interviews. This increase can be attributed to children going to school again, to be exposed to many triggers of asthma, also not to be under their parents' control at school after COVID-19 pandemic lockdown.

Interviews with the children with asthma and their mothers were analyzed and the results of the current study are given in the next section.

CHAPTER 4

RESULTS

The present study aims to investigate the lived experiences of children with asthma at school. In this context, health-related quality-of-life (Van den Bemt et al., 2010) which is the conceptual framework was utilized during the preparation of the semi-structured interview questions and in the process of the data analysis. With these semi-structured interview questions, the aim was to examine all areas of the quality-of-life affected by asthma based on school life in detail from the perspectives of children and their mothers. Accordingly, three male and three female children and their mothers were interviewed. It is important to note that while mothers were enthusiastic in explaining the school life of their children and the difficulties that their children experienced due to asthma, the children were hesitating in sharing their experiences in general. Especially on the influences of asthma on peer relations and school performance, the children needed to be prompted to share their experiences. Data was analyzed by using the thematic analysis method. Nine main themes were identified during the analysis of data: (1) meaning of asthma, (2) emotional influences of asthma, (3) limitations in daily life, (4) environmental triggers of asthma, (5) social relationships of the children with asthma, (6) the influences of asthma on academic life, (7) coping with asthma as a chronic disease, (8) expectations from the school, and (9) the influence of the pandemic era on children with asthma. The original quotations of the participants in Turkish are presented in Appendix K. The quotations utilized in this section are stated in English followed by participant's pseudo name, number in Appendix K. Main themes and themes under main themes that emerged were presented below, in Table 3.

Table 3. Main Themes and Themes

Main Themes	Themes
Meaning of Asthma	• Asthma: Symptoms and Physical Complaints • Family Life Reshaped by Asthma • Perspectives about Living with Asthma
Emotional Influences of Asthma	• Discomfort about Asthma • Fear of Being Short of Breath • Sadness • Burden on Others • Frustration in the Family
Limitations in Daily Life	• Pulling Away from Activities • Constraints by Mothers • Disruption in Daily Activities • Limitations in Physical Activities at School
Environmental Triggers of Asthma	• Environmental Triggers in Daily Life • Environmental Triggers at School
Social Relationships of the Children with Asthma	• Stigmatization • Feeling Different from Peers • Support from Peers • Support from Teachers • Reactions to Asthma Attacks at School
The Influences of Asthma on Academic Life	• Absenteeism • School Performance of the Children
Coping with Asthma as a Chronic disease	• Hiding Asthma • Ignoring Asthma • Restricted Lifestyle • Approach Coping • Positive Reappraisal • Information Seeking
Expectations from the School	• Expectations for Environmental Regulation • Suggestions for Increasing Children's School Participation • Expectations about Awareness (Not knowing Asthma)
The Influence of Pandemic Era on Children with Asthma	• Pandemic Stress Management • Health Status of the Children with Asthma in the Pandemic Era

4.1 Meaning of asthma

The child and the mother participants were asked what asthma is like. All participants indicated that ‘it is awful.’ Furthermore, participants explained asthma in some different respects. Depending on the answers, this main theme was divided into three themes. These were (1) asthma: symptoms and physical complaints, (2) family life reshaped by asthma, and (3) perspectives about living with asthma. In addition, the third theme (which is perspectives about living with asthma) was divided into four sub-themes. These are accepting asthma, rejecting asthma, medication interruption, and habituation to medication.

4.1.1 Asthma: symptoms and physical complaints

When participants were asked what asthma is like, all of the child participants and two mother participants first talked about asthma’s symptoms such as shortness of breath or coughing. In addition, the children stated that asthma is awful because they have trouble of breathing, heavily coughing or wheezing or allergic symptoms such as itching or runny nose due to asthma. From the mothers’ perspective, it is bad because it causes the whole family and their children to suffer from various symptoms of asthma in daily life.

When Dilara mentioned breathlessness, which is her most frequent symptom of asthma, she tried to tell her suffering by giving an example: “Sometimes something bad happens and you can't do anything. It's like someone is strangling you. It is a very annoying” (Dilara, Appendix K, 1).

Three child participants mentioned symptoms and physical complaints resulting from physical activities. Simge mentioned her most frequent symptom of

asthma as breathlessness resulting from physical activity; also, she added coughing, as another asthma symptom.

> Asthma is a bad thing. Being short of breath while doing something is a bad thing. Let's say you are running in gym class, when you run too fast your chest gets tight and you have difficulty when breathing. I mean, it does not happen with any reason, but let's say you're upset or excited about something, at that time it's hard to breathe. The cough begins suddenly. (Simge, Appendix K, 2)

Like Simge indicated in her statement, Ahmet mentioned first being short of breath as an asthma symptom. He highlighted that his symptoms of shortness of breath appeared while he was running:

> As I said before, it happens occasionally while playing sports like this, like I said, I get out of breath when I run. It happens rarely when I'm excited (shortness of breath). When I think of asthma, the first thing that comes to my mind is shortness of breath. (Ahmet, Appendix K, 3)

During the interview with Eren, he often used the word 'difficult' when he tried to explain the meaning of asthma for him. On the other hand, when he expressed what asthma is like, Eren used a metaphor to define his shortness of breath:

> Asthma… It is boring and bad. Like… Living with it is difficult. When you run, your nose gets blocked. It is difficult. So, I am very tired when I run. Sometimes something happens when I sweat, how to say… Something very bad happens. I breathe like that. It's like drinking cold water over peppermint candy. It is a difficult and dangerous thing. (Eren, Appendix K, 4)

On the other hand, when a child participant mentioned what asthma is like, he highlighted that his asthma was triggered due to some behavior of people, so that sometimes asthma was difficult for him because of others. In addition to that, he mentioned the same symptoms as Simge did. Mete stated his thoughts as follows:

> It is a difficult thing for children because, for example, we take a bus in the summer, and suddenly someone starts spraying perfume. But when there is nothing… They are so insensitive. I mean, I'm suffocating there, so what will happen if I don't have a pill with me, my teacher (addressed the researcher by saying teacher) … Shortness of breath and coughing come to my mind directly. (Mete, Appendix K, 5)

Moreover, during the interview with Eslem, she stated that her asthma was worse in primary school but now, it is getting better. When she thinks about the time when she was at primary school, she defined asthma as; “I mean, you're breathing through your nose, but your lungs are not filling up” (Eslem, Appendix K, 6). A mother participant mentioned the shortness of breath like Eslem, also she added coughing as a particular problem of living with asthma for her child: “In fact, she might say cough and shortness of breath” (Mrs. Aylin, Appendix K, 7).

Another mother participant mentioned her child’s everyday symptom as runny nose that was a symptom of allergic asthma: “She has a runny nose every day, like the flu” (Mrs. Yıldız, Appendix K, 8).

Furthermore, eight participants identified asthma as symptoms of asthma or physical complaints when it was asked what asthma is like. In general, shortness of breath was the most mentioned symptom of asthma by the child participants.

4.1.2 Family life reshaped by asthma

This theme appeared solely in mothers’ interviews. When mothers were asked what asthma is like, some mothers talked about the difficulty of asthma in daily life and how asthma has shaped the family life completely. According to the mothers of the children with asthma, asthma affects their life in many aspects. At this point, mothers mentioned that due to asthma, their lives were restricted. On the other hand, they have to organize their lives based on asthma.

When Mrs. Dilruba talked about what her child’s diagnosis of asthma is as for her, she highlighted changes of her life based on asthma. In addition, she mentioned her families’ adaptation process to asthma, limitations of their lives, and their precautions about asthma:

> I was working until the occurrence of the disease. However, when she got sick, I had to take care of her. We could not let anyone care for her because of her illness. We arranged everything according to her. Until she reached a certain age, we removed all the stuff at home. We were not opening a window in the car (…) We prepared a medication bag which we keep in a certain place, and we take it anywhere we go. Even when we go somewhere only for a day, the first thing we put in the car is that bag. Now we do not use the machine but wherever we go we take it (the medication bag) with us. (Mrs. Dilruba, Appendix K, 9)

Like Mrs. Dilruba, two mother participants mentioned their effort in order to avoid their child having asthma symptoms. Mrs. Emine stated, "I pay attention to the places we go, and there is no dust at our home… I try to control his time to go-out and get-home, including school" (Mrs. Emine, Appendix K, 10).

While Mrs. Aylin mentioned how they (her family) organized their lives according to asthma, she also stated that asthma was awful and tiring. Her statements were as follows:

> For example, I was checking on him at night when he had asthma attacks and while he was sick. So that… I have to clean up everywhere all the time. There should not be any dust at home at any place. For example, my husband and I smoke, but we certainly do not smoke at home. I mean, we behave cautiously. If I clean the bathroom when he is at home, I tell him to use the bathroom before I clean and not go in there for an hour so that the smell of the detergent will not disturb him. (Mrs. Aylin, Appendix K, 11)

Some mothers claim that they adopted a new role at this stage when it comes to living with asthma. Mrs. Emine also mentioned her role of being remindful for her son. She stated that despite her child's unwillingness, she everyday reminds him to use his medications. She said, "According to Eren, asthma is boring. I say, 'don't neglect your medications,' every day, I say, 'son, use your medications" (Mrs. Emine, Appendix K, 12).

Parallel to Mrs. Emine's statements, Mrs. Yıldız mentioned that she assumed a new role for her child's school life. Thus, she reminds her child that she should avoid triggers at school that increase the asthma level:

> For example, when something was going to happen at school, sometimes a student was on duty in the primary school, for example, they would say to her (it's your time to be on duty). I'd tell Eslem, tell your teacher that you are allergic, I'd say don't sweep, she would say. She is like having the flu constantly. They said there will be no dust, no blankets, no plush toys. Even though I was living near the Black Sea at that time, we are from Rize. I am from there, so the doctor said, 'move from here if possible'. (Mrs. Yıldız, Appendix K, 13)

Mrs. Dilruba mentioned her high effort for her child to access her medications easily. Therefore, she stated to take most of the precautions, also responsibilities, and tried to be accessible for her child and probable issues associated with the child at school:

> I bring the medications to be used in the case of emergency in the classroom at school and private teaching institution. I also bring and pick up her to school myself. I stopped taking medication with me at first (to school). If anything happens, (I say my child) go to ask your teacher (medications), I said, but I didn't bring them (medications) to school this year. (Because) I'm always here anyway. (Mrs. Dilruba, Appendix K, 14)

Furthermore, three participants' statements showed that the child with asthma may accept asthma, she/he got used to living with asthma and its difficulties.

4.1.3 Perspectives about living with asthma

Various statements of the children and mother participants claimed that while some children with asthma accept living with it and make sense of asthma, others already reject it. In general, accepting is associated with adapting asthma to daily life; on the other hand, rejecting is associated with negative perception about living with asthma. Therefore, while some children see asthma as a part of their daily life, some of them perceive the asthma as something dangerous or tiring.

4.1.3.1 Accepting asthma

During the interview with participants, two mothers and a child with asthma mentioned that asthma was a part of their daily lives. Mother participants stated that during living with asthma, both children and their family got used to asthma, asthma symptoms and the burden of asthma. For example, Mrs. Yıldız mentioned that her child named asthma

as flu: “She says it's like the flu, (asthma) she is used to it now” (Mrs. Yıldız, Appendix K, 15).

Apart from Mrs. Yıldız, Dilara’s mother Mrs. Dilruba highlighted the word ‘troublesome’ while she explained asthma, but she mentioned that her child got used to this issue despite it being troublesome. Her statements are as follows:

> She now accepts that she has asthma because she always suffers (she has been struggling with the disease for a long time), she did not go from a comfortable period to a troubled one; she was always troubled. (Mrs. Dilruba, Appendix K, 16)

Like Mrs. Yıldız, Eslem indicated that it is an ordinary part of her life, after she mentioned past adverse experiences about asthma: “Now, for example, this is just a normal disease; if I take the drug, I will not have any problems; it is a part of normal daily life, I say” (Eslem, Appendix K, 17).

4.1.3.2 Rejecting asthma

When it comes to negative perceptions about asthma, in this study, some mothers’ statements showed that their children have already rejected their asthma. That is why they do not accept asthma and do not adapt their daily lives to the disease. According to mothers’ statements, this situation causes some complaints and distress in children with asthma.

> Eren is trying not to do much (not caring). I am fine, why are we doing these things? (Precautions for asthma). He seems to accept it, but he doesn't accept his asthma. So, he perceives it as a very bad disease, as if it will never end. He says, “I can't get rid of it.” He says so, he says, “I'm tired of this disease. If I don't use these drugs, what will this do to me, what will happen next?” he asks. He is rebelling; he asks, "What will I do with this disease for the rest of my life? (Mrs. Emine, Appendix K, 18)

While Mrs. Emine highlighted her child’s feeling and tiredness associated with asthma, Mrs. Aylin attributed her child’s negative attitude about asthma to rejecting

responsibilities. She also thought that it may have originated from her child's age. Her statement is:

> It's not something to be taken too seriously in my child's opinion. So, he does not care. Maybe because he is younger now. I tell him (asthma), for example. In my opinion, he does not accept responsibility for the disease. He wants to escape. (Mrs. Aylin, Appendix K, 19)

During the interview with a mother participant, she frequently mentioned that her child was sad because of asthma. On the other hand, it appeared that the mother had ambivalent thoughts about having asthma. She stated that her child has asthma; yet, she also said that her child sees herself as if she has a disease. It was a dilemma. At this point, it can be understandable that her child did not accept her disease: "For example, she sees herself as sick and she is upset" (Mrs. Sevinç, Appendix K, 20).

Consequently, findings of this current study are parallel to the literature review at the point of the relation between accepting asthma and medication usage. To this end, in general, participants who mentioned rejecting asthma interrupt medication usage except for Mrs. Dilruba. In the statements of Mrs. Dilruba, it appeared that her child accepts asthma, however, in both Mrs. Dilruba and her child's interviews showed that there was an interruption in medication usage. Therefore, contrary to some studies, a child who accepts asthma and lives with asthma may interrupt medication plans and complain about it.

4.1.3.3 Medication interruption

In the literature, the studies claimed that the use of medication is associated with accepting asthma and adapting it to daily life. In consideration of this information, data analysis showed that some child participants, especially those who do not accept asthma, interrupt medication usage. In this respect, three mothers and two children stated that medication usage is a problem for them. The mothers and a child

highlighted that medication usage is something disliked. For example, Mrs. Dilruba explained this issue as follows:

> She does not like to take them every day. We use some of them periodically; she took them regularly at first but then started to forget. Her medications are by her bedside. She skips taking them from time to time. (Mrs. Dilruba, Appendix K, 21)

Parallel to her mother, Dilara explained her negative attitude and unwillingness toward medication usage as follows: “I don't like using drugs. It is always the responsibility. It has to be remembered. This bores me” (Dilara, Appendix K, 22).

Mrs. Emine highlighted her child’s complaints about this, and also for her, it was a problem for her child’s life: “I tell him every day, ‘Do not skip your medications, son. Take your medications, son.’ He asks, ‘Mom, when will I get rid of them? I’m so tired, I don’t want to…’ There is such a problem” (Mrs. Emine, Appendix K, 23).

In addition, Mrs. Aylin stated her child’s attitude toward using medication. She did not mention complaints or discomfort of her child as stated by other participants as complaints and discomfort. However, she highlighted her child’s forgetting; thus, his medication interruption: “But he does not use these (the medications) that much; he tells me he will take them, but sometimes he will not” (Mrs. Aylin, Appendix K, 24).

Like his mother, when Ahmet explained whether he uses medications at school or not, he indicated that sometimes he forgets his medications: “I have no medication to bring to school. I do not know if I should bring it, my mom never mentioned it. I'm taking my medications. Sometimes I may forge” (Ahmet, Appendix K, 25). Consequently, three mothers and two children mentioned that medication usage is a problem for their lives.

4.1.3.4 Habituation to medication

Studies showed that medication plans are essential to take asthma under control. It was significant that children comply with using medication. Thus, it was an important part in the education of asthma management. In this recent study, some mothers and children's statements showed that most of the child participants improved the habit of using medication. Three mothers and four children stated that there was a habit of using medication regularly in their lives.

A mother stated that her child uses her medications regularly: "If he has to take his medication to school, he takes it, he uses it. He uses it every day, one time in a day, but we give it at night. We were also using air until the age of three. Now we try not to use it" (Mrs. Melek, Appendix 26). Similarly, two mother participants highlighted that their children accept using medication regularly and a mother stated that her child Simge knows that it was beneficial for her health and thus, she uses her medications regularly: "She now knows about medication, for example, it will be good for her, it will make her relax, it will open her breath. She uses it now and always carries it with her" (Mrs. Sevinç, Appendix K, 27). Also, Mrs. Yıldız stated that:

> She always takes her medications with her. She agrees to use it. It's even in her pocket. If something happens, she will definitely carry it so that she will not have any trouble (about breathing). (Mrs. Yıldız, Appendix K, 28)

According to two child participants with asthma, medication was relieving; in the meantime, it is necessary when their asthma gets worse. For example, Mete stated that he used his medications regularly and he uses one of them when his asthma symptoms increase and when he has shortness of breath: "I take my medications. I take them regularly both in the morning and at night. If I have to take it to school, I will, but it's not necessary right now. I get my Ventolin (inhaler) when it gets too

tight (asthma)" (Mete, Appendix K, 29). Also, Eren explained his medication routine as follows:

> There is Singulair (it is a pill). There is Flixotal, which is an inhaler. Also, I sometimes use a nasal squeegee when I am short of breath. I do not have to take it to school. I drink it at home in the evenings. (Eren, Appendix K, 30)

As distinct from other participants, Simge mentioned that she uses her medications at school when she has an exam or prior to physical education lessons so that her asthma would not worsen:

> I don't know their exact names (medications). I take the medications to school. I do not use them often, but I use them on the days when I have exams like this or the days when I have physical education lessons. (Simge, Appendix K, 31)

On the other hand, Eslem's statements showed that she both reflected her acceptance about living with asthma, and her compliance with medication usage. She stated:

> Now, for example, this is just a normal disease. If I take the medication, I will not have any problems; it is a part of normal daily life (I say). (Eslem, Appendix K, 32)

Furthermore, in the statements of all the mother and child participants except Eren there is a relation between asthma acceptance and medication usage. Therefore, if asthma acceptance is improved, children comply with medication usage. In Eren's situation, it was seen that Eren did not accept the disease and living with it, and her mother stated her role of being remindful about Eren's medication usage. However, Eren stated that he has used his medications regularly.

4.2 Emotional influences of asthma

This was the second main theme in the data analysis. During the interviews with participants, there were many emotional statements. After this main theme was investigated deeply, five themes arose. These were: 1) discomfort about asthma, 2)

fear of being short of breath, 3) sadness, and 4) burden on others, and 5) frustration in the family.

4.2.1 Discomfort about asthma

This theme appeared in interviews of both mother and child participants. From the mother's perspective, children were bored or tired of living with asthma. According to the perspective of the child participants, they feel uncomfortable with reactions of others to asthma, or experiences of medication usage.

Some mothers stated that their children feel uncomfortable because of some experiences with medication usage. For example, Mrs. Dilruba stated that her child feels uncomfortable bringing medications to school. Her statements were as follows:

> When I bring it (medications) to school, she (Dilara) asks when I will stop using it and when I will get rid of it. We stopped the medications for a while. She was very relieved after that. Then when she started again (as a requirement) she got bad (feel sad). (Mrs. Dilruba, Appendix K, 33)

Also, Mrs. Dilruba mentioned her child's past difficulties about that. She stated that her child feels discomfort to the reactions of her peers in medication usage:

> Especially in primary school, she could not take the machine (big inhaler) to school, she could not take the medication from the inhaler by herself, and we bought her an adapter, a pretty big thing. When she took it off and put it on across the class, everyone was looking at her and asking what is it? I mean, she was very uncomfortable with her friends looking, people were looking at her. (Mrs. Dilruba, Appendix K, 34)

Mrs. Emine, with little difference from Mrs. Dilruba, mentioned her child's feeling of discomfort about medication usage. It can be explained by noncompliance to the medication plan. Her statements were as follows:

> According to Eren, asthma is boring. (…) (He asks) Mom, when will I get rid of all this? I'm tired of it, I don't want it... He has such a problem. And I tell him to be patient, one month or one and a half months left. It was more difficult before; we were using four or five medications at once. (Mrs. Emine, Appendix K, 35)

A mother and a child participant explained feelings of discomfort about asthma symptoms. For example, while Mrs. Yıldız mentioned her child's feeling discomfort about an allergic asthma symptom which is runny nose, Eren mentioned his feeling about coughing and shortness of breath. Mrs. Yıldız stated:

> Of course, she already gets tired of it. For example, because she is sicker in winter than other seasons, when her nose is constantly runny, there are wounds on the sides of the nose. For example, I am tired of it now, she says. When I took her to the doctor, she would ask whether it would go away or not. (…) She always carries a napkin with her, because it runs. This is challenging, too. (Mrs. Yıldız, Appendix K, 36)

In addition, very much like Mrs. Yıldız, Eren mentioned his feelings about symptoms of asthma as follows: "These symptoms are like this when you cough. You know, something is forcing you to cough. There was always anger and rage (in me)" (Eren, Appendix K, 37).

Moreover, Mrs. Dilruba mentioned her child's feeling about limitations required by asthma: "That's why she gets angry. She gets very angry when she cannot do what she wants to do. She asks me 'Why me?' when she is restricted due to illness. Everyone does it, I can't do it, why? (She says)" (Mrs. Dilruba, Appendix K, 38). Parallel to Mrs. Dilruba's statements, her child Dilara stated that she felt discomfort about the limitations due to asthma, especially in physical activities with her peers. She exemplified her thoughts as follows:

> It was happening a lot. They said she could not run (for me). They were saying let's play something else, so we were constantly jumping rope or in another way (game) because I could not run. For example, while the art course was going on or something else (happened) I couldn't do anything, or they (friends) were playing games that did not require running, so as not to leave me alone. It was especially common in primary school; everyone was running and playing games, you (I) could not play. I was feeling bad. (Dilara, Appendix K, 39)

Furthermore, the mother and the child participants' statements showed that the child with asthma could be embarrassed and feel discomfort when she/he had to use

medications in front of people, when her/his peer exhibits overreactions to symptoms of asthma or the child's inhaler or machine. Because of these emotional influences, the child could not want to use medications or could hide her/his asthma symptoms.

4.2.2 Fear of being short of breath

This was the second theme in which both children and mother participants often mentioned during the interviews. This feeling of fear was seen as a result of some past experiences of asthma. Therefore, according to mother and the child participants' statements, the children experienced some asthma symptoms when they did any physical activity or they were at school or with their peers, so they were afraid of experiencing these symptoms or asthma attacks again. For these reasons, some mother and child participants also mentioned their precautions to avoid any recurrences of these attacks. Mothers also mentioned their fear that their child might have new asthma attacks, or their level of asthma may increase in the future. Some participants mentioned taking precautions resulting from fear of being short of breath. For example, Dilara stated her obligation to take her medication, and also her feelings as follows:

> I have to keep my medications with me all the time because if I don't, it is very difficult for me to breathe. It takes too long. Actually, I like to move. But when I run too much, I start to get clogged up. It sometimes gets very bad. It is not like I never play a game, but I usually play and take frequent breaks. (Dilara, Appendix K, 40)

Mrs. Dilruba also stated her child's precautions while living with asthma. In addition, she mentioned her child's feelings, being stuck and the reasons that she behaves in this way. Her statements were as follows:

> For example, Dilara knows that she should not sit by the window at school. She knows she shouldn't be in the breeze. She must be cautious. (…) The reason why she does not participate in activities in the physical education class is that when she sweats too much, the sweat makes her feel cold. In addition,

> physical education class is outside. She starts to have attacks when she is in windy places… Of course, she gets upset. I guess that is why she is afraid and restricts herself because she knows she will have a lot of trouble later on. (Mrs. Dilruba, Appendix K, 41)

Very much like Mrs. Dilruba, Eren's mother Mrs. Emine mentioned her child's attitude about living with asthma and the consequences of her child's fear on his lifestyle.

> He is afraid that he will get cold and cough a lot. He wants to wear something thick under his clothing. For example, he wears an undershirt underneath his shirt. He does not want to cough or catch a cold. He is careful and takes precautions. (Mrs. Emine, Appendix K, 42.)

In addition, Mrs. Emine also exemplified her feelings of fear and the consequences of her feeling. Her statements were as follows:

> I am sad, I am stressed. I get upset when he does not use his medications. I remind him about it repeatedly. This situation makes me feel bored. I say we will have to continue his treatment; otherwise, something may change in the future. (Mrs. Emine, Appendix K, 43)

Moreover, two mothers stated that they feel fear and worry about their children in certain situations. For example, the mother participants feel fear when their children go out alone or when on a school trip. Mrs. Dilruba talked about this issue:

> For example, when there is a school trip, I cannot feel comfortable. I feel obliged to be with my child. (…) My daughter wants to stay with her cousins, but I am afraid to allow it because they do not know how to intervene (with asthma attacks). (Mrs. Dilruba, Appendix K, 44)

A mother participant mentioned her feelings in some cases, such as before going somewhere; besides she stated some limitations in the family due to their fear:

> It is something very bad for us. I thank God a thousand times, but let's say we're going somewhere, I get very nervous. I cannot send my son to crowded places. My son sneezes or has shortness of breath immediately. (Mrs. Melek, Appendix K, 45)

On a different point, some mothers and children talked about their asthma-related fears of not being able to breathe and said that this encouraged the use of medications. For example, Eslem stated:

> There was an earthquake once when I was at school. At that time, I had shortness of breath when I panicked. When I feel panic, really, I am short of breath. Then I asked my friend, 'Can you give me my medication?', I said. He/she gave it immediately and I grabbed the inhaler. I always carry my medications now. If I do not carry my medications, I get worse. (Eslem, Appendix K, 46)

Similar to Eslem's experience, Ahmet shared his memory that he experienced fear because of shortness of breath and after that, he needed to take medications at school: "Sometimes I have shortness of breath while playing volleyball. I had an asthma attack at school once. I wanted to sit like this. I was scared. Now, I take my medication with me" (Ahmet, Appendix K, 47). In this respect, Mrs. Aylin stated: "When my son gets sick, he takes his medication with him. He is taking his Ventolin now. After these asthma attacks happened, he started taking his medication to school. He was afraid it would happen again. He was afraid" (Mrs. Aylin, Appendix K, 48).

Although Mrs. Yıldız did not mention an experience associated with asthma, like Mrs. Aylin, she mentioned her child's attitude toward taking medication with her based on her child's fear: "She always takes her medication with her. It's even in her pocket. She always carries it, so she doesn't have any trouble, if something happens" (Mrs. Yıldız, Appendix K, 49).

While talking about the fear one mother participant Mrs. Sevinç shared her worries and stress as follows: "I was also stressed a lot because of asthma as well as her (about the course of her asthma). (…) I was always worried about her" (Mrs. Sevinç, Appendix K, 50)

Furthermore, nine participants stated that asthma can cause fear of being short of breath because their child often suffered from shortness of breath, and the mother participants witnessed this. Thus, the children who experienced this fear felt obligated to take various precautions.

4.2.3 Sadness

When participants were asked how it felt to experience asthma symptoms in daily life, some mothers and children shared their sadness in line with their experiences. Sadness was mentioned in various parts of the interviews. In general, participants talked about their sadness when it was asked; yet some of them mentioned it when they talked about a difficulty associated with asthma.

During the interview with Mrs. Dilruba, she said that sometimes the asthma symptoms reduced, and, at those times, her family members believed that it was over. However, when her child's asthma worsened, they were disappointed and upset. She explained herself as follows:

> In the beginning, there was a situation (hope) that the illness would improve in the future. When you see that this is not the case, you get discouraged from time to time. Or when you say in certain periods that 'she improved', you feel sad again when she has an attack, it gets worse. It is very bad to go back to the beginning when you are hoping for a full recovery. (Mrs. Dilruba, Appendix K, 51)

At this point, it can be said that the uncertainty of asthma caused fear in some participants like Mrs. Emine, as mentioned in the second sub-theme. However, asthma also caused sadness in some of them, like Mrs. Dilruba.

On the other hand, when Simge mentioned her feelings, she highlighted that her worry was resulted from having asthma symptoms at school. She explained her feeling as "it also happens when I am very tired or stressed at school (asthma symptoms increase). I feel sad" (Simge, Appendix K, 52).

Differently from Simge, Dilara, Eslem and Ahmet talked about some physical restrictions associated with asthma and their feelings which resulted from these restrictions. For example, Ahmet said, "Once the match was canceled because of me (when he was sick), I felt sorry for it. When this happens, I regret that I am different from my friends" (Ahmet, Appendix K, 53). Similar to Ahmet's statements, Dilara

said, “My friends wouldn't leave me alone. They would come to me. Anything did not happen at that time because I wasn't alone, but they couldn't play, they couldn't run (Her friends felt the need to stay with her while she had an attack). This made me sad” (Dilara, Appendix K, 54). In the same manner, Eslem mentioned her feeling about restriction from physical activities: “Of course, I feel sad when I cannot participate; I wish I could do it too” (Eslem, Appendix K, 55).

4.2.4 Burden on others

In this theme, the perception of the child and mother participants regarding the burden on others was shown. Some mother and child participants thought that they sometimes might be a burden especially on their peers; this was mostly associated with the restrictions required by the illness. For example, two of the children stated that when they could not continue any activity with their peers, they felt sadness and this sadness was stemmed from possibility of being burden on others.

Ahmet’s statements can be an example for this situation, “Once the match was canceled because of me, I felt sorry about that. When this happens, I think that I am different from them” (Ahmet, Appendix K, 56). In addition, Dilara explained of this as follows, “My friends would not leave me alone, they would come near me, there was nothing happening (not feeling sad) at that time because I was not alone, but they could not play, they could not run (because of me). This made me sad” (Dilara, Appendix K, 57).

Mrs. Sevinç mentioned a dialogue with her child’s peers. She wondered whether her child was a burden for her peers or not. She stated:

> She has some friends who made her very sad. She is very affected. I am saying ‘girls, I do not want to step in, but Simge has asthma, so she should avoid feeling too happy or too sad (she is affected from these intense emotions negatively).’At that time, I wondered whether they are thinking something like,

> "will we always have to manage you? Will we need to treat you (to Simge) differently? (Mrs. Sevinç, Appendix K, 58)

Moreover, Mete mentioned a situation when his friends considered his restrictions because of asthma. His statements were as follows:

> Yes, there are (friends) who are from inside and outside the school. We play football; we do not go indoors a lot. Even if we go indoors, it lasts an hour or two hours maximum. Because they know me, that is, because I could not go to those places, because I am short of breath in closed environments. Even if we enter here, it's for a maximum of an hour and a half… (Mete, Appendix K, 59)

4.2.5 Frustration in the family

This theme only emerges in interviews with mothers. The mothers talked about the tiredness and burnout caused by asthma. The main point about this tiredness is that the course of the disease is very difficult at the beginning and in the first years.

When Mrs. Yıldız talked about the influences of the asthma on her child's school life, she mentioned the years of primary school. She exemplified her tiredness; frustration and this difficult period of her child's life as follows:

> We had a rough patch when she was younger. It made me tired; I was constantly going to the emergency service every day. She always had the flu, sometimes I was taking her to the doctor, and I did not say that she had asthma. I was wondering if all the symptoms were due to asthma, is this normal? Parents (in Eslem's school) were especially saying do not bring these children (who have illness) to school. I was saying it (the illness) will never end; this kid has asthma. The teacher did not make an issue of it, but the parents who do not know asthma were angry about it. They (parents) were saying 'you violate our rights'. (…) We were so tired; we had sleepless nights. (Mrs. Yıldız, Appendix K, 60)

Very much like Mrs. Yıldız, Mrs. Sevinç mentioned a difficult period of the illness and its influences on the family. She said that she was very tired and exhausted, so she talked a lot.

> She got a fever every fifteen days; she was always vomiting; she was always crying. For years we carried her to various hospitals, she was always on our lap. She coughed constantly, even in summer. She was vaccinated for 9 years,

> but we stopped it last year. I have talked too much but I am too full (exhausting), I'm telling you everything, sorry. (Mrs. Sevinç, Appendix K, 61)

Moreover, a mother participant mentioned both the perspective of her and her child about the difficulty of living with asthma as, "A very bad thing (asthma) for us. As a mother, it's a very difficult thing. Well, he never says good things (Mete about the disease). It's very difficult to go to the hospital; my child is exhausted" (Mrs. Melek, Appendix K, 62). Like Mrs. Melek, Ahmet's mother Mrs. Aylin mentioned experiences about hospitals and their frustration associated with living with asthma, "(…) And as I said before, we were in hospitals all the time, where the administered steam inhalation treatment. Then we bought the machine. It was more intense before. I was more upset, but now I got used to it more" (Mrs. Aylin, Appendix K, 63).

To briefly state, this theme was mentioned by only the mother participants. Therefore, four of the mother participants shared that their frustration originated from asthma. While the child participants mostly shared their fear, discomfort or sadness, the mother participants mostly mentioned their frustration and tiredness during caring for a child with asthma.

4.3 Limitations in daily life

This main theme was divided into four themes which are 1) pulling away from activities, 2) constraints by mothers, 3) disruption in daily activities, and 4) limitations in physical activities at school. In addition, the third theme, limitations in physical activities at school, has a sub-theme which is physical activities may not be a danger.

4.3.1 Pulling Away from Activities

This theme appeared only in the mother participants' statements. According to the three mothers, children withdraw from activities, exercise, or travel and organization due to their asthma. In general, they do not want to attend any activities. This is an attitude that children adopt by worrying about their asthma increasing, but it is described as an implicit situation in which they do not openly say, "I do not want to attend activities because if I do, my asthma will increase." For example, Mrs. Sevinç mentioned that her child restricted herself from attending activities or organizations due to worrying about asthma. Her statements were as follows:

> She has not been participating in activities like she used to since the 5th grade. As she grew older, she pulled herself away. She did not participate much in projects etc. The last time they did a show was on March 18, but she did not participate (in such activities) again after that. I ask why she did not join, and for the last two years she says, I do not want to. (Mrs. Sevinç, Appendix K, 64)

While Mrs. Sevinç stated that her child restricts herself from activities, Mrs. Emine said that her child restricts himself from playing outside with his friends because he does not want other people to see his symptoms of asthma. Her statements were:

> Eren goes outside after his brother but comes home before his brother. As I said, he feels discomfort because of his cough, sneezing. At that time, he does not cough in front of other people; he feels discomfort and comes back home. (Mrs. Emine, Appendix K, 65)

Similar to Mrs. Emine and Mrs. Sevinç, Eslem's mother Mrs. Yıldız stated that her child pulls herself away from physical activites at school. She indicated, "For example, there was a running race in middle school. She used to tell me, I cannot run, I have asthma, mom, so I should not go.' She tells this (her asthma) to the teacher in physical education lesson at school" (Mrs. Yıldız, Appendix K, 66).

Mrs. Sevinç also stated that her child restricts herself also from going to outside and eating something that she liked; because, she said:

> There have always been delays in our lives. Let's say they are going to a place with their cousins. I coughed, I am short of breath, and she says, "I cannot come." She says 'Mom, if I had not been sick, we would have gone'. (…) For example, she would eat ice cream, eat chocolate, which are the things that children like the most. She takes a bite and says, "Mom, I cannot eat any more." Of course, it is always limiting… (Mrs. Sevinç, Appendix K, 67)

Furthermore, three of the six mothers' statements showed that some of the children could pull away from activities because of various concerns such as fear of being exacerbated, discomfort about symptoms, feeling obligated, etc.

4.3.2 Constraints by mothers

During the interviews, it was observed that almost all mothers have a protective attitude towards their children, and some of them have an overprotective attitude. In their asthma-related lives, according to mothers, sometimes they do not allow for something, they keep the child away from an environment, or they prevent the child from something. It is important that only one child talked about his parents' attitude by stating they decided that the child should not go to school in the pandemic era because of the risk about asthma; none of the child participants mentioned the parents' protective attitude or restrictions.

Mrs. Aylin mentioned that she restricts her child's physical activities and playing. She explained this attitude as follows:

> I say 'do not play too much' in the places we go because he should not be sweating. I say, 'don't sweat even if you play.' If he sweats, I change his clothes or something. (…) I usually make him rest (if there are asthma symptoms). I tell him to go to bed, even if he does not want to, so that he gets better. He should not play or do anything, so even if he wants to, I do not let him. (Mrs. Aylin, Appendix K, 68)

Similar to Mrs. Aylin's statements, Mrs. Melek mentioned her restricted attitude toward her child; however, for Mrs. Melek, it was about her child's hobbies and abilities. She said "(…) His biggest dream is to become a football player, yet I cannot send him (to football club-due to asthma)" (Mrs. Melek, Appendix K, 69). She also

stated that if her child has any asthma symptoms, she explains his condition to him and rejects his request to join peer activities:

> (…) For example, if his friends will go out, and if he wants to go out with his friends, so he says 'mom, I want to go out'. I say, son, you cannot go. Look, your nose is running, you are sneezing, you are coughing… I always constrain him. It (asthma) affects my baby negatively. (Mrs. Melek, Appendix K, 70)

Similar to Mrs. Melek's statements, Mrs. Dilruba explained her thoughts about their parental attitude toward her child. Her statements were as follows:

> It is restrictive for my child. Because of many things, we say things like stop, do not run, etc. If she is going to run, even if her friends are running, she should not run and sweat. Because as soon as she sweats, she starts wheezing. (Mrs. Dilruba, Appendix K, 71)

In addition, three mothers mentioned their arrangements about school life of their children. For example, some of Mrs. Emine's decisions were about changes her child's school life. She indicated that her arrangememt and change requests would be difficult for her child. She stated:

> (…) Also, I have made Eren a morning student since kindergarten, since this disease appeared. Because the classrooms are airier in the mornings. Once, his class became an afternoon class. Our teachers changed also. I took Eren again and made him a morning student. He had to change his class at that time. He was briefly separated from his class during that period. But his friends, teachers, etc. changed, so it was a little difficult for him. (Mrs. Emine, Appendix K, 72)

Simge's mother, Melek, Mrs. Sevinç mentioned her worrying about school activities. She indicated that she would not allow her child for school trips. She stated:

> For example, I always postponed such trips. There were school trips, I was saying to my daughter 'You have asthma, don't go'. (…) We suppress her, of course. She is a very delicate child; she gets hot temperature right away. Therefore, we always had our hands on her. We didn't allow her to go anywhere. (Mrs. Sevinç, Appendix K, 73)

Moreover, Mrs. Dilruba stated, "She cannot even come to school right now; she wants to go, but we do not want her to. She's also aware of what's going on, so she's faltering

right now. She is stuck between her lectures (academic life) and her own comfort (Mrs. Dilruba, Appendix K, 74).

Furthermore, Dilara was seen to have internalized her mother's restraint; she mentioned that they preferred not to go to school due to the pandemic. She explained that:

> (…) Because my doctor said to bring mask usage to a minimum. My mother wants me to wear a mask because there is a virus (pandemic), so we did something (decision) like this to minimize it. I'm not going to school. (Dilara, Appendix K, 75)

Very much like to Dilara, although Mete's mother explained her restrictive attitude toward her child, when Mete mentioned his parents' restraints, but he did not use the word limiting. He seemed to internalize this situation, "We play football, but we do not go to indoors a lot. Even if we go inside, it's for an hour-two hours at the most. Because they know me, that is, because I can not go indoors, because I am short of breath indoors" (Mete, Appendix K, 76).

Furthermore, five of the six mother participants stated that they could constraint their children's lives because of asthma. On the other hand, one of the child participants mentioned their parents' limiting decision, and another child participant mentioned a limitation without attributing it to his mother's protective attitude.

4.3.3 Disruption in daily activities

Child and mother participants were asked how asthma symptoms affected daily life. Then, they were asked how asthma influences children's school lives. Child and mother participants mostly talked about the influences of asthma on school life. Very few child participants mentioned disruption in their daily activities when living with asthma.

Eslem stated that asthma influences her daily life if she does not use her daily medications. She said, “When I do not use my medication, it is already bad, then I cannot go out at all, I cannot leave the house when I am sick” (Eslem, Appendix K, 77).

Simge mentioned her experiences when asthma attacks occurred. She highlighted her symptoms and difficult times. Her statements were:

> In daily life, let's say I get an asthma attack, nausea comes, and coughing comes. At that moment, I quit what I was doing. I have a hard time. Let's say, if I have shortness of breath while I am studying, I have difficulty (to continue). (Simge, Appendix K, 78)

Similar to Simge, Eren mentioned that if he has asthma symptoms, he must stop doing anything. He has difficulty focusing on what he is doing. He said, “I used to cough a lot, I could not breathe, I remember. I could not focus. For example, I say I will read a book, I open the book. Then cough, cough (cough starts) … Cough, my God, cough” (Eren, Appendix K, 79).

In conclusion, three of the child participants mentioned that their daily activities could be disrupted by the symptoms of asthma.

4.3.4 Limitations in physical activities at school

During the interviews being held, it was revealed that there were situations where children had difficulties in activities that required physical activity at school. In general, the children stated that they were tired in the physical education class at school and then they had shortness of breath or had asthma attacks. Physical education can be considered dangerous for them. While some of the children stated that they did not run or play in physical education lessons because they did not want to be short of breath, some of them mentioned that even if they participate in activities, they may be interrupted because of tiredness. For example, Ahmet

mentioned his experiences of physical activities at school. Generally, he has difficulty breathing while he is playing games. His statements were:

> Sometimes I am short of breath while playing volleyball (at school). Fatigue occurs in games (triggers my asthma). (…) At that time, I was still interested in sports. When I ran, I was directly short of breath. I had to leave the game. I was sitting on the sideline. I was postponing it to another time. (Ahmet, Appendix K, 80)

Eslem said, "For example, in the physical education lessons, my friends run, then I cannot run. (…) I am already having a hard time when the teacher tells us, let's run" (Eslem, Appendix K, 81). Eren mentioned his experiences as, "I get tired when I play a lot of running games. As I told you, I am out of breath when I run a lot" (Eren, Appendix K, 82). Differently, Dilara said that she improved her style to continue physical exercises; she rests and then continues. She said, "I'm playing but I know I'm going to be short of breath. That's why I don't want it. Sometimes I hold myself back in the circumstances that I will have shortness of breath. I do not stop playing entirely, but I usually play by taking breaks" (Dilara, Appendix K, 83).

Simge mentioned that because of her asthma, she may stay behind from her peers in some races or qualifying rounds. Her statements were as follows:

> For example, let's say the teacher chooses a student for athletics. He/she will choose those who run well. For example, even if I ran better than them, I was stuck halfway through, so I left it halfway. My other friends continued, the teacher took me aside, and I did not continue. (…) I run for a while in these times. Then I tell the teacher that there is such a situation (I have asthma). He/she also appreciates it. I just let it go after a while. (Simge, Appendix K, 84)

Two child participants mentioned that asthma negatively influences physical activities (running) as well as physical education lessons. For example, Dilara said, "I was sitting on the bench reading a book while my friends were playing. (…) Sometimes I can't run very far" (Dilara, Appendix K, 85). Ahmet said, "I don't think so (asthma does not affect physical activities), but it used to a little bit. In primary

school, it was too much. I couldn't often play ball with my friends. It does not affect me now" (Ahmet, Appendix K, 86).

Most of the mother participants mentioned that physical activity makes the child sweaty and tired. Thus, sweating and fatigue cause asthma attacks to increase. Mothers were generally concerned about physical activities and had a negative attitude towards them. Only one mother had a supportive attitude in this regard. The other mothers were not supportive or encouraging their children to participate in physical activities.

Mrs. Melek mentioned her negative experiences about her child's school life. She exemplified the danger of physical education lessons as follows:

> For example, he attends physical education lessons. There was nothing (problem) the other day. On the second day, he is definitely sick. For this reason, he wants to play, he wants to join; however, he gets sick when he joins (physical education lesson). It is a cough like whooping cough. He has no problems other than physical education lessons, so thank Goodness. (...) When he sweats -he is at school starting at eight o'clock- and leaves from school, the sweat dries up on him (then he gets sick). (Mrs. Melek, Appendix K, 87)

Mrs. Dilruba, similar to Dilara talked about why her child should not attend physical education lessons. Her statements were as follows:

> The reason she doesn't participate in the activities in physical education class is because when she sweats too much, she gets cold from the sweat. In addition, lessons are carried out outside. When she stays in a draft, she starts to have attacks. The problem is not playing, it's the environmental conditions. (Mrs. Dilruba, Appendix K, 88)

Mrs. Aylin explained her experiences about this issue. Similar to Mrs. Dilruba's statements, she mentioned the danger of sweating. In addition, Mrs. Aylin asked the doctor about physical education and consulted with her/him. Her sentences were as follows:

> Because the game is always the most important thing for him, he tries to participate in everything. His other brother isn't like that, but he is. (…) He should not be sweating (it becomes a problem when he plays). He was short

> of breath in a volleyball activity at school. Then I consulted (to go to volleyball) with his doctor, and his doctor said there would be no problem. That's how I decided to send him. (Mrs. Aylin, Appendix K, 89)

Mrs. Yıldız stated that her child told her teachers that she has asthma. Mrs. Yıldız guessed that her child knows which activities she cannot do, and she tells this situation to teachers. Mrs. Yıldız also said that her teachers accepted this condition:

> (…) She says she has asthma, she attends some activities, but I guess she cannot attend some things like running and dodgeball (in physical education lessons). For example, there was a running race in middle school. She used to tell me 'Mom, I can't run, I have asthma.' She tells the class teacher. She also tells the teacher in physical education lessons at school (about having asthma). The teacher already said that those who have such problems should not participate. (Mrs. Yıldız, Appendix K, 90)

Furthermore, four mother participants and five child participants mentioned their difficulties in physical education lessons. While some children prefer to avoid these activities, some of them must stop when they have shortness of breath. Child participants mostly mentioned shortness of breath. It was understood that thoughts of being short of breath or not knowing management strategies were the most important factor in attending physical activities. From the mothers' perspective, they mostly mentioned the negative influences of sweating and catching cold on their children. It was seen that mothers have seen physical education lessons as a danger for their children.

4.3.4.1 Physical activities may not be a danger

While most of the participants see physical activities and physical education lessons as a problem and a danger, the participants who were especially involved in physical activities and included this in their lives, mentioned that it made asthma better. One participant said that doing sports carefully and taking precautions are essential for asthma. It turned out that the participants who actively do sports have a more positive

attitude toward physical activities and do not see it as a danger. For example, Eslem mentioned her experiences in this issue. She highlighted that when she started to do physical exercises; her asthma was getting better. Her statements were as follows:

> I don't know how to explain, for example, I can say about my asthma, it got better after I went swimming. Swimming made me happy anyway. I was having a hard time; I was crying when I first went swimming. I wanted to quit, but my teachers convinced me all the time, after a while I started to like swimming, too. So, I got used to it. It has been very good for me. (Eslem, Appendix K, 91)

Similar to Eslem's statements, Ahmet said that volleyball made his asthma better. He said, "Ever since the pandemic started, since I started playing volleyball, I rarely have shortness of breath" (Ahmet, Appendix K, 92). Mete also mentioned his experiences about it. He also mentioned his doctor's comment. He said:

> It (asthma) does not affect my physical education lessons (to attend). Our doctors also say that 'it will be worse if this child does not go to the physical education lessons' because my lungs will have more problems, So, I am trying to focus on (attend) sports a little more. (Mete, Appendix K, 93)

The medical interpretation about the relationship between asthma symptoms and physical activities was mentioned by a mother participant as Mete did. Mrs. Aylin stated that the doctor saw no problems with asthma in doing physical exercises. She exemplified their experiences as follows:

> Then I consulted this with his doctor, and his doctor said there would be no problem. That's how I sent him (to do exercise). (…) previously, he was running around school like this, he was sweating. He was negatively affected by it. When he was affected, he was getting a report for three or four days. He was resting and then I was sending him to school. But, as I said, it does not happen this year. I don't know whether it resulted from the effect of physical exercises or not. Our teacher also said that he had such students, and they got rid of their asthma in this way. I don't know. I asked our doctor, he said, 'It wouldn't affect much, if he is not waiting with a wet top after sweating so much' and, he said 'It wouldn't affect him much after he is not so tired. It might even be good,' his doctor said. Like that. (Mrs. Aylin, Appendix K, 94)

In conclusion, this study's findings showed that most of the participants regard physical activities as a danger, however four of the participants stated that asthma

might not be a danger. This belief was found to originate from positive experiences of the children or supportive statements of the doctors.

4.4 Environmental triggers of asthma

In this main theme, the participants mentioned some conditions, some places, and also things which may triggers asthma. This main theme was divided into two themes which are 1) environmental triggers in daily life, and 2) environmental triggers at school.

4.4.1 Environmental triggers in daily life

The mother and child participants were asked what the triggers of asthma were. Some triggers were mentioned frequently throughout the interviews. It was also emphasized that some of the environmental triggers restricted children, and their families' lives.

Firstly, in the current study, it appeared that closed and crowded areas, stuffy places, the suffocating air of the shopping malls trigger asthma symptoms. This situation may cause the restriction of life because children with asthma, also their families, cannot go to such places. For example, Mete mentioned triggers of asthma in his life as follows:

> We play football; we don't go indoors a lot (with my friends). Because they know me, that is, because I could not be in many closed environments. Even if we enter, we stay an hour and a half at most (we stay there). Places like internet cafes, places like Play Station; because there are a lot of people around there and because they touch a lot (to toys-computers). I am also a little sensitive to these, so when I stay there, I feel weird as if my lungs are getting stuck. (Mete, Appendix K, 95)

A mother and a child mentioned shopping malls as triggering places. Simge said, "For example, when I go to shopping malls, I am short of breath and get sick the next day" (Simge, Appendix K, 96). Mrs. Sevinç said, "For example, we cannot go to shopping

malls. The air of the mall immediately suffocates Simge. She had an asthma attack the next day. She has a headache, gets sick and gets a fever the next day… She also couldn't go to the indoor pool" (Mrs. Sevinç, Appendix K, 97).

Two mother participants mentioned crowded areas as triggering places. Mrs. Melek said, "So if it is getting crowded (that is when he gets sick). I cannot take him in a very crowded environment" (Mrs. Melek, Appendix K, 98). In addition, Mrs. Emine said, "And because it is crowded (he is affected by). Airlessness affects him" (Mrs. Emine, Appendix K, 99).

A mother participant stated that windy weather affected her child's asthma negatively. She also stated that family members organized surroindings in accordance with the needs of child with asthma:

> The wind affects her. When she gets in the car, the window can't be opened so that the wind does not come in. The air conditioner is always on. For example, if the weather is windy, even if it is summer, while everyone wears short sleeve t-shirts, she has to wear something (long sleeve t-shirt). (Mrs. Dilruba, Appendix K, 100)

Two participants stated that pets might be triggering for a child with asthma. At this point, the child with asthma has to arrange her/his life in order not to get sick. For example, Mete said, "For example, I have a bird and a dog (I am allergic). For example, I had a dog; we had to give it to my grandfather. So, when I go, I can look at the open field the most. We put my birds in another room; I never go into that room" (Mete, Appendix K, 101). Mrs. Sevinç also said, "Sometimes she gets short of breath after physical education lessons or sometimes the cat walks around the school (at garden), and then she gets her inhaler at school. (…) We could not go to places with cats and dogs" (Mrs. Sevinç, Appendix K, 102).

Four mother participants stated that dust was a powerful trigger for asthma. Therefore, children with asthma should avoid dusty environments. To exemplify, Mrs.

Sevinç said, “When there is so much dust, when she runs outside, she is immediately triggered and short of breath” (Mrs. Sevinç, Appendix K, 103). In addition, Mrs. Aylin said, “He should not be in dusty environments” (Mrs. Aylin, Appendix K, 104). Also, two mothers Mrs. Yıldız and Mrs. Emine said that dusty places trigger their children’s asthma.

On the other hand, wool and feathered materials were mentioned as triggers for asthma. In the literature, these materials were mentioned as triggers for both asthma and allergic asthma. Mrs. Yıldız mentioned that they were warned about this issue, “they said they should not use blankets, they will not have plush toys. We don't use it” (Mrs. Yıldız, Appendix K, 105). In addition, Mrs. Melek supported Mrs. Yıldız’s statements by saying, “For example, if there is something plush or furry in the environment, I cannot use blankets, like fleece (for example) or wool at all” (Mrs. Melek, Appendix K, 106).

Mete mentioned various triggers that cause restrictions in his life. His statements were:

> For example, my mother cannot give me a different pillow anyway, I have a pillow and she only gives that one to me. If I use other pillows, sneezing and shortness of breath starts. For example, there are such harmful carpets. Not these (showing the carpet in the library), these are not feathered, but there are also feathered ones. If they’re around, we cannot go to visit people, if such things exist. (Mete, Appendix K, 107)

Two mother participants mentioned detergent and perfume as triggers for asthma. For example, a mother stated that because her child was adolescent and she needed to use deodorant, they preferred to use baby cologne instead of deodorant. She said, “Fragrances, deodorant, adhesives are more bothersome than spray deodorants, but less than water-like ones. Now, we buy baby cologne. She uses it because she is at pubert.” (Mrs. Dilruba, Appendix K, 108). Mrs. Sevinç said, “Intense fragrances,

detergents, perfume, smoking places affect her negatively. (…) Disinfectant and cologne were overused for a while (in pandemic)" (Mrs. Sevinç, Appendix K, 109).

On the other hand, two mother participants indicated smoking was the important trigger for asthma. Mothers stated that smoking causes asthma attacks, thus, it should be avoided. "If someone smokes somewhere, she suffers an asthma attack immediately. Smoking areas affect her" (Mrs. Sevinç, Appendix K, 109). Also, Mrs. Aylin mentioned that because smoking triggers her child, she and her husband do not smoke in the house. She said, "For example, my husband and I both smoke, but we definitely do not smoke at home. So, we pay attention" (Mrs. Aylin, Appendix K, 110).

4.4.2 Environmental triggers at school

Children and mothers talked about the factors that trigger asthma at schools. These factors sometimes cause children to be restricted from activities. Especially using a mask in the pandemic era resulted in children to missing some of their school days due to triggering asthma.

Participants identified strong smells as triggers for asthma. For example, Simge said, "Strong smells increase my asthma in school" (Simge, Appendix K, 111). Moreover, Dilara mentioned her experiences about it as follows:

> When disinfectants first came out, my friends were playing with disinfectants and spraying disinfectants like this. They were playing, sometimes they squeezed so hard that I could not stand it, so it was heavy, it caused shortness of breath on me, I could not breathe. (…) Sometimes they (school staff) use very heavy bleaches at school. (Dilara, Appendix K, 112)

Similar to Dilara, Mrs. Dilruba mentioned disinfectants and their effects in addition to any other smells, "(…) in visual art lessons, smells of glue, gunk, paint…these makes her bad. Disinfectants have been used a lot. She was uncomfortable at the time" (Mrs. Dilruba, Appendix K, 113).

Mrs. Sevinç talked about an event that occurred at school. In this event, the children could not do anything, thus it had affected every child in the class,

> (…) They (teachers, students) did not open the windows at school. With 30-35 children, the class is extremely stuffy and frowzy. One day, one of her friends pees her/his pants and they (students and teachers) could not do anything. Disinfectant and cologne were overused for a while (in the pandemic). (Mrs. Sevinç, Appendix K, 114).

Mete and Eren stated that perfume that has a strong smell caused them to trigger their asthma symptoms. For example, Mete stated, "They sprayed the perfume too much sometimes in the classroom… the cologne and the disinfectant all… this triggers me" (Mete, Appendix K, 115). Eren said, "(…) Also, too much smell makes me nauseous (at school). Very bad smells" (Eren, Appendix K, 116). Lastly, Ahmet indicated, "I also have a friend like me (having asthma). Something happened last year. Perfume was sprayed in the class too much. We were short of breath, together. I was not that short of breath, but she/he was very" (Ahmet, Appendix K, 117).

On the other hand, five participants including mothers and children mentioned dust as triggers at school. Children and mothers stated that there was dust in the school because children were running during break times. They stated that it could be a strong trigger for them. Dilara stated: "If dust is extreme, very dense… Those who have asthma cannot stand dust or anything like that (triggering). There should be no dense dust in the classroom environments" (Dilara, Appendix K, 118).

Parallel to Dilara's statements, Eslem stated, "There is a lot of dust, everyone is running around, I have a problem because there is a lot of dust. Also, we cannot open the windows all the time, they are closed, so it is a problem" (Eslem, Appendix K, 119). Eren said, "I cough and have shortness of breath when there is too much dust. There's a lot of dust at school" (Eren, Appendix K, 120).

Additionally, Mrs. Emine mentioned her child's discomfort about dust. She said "When there is dust -sometimes Eren used to say that his friends run a lot in class- he used to say that there is a lot of dust in the classroom, I get uncomfortable. Dust affects him" (Mrs. Emine, Appendix K, 121). Moreover, a mother talked about a coping style she adopted; she warns her child to avoid environmental triggers. She stated, "(…) In primary school, students were in-charge of sweeping the classroom. I would tell Eslem, 'tell your teacher you are allergic so they do not make you sweep', and she would tell the teacher" (Mrs. Yıldız, Appendix K, 122).

Using a mask was the other mentioned trigger for asthma since this current study was carried out during the pandemic. Both the mother and the child participants mentioned that using a mask triggered the child with asthma; the child used a mask at school and had trouble breathing. Two child participants stated that they were not able to attend lessons at school because wearing masks made them tired and it triggered their asthma. This showed that wearing a mask influenced children's school attendance.

Dilara exemplified this issue with her sentences. She highlighted that wearing a mask negatively affected her school life.

> I was taking midterm exams at the library or other places, especially so that I could open my mask. I remember this, it was the beginning of the pandemic. (…) I only took the main courses at that time, for example, I took courses such as Mathematics, Turkish and Science. I did not come for physical education lessons. So that I wore a mask minimally (I did this). Because my doctor told me to wear a mask as little as possible. (Dilara, Appendix K, 123)

Mete also mentioned this era, "I did not experience anything different, but the mask made me tired. I wore two masks. Then I told my mother that I was having trouble. My mother did not send me after that (to school." (Mete, Appendix K, 124). Mrs. Aylin stated that "He wanted to replace his desk with a window seat. The mask

affected my child a lot. His teacher agreed, and he changed it (his seat) immediately" (Mrs. Aylin, Appendix K, 125).

Different from other participants, Mrs. Sevinç highlighted that her child's attention and performance were negatively affected by wearing a mask. She stated:

> Sometimes, when she is short of breath, she has both a headache and difficulty breathing. When this happens, she deletes the correct answer and marks the wrong answer in the exams. It also has a huge impact on her attention. Even I cannot keep a mask on for half an hour, for example, she wears a mask for five or six hours, which affected her badly. (Mrs. Sevinç, Appendix K, 126)

Two participants stated that pollen triggers asthma. Dilara said, "They should be very careful with pollen, and sometimes we can be very affected by pollen" (Dilara, Appendix K, 127). On the other hand, Mete mentioned school trips that the child with asthma could not attend. He stated:

> For example, there is a school trip… If they go to more natural places, I cannot go if it's pollen season. We had a picnic trip in primary school, then I couldn't go. So now it's pollen time in June. I probably won't be able to go to them either. (Mete, Appendix K, 128)

Surprisingly, two of the children with asthma mentioned emotional status' influences on asthma. For example, stress and excitement were mentioned as triggers of asthma. To exemplify, Simge said, "Intense smells increase asthma. Stress increases asthma. I do not know if it is due to asthma, but I am stressed" (Simge, Appendix K, 129). In addition, Ahmet said, "It has happened when I have felt excitement" (Ahmet, Appendix K, 130).

In conclusion, this current study showed that children with asthma can be triggered by dust, strong smells, detergents, using masks, airlessness, perfumes, and some materials such as gunk and paints used in visual art classes at school. In addition, in crowdedness in classes also triggers asthma symptoms in children at school.

4.5 Social relationships of the children with asthma

The child and mother participants were asked whether the children with asthma have friends or not, and if they have friends, it was asked what they do when they are together. With these questions, it was aimed to find out whether asthma influences their social relationships and their playing with them. Also, in the different parts of the interviews with the children and mothers, the participants were asked how asthma influences their social relationships at school. The children and mother participants shared their experiences about social relationships associated with asthma. This main theme was divided into five sub-themes: 1) stigmatization, 2) feeling different from peers, 3) support from peers, 4) support from teachers, and 5) reactions to asthma attacks at school. In addition, the theme 'support from peers' has a sub-theme: ambivalent thoughts about support from peers.

4.5.1 Stigmatization

The child and mother participants stated that they could be stigmatized for asthma, especially when it comes to physical activities. As revealed in the previous themes, asthma was seen as a barrier in many physical activities. This sometimes results in children to be stigmatized. From a different point of view, a mother's statement showed that the mother also stigmatized her child as her child's peers did.

Mrs. Sevinç shared their experiences about the issue of stigmatization that her child suffered in social relationships. Her statements were as follows,

> They said, 'Teacher, she has asthma, she cannot run, she cannot run in physical education lesson,' and the teacher asked, 'Why didn't you tell me?' and said 'OK' and accepted it with understanding. Last week, she could not adjust to the ups and downs of the National Anthem in her music class, and a friend said, 'Teacher, she has asthma, so she cannot regulate her breathing.' So, she has difficulties in these areas. (Mrs. Sevinç, Appendix K, 131)

Dilara mentioned her friends' interpretations about physical activities. In addition, she shared her feelings about it, "(…) It was especially common in primary school (they said she cannot run), everyone is running and playing games, but you cannot. I was feeling bad" (Dilara, Appendix K, 132).

The child and mother participants stated that children can be stigmatized because of the asthma symptoms, and they are bothered by the long and sometimes strange looks of people. Some mothers also touched upon their children's fear of being stigmatized. For example, Mrs. Sevinç stated, "She was alienated by her friends when she coughed or did something (suffer other symptoms). They (her friends) were saying, 'you are coughing, you are sick" (Mrs. Sevinç, Appendix K, 133). In addition, Mete mentioned his discomfort about people's starings, "For example, you cough when you enter a place, something like this happens (when you show symptoms) people look at you a lot" (Mete, Appendix K, 134). From another perspective, Mrs. Emine mentioned that her child feels fear of being stigmatized or to hear negative words about his asthma. She stated that this fear made her child hide his symptoms of asthma, and to force himself not to cough. She said,

> When his cough comes, he says something, like he squeezes himself, has difficulty, cannot stand it and coughs or something. 'My friends get annoyed, get distracted' (he said), he thinks that anyone can say something (bad). He is a detail-oriented boy. (Mrs. Emine, Appendix K, 135)

Parallel to Mrs. Emine, during the interview with another mother participant, it was seen that the child with asthma might be embarrassed by asthma symptoms. In addition, this mother participant shared her thoughts about her child's behaviors. She said:

> No matter how much I warn him; 'when you leave the house, my dear son, do this and that... Look, son, take a spare under shirt with you, and change it' (if I say). He says 'no mom, no mom...' I do not know whether their friends are saying something, or they are misunderstanding him. (Mrs. Melek, Appendix K, 136)

Furthermore, Simge explained her experience about it. She stated that she tried to hide her asthma symptoms so as not to be stigmatized. She stated,

> When I cough a lot next to them (my friends), I do not cough it is like you're sick... I do not stand next to them when it is. That is what happens. When I am short of breath next to them, I take my medications, for example, they ask what it is. (Simge, Appendix K, 137)

Apart from that, Mrs. Sevinç said that her child integrated herself with the disease and labeled herself. On the other hand, she explained that these children should be treated differently at school and that there should be an identifying symbol next to their names. In this case, it turned out that the mother also saw her child differently from other children. She said:

> She already sees herself as sick and coughs all the time. And then such a disease got in the way. Now these children are more sensitive in general. They become more sensitive when the teacher calls them to the blackboard or something for teachers though. (Mrs. Sevinç, Appendix K, 138)

Furthermore, in this theme it was addressed both the experiences of the stigmatizing and fear of being stigmatized. Therefore, six participants mentioned stigmatization associated with asthma.

4.5.2 Feeling different from peers

A mother and three child participants talked about feeling different from their peers due to asthma; they mentioned emotional reactions when they felt different and had feelings of discomfort. In addition, a child participant said that he used to squeeze himself not to show asthma symptoms in the presence of his peers and resisted coughing. Living with a chronic illness such as asthma sometimes makes child participants feel different from their peers in social situations, which is not something they prefer. To exemplify, Simge stated:

> If my friends see my medications in my bag, they have a great reaction. 'What is this?' they ask. They are surprised. They find it strange. (…) I am coughing, for example, I keep myself from coughing so as not to disturb my friends, I squeeze. (Simge, Appendix K, 139)

Mrs. Dilruba stated her child's experiences about feeling different toward her peers. Her statements were as follows,

> (…) She sees it (asthma) as an obstacle. Because many things were blocked because of that (asthma). (…) She gets angry because of that. She gets very angry when she can't do what she wants to do. When she is restricted due to illness, she says, 'Why me, everyone else does it,' she says, 'Why can't I do it? (Mrs. Dilruba, Appendix K, 140)

Parallel to Mrs. Dilruba's statements, Mete mentioned his symptoms of asthma and his emotional reactions about it,

> When I am at school (symptoms), I feel a bit isolated from my other friends. They do not have shortness of breath. For example, when they do something, nothing happens in their breath. For example, when I do something. I want, such as spraying perfume, -they can spray as they wish-, but when I do it, my breath start to be short, and I sneeze. So, I feel separate from them. It's like they're a little ahead of me. (Mete, Appendix K, 141)

Like Mete, Ahmet shared his thoughts and feelings about the influences of asthma on social relationships. When he cannot attend a physical activity together with his friends, or an activity is canceled because of his asthma, he feels different from them, "Once the match was cancelled because of me, I felt sorry for it. When this happens, I am sorry that I am different from them. I say (think), only I have it (asthma); I say they don't have it" (Ahmet, Appendix K, 142).

A child mentioned that she keeps herself from coughing and she is short of breath at that time just because she does not want her peers react differently toward her. Her statement was:

> If my friends see my medications in my bag, they have great reactions. They ask me, 'What are they?' They are surprised. They consider them strange (…) If I am coughing, for example, I try not to cough so as not to disturb my friends, I get short of breath. (Eslem, Appendix K, 143)

In conclusion, four of the child participants and a mother participant mentioned feeling different from peers associated with asthma.

4.5.3 Support from peers

When participants answered the question 'How does asthma influence social relationships at school?' and for children another question 'Do you talk about asthma with your friends?' Some of them mentioned the supportive attitude of their friends at school. The child participants highlighted their peers' empathizing, being physically present in difficult times, and their help associated with asthma, the mother participants mostly stated the supportive attitude of friends, especially in the case of asthma attacks. For example, Eslem stated, "All of them, my friends that I went to places where I already spent time together… All of them are understanding people. I have never had such a problem" (Eslem, Appendix K, 144).

Dilara mentioned times when she has shortness of breath. She exemplified her peers' attitudes about her. She stated,

> My friends did not leave me alone; they came to me… I talk and explain (my shortness of breath). They are welcoming. Everyone in the class knows that I have asthma. They act carefully in this situation. They saw me when I took the first medication. They asked what was wrong, why I was taking medication? 'I have asthma, so I am using medication' I said. (Dilara, Appendix K, 145)

Very much like Dilara's statements, Mete mentioned some of his close friends (with a smile on his face.) He mentioned the period when he cannot go to school. He said:

> My friends already understand. So, they are coming to me. They help me immediately. (…) My friends show that they miss me right away, and I am immediately happy. They say welcome or something and immediately applaud when I come back to school after my absence. I also think that my friends love me very much, I am immediately happy. As a matter of fact, they love me. (Mete, Appendix K, 146)

Parallel to Mete's statements, Mrs. Melek stated that if her child cannot go to school, his friends certainly wonder about him and ask what happened. Mrs. Melek said, "They

know, his friends know when he can't go (why he didn't go to school). 'I got sick again,' he tells them. When he cannot go, they text Mete to be nice" (Mrs. Melek, Appendix K, 147). In addition, Mrs. Dilruba said, "She says she has asthma, so her friends in the classroom know about it, for example. Support from peers increases with age" (Mrs. Dilruba, Appendix K, 148).

Similar to Mrs. Dilruba, a mother participant talked about the support of her child's friends and their helpful attitude toward her child with asthma. Mrs. Sevinç stated, "She also has very close friends. They've been together since kindergarten. They know Simge very well. They support her. They immediately tell the teacher that she has a disease" (Mrs. Sevinç, Appendix K, 149).

From a different point of view, Ahmet mentioned a friend who also has asthma and highlighted that his/her presence has increased Ahmet's sense of support in school. He says, "So, I felt that I am not alone in school" (Ahmet, Appendix K, 150). In addition, Eslem mentioned her peers' supports when her asthma gets worse. Eslem stated this with her sentences:

> There are my friends, I say I will be bad (because of asthma), I ask 'Can you inform the teachers?' If I cannot do anything by myself, I tell my friends. However, it is a problem that I do not usually have. (Eslem, Appendix K, 151)

Although Mrs. Yıldız did not emphasize the support of friends, she said that her friends knew, and they could talk about asthma.

> Actually not because of her illness, but normally she is picky about friends, she doesn't make friends with everyone. that's why she didn't have a problem choosing a friend due to her illness (…) she has good relations with her classmate, she already knows that she has asthma, they already know because she uses medications all the time, she doesn't have any problems. (Mrs. Yıldız, Appendix K, 152)

In summary, seven participants' statements showed that the child with asthma have receive support from their peers.

4.5.3.1 Ambivalent thoughts about support from peers

A mother participant and two child participants stated their opinions that in some cases their friends did not understand them and could not support them. While as it was mentioned in the previous theme, those participants indicated that they were supported by peers; however, they also shared their negative thoughts on this issue. The child participants stated that their friends (also mother participants stated as their child's friends) deprived them of the necessary support, especially in cases where asthma persists or in some cases where they have problems due to asthma.

Simge mentioned times when she was absent from school, she shared her classmates' attitude toward her as follows,

> I'm absent from school, sometimes it happens. Both affect each other. For example, I could not go last week. They did not tell me my homework either. (…) In addition, in the early days of the pandemic, they were spraying a lot of cologne or something. I was saying not to bother, but here they are thinking of their own thing. (Simge, Appendix K, 153)

Dilara mentioned her peers' reactions in asthma attacks, and she stated that they do not understand her condition. She shared her experiences as follows:

> They panic a lot at once, extremely. Their hands and feet are shaking. There are people who ask, 'Why did you use these medications, how are you, are you okay? If I am too short of breath, I panic more. It looks like it is coming upon me. They do not understand. This also bothers me. They react a lot like that, as if it was something that should not happen, or something that is so different. (Dilara, Appendix K, 154)

In addition, Mrs. Sevinç said, "When she is bad, she is unhappy. She tells me, 'Mom, they do not understand me (for her peers). She says, 'they want to go to a hookah cafe; I do not want to go'. She says, 'they cannot understand that I have asthma" (Mrs. Sevinç, Appendix K, 155).

Furthermore, three participants who mentioned that there was a support from peers mentioned also that they sometimes were not understood by peers.

4.5.4 Support from teachers

In this study, it was shown that if teachers know children's special situations (asthma), they generally give priority to these children, sometimes show them tolerance and have a supportive attitude. Some mother and child participants talked about the support of teachers. Sometimes they talked about the increase in their asthma's symptoms, the teachers' support during an asthma attack, sometimes they wanted to give information and take precautions afterwards. To exemplify, Mrs. Sevinç mentioned the supportive attitude of the teachers as follows:

> All of his teachers learned. They help. Last year she was short of breath in the classroom, and they immediately gave water. They said, 'Come on, get out of class and get some air.' She told me like this, 'Mom, I was short of breath, I took my medications, they gave me water.' Then she said my attack passed. (Mrs. Sevinç, Appendix K, 156)

Mrs. Aylin mentioned an event when the teachers supported her child and helped him. She shared her child's experience in this issue, she said,

> He got bored with deodorant or something (in class). His teacher also taken care of him. It was also on the agenda at the meeting (for parents) that such things should not be used in the class. "Do not bring perfume and deodorant to school," said the teacher at the meeting. So (the teacher is) interested. (Mrs. Aylin, Appendix K, 157)

A mother and a child participant said that their teachers knew their special needs and they sometimes gave priority to them, showed tolerance, and supported them. To exemplify Dilara said, "I already wear a mask for seven or eight hours at school; and also, I wear one (mask) for three or four hours in the private teaching institution, but the teachers allow only me to take off my mask; because I have asthma" (Dilara, Appendix K, 158). In addition, Mrs. Dilruba said, "I talked to the class teacher. Se had set her desk accordingly. When you say (asthma), the teachers are already interested" (Mrs. Dilruba, Appendix K, 159).

In cases of asthma attacks, when the students were asked about the people, they received support from, two children said that they first asked their teachers for help. Dilara stated, "The people whose help I get from at school are the teachers. I see them first when I am short of breath. Even if they are not my class teachers" (Dilara, Appendix K, 160). In addition, Simge said, "Teachers are already helping (if my asthma increases). My friends also try to help, then I go to my teacher" (Simge, Appendix K, 161).

Eslem and Eren talked about how they get support from their teachers when their asthma worsens. Eslem stated "(…) In the physical education lessons, I tell this situation to my teacher that I have asthma" (Eslem, Appendix K, 162). Eren said, "I get help from whoever is near me. (…) (Usually) I tell my teachers" (Eren, Appendix K, 163).

On the other hand, some mothers and one child stated that they had to inform their class teachers about asthma mostly before they went to the hospital or because they were absent. Apart from this, they stated that there was no work or organization at school about asthma or anything special for these children. Plus, only two participants stated that the school counselors had information about these children. To exemplify, Mrs. Aylin stated, "I also told Saffet (name) teacher about our condition. I said we have such a situation. I said let me know if anything happens. There was no other effort; we are meeting with you (primary investigator) for the first time" (Mrs. Aylin, Appendix K, 164).

Similar to Mrs. Aylin, Mrs. Emine exemplified this situation. She mentioned that there was no organization or seminar about chronic conditions at school. Also, she stated that she talked about asthma with the class teacher only. She said,

> There was no regulation in the classroom. No one has ever spoken to me except you (primary investigator). We did not consult anyone at school. I only tell the

> class teacher when we go a check up. When I take him to the hospital, I always text the teacher and inform him/her. (Mrs. Emine, Appendix K, 165)

Some statements showed that when it was needed, participants told the teachers about having asthma. Eslem's statements exemplified this, "No, I did not talk to the school counselor. I only said it when teachers asked, not specifically, that is not required" (Eslem, Appendix K, 166). Like Eslem stated that teachers, not the school counselors, are to be given the information about her asthma; Mrs. Melek stated that her child's class teacher knew about her child's asthma, not the school counselor. She said, "Only teachers know, for example" (Mrs. Melek, Appendix K, 167).

Consequently, five of the mother participants and three of the child participants mentioned teachers' attitudes toward asthma. Some of them mentioned only that teachers know asthma, some of them mentioned that if it was necessary, teachers were helping the child with asthma. In addition, according to the participants, after teachers learn the child's asthma, they could take some precautions and have a supportive attitude.

4.5.5 Reactions to asthma attacks at school

This theme emerges from the interviews of child and mother participants, but mostly from the interviews with children because the child participants can directly observe what happens during attacks and while using medication. While talking about the reactions of friends and teachers when the asthma of the child participants getting severe at school, child participants explained that in general these reactions were panic reactions. They indicated that teachers and students were afraid, panicked, surprised, and they asked questions about what was happening because they did not know about asthma. This situation was associated with lack of awareness.

Dilara mentioned an asthma attack that she felt very sad about because her peers, and also her teachers were worried and scared due to her attack. She stated:

> My friends were very scared. The teachers also got into a panic. The environment (the class atmosphere) was very bad, and I felt very sad about that. They got into a panic. They also told the teacher (my condition) with a lot of panic; they exaggerated. Some of my friends were creating an atmosphere of panic at school. (Dilara, Appendix K, 168)

Similar to Dilara's statements, Eslem mentioned her experiences about asthma attacks. She said, "Some of my friends panic when I'm short of breath, or they act like it's a big deal when I am taking medication, and they ask questions like, what is this?" (Eslem, Appendix K, 169). In addition, Mrs. Aylin mentioned an event when her child had an asthma attack. When this happened, students and teachers felt scared and reacted. Her statements were as follows,

> He had an asthma attack in the classroom. He told the teacher. The teacher said, 'This is the first time I have experienced such a situation.' They panicked. He was a math teacher, not the classroom teacher. (Mrs. Aylin, Appendix K, 170)

Only Simge stated that this was due to a lack of awareness. She talked about her feelings, thoughts and her peers' reactions about using medication and while showing the symptoms of asthma. She said, "My friends should also be given information because some of them do not know what it is. They are surprised when you (I) tell them. (…) When I am short of breath next to them, they ask what it is" (Simge, Appendix K, 171).

4.6 The Influences of asthma on academic life

This is the sixth main theme that emerged from the child and mother participants' interviews. This study especially focused on children's health-related quality-of-life at school. During the interviews, some questions were asked to both the child and

mother participants. One of the questions was, ‘How does asthma influence your school life in the following domains: school performance, absenteeism, social relationships and attending activities?’ Absenteeism and school performance were handled in this theme because there was a strong relationship between them. This main theme was divided into two themes which were 1) absenteeism, and 2) school performance of the children. In addition, absenteeism has three sub-themes: absenteeism is high or low, emotional reactions to absenteeism, and relationship between absenteeism and school performance. Also, school performance of the children has two sub-themes: effort required to struggle with influences of absenteeism on school success, and participation in class activities.

4.6.1 Absenteeism

The child and mother participants were asked how asthma influences their absenteeism in their school lives. Only two of the child participants stated that asthma did not influence their school attendance adversely. Most of the participants stated that asthma negatively influences the child’s absenteeism.

4.6.1.1 Absenteeism is high or low

Asthma affects school absenteeism of all the participants. All the participants stated that they were absent from school on some days due to asthma. While most participants said that they had too many absent days due to asthma, a few participants said that absenteeism was less affected. Among the participants who said that absenteeism was not affected much, two mothers attributed the low absenteeism to their own efforts. They said they are trying to reduce absenteeism.

Mrs. Aylin stated that absenteeism has not been too much of a problem in recent years, “We try not to report. Like I said, it (absenteeism) happened a lot in elementary school. It’s not very often here (in middle school). Maybe I got a medical report a couple of times. So that's two or three days” (Mrs. Aylin, Appendix K, 172). Parallel to Mrs. Aylin, Ahmet mentioned his condition. He said, “It doesn't affect my absenteeism much. I think it was October in the 5th grade, I went to my appointment and then I was absent. Two or three days” (Ahmet, Appendix K, 173). Eslem, like Mrs. Aylin, highlighted that asthma often caused absenteeism; however, this is not the current situation. Eslem stated:

> Of course, it affected my absenteeism because when I was sick, I couldn't leave the house, and when I came to school, I got bad. Sometimes it hurts, and I have a headache, etc. It affected my absence a lot; it doesn't affect anything at the moment. Currently it does not affect anything (absenteeism). (Eslem, Appendix K, 174)

In addition, Mrs. Emine stated that they did not prefer to get medical report for school; thus, absenteeism was relatively low. Her statements were as follows,

> We were trying not to be absent, but I was still taking him to the doctor, of course. He was missing that day. If it's bad, I will take him to the doctor. If it's not too bad, I don't take him; I don't get a report either. He is resting at home. (Mrs. Emine, Appendix K, 175)

Although, there were some statements that attending school was negatively affected in the previous years, most mother and child participants stated that asthma greatly caused absenteeism. Mother and child participants explained this situation in detail. Mothers especially said that asthma attacks affect their children for at least 10 days and their children cannot go to school for a long time. To exemplify, Mrs. Dilruba’s statements were as follows,

> Of course (it was affected) during the attack periods, however, we didn't experience here (in middle school) very long. We spent 1.5 years at home during the pandemic period. But even this semester she has been absent for five and a half days when she had attacks. It (asthma) increases absenteeism

> because it takes 10-15 days to fully return to normal after an attack. (Mrs. Dilruba, Appendix K, 176)

Like Mrs. Dilruba, Mrs. Melek stated that asthma influences absenteeism in a negative way. She said, “It seriously affects (absenteeism). It causes him to fall behind in his studies. For example, he got very sick today, he got very sick in the evening. I took him to the doctor again today” (Mrs. Melek, Appendix K, 177). In addition, like Mrs. Dilruba, Mrs. Sevinç mentioned that asthma attacks caused her child to be absent from school for nearly 10 days during the attack period. She said, “She is absent a lot due to asthma. The last time she had three attacks, she was short of breath for 10 days each time” (Mrs. Sevinç, Appendix K, 178).

Mete shared his experiences about absenteeism and highlighted that asthma caused him to also lower school performance because of absent days,

> Asthma affects my absenteeism and my lessons a lot. For example, when something happens, even without doing anything, my allergy can take hold. In these cases, we have to get a direct medical report because, if I come to school, it will be worse. (Mete, Appendix K, 179)

Eren first thought about whether the medical report influences his number of missing days from school or not. Then he stated that asthma affected his absenteeism. His statements were as follows:

> Absenteeism does not usually happen, but there are the days when I am on a medical report counted as absenteeism. For example, if I'm on a medical report, I can't go to school for a few days. So, it does affect me. (Eren, Appendix K, 180)

Simge shared that she was absent from school last week, she also explained why she cannot go to school in asthma attack periods:

> For example, if I am short of breath on a school day, I cannot go to school that day. It would be bad if it continued at school, so I'm not going. For example, in the past weeks, I did not go for a few days because of this. (Simge, Appendix K, 181)

Dilara said that she could not go to school full time; thus, she has a lot of absent days. She mentioned her experiences as follows,

> Yes, I am only attending the main courses at the moment. For example, I come to classes such as Mathematics, Turkish, and Science. I do not come to visual arts class or physical education lessons in order to wear my mask for the least amount of time. (Dilara, Appendix K, 182)

A mother and a child mentioned different cases about absenteeism due to asthma. It was seen that anxiety in social relationships can also affect going to school when experiencing asthma symptoms. To exemplify, Simge's statements were, "For example, in the past weeks, I did not go for a few days because of this (asthma symptoms). If I go, that is, if I cough in class, I cannot listen to the lesson and my friends will be uncomfortable" (Simge, Appendix K, 183). Additionally, Simge's mother Mrs. Sevinç stated as follows:

> In the early stage of the pandemic, for example, Simge started using her first mask. But when she put it on, her friends asked, 'Why did you start wearing a mask right away?' Coughing had started, Simge was short of breath, which she suffers from once a month. This time, she was sniffling or something. She didn't go when it was bad because she was afraid that they (her peers) would find it weird. (Mrs. Sevinç, Appendix K, 184)

4.6.1.2 Emotional reactions to absenteeism

During the interviews, while the effect of asthma on absenteeism was discussed, some mothers and children also talked about their feelings. According to the mothers and the children, absenteeism causes children to feel sad, anxious, incomplete, or fearful about school performance.

Mrs. Sevinç mentioned the feelings of her child about absenteeism, when she explained its influences on school performance. Because she is not able to attend physical lessons or music class, her grade reduces nearly nine points, and this issue makes Simge feel anxious.

> That's how she squirms when she falls behind, for example, she had a hard time in math this week. She was absent and she did not see the subjects because she did not go. She had a hard time. For example, when she falls behind, she is both stressed and sad. For example, in the pandemic, we did not go anywhere; we were always at home. She was expressing this as, 'Mom, look, I'm at home, no absenteeism, it's good for me,' she was saying. (Mrs. Sevinç, Appendix K, 185)

Mrs. Melek mentioned her child's emotion as, "So he gets sad when he cannot go (to school)" (Mrs. Melek, Appendix K, 186). While Mrs. Melek mentioned her child's sadness, Mrs. Dilruba talked about the anxiety of her child because of absent days. Mrs. Dilruba said, "She thinks that if she falls behind in school, she will fall behind in lessons. She makes up for it at home. She is very worried" (Mrs. Dilruba, Appendix K, 187). Mrs. Dilruba also stated, "She thinks that she will get low marks on the exams and that the teachers will look at her (steely look) because she does not attend classes. She thinks they will ask why she does not come to class. She said that teachers will believe that she belittles the lessons. We have such an obsession" (Mrs. Dilruba, Appendix K, 188). Moreover, Mete spoke about his feelings about absent days. He said, "I feel so lacking. For example, when I am absent, I cannot have fun with my friends (at school)" (Mete, Appendix K, 189).

4.6.1.3 Relationship between absenteeism and school performance

This sub-theme emerged from both the child and mother participants. It was mostly stated that absenteeism lowers school performance of a child with asthma. Only a few participants stated that absenteeism does not affect school performance.

On the one hand, participants mentioned that absenteeism negatively influences their school lives. To exemplified, Mrs. Sevinç's statements were as follow,

> (…) For example, this week, she had a great deal of difficulty with mathematics. She was absent from school; she did not learn the subjects because she did not go (to school). She had a hard time. (…) It (absenteeism) affected the physical education lesson and the music lesson. She says 'Mom,

> will my LGS (high school entrance exam) be affected negatively?' Because it is (grade in 100) 95. It affects LGS (due to lack of 5 points), she said. She cannot go to school because she has asthma, and she cannot attend the lessons. If you cannot go, it also affects your grade. This time it is lowered (grades). (Mrs. Sevinç, Appendix 190)

Similar to Mrs. Sevinç, Simge explained that there was a strong relationship between absenteeism and school performance. That is why, if she misses some school days, her school performance will lower. Her statements were,

> There are times when I cannot study when my asthma increases. You know, when I'm in an exam or something, it decreases my performance of course. I'm absent from school, sometimes too. Both affect each other. For example, I could not go last week. They didn't tell me my homework either. In fact, whether I watch a video at home or read the textbook book, it is not the same as what the teacher tells at school. (Simge, Appendix K, 191)

Eren mentioned that he had difficulty when he was absent from school. He shared his experiences by saying:

> Absenteeism affects my school performance except for math lessons. In math, I am a lot of steps ahead of my teacher. Thus, it is not a problem even if I cannot go. When I am absent from school, they learn a subject that I have already started to learn. In other lessons, I do not have a chance to be ahead of my peers, so, yes, I have difficulty. (Eren, Appendix K, 192)

Parallel to Eren, Mrs. Melek mentioned that absenteeism influences her child's school success. She associated absenteeism and school performance:

> How it affects…Thank goodness, for example, there is not a problem in math, English, Turkish and Social Science. For example, if he cannot go to school for one day, he is a step behind. For being away (from school) ... Due to absenteeism…It causes Mete to fall behind in his classes. (Mrs. Melek, Appendix K, 193)

Mete also mentioned his feelings about absenteeism. He also mentioned his effort to compensate for these missing days. He stated,

> I am missing a lot of topics (when I was absent from school). I wonder whether they moved to a topic or not. I wonder if they went to this topic or to another topic. I wonder how the teacher explained the topic. To catch up, my mother bought me a test book. Or videos…I open them from the internet. You know the X application; I open it from the internet. I'm trying to put it in my notebook as much as I can understand; I'm trying to solve problems. That's it. (Mete, Appendix K, 194)

Furthermore, most of the participants stated that there was a clear relationship between school performance and absenteeism. The child participants, who were aware of this, feel uncomfortable about this.

4.6.2 School performance of the children

This theme included how asthma influences school performance of the children. One of the most shared ideas between the child and mother participants was that asthma affects school performance of the children and another was that not to affect the school performance because their children make more effort.

4.6.2.1 Effort required to struggle with influences of absenteeism on school success

According to interviews with the participants, asthma affected absenteeism. In this theme, it appeared that there was significant effort made by the participants to ensure that absenteeism did not lower their performance at school. Almost all the participants tried very hard for that. Mothers expressed this effort more clearly. Both the mother participants and the child participants said that when the children are not going to school, they fulfill their school-related requirements and the responsibilities, they care about it. Some participants said that absenteeism did not affect the school grades much because they gave importance to the school grades. Some other participants stated that absenteeism affected the school grades a lot, but, like other participants, they put in a lot of effort to overcome the negative aspects of school absenteeism.

Two mother and two child participants said that absenteeism did not affect their school performance, but they also mentioned that they put in too much effort to compensate it. A child also explained that it did not affect her success in the courses

because she was able to cope with it. Mrs. Emine said, "(…) It doesn't, thank goodness. He likes his lessons, and he works hard. Not bad for now" (Mrs. Emine, Appendix K, 195). In addition, Dilara said, "No, it does not affect my performance much. I work by myself at home" (Dilara, Appendix K, 196). Eslem stated:

> No, it (absenteeism) didn't affect my performance in any way. I am working on my lessons. I watch educational videos. I make herbal teas and try to feel good. I will make up for it myself. Absenteeism does not affect my school performance. (Eslem, Appendix K, 197)

Similar to Eslem, Ahmet mentioned his effort to fulfill the gaps in class lectures. He said, "If there is a new topic, I am watching a video. To compensate…" (Ahmet, Appendix K, 198). In this context, Mrs. Dilruba said,

> It did not influence much, because she already makes up for it at home. When she gets out of here, she doesn't say 'let me go and watch TV.' She is doing her home tests. She already receives support (coaching, etc.) from outside. They also have a program which tries to educate them. She has had test books since primary school, and she works from the books by herself. She collects class notes from her friends. (Mrs. Dilruba, Appendix K, 199)

In addition, Eren stated that he wonders about the topics teachers lectured and taught, and he makes an effort to make up what he missed. He said,

> I am curious about the subjects that teachers told and the homework they gave, that's all. I'm used to it as I go to doctors all the time. If there are subjects that teachers taught, there is a class group (text group), I ask them to write the homework via text message. When I return to school, I will tell the teacher that I did not see this subject, I went to the hospital, can you tell me again. He tells it again (teacher). (Eren, Appendix K, 200)

In addition, Mrs. Aylin shared her attitude toward the missing days. She mentioned that under her leadership, her child completed his subject deficiencies in lectures.

> How was it reflected in his lessons? We would make up the lessons at home. I taught him when he felt good. I was thinking if he doesn't understand, I'll ask the teacher. He's not falling behind; it hasn't affected him much because I'm focusing on this issue. I was thinking about how to avoid falling behind, as I said, I was helping as much as I could at home. Homework or something he doesn't understand... He wanted the teacher to teach it again. Our teacher in primary school was also very understanding and very good. He/she was saying, 'I could even call and tell him directly on video talk,' we could call

> and talk, and that is how it was. He could also ask about something he did not understand. (Mrs. Aylin, Appendix K, 201)

On the other hand, three mothers and a child participant emphasized doing a lot of effort to compensate for the deficiencies. Mrs. Yıldız's statements exemplified this issue:

> Eslem showed a lot of effort. She was trying so hard not to fall behind. She used to study by herself. She was already going to school. She had no problems at home. She was staying at home, drinking herbal teas, studying at home and using her allergy tablets. (Mrs. Yıldız, Appendix K, 202)

Mrs. Yıldız mentioned how they made up for missing days, and she highlighted her child's effort, Mrs. Melek mentioned her child's studying hard when he could not go to school. The common situation of these mothers was that as family members, they each supported their child with asthma to compensate for missing days. Mrs. Melek said:

> He studied harder (when he is absent). For example, if he was behind, he reviewed at home in order to complete. He's trying not to be too far behind. We try to support him as much as we can. (Mrs. Melek, Appendix K, 2003)

Moreover, Mrs. Sevinç emphasized her child's effort for missing school days. Her statements were as follows,

> She used to get (notes) from her friends. She immediately wrote the assignments in her notebook. They would ask their friends and say, 'We have gone over this subject'. She then read up to that point. She would also ask about things she did not understand in the lesson. She was completing the missing work by herself. (Mrs. Sevinç, Appendix K, 204)

Mete also mentioned his feelings, thoughts and experiences about missing days. He mentioned his coping strategies in this issue,

> To make up for this (missing days), my mom bought me a test book. Or videos…I open it from the internet. You know the X application; I open it from the internet. As far as I understand, I try to write in my notebook; This is how I'm trying to solve my problem. (Mete, Appendix K, 205)

Furthermore, it was seen that five of the six child participants mentioned that they made an extra effort to compensate their missing days. In addition, most of the mother participants mentioned that they help their children to make up for the absenteeism.

4.6.2.2 Participation in class activities

In the interviews, the participants were asked how asthma influenced participation in the lessons as well as class activities. This part focused on participation and concentration in the lessons. Interviews showed that asthma symptoms could affect participation in the lessons as well has effect on focusing and paying attention on subjects.

When stating that asthma affects a child's focus on the lesson, Mrs. Sevinç also stated that her child was psychologically affected due to asthma medications in a negative way. She explained:

> (…) it also influences her participation in lessons due to lack of attention. I think it affects her attention, for example, she can't get enough writing in her notebook, or she can't answer the questions right away. (…) The last doctor we went shared the article of another doctor in America with us. The doctor said that the 'X' drug we used caused serious damage to the brain and that it was proven and would be published. Mentally, I think the drugs harmed my child. (Mrs. Sevinç, Appendix K, 206)

Mrs. Emine emphasized asthma symptoms in class and their influences. She said, "Sometimes he would get bored in cases from coughing too much, and he would tense up. He could not concentrate because he was coughing a lot. He was struggling that way" (Mrs. Emine, Appendix K, 207). In addition, Dilara said "I am distracted only when I am short of breath" (Dilara, Appendix K, 208). Moreover, Eren mentioned his asthma symptoms in classes and their influences on his focus. Eren said, "When I could not breathe, I had shortness of breath, I could not focus" (Eren, Appendix K, 209).

Different from others, Simge mentioned the relationships between asthma symptoms and focusing when she studies, and when she takes exams. Thus, she mentioned as follows,

> There are times when I cannot study when my asthma increases. You know, when I am in an exam or something, it decreases my performance of course. I am absent, sometimes or coughing at school. Both affect each other. (…) If I go (to school- in the time I feel sick), that is, if I cough in class, I cannot

> listen to the lesson and my friends will be disturbed. (Simge, Appendix K, 210)

In conclusion, four of the interviewed participants stated that asthma influences the child's participation in class activity, concentration and paying attention to the lessons.

4.7 Coping with asthma as a chronic disease

The child and mother participants were asked how the child manages when asthma becomes serious or when the child has an asthma attack in school, who the child receives help from, and also whether the child talked about asthma with his peers or not. All of the questions concerned the child's coping strategies in terms of asthma. During the interviews, some mother statements also showed the mother's coping strategies while living with asthma. This main theme was divided into six themes: hiding asthma, ignoring asthma, restricted lifestyle, approach coping, positive reappraisal and information seeking.

4.7.1 Hiding asthma

The interviews with the child and mother participants revealed that some of the children with asthma hide their asthma from others. This was the strategy of these children while they were living with asthma.

Two of the mothers stated that their children hid their asthma because they were afraid. In addition, a mother stated that her child hid his asthma because he was task-oriented. To exemplify, Mrs. Sevinç said, "Because sometimes she pulls away from (peers). They always ask my daughter why she did not come (to any activity). She does not say she was sick. She is ashamed of (having) it" (Mrs. Sevinç, Appendix

K, 211). Parallel to Mrs. Sevinç, Mrs. Melek mentioned her child's attitude in difficult conditions. Her child adopted hiding his asthma as a way to cope with it. She said, "He did not tell anyone when he felt bad, he could not protect himself, let me tell you. He stayed silent but told me when he came home. Then, I informed his teacher" (Mrs. Melek, Appendix K, 212). Parallel to Mrs. Melek, Mrs. Sevinç attributed her child's unwillingness about getting help to her shyness. She said, "She asks for help when she is in a very difficult situation, but she still hesitates, so she cannot ask for it right away" (Mrs. Sevinç, Appendix K, 213).

Mrs. Emine mentioned her child's coping way in terms of living with asthma. Her statements were as follows,

> He says that when his cough comes, he squeezes himself. He has difficulty but he cannot stand it and coughs. 'My friends may get annoyed or get distracted,' he says. Sometimes he thinks that anyone can say something (bad). He is a detail-oriented boy. (…). If it gets out of hand, he will call me. In accordance with his mind, duty is sacred. He says, "If I am in this class, I should do it to the end; he is overly rule-driven. (Mrs. Emine, Appendix K, 214)

Three of the six child participants mentioned that they generally hide their asthma from others. While two child participants attributed hiding asthma to their feelings such as discomfort and embarrassment, a child participant mentioned feeling boredom about it. To exemplify, Eren's statements were as follow,

> I think it is not known that I have asthma because I do not reflect at all. I do not want to say it because when I say it... I just do not want to say it. Actually, this issue is not handled in general. I do not want to open it either. There are other topics to talk about, so this seems boring to me. (…) When I feel bad, I hide somewhere, I rest. I am leaving when I feel good. (Eren, Appendix K, 215)

Ahmet was also seen to behave like Eren. During the interview with Ahmet, he mentioned his experiences:

> I do not often need (help). I get it if it becomes hard for me to breathe too much. (…) I do not say much to others who do not have asthma. I guess I am ashamed. Because, they do not have asthma (only I have) (Ahmet, Appendix K, 216)

Simge mentioned some of her concerns about having asthma symptoms. She mentioned that she adopted hiding her asthma as a coping mechanism,

> For example, when coughing appears, I do not cough so as not to disturb my friends, I get stuck. So, this is my opinion. When I cough, I disturb them. It is a bit bad actually. Maybe they do not think so. I don't know. (…) If there is an important situation, I will tell my friends. For example, I forgot my medication. I can say this to them. However, in daily life, this topic is not talked about. I am not telling. (Simge, Appendix K, 217)

4.7.2 Ignoring asthma

During the interviews, it turned out that some child participants tried to cope with asthma by ignoring it. Two mothers and two children's statements showed that some of the children utilized hiding asthma from other people due to reasons and some of them utilized ignoring asthma.

While Mrs. Aylin thought that her child ignored asthma because he did not want responsibilities, Mrs. Emine mentioned that her child ignored asthma at school because he paid attention only to the lessons. Mrs. Aylin said, "In my opinion, he does not accept responsibility for the disease. He wants to escape. I would say that he is a little reckless" (Mrs. Aylin, Appendix K, 218). Mrs. Emine highlighted that his child ignored his condition at school. She said, "If he's bad at school, he won't call me until to the last point, he won't tell anyone. (Mrs. Emine, Appendix K, 219).

Mete's statements showed that his reason was the belief that there was no awareness about asthma at school. He said, "At times like these, I try to stay calm. (…) Even if I go and tell the teachers, nothing will change because they have no information about it (asthma)" (Mete, Appendix K, 220). Moreover, Eren's statements appeared that Eren ignored asthma by attributing his symptoms to the flu only. He said, "As I said, cough is caused by other diseases (flu-cold)" (Eren, Appendix K, 221). Eren also said, "When I am bad, I hide somewhere. I rest" (Eren,

Appendix K, 222). It could be understandable that Eren was avoiding such questions during the interview.

In addition, although asthma is a chronic disease, during the interviews, some mothers mentioned their beliefs and expectancies that asthma will end, and they will get rid of it. Mothers also use ignoring it as a way for coping with this situation. A mother talked about her hope that her child will improve but, when this does not happen, they (the family) experience disappointment about that:

> (…) When you say in certain periods that 'she improved', you feel sad again when she has an attack, it gets worse. It is very bad to go back to the beginning when you are hoping for a full recovery. (Mrs. Dilruba, Appendix K, 223)

Similar to Mrs. Dilruba, a mother talked about her child's hopelessness and her hope that asthma will go away. Mrs. Emine said,

> Look son, I say, there are children having diseases, I say that yours is a temporary thing. I say this will end, this will not continue like this. He thinks it will never end. He is getting bored. (Mrs. Emine, Appendix K, 224)

4.7.3 Restricted lifestyle

According to the statements of mother and child participants, children with asthma also restrict themselves in their lives such a way that they can cope with the symptoms and deal with fear of having an asthma attack. This theme was mostly mentioned by mothers.

A mother talked about how the child participant's restricting himself to participate in plays with peers:

> So, at that time (two years ago) he was having short of breath and his nose was stuffy. I think Eren was thinking that he shouldn't move too much, and he was pulling himself back. He was not going out. His brother was going out time to time, but Eren was not. He was restricting himself from play activities, I could understand. He was spending more time at home. I think he gets tired while running and then he doesn't want to play (not wanting to exert effort). (Mrs.Emine, Appendix K, 225)

Like Mrs. Emine, Mrs. Sevinç talked about her child restricted herself from peer activities, also something that may trigger their asthma symptoms; she did not want them to exacerbate, so she adopted a strategy for her asthma. Her statements were as follows:

> She was also restricting herself; for example, there was a school trip and she said, 'Mom, I will not go'. (…) Shopping malls that she knows affects her negatively. For example, she went to X Coffeeshop on vacation. They (with peers) drank something cold; she fell down (with an asthma attack) the day after; for example, she said, I wish I had not had that cold drink. For example, she feels guilty. (…) For example, she would eat ice cream and chocolate, which are the things that children like the most, take a bite and say, 'Mom, let me not eat any more'." (Mrs. Sevinç, Appendix K, 226)

Another mother participant stated her child avoided physical education lessons "(…) She used to tell me that I cannot run, I have asthma. She tells the teacher. She tells the teacher in gym class at school" (Mrs. Yıldız, Appendix K, 227).

Moreover, Mrs. Dilruba also mentioned limitations in physical activities for her child's life. She said,

> For example, in physical classes, she should not run too much and should not sweat. (…) I guess that is why she's afraid and restricts herself because she knows she'll have a lot of trouble later on. She does not seem to be doing much to chat (with his friends), but of course she gets upset from time to time. I guess that's why she's afraid, she restricts herself from playing with her friends because she knows that she will have a lot of trouble afterwards. (Mrs. Dilruba, Appendix K, 228)

Dilara and Simge's statements showed that children were avoiding things not to be sick. They adopted a way to protect themselves from being sick. They adopted this based on their past experiences. Dilara said, "I play, but I know I'm going to be in short of breath. That's why I do not want to (play). Sometimes I hold myself back in cases where I will have shortness of breath. Even my friends are stuck (while they are playing)" (Dilara, Appendix K, 229). In addition, Simge said that she has avoided playing games that required physical activity. She said, "I have shortness of breath

while playing the game. That's why I do not play much. I do not like to play games" (Simge, Appendix K, 230).

In addition, Simge also mentioned an issue about shopping malls. She restricted herself from going somewhere that would make her sick. She said,

> If my friends are going for an activity, if that activity will adversely affect my asthma, I do not go. That also adversely affects me. For example, I am in short of breath when I go to shopping malls, and I get sick the next day. So, if they are going, I cannot go. (Simge, Appendix K, 231)

Moreover, Ahmet stated that he gave up playing football because of his worries caused by this previous experience. His statements were as follows,

> I mean, I was planning o join football once, but I didn't want to. The 5th grade had just started, and there is no volleyball team, they (teachers) only ask those who want to play volleyball. I was going to play football. I played once. I had too much shortness of breath. That's it. It was the school team. Then I quit. Yusuf (name) teacher said that if your asthma is very bad, you will start playing volleyball instead. (Ahmet, Appendix K, 232)

In summary, it was understandable that nearly all the children with asthma restricted their lives to some extent. While some of them live with too many restrictions, others go through fewer restrictions. Although the child participants explained their restrictions were due to the worry about being short of breath, the mother participants attributed restrictions to worrying about social relationships, disbelief about living with asthma, and also discomfort about symptoms of asthma in addition to worry about being short of breath.

4.7.4 Approach coping

This coping strategy generally reflects the attitudes of the child participants when they have asthma symptoms at school. It appeared that three of the child participants tried to manage the problems of asthma with an active approach. That is why the

child participants stated that they tried to stay calm and relax when they felt bad. Dilara, Eslem and Simge statements were as follows,

> I am sitting. I'm sitting on a desk. They (my friends) are coming. I talk to them, and they ask if I am okay. When it is fixed (I feel good again), we continue what we have already done. (…) I feel normal even when I am short of breath. I got used to it. (Dilara, Appendix K, 233)

Dilara's statements showed that she was supported by others; she tried to be relaxed and behave actively when her asthma got worse. In addition, Eslem stated that she knows about asthma and asthma attacks; thus, she tried to be calm, and she handled this issue actively. She stated,

> I usually think calmly. I try to calm myself down like this: I take air through my nose and give it out through my mouth. As much as possible, I don't panic because when I get excited, my breathing gets faster like this, and then I get worse. So, I calm down as much as I can and reduce the things around me. (Eslem, Appendix K, 234)

Lastly, Simge mentioned her active behavior to manage the situations whenever her asthma got worse. She said,

> I drink water. I rest. If I have medications near me, I spray my inhaler; otherwise. I get permission from the teacher and go to the restroom. (Simge, Appendix K, 235)

Furthermore, three of the child participants' statements showed that they could manage the process of the asthma attacks actively at school. They could be relaxed and try to be calm at those times.

4.7.5 Positive reappraisal

This attitude describes the positive thoughts and reframing of the child participants about some of their asthma-related experiences and limitations. Therefore, it reflected taking a positive attitude in order to manage asthma related situations that may make them upset.

Dilara's statements highlighted this issue. She stated that when she did not run, or she felt sick, she was able to make use of the time well and act differently together with her peers. Thus, she reframed the issues and adopted a new, positive attitude toward her symptoms.

> I don't feel bad, but nevertheless, I have to take those medications, so I will feel good. (…) I usually go out with my friends, walk and talk. If the weather is bad, we prefer indoors to talk mostly we have conversations. Sometimes I cannot run very far. Therefore, we do not like games, including running. If we have to play games, we do not like games including running, we'd rather prefer games played with balls. (…). (Dilara, Appendix K, 236)

Parallel to Dilara, Eslem said that although she felt bad, she thought about the issues saising from asthma again and she was able to reframe these issues in a positive way.

> Sure, when I cannot participate in, I feel sad; I wish I could do it. But, now when I think about it after a while, I can do different things, too, so I think it is not necessary for me to run. (Eslem, Appendix K, 237)

In summary, it was shown that two of the six child participants use positive reappraisal as a coping strategy while living with asthma.

4.7.6 Information seeking

During the interview with mother participants, some mothers talked about how they seek information about asthma, living with asthma, and about how they should behave toward their children concerning the issues of asthma. Some mothers consulted health professionals about some issues related to asthma. Some of them visited the school counselors to learn skills to behave in a supportive way toward their child with asthma. For example, Mrs. Aylin stated an experience about physical activities in school:

> I said something about volleyball, you know, he has asthma. They (teachers) said that 'they can get better through sports; we have had such students' they said. I said that my child is like this (my child has asthma). Then I consulted

> with his doctor, and his doctor said there would be no problem. That is, how I sent him to play (volleyball). (Mrs. Aylin, Appendix K, 238)

According to a mother participant, she wondered whether the child really has asthma or not; thus, she consulted the doctor:

> I always took her to the doctor for the flu, sometimes when I was taking her to the doctor, I did not say that she has asthma. I was wondering if all the illnesses were due to asthma, and I wondered whether this was normal or not. I even took her to a doctor in a private clinic one day, was a female doctor. I never told her that she had asthma, but she immediately diagnosed that she has asthma. I said that I did not tell you (to the doctor); I wonder if she was really sick. However, this doctor also said that my child had asthma. (Mrs. Yıldız, Appendix K, 239)

Mrs. Sevinç also mentioned her experiences about taking support and information from the school counselor:

> In the primary school, for example, I received a lot of support from the school counseling service to learn how to approach etc. He/she was talking to me nicely. He/she had also searched and related my daughter's face twitching to allergies. (Mrs. Sevinç, Appendix K, 240)

Consequently, three of the six mother participants mentioned their coping strategy that was information seeking as an active coping strategy.

4.8 Expectations from the school

During the interviews, the child and mother participants were asked if there was any regulation or organization regarding asthma, whether they had ever contacted to school staff or to the guidance services. In addition, the participants were asked what to pay attention to when about students with asthma at school. All answers for these questions showed the child and the mother participants' perspectives about school life. It was an important main theme in this current study because the purpose of the study was investigating the quality-of-life of children with asthma, especially at school. Therefore, in this theme, it included the perspectives of both children and mothers about school life and their expectations and needs. This main theme was

divided into three themes. These were, 1) expectations for environmental regulation, 2) suggestions increasing children's school participation, 3) expectations about awareness (not knowing about asthma). In addition, the first theme (expectations for environmental regulation) was divided into two sub-themes: decreasing environmental triggers and expectations about hygiene. In addition, the third theme (expectations about awareness) was divided into four sub-themes: expectations about awareness for support, expectations about awareness for being sensitive to asthma, support needs of children to learn management of their asthma, and counseling services in school from the perspective of mothers.

4.8.1 Expectations for environmental regulation

During the interviews with the child and mother participants, they stated their expectations from teachers, from school administrators, and also from school staff. In this section of the interviews, they mentioned that they expected environmental regulations at school for children with chronic diseases, especially with asthma. This theme was also divided into two sub-themes which were 1) decreasing environmental triggers, and 2) expectations about hygiene.

4.8.1.1 Decreasing environmental triggers

In this theme, it appeared that the child and mother participants wished for the reduction of environmental triggers so that their children's asthma symptoms will not be triggered at school. During the interviews, it was understood that while Mrs.Aylin and Mrs.Yıldız mentioned airlessness as triggers, Mrs. Melek emphasized the crowding. Mrs.Aylin stated her thought as, "As I said, the classroom needs to be ventilated" (Mrs. Aylin, Appendix K, 241). Mrs. Melek said, "So it gets crowded,

then it gets hot. And then he sweats, he goes at 8.00 am and leaves (from school) in the afternoon, and the sweat dries up on him" (Melek, Appendix, 242).

Moreover, a mother and a child mentioned intense smells and their influences on asthma. Mrs. Emine and Dilara shared their experiences as follows,

> The classroom environment is already very dusty, and it triggers asthma symptoms. He gets ruined at such times. He came recently next to me and said, 'Mother, I was very uncomfortable' (due to dust). I think the girls in class sprayed hairspray. He is very sensitive to odors. It needs attention (sensitivity). (Mrs. Emine, Appendix K, 243)

Parallel to Mrs. Emine, Dilara mentioned intense smells, perfumes and dust. She explained it as follows,

> There should not be very intense smells; such perfumes are creating problems and they should not be too intense. (…) I do not have many (thoughts) about school, but I have a friend with asthma, and she/he cannot stay places where there is dust or such. There should be no dense dust in the classrooms. (Dilara, Appendix K, 244)

4.8.1.2 Expectations about hygiene

Participants were asked what they wanted to see happening at school about asthma. Three of the mothers stated that hygiene and ventilation are very basic measures to prevent asthma getting severe. A mother stated that reducing the number of students in a class would be good for fresh air. Child participants also knew that hygiene related to asthma is important; it was also revealed that they thought that hygiene and air cleaning were necessary.

Mrs. Aylin stated, "(…) Cleaning… It should not be a dusty environment. (There are) too many classes. Too crowded... I think it can be reduced in numbers a little as well" (Mrs. Aylin, Appendix K, 245). In addition, Mrs. Sevinç said, "Previously, classes were awful, too. Asthma's priorities are hygiene, cleanliness and ventilation" (Mrs. Sevinç, Appendix K, 246).

In parallel with Mrs. Aylin and Mrs. Sevinç, Eslem underlined that access to fresh air is important for a person with asthma. She stated that at school, hygiene and access to fresh air should be provided and she suggested some solutions:

> Schools should pay much more attention to ventilation; they should always open their windows regularly otherwise someone comes and closes them all the time… Regularly like this… For example, I noticed that the desks were so dirty, especially when I first came to school. When I rubbed my hands through the desks, they became so black and dusty. They need to be cleaned or especially ventilated when needed, that is, even if the windows are left open. (Eslem, Appendix K, 247)

Eren explained his expectations. This was about cleaning and hygiene. He mentioned some precautions for children with asthma. He said, "I would like to see measures such as cleaning etc. …There is a lot of dust at school. I don't have any other suggestions for now" (Eren, Appendix K, 248).

Furthermore, four of the participants mentioned that hygiene and cleaning were also necessary at school for the child with asthma, because asthma was triggered in places where environment is not clean and unaired.

4.8.2 Suggestions for increasing children's school participation

This theme reflected that children with asthma want to participate in school life. In this part of the current study, participants mentioned their requests to participate in school activities, to be more active at school. To exemplify, Dilara identified her requests for school trips as follows:

> For example, I like fresh air very much. I think the trips should be to the forest side where there is cleaner air. For example, I like places with trees more because I feel more comfortable when there is no dust (no triggers). Or there should be more calm plays, not more running in school trips. (Dilara, Appendix K, 249)

Similar to Dilara, Ahmet mentioned his accommodation needs: "We can involve in activities that are not tiring us, no running is involved. There can be plays no running

involved in them so that we don't get bored" (Ahmet, Appendix K, 250.) In addition, Eslem mentioned another need. She wanted schools to fulfill the needs of the children with asthma, "For children with asthma there is an elevator needs, as for children who have difficulties (to climb stairs)" (Eslem, Appendix K, 251)

Moreover, Mrs. Dilruba highlighted some school-related needs of the children with asthma like Eslem, Mrs. Dilruba stated that for her child, there can be another activity offered when her child could not join something because of her asthma. Mrs. Dilruba's statements were as follows,

> They can act according to the needs of the children… When we were at school in the first semester, she had to sit in the classroom (in physical education lessons). In order to use that time properly, for example, I think she can be given a different activity. It can be said that these two lessons' hours do this, and she will not be alone. (…) She cannot go to physical education lessons. She had to sit in the classroom. Alone… She does not seem to mind, but I know she does. So, it is better for me not to see it at all. (Mrs. Dilruba, Appendix K, 252)

Moreover, Mrs. Dilruba talked about an event they previously experienced. She stated that in the pandemic era, her child could not take the exam together with her peers. She indicated that this issue made her child sad. Her statements as, "She (Dilara) said, 'I went to school to see them, they all took the exam together' and said, 'I couldn't do it', and she was very upset. She wanted to take the exams with her classmates." (Mrs. Dilruba, Appendix K, 253).

Furthermore, four of the participants stated that if some barriers were removed, and some issues were handled, the child with asthma could participate in the school life more actively.

4.8.3 Expectations about awareness (not knowing asthma)

Most of the child participants stated that asthma was not known at school. Many participants were aware of the fact that information activities should be carried out at

schools and stated that their classmates and teachers should be made aware of asthma. Some child participants stated that triggering factors could be reduced if there was a proper awareness stated among the school staff and friends. Some of the mother participants stated that some work should be conducted to teach features of asthma to school staff, teachers and students so that children with asthma can be supported by other friends and teachers. To exemplify, a mother participant shared the difficulties that she and her child experienced. She has suffered from others not knowing her child's disease.

> I had to tell this to her teachers, saying that my daughter isn't sick, but she might cough every day because she has asthma... We had a lot of trouble in the period of kindergarten when they (parents) were saying 'don't bring children who are sick to school.' I had to tell them, when her nose runs, when she coughs or some other things (because they didn't know). (Mrs. Yıldız, Appendix K, 254)

Eslem underlined that there are students who do not know about asthma. In addition, despite the fact that those who do not know asthma ask a lot of questions; there has never been a work done that provides information about chronic conditions. She said,

> Until now, such information about asthma has never been given, and there were even a few people who did not know what asthma was. People who do not know (asthma) ask how it is. At first, they are surprised and ask what it is like and then whether this is bad or not. (Eslem, Appendix K, 255)

In addition, Dilara mentioned her expectations about awareness. She expressed her discomfort that her friends did not know about asthma. She stated, "I want my friends to be more aware because they do not know what asthma is until I talk. They do not even know what asthma is. They asked what it was" (Dilara, Appendix K, 256).

Mothers generally give information to their classroom teacher that their child has asthma. However, it was understood that they first need to report this situation if they will go to the hospital for health check or if their child will be absent from

school. Other than that, they stated that there was no work done at school specific to their children with asthma.

Mrs. Aylin's statements showed that she has never been supported because of asthma except from the class teacher. In addition, two of the mothers stated that except for the primary investigator of the current study, they did not talk about asthma with any person.

> I also told Saffet (name) teacher about my child's condition, he is our class teacher. I said we have such a situation. I said let me know if anything happens. There was no other help. We are meeting with you (primary investigator) for the first time. (Mrs. Aylin, Appendix K, 257)

Parallel to Mrs. Aylin, Mrs. Emine's statements appeared that the class teacher may be the first and only teacher whom they talked to about asthma:

> There was no regulation in the classroom. No one has ever spoken to me except you. We did not consult anyone at school. I only tell the class teacher when he gets the check-up. When I take him to the hospital, I always text the teacher and inform him/her. (Mrs. Emine, Appendix K, 258)

With a different point of view, a child with asthma mentioned that she did not like to give information to her teachers if when it is necessary. "No (I didn't talk to the guidance teacher), I only said it when a particular teachers asked, not specifically, that is, as a need" (Eslem, Appendix K, 259).

In conclusion, five of the participants mentioned that in general, asthma is not known by the teachers and school staff.

4.8.3.1 Expectations about awareness for support

Participants mentioned that awareness of asthma is essential for supporting children with asthma. To exemplify, Mrs. Melek's statements were as follows,

> Both children with asthma and children without asthma should be informed so that those without asthma can support those with asthma. For example, this is our biggest problem. Teachers also need to be informed so that they can

> support the child. This is the most important thing. (Mrs. Melek, Appendix K, 260)

In support of Mrs. Melek's statements, Mete stated that the school counselor at his school was aware about asthma; however, he stated that other teachers should also be aware of asthma. He said:

> Anyway, I do not go to Tuğba (name) teacher much (school counselor). School counselors are aware anyway, so they don't need to do anything, but I think other teachers should be informed. (…) If teachers knew, they could make a difference. Even trainings can be provided for them. (Mete, Appendix K, 261)

Mrs. Emine highlighted the importance of a work to conducted to give information about these children's condition. She said, "I wish something was done for these children at least once throughout a school term. (…) At least once, during the school term, I would really like to have an informative activity for these children, including teachers" (Mrs. Emine, Appendix K, 262).

In addition, parallel to other participants, Ahmet mentioned work that can be done in order to give information about these children's condition. He said, "I think that something like giving information should be done, but I do not know what" (Ahmet, Appendix K, 263).

Mrs. Sevinç stated that, although, until the previous semester, teachers did not know who had asthma, now they learned and could behave in terms of this condition. Her statements were as follows:

> All of her teachers learned (about asthma). They helped. Last year, she was short of breath in the classroom; they (teachers and classmates) immediately gave water. They said 'come on, get out of class and get some air.' She told me, 'Mom, I was short of breath, I took my medications. They gave me water.' Then she said that the attack was passed. (Mrs. Sevinç, Appendix K, 264)

In summary, six participants stated that asthma should be known in order to support the child with asthma at school.

4.8.3.2 Expectations about awareness for being sensitive to asthma

Participants stated that students and teachers should be aware, therefore they should be more careful at school regarding asthma. To exemplify, Mete mentioned that if teachers and classmates know about asthma, they can act accordingly to their special conditions. He stated:

> I think they should warn teachers and students. They need to be a little more aware. They need to pay a little more attention. There are people whose diseases are for example, more serious. Even in their presence, some teachers can spray on perfume accidently, so they should be aware. (Mete, Appendix K, 265)

Mrs. Melek also mentioned that it was a difficult condition for her family. She expected that awareness should be increased toward this condition.

> In other words, those with bronchitis, asthma and allergies should be prioritized. How can I say? It is such a difficult situation. For example, when something happens, it should be said that this child is disturbed (triggered) by this. Teachers should give information about asthma. For example, there may be others like my child. (Mrs. Melek, Appendix K, 266)

Mrs. Sevinç also expected being sensitive to children with chronic diseases and agreed with Mrs. Melek. She made some suggestions for teachers and school staff:

> I think these children should be privileged. (…) When such a problem arises, these children should be a priority. For example, she goes to the office if she has a headache or stomach-ache, she says, 'They do not make any concessions, and they do not even look at me.' These children need to be considered. (…) That way, maybe there should be a red mark next to their number for teachers. (Mrs. Sevinç, Appendix K, 267)

In conclusion, three of the participants stated that awareness of the asthma should be increased. If the awareness increases, individuals without asthma can behave sensitively toward the child with asthma and also, they can see the child's needs easily.

4.8.3.3 Support needs of children to learn management of their asthma

Two of the mother participants handled an issue. One of them said that teachers have influence over her child; therefore, teachers could learn how to manage asthma to help her child. She mentioned some important points while living with asthma, and she wanted her child to pay attention to these points. Therefore, together with that teacher, she could teach her children strategies for managing asthma. Her statements were as follows:

> It would be great if there were informative work. Although I say a lot, my child cannot comprehend much because he is a child. Teachers are more effective in talking and persuading them. For example, the teacher could remind him to change his clothes when he sweats and most importantly, not to use drugs, and to avoid going into a dusty environment, not to rush around. (…) The more knowledge he has, the better he will manage. (Mrs. Aylin, Appendix K, 268)

Also, Mrs. Emine mentioned that her child did not yet accept asthma, so she wished that her child would accept his asthma and not complain about it. She said,

> They could talk to both me and my child about his illness. For example, I would like to be more interested…. I speak but he doesn't listen. He is rebelling; he asks, 'What I will do with this disease for the rest of my life?' He asks, 'What will happen if I don't take medications?' So, the child has a question mark about his disease. They need to feel comfortable when they talk about asthma with each other. (Mrs. Emine, Appendix K, 269)

In conclusion, two of the six mother participants believed that teachers were significant for the child. The child with asthma could pay attention to teachers' instructions, thus the teachers should help the child with asthma to learn managing of asthma.

4.8.3.4 Counseling services in school from the perspective of mothers

It should be known that, children with asthma who are also the participants of this current study, go to schools where there are counselling services available. Some of the mother participants shared their expectations from the school counseling service when they were asked about their expectations from the school in relation to asthma.

They talked about what the school guidance service and other teachers can do for the emotional needs of the child related to the disease.

During the interviews with the mother participants, it appeared that two of the mother participants used the counseling services at the school. They mentioned the counseling services' support and prevention activities. Mrs. Dilruba indicated:

> I think the most important thing for the child is to feel safe. For example, the fact that before the school semester started, her question 'Mom, did you give my medications to the school?' shows that she did not feel safe. The teachers and counseling service say, 'I am aware of your discomfort, and I am here when something happens,' which is very important to give the student confidence. 'I am aware of you. I can help you with anything.' It would be good if they said, 'You can come to me.' We can fill out a risk map, but it is getting a little late. She asks, 'Did you leave my medications?' in order to feel safe right away. (Mrs. Dilruba, Appendix K, 270)

In addition, Mrs. Sevinç explained her experiences about this issue. Mrs. Sevinç stated that the counseling services at the school had supported her in terms of parental attitude in the circumstances of this chronic condition. She said,

> In primary school, for example, I received a lot of support from the counseling service in learning how to behave, etc. He/she was talking to me nicely. (Mrs. Sevinç, Appendix K, 271)

The participants who were not familiar with the functioning of the counseling service were told about preventive, psychoeducational interventions. It was observed that most of the mothers did not know the function of the counseling service. Mrs. Emine stated that she did not know about counseling services' activities. She would have benefitted from their service if she had known. In addition, Mrs.Yıldız stated that she did not have any emotional demands from the guidance service or the teachers because the emotional needs of her child were already met by the guidance service and the school. Although Mrs.Dilruba stated that her child felt very negative when she was restricted, and she could not cope with it; she stated that there was no need for counseling activities for her child. For example, Mrs.Yıldız said, "Since we

talked to her, she did not experience such a problem, and she is already aware of her illness" (Yıldız, Appendix K, 272). In addition, Mrs.Dilruba said, "No, we did not have this problem. Our house is also close to the school. It was not a problem. When something happens, I go immediately (to school)" (Mrs.Dilruba, Appendix K, 273). A mother participant mentioned that the counseling service was in contact with the families of children with chronic diseases during the pandemic period. Mrs. Aylin's statements were as follows,

> We have already given a copy of the medical report to the school principal. They know. The class teacher also got the information. I have not met anyone. I only went to school once to register my child., I signed. I also asked the doctor. He/she said I could allow him to go to school. Children who have allergic asthma, or chronic diseases may not go to school. I went to school to sign the permission forms and went to the counseling service and signed again. Other than that, I have not gone to school. The class teacher from school just called me. He/she said, "You have the right not to send your child to school. Come and get information about the regulations from the counseling service." So, I went and signed some forms. (Mrs. Aylin, Appendix K, 274)

Moreover, Mrs. Emine said, "(…) The Guidance Service does not do much and doesn't care about these children. At least once during the school term, I would really like to have an informative session about these children, for teachers" (Mrs. Emine, Appendix K, 275).

Furthermore, five of the participants mentioned the counseling services at school. However, only one of them received a professional help from the service about asthma. In addition, a mother knows the counseling service's works and she indicated that her child already needs it. On the other hand, most of the participants did not know the counseling services' works and so they did not get any professional help.

4.9 The influence of the pandemic era on children with asthma

This main theme was divided into two themes: pandemic stress management and health status of children with asthma in the pandemic era. In addition, the second theme was divided into two sub-themes: accommodations for chronic diseases during the pandemic era and teachers' tolerance for asthma during the pandemic era

4.9.1 Pandemic stress management

In the last part of the interviews, the participants were asked how the COVID-19 Pandemic influenced children with asthma in terms of their school lives. Both the child and the mother participants stated that this period was extra-stressful for those who have a chronic condition, especially if this condition was associated with the respiratory tract. According to the mother participants, it was stated that a person with asthma was at risk at the beginning of the pandemic, because the corona virus affected people with respiratory disease more than it affected others. Therefore, while both the mother and the child participants searched for coping methods toward this condition, they also felt worried and fearful. To exemplify, Mrs. Dilruba stated:

> I still use masks. If I get sick, she gets sick, too. I went to the doctor immediately and asked him, and the doctor did not give me a clear answer. That is when we ran away (from Istanbul). When we heard that there would be online education at schools, we immediately packed up and went to Tekirdağ. I came back to Istanbul, but she stayed there with my parents. We saw that a lot of people die. They were also having chronic conditions. In other words, the school was closed, there was online education provided. I was lucky in that way. She went (when schools opened) of course, I sent her to school by taking permission from her doctor. (Mrs. Dilruba, Appendix K, 276)

Parallel to Mrs. Dilruba, Eslem explained her feelings and experiences about this time. She said, "Also, I had asthma and was very scared. I panicked because we always heard on the news that there was such a risk of dying" (Eslem, Appendix K, 277).

Moreover, Dilara mentioned her mother's sending her to their summer house because of the risk of infection. She said,

> They sent me to my grandfather's cottage. (…) My mother was very nervous, that is, she was washing everything so that my grandparents and I did not get infected with the virus. She was paying attention to everything, for example, I never went to the market or anything. Always at home…. (Dilara, Appendix K, 278)

While Simge mentioned her precautions toward the virus, she said that these were different from other people's, those who have no chronic conditions. According to her, it might be difficult to use masks for people with asthma. She said:

> Apart from everyone else, I was paying more attention to my hygiene and stuff. I already wear two-ply thick masks. In fact, I still use thick masks, but on the other hand, because I have asthma, and also because the mask is thick, it is difficult to breathe. (Simge, Appendix K, 279)

Mrs. Yıldız, similar to Simge, mentioned the family members' precautions during this period. She mentioned that they had heard that a person with asthma was at risk during the COVID-19 pandemic. She explained her experiences as follows,

> My husband is also a health worker; he sent us to Kütahya for 3 months. We were very afraid that something would happen. We stayed away from home for 3-4 months. We left and aired everything on the balcony, even the things we bought from outside, even the bags. We wiped and washed the things we bought. They said it was too risky because of asthma; we have already been vaccinated just in case. (Mrs. Yıldız, Appendix K, 280)

Parallel to Mrs. Yıldız, Mrs. Emine mentioned their worry about being infected. She explained her experiences as follows:

> We had it (Coronavirus); I think the kids did, too. We were very afraid for Eren, and we were worried, and we forgot ourselves. We paid attention, but we did not know where it came from. We could not breathe, and always coughed. We thought about what would happen if Eren got infected, and we wondered what would happen since he was coughing anyway. Thank goodness, we went through. (Mrs. Emine, Appendix K, 281)

On a different point, Mrs. Melek highlighted her child's vulnerability because of asthma. She mentioned a school related issue. She said,

> For example, I was against the school when the school was opened during the pandemic. No way would I permit him to go (school) because my child is very skittish and wary of everything. We already have reports (for absenteeism). (Mrs. Melek, Appendix K, 282)

Furthermore, seven participants mentioned that it was a stressful era for them. Therefore, they had to take various precautions because of asthma.

4.9.2 Health status of children with asthma in the pandemic era

In the previous theme, it was revealed that the pandemic was an extra-stressful time for children with asthma and their families. In this theme, it was about the health status of the children in this period. Although the mothers and children felt worried, the mother participants stated that their children with asthma had good health status during this period and did not demonstrate asthma symptoms. According to the mothers, this could have been because of staying at home, being under control or staying away from triggers at school.

Mrs. Melek mentioned that when her child did not go to school, he was healthier. However, when he started to go to school, his health condition was deteriorated. Her statements were as follows:

> We already have reports (for absenteeism). I told her to continue her lessons at home (online lessons). (After) I said let's go, I sent him, and he went to school for a week. He got sick the next week, and he could not go to school for a week or two. (Mrs. Melek, Appendix K, 283)

While Mrs. Dilruba compared holiday and school periods like Mrs. Melek did, she also mentioned the negative influences of wearing a mask:

> (…) It relapsed. Along with the use of masks, the doctor attributes the increase to the use of masks. It will pass when she does not use a mask, so we are sending her to school for limited time periods right now. We noticed that it (asthma) was really good during the holiday period. (Mrs. Dilruba, Appendix K, 284)

Parallel to Mrs. Melek and Mrs. Dilruba, Mrs. Aylin said that her child's health was better in the pandemic. She attributed this situation to staying at home. She stated,

> Then there was a pandemic already in middle school. This has decreased in the pandemic (he was often being sick), probably because he is at home all the time. (…) The class teacher said, 'I am watching Ahmet, and I don't see asthma symptoms very often. I also explained this to the teacher. I said, 'There has been a decrease in the symptoms of disease since the pandemic. Asthma symptoms were seen a lot before that'." (Mrs. Aylin, Appendix K, 285)

Ahmet also mentioned the influence of his interest in volleyball. He stated that he was feeling good during the pandemic.

> There were no symptoms recently. Ever since the pandemic started, since I started playing volleyball, I rarely have shortness of breath. Before the pandemic, I was having a cough, shortness of breath, and my eyes were very dark. Now, I have not experienced (symptoms) recently. (Ahmet, Appendix K, 286)

Furthermore, the participants, especially the mother participants, mentioned that in the pandemic, the symptoms of the asthma decreased. This might be attributed to staying at home and avoiding asthma triggers.

4.9.2.1 Accommodation for chronic diseases during the pandemic era

Three child participants and two mother participants reported to the school due to asthma and stated that their children were on leave without being counted as absent. Other participants reported that they took all necessary precautions to send their children to school and did not ask for an absence report. The children and their parents stated that they were aware of the fact that the school gave children with chronic diseases the chance to obtain medical reports for absenteeism.

Dilara exemplified this issue and stated that she was better when she was staying at home. She gave her medical report to the school to excuse her absent days. Her statements were as follows,

> I started school when the seventh grade opened. The first week or two went well, then the third week I started to get short of breath. (…) We went to the doctor. The doctor said to reduce the use of the mask as much as possible. When we reduced it while going to school, I only started going to the main lessons. When I reduced the usage of the mask, I felt more comfortable. (Dilara, Appendix K, 287)

Simge said, "Yes, I did not go. There was a special report like this, I gave it" (Simge, Appendix K, 288). Mete also said, "I did not experience anything different, but the mask was. I wore two masks. Then I told my mother that I was having trouble (breathing). My mother did not send me after that" (Mete, Appendix K, 289). In addition, Mrs. Dilruba said, "(…) That's why we send her to school at limited times right now. We noticed that it (asthma symptoms) was really good during the holiday period" (Mrs. Dilruba, Appendix K, 290).

Furthermore, in the pandemic era, the child with a chronic disease has given an option to be absent from school. Therefore, three of the child participants took advantage of this condition and have not been to school.

4.9.2.2 Teachers' tolerance for asthma during the pandemic era

In this sub-theme that emerged from the interviews, participants were asked about their needs due to the pandemic. It was revealed that some of the teachers were sensitive toward the children with asthma, and during this period, the teachers first realized some of the participants' asthma.

Simge said, "The teacher changed my classmates' places (desk) where they sit, the teacher did not change my place (desk). Because I have asthma, he/she told me, 'This is pandemic era, if you are uncomfortable, you can sit alone" (Simge, Appendix K, 291). Mrs. Aylin mentioned teachers' tolerance about using masks. She said, "Nothing was done but he wanted to replace my seat with a window seat. The mask affected my child a lot. Thanks to his teacher, he changed her desk

immediately. Other than that, nothing had happened" (Mrs. Aylin, Appendix K, 292). In this respect, Dilara said, "I already wear a mask for seven or eight hours at school, and I wear it for three or four hours in the classroom, but the teachers allow only me to take off my mask. Because I have asthma" (Dilara, Appendix K, 293).

Furthermore, the participants were asked how the pandemic era influenced the children's school life. It appeared that less than half of the participants mentioned their teachers' support in the pandemic period. While four participants talked about the medical report, they gave to the school in order not to be counted as absent, only three participants mentioned the support of teachers, especially in the use of masks.

To conclude nine main themes were identified during the analysis of data derived from both the child and the mother participants: (1) meaning of asthma, (2) emotional influences of asthma, (3) limitations in daily life, (4) environmental triggers of asthma, (5) social relationships of the children with asthma, (6) the influences of asthma on academic life, (7) coping with asthma as a chronic disease, (8) expectations from the school, and (9) the influence of the pandemic era on children with asthma. Nine main themes, themes and sub-themes are presented in Figure 1.

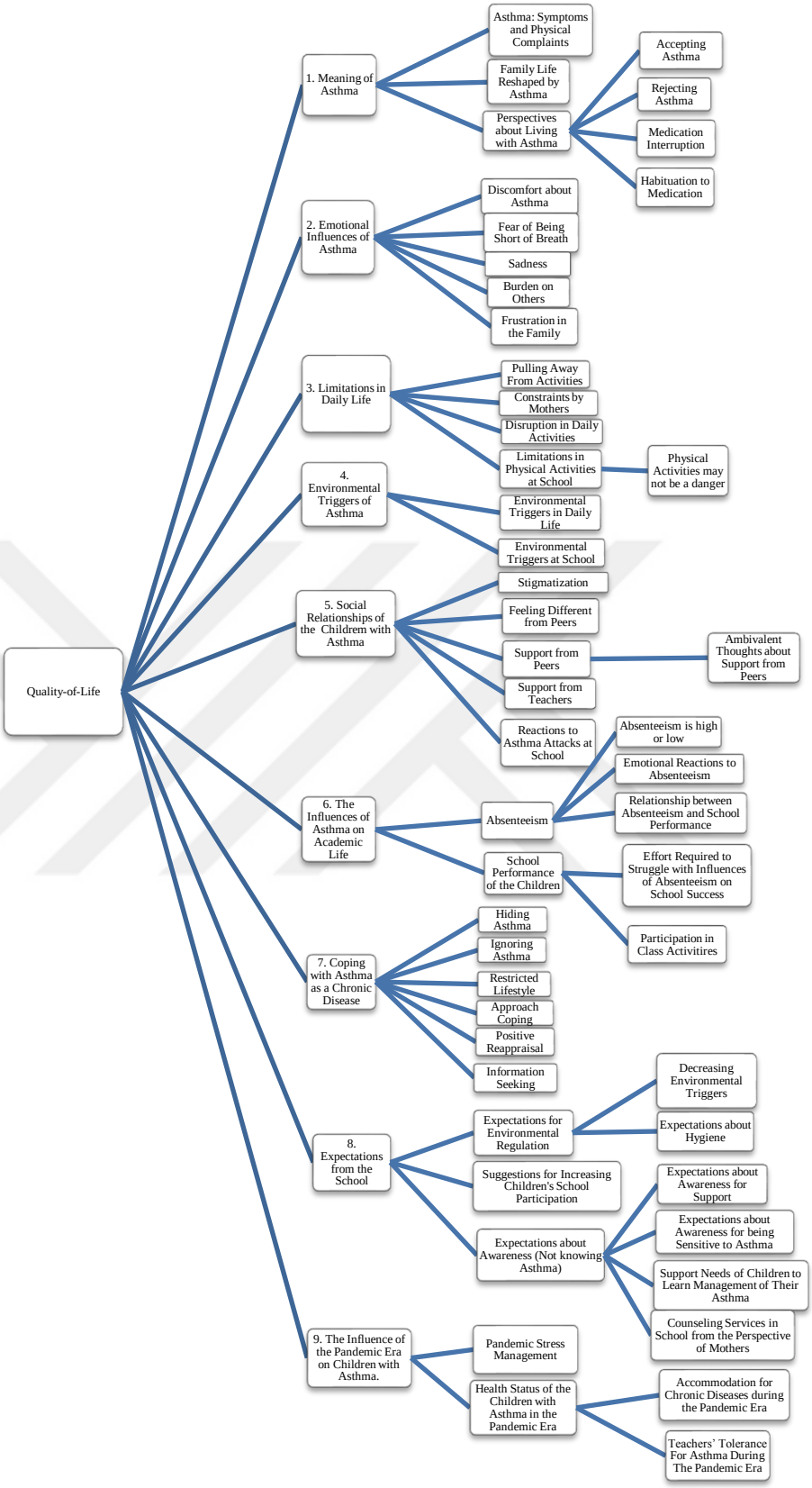


Figure 1. Main Themes, Themes and Sub-Themes

CHAPTER 5

DISCUSSION

This chapter includes the discussion of the results apart from the conclusion, suggestions, the limitation of the study, and also recommendations for further research are given in this section.

The current study aims to examine lived experiences of children with asthma related to school life, their needs and expectations and also their coping strategies while living with asthma. The study was conducted within the framework of health-related quality-of-life. Within this framework, physical complaints including asthma symptoms, influences on social life, limitations in activities, limitation due to environmental triggers, emotional and mental influences -which were examined by dividing it into two parts as the emotional influences of asthma on the children, and the influences of asthma on academic life- were examined from the perspectives of both the children and their mothers. Also, the study included the experiences of the children in the COVID-19 pandemic. In this context, children aged between 12-15 with asthma, also their mothers were interviewed in-depth during the period of May through June 2022.

In this qualitative study, children diagnosed at least two years ago with asthma with the one of the ICD-10 codes, and having mild or moderate asthma level, attending middle school, having no comorbid-diseases, taking daily medication treatment for asthma, also, visiting the outpatient clinics at least once a year, were used as the selection criteria. Six children with asthma, three boys and three girls, were included in the current study and their mothers, (in total 12 volunteer participants) were interviewed. Data were analyzed by the researcher using a

thematic approach. Mothers were given demographic forms including the child's sex, age, information of where he/she was born; school related information such as school grades, number of missing days and whether school has school counselor or not, and how many years the child was registered at this school; and family information such as parents' jobs, education levels, and family's socio-economic status. After interviews were conducted, the qualitative data were analyzed within the thematic approach. Nine main themes were emerged based on the study's framework, which are health-related quality-of-life, namely; 1) meaning of asthma, 2) emotional influences of asthma, 3) limitations in daily life, 4) environmental triggers of asthma, 5) social relationships of children with asthma, 6) influences of asthma on academic life, 7) coping with asthma as a chronic disease, 8) expectations from the school, and 9) the pandemic era and its influences on children with asthma.

Findings of the current study and related discussion were given based on these main themes in this section.

5.1 Meaning of asthma

This main theme included the meaning of asthma for the participants, and their perspectives how asthma was perceived for children with asthma and their mothers. Participants were asked how living with asthma was like; they mentioned about the meaning of asthma for them. In the current study, it appeared that all the participants identified asthma as 'bad and difficult'. The difference between two was only the way of expression while they talked about the difficulty of living with asthma.

When this finding was compared with the findings of the study conducted by Stewart et al. (2011), the children's statements about symptoms and physical complaints were similar with this current study. In the study, a child reported his

difficulty about living with asthma as "like, you—pretty much you're always fearful of what's going to happen. Getting allergic reactions, stopping breathing, getting these hives all over me (a boy aged 11 with allergies and asthma)" (Stewart et al., 2011, p.10). According to the current study, the child participants suffered most from certain symptoms, which were breathlessness, cough, and wheezing. In the study of Wildhaber, Caroll and Brand (2012), the findings showed that adolescents with asthma reported mostly breathlessness and cough (Wildhaber, Caroll and Brand, 2012). Parallel to this current study, in the study of Wildhaber, Caroll and Brand (2012), adolescents with asthma regard the worst thing while living with asthma reported symptoms of an asthma attack.

As mentioned earlier, the children's explanations were mostly asthma-related symptoms and physical complaints, while the mother participants mostly talked about their newly formed family life. It was understood that the parents had an asthma burden and they had to change their family lifestyle to deal with this chronic condition. Living with asthma caused family members to limit some activities, to take some precautions, also to take new roles; in turn they regard the illness in a negative and challenging way. It was known that the parents' beliefs about illness influence their perception of and attitude toward their children. Mayefsky's study (2011) explained the transmission of health beliefs from parents to children. According to this study, the parents' health beliefs which are positive or negative interpretations of the parents on their own general health influence their perception about their children's health condition as well their illness. When parents are prone to interpret their own health problems negatively, they also perceive their children's asthma more negatively. This turns into seeing the children more vulnerable than they actually are (Mayefsky, 2011). It was known that the way how the illness is

perceived influences the children and the parents' quality-of-life (Dean, Calimlim, Kindermann, Khandker, & Tinkelman, 2009).

From another angle, the child and mother participants' statements reflected the perspectives of the children about asthma. When participants explained what asthma is like, examples of acceptance and rejection of asthma were also mentioned. The findings showed that while some children accept living with asthma, but some of them reject living with it. Studies showed that acceptance and rejection could be associated with medication usage. That's why, if the child with a chronic condition accepts the condition, he/she gets used to the medication. In addition, if the child commits the medication plan, it will enhance his/her quality-of-life (Carey, 1997). Although, in general, the findings of the current study supported the literature, it was seen that there were some exceptions. For example, Dilara and her mother stated that Dilara accepted asthma and got used to living with it. However, both she and her mother indicated that she did not want to use medication and did not like taking it regularly. Parallel to this, while Mrs. Emine and Mrs. Aylin stated that their children did not accept asthma, their children indicated that they used their medication regularly. This discrepancy might have originated from the child's obeying parents' request or high expectations about curing effect of the medication or showing that she/he is exhibiting the right behavior regarding medication use while talking to a person who is conducting the current research study.

Moreover, it can be understood that accepting the chronic condition generally allows the children to take medication regularly. Consequently, when compliance with medication occurs, asthma attach is brought under control; in turn the well-being, and quality-of-life of the children increases.

5.2 Emotional influences of asthma

During the interview with the child and the mother participants, they mentioned the influences of asthma on their emotional conditions in some respects. Briefly, medication usage, peer relationships, absenteeism related issues and trying to cope with this condition influenced their emotional status and well-being, and in turn, their quality-of-life. Study findings showed that while living with asthma, participants mostly felt fear of experiencing shortness of breath. According to the participants, this fear caused children to take precautions such as carrying medications all the time, restricting their lives and avoiding triggers of asthma. Also, the mothers' showed fear that their children's health would get worse.

Apart from the fear, the child with asthma felt discomfort especially with their existing symptoms, limitations in daily life, and also carrying medications to school. These findings showed that regardless of accepting asthma, the child with asthma may feel discomfort about asthma related experiences. It has been especially revealed that the condition of showing asthma symptoms or using medication in the presence of others bothers the children. Parallel to this current study, in the Walker and Reznik's study (2014) that was conducted with 23 children with asthma from 10 schools in New York, more than half the children stated that they did not carry their inhaler at school. In the study, most of the participants indicated that they did not want to use their inhaler in class because of worry or embarrassment of being ridiculed or hearing something negative from a peer about having asthma.

Moreover, according to this current study, the mother participants mostly experienced frustration in terms of family life. Four of the six mother participants stated that the course of the disease was very difficult for them. Especially in the period of primary school age, their children's health was worse, and the mothers

were tired while they tried to keep the asthma under control. A mother exemplified this issue by saying, “I talked a lot, teacher (to primary investigation), I am too full, I am telling you everything.” (Mrs. Aylin). It can be said that parents may feel the burden of asthma mostly in the child’s primary school period. It was known that as the burden of the parents increases, the quality-of-life of the children with asthma also decreases (Marsac, Funk and Nelson, 2007).

Furthermore, study findings showed that while the mother participants mentioned both their child and their own emotional status easily while living with asthma; the child participants had difficulty explaining his/her feelings about it. For this reason, the mother participants explained their experiences about asthma in depth, while the child participants expressed their feelings based on some events when asked how they felt. Therefore, it can be said that although the child with asthma is emotionally affected by asthma, they have difficulties in explaining it.

5.3 Limitations in daily life

In this current study, one of the investigated domains of health-related quality-of-life of the children was limitations in their lives associated with asthma. When children with asthma and their mothers were asked how asthma influences daily life and also their participation in activities at school.

According to findings of the current study, the child participants were restricted from both daily activities, and physical activities. These limitations were caused by the mothers and sometimes by the child her/himself. On the one hand, it can be said that most of the mother participants had protective parental attitudes. This could be seen in their intervening behavior. For example, the mothers restricted their children from physical activities by saying ‘stop running, do not sweat’ or not

allowing their special hobbies or participation in activities. This might be caused by the mothers worring about exacerbations.

On the other hand, the findings showed that children restrict themselves while living with asthma. For example, children were prone to avoid some places where their asthma might be triggered, or not to eat something that they thought were unhealthy. It can be understood that these restrictions were the result of the child's previous experiences when they had asthma attacks or experienced shortness of breath after they involved or did these kinds of things. Some reasons that were not mentioned by the child participants were explained by their own mothers. Mothers stated that the child with asthma might pull away her/himself, because she/he felt discomfort when he/she showed asthma symptoms, they did not want to be seen different from their peers, or they felt very anxious because of the probability of an asthma attack. Therefore, this study showed that although the child could not explain her/his feelings, but provided the reasons why the child pulls her/himself from activities done at school. In this current study, the participants mentioned about the reasons for the activity limitations; however, the results of the study carried out by Protudjer, Kozyrskyj, Becker, and Marchessault (2009) showed that although there were limitations on activity, none of participants talked about asthma as prohibitive for daily physical activities.

Secondly, the mother and the child participants mentioned concerns regarding physical education lessons at school. While this issue was not handled, most of the mothers highlighted their concerns about their children being exacerbated. Additionally, most of the child participants avoid attending physical activities. They generally told their teachers, 'I could not do this" or "I could not run." In the meantime, a mother said that her child wanted to attend these physical education

lessons; however, she/he thought about the probability of exacerbation. However, studies showed that prior to physical exercises, if the child takes the medications, she/he will not be short of breath (Walker & Reznik, 2014) therefore the probability of exacerbation is lowered. Contrary to this study, in the study of Fereday et al. (2009) investigated 25 children and their parents regarding beliefs and perceptions of physical activities, children and their mothers shared that they had a strong belief that they could do whatever their peers could do. Also, they explained that there was no reason to hinder their participation in physical activities because of chronic diseases. They shared that they use inhalers before or during physical education in school (Fereday et al., 2009).

Studies also showed that parents and their children may be concerned about participating in physical activities at school. For example, in the study of Bhagat et al. (2019), researchers investigated interactive physical play among 324 children with asthma aged between 4-10 years. Data was obtained from caregivers of the children. The study examined what the child with asthma does in recess and during physical education classes and whether the child attends in an organized playgroup. According to the results of the study, most of the children with asthma did not participate in physical activities in school. The largest proportion of the children who did not attend physical activities had moderate to severe asthma. Furthermore, in this study, it appeared that children with asthma who do not participate in physical activities and do not exercise were associated with adverse socio-emotional and school success-related outcomes.

In the current study, it was obtained from participants' statements that physical education teachers accepted their request not to attend these lessons. This may be the result of teachers thinking that the child was more vulnerable than his

/her peers were. However, it was known that exercises have positive influences on asthma status. Also, this study showed that although teachers wanted to support these children as much as possible, they did not have enough information about the children's conditions. A similar finding was found also in the study of Walker and Reznik (2014).

The study conducted by Fereday et al. (2009) showed that while children and young people could participate in physical activities that they wanted, sometimes they were exposed to different treatment by teachers. A child explained this situation and his feeling about it as "One of the PE (physical education) teachers used to treat me as if I was about to die, that's so annoying" (p.7). Contrary to Fereday et al. (2009)'s study, this current study finding appeared that teachers did not treat children with asthma in different ways, however, when children feel sick or tired because of asthma, they asked for not to attend physical lessons.

In a qualitative study conducted by Walker and Reznik (2014), with ten elementary schools in total 23 children, the children's thoughts about in-school asthma management strategies for physical activities were explored. According to the study findings, the children reported that they had difficulty mostly in physical education class, then recess and sometimes in physical activities such as walking upstairs or running in school; their symptoms such as shortness of breath, coughing, wheezing and chest pain increase in such activities. There were some similarities between the study of Walker and Reznik (2014) and this current study. In the current study, the child and mother participants stated that children have difficulty attending these lessons and they show asthma symptoms, then they stop activities. In addition, children stated that when they suffered from symptoms of asthma, they generally

leave playing. But this might cause children to feel sad and sometimes be alone (Walker and Reznik, 2014).

In the meantime, the study finding showed that physical education teachers instructed some children with asthma in the physical education lessons regarding how to manage asthma symptoms (Walker and Reznik, 2014). When it came to the current study's findings, it appeared that none of the children with asthma mentioned physical education teachers' instructions. In general, children with asthma asked teachers for permission to break or sit down, and the teachers accepted these requests.

Rydström et al. (2005) conducted a study to examine how asthma influences children's quality-of-life and determines factors associated with quality-of-life. The study was conducted with 226 children with asthma and 371 parents of these children, and the Pediatric Asthma Quality-of-life Questionnaire (PAQLQ) was used as a measurement tool. The study findings demonstrated that from the children's perspective, the most negative influenced area in the activity domain was mostly running. Almost all the children reported that they were most commonly bothered at the time when they could not catch up with their peers. Parallel to the study of Rydström et al. (2005), the current study showed that all the participants felt negatively about attending activities and physical education lessons at school.

5.4 Environmental triggers of asthma

In the current study, it appeared that environmental triggers also shaped the lives of the children with asthma in some respects. The child who has asthma should pay attention to environmental triggers, because their existence can increase their

symptoms. The child and mother participants stated that while children with asthma tried to avoid these triggers in both their daily life and the school life; therefore, their lives and even their families' lives were restricted in general.

According to study findings, the most mentioned trigger was dust for the child's life. The mother and the child participants stated that they must avoid environments with dust in order not to exacerbate their asthma. An important point regarding this finding was that dust was mostly mentioned by the participants in terms of both daily life and school life. It was clear that the mothers could clean their homes or other places with triggers including dust; however, the children with asthma could not do anything about the dust at school.

The second mentioned trigger was woolen materials. A child with asthma has to use materials devoid of feathers and wool. In addition, strong odors such as perfumes, disinfectants and detergents were some of the most mentioned triggers of asthma. At this point, children and mothers stated that they complained about the use of detergent in school. Since school cleaning staff used detergents that have strong smells and chemical, a child with asthma could be triggered and then get sick.

Moreover, the participants mentioned using masks in the pandemic that caused them to breathe heavily. In addition, although smoking was the one of the strongest triggers for asthma, this was mentioned less than other triggers. An explanation for this issue was that the participants already avoided these triggers, and smoking is very strictly forbidden anywhere in the school environment, thus it was not mentioned at the school context.

Parallel to this current study, in a study conducted by Stridsman et al. (2017) as mentioned above, children defined asthma triggers as dustiness, poor air quality,

physical exercises, allergens, strong scents, construction, and dust, which reduce the quality-of-life of children at the school.

Moreover, in this current study, the children and their mothers stated that sweating in physical lessons triggered asthma. Thus, for some children and mother participants, sweating was seen as a risk during the physical lessons. Contrary to this study, Fereday et al. (2009)'s study showed that children, the young and parent participants regarded winter as a risk for asthma because it caused children and young people to be sick and cough. Thus, some children stated that they preferred indoor sports in the winter (Fereday et al., 2009).

Furthermore, there were a lot of triggers for asthma. This current study finding showed that the mother and the children with asthma were able to avoid some of the triggers when they arranged their environments. For example, Mrs. Yıldız told her child that she must not sweep the floor at school in order to avoid dust. Therefore, with the mother's instruction, a child could protect herself from a trigger. Another example was that some teachers who knew that a child has asthma in class, allowed that child to remove the mask during the pandemic or to sit near a window to breathe more easily. Briefly stated, it was important that when these triggers were known at schools, some changes could be made.

5.5 Social relationships of children with asthma

In this domain of the health-related quality-of-life, children with asthma and their mothers explained the influences of asthma on the children's relationships, especially at school. From an important point of view, it can be understood that asthma influences the ways how children spend time with their friends. That is why, the child with asthma may prefer playing games with less movement, avoid closed

areas, or run away from some places his/her peers want to go. Not surprisingly, in these circumstances the child with asthma experiences a difference from their peers. This finding was mostly mentioned in the participants' interviews. Briefly stated, when children with asthma cannot do anything they want, they are restricted from something; or they miss some school days because of asthma, they feel different from peers.

From a different point of view, the present findings seem to be consistent with the qualitative study of Protudjer, Kozyrskyj, Becker, and Marchessault (2009) that was conducted with 22 children in the secondary school which aimed to explore how children perceive having asthma. The study findings showed that children make an effort to minimize the influences of asthma on their lives and to be like their peers in terms of activity participation. It was important that children make self-comparisons with other children without asthma in terms of joining a particular activity. Many children in this study explained that they feel different and weird when they could not join in activities with their friends.

While the child participants mostly mentioned asthma's negative influences on their social relationships under the topic of feeling different from peers, the mother participants and two of the child participants also mentioned the issue of stigmatization. To briefly state, two of the child participants stated that they heard some peers' statements including 'she/he cannot run, or she/he cannot do it.' In addition, the mother participants stated that their children were afraid of being stigmatized when they cannot do something, their asthma symptoms appear in front of their peers, or when they have to be restricted from something because of asthma symptoms.

In the light of the current study, it can be said that although asthma is a controllable disease, children may feel different or be stigmatized. In the study conducted by Wildhaber, Carroll and Brand (2012) to examine the influences of asthma on the daily life of children and adolescents, it was found that 10% of the child participants reported experiencing bullying associated with asthma from their peers. In this current study, bullying was not mentioned directly; however, stigmatization and fear of stigmatization were reported.

In this current study, some children and some mothers' statements appeared that in addition to worrying about being stigmatized by peers because of asthma, they also could stigmatize themselves or their children in some cases. It was seen that children stigmatize themselves in general when there were limitations in their lives because of asthma. Stigmatizing her/himself can be seen in some statements of the children such as 'now, it is just a disease when it was compared with the past, 'I sometime feel incomplete', 'I feel different' or 'he has asthma, please be sensitive toward him (a mother's statement).'

In addition, the mothers also could stigmatize their children. An explanation for this situation is that the parents may regard the chronic diseases as more chaotic, and this belief may affect their attitude toward their child. To exemplify, Mrs. Sevinç stated that her child was more vulnerable than other children were. Also, some of the mothers stated that priority should be given to these children, and they should be treated more sensitively at school.

In the study of Protudjer, Kozyrskyj, Becker, and Marchessault (2009), there were similar findings with this current study. The study findings showed that some children with asthma when compared their previous health status with the current status they stated that in the past, they felt different than his/her peers based on

asthma. The study showed that children defined their condition by comparing themselves to friends or classmates. That is why when their condition was worse they felt different from them, and when their condition is better, they report feeling 'normal'.

Apart from these findings, another important finding was about support mechanisms for children with asthma. Some participants' statements showed that children with asthma have support from peers and teachers in the school in some respects. In the light of these findings, it was seen that the children feel supported when they are absent from school, if their friends say they miss them, and if they remind them of homework. However, a few of the participants mentioned that they received support from teachers. It appeared that when the mothers told the teachers that their child had asthma, the teachers might give support to the child. In addition, in an attack at school, some of the children with asthma prefer to receive help from teachers instead of from their peers. In these findings, the important point is that many teachers or school counselors do not know about asthma. However, if the teachers and school counselors know about this condition, they can try to give support to the children and their parents regarding asthma.

Runions, Cross, Vithiatharan, Everard, and Hall (2021) conducted a study to examine bullying victimization in 24 children with and 39 children without asthma and their parents. Children were taken self-reports and parents filled a questionnaire to assess children's social adjustment. Children's self-reports appeared that children with asthma have more risk of being bullied compared to children without asthma. This study supports the notion that asthma can negatively impact children's social and emotional health, and that bullying may be particularly harmful for those children who have asthma. According to the researchers, school psychologists and

school counselors should focus on students' emotional health as well as their connections with their peers in addition to addressing physical health issues like asthma. Any whole-school health promotion strategy or practice, including those implemented by school counselors and psychologists, should take children with asthma's unique risks into consideration in addition to their physical and mental health (Runions, Cross, Vithiatharan, Everard, & Hall, 2021).

5.6 The influences of asthma on academic life

The academic life of the children was the one of the domains of health-related quality-of-life which was the framework of this current study. In the current study findings, this theme consisted of the subjects of absenteeism, making up for absenteeism, emotional consequences of absenteeism, school performance, participation in class activities, and focusing and attendance to lessons. According to the findings of the study, asthma caused children to miss school for at least three days per semester. In addition, they mentioned obtaining a medical report to excuse from absence when their asthma exacerbated. In parallel to this current study, in terms of absenteeism, a population-based survey study with data from 2007, called the California Health Interview Survey aimed to investigate the absenteeism rate of the students with asthma from different socio-economic status. This study showed that students with asthma miss at least one school day regardless of socio-economic status. In addition, it appeared that schools with low-socio-economic-status students have a higher absenteeism rate than schools with high-socio-economic-status students (Meng, Babey & Wolstein, 2012).

Parallel to Meng, Babey, and Wolstein's study (2012), Moonie, Sterling, Figgs and Castro (2006) conducted a study to examine whether asthma affects school

absenteeism or not. In this study, nurses were informed by children whether their absent days were caused by asthma or not within 1-week periods. Study findings demonstrated that children with asthma had higher absenteeism rates than children without asthma. In addition, middle school children had higher absenteeism rates than high school children.

In this current study, it was revealed that absenteeism causes children to be unable to learn the lessons at school; thus, they feel obliged to complete the missing lessons by themselves. Furthermore, all the mother participants and most of the children stated that child with asthma made an effort to handle absenteeism's negative influences on school performance. They tried to make up for the absenteeism on their own. In addition, some mothers and children stated that mothers help their children in fulfilling their academic gaps. It seems that the child with asthma has more of a burden to achieve success.

In the light of the current study's findings, it can be concluded that asthma influences school performance through missing school days. Even the participants who explained that asthma does not influence school performance, mentioned their high effort to fulfill their missing days. This showed that children miss some school days because of asthma, and they make an effort to remediate their deficiencies. Even while making this extra effort to keep up with their classes, they believe that asthma does not influence their school success.

To support this current study, a study can exemplify the relationship between absenteeism and school performance. Crump et al. (2013) conducted a retrospective study with 22,730 children and young people in 52 schools in San Jose district, California between 2007-2010. The study examined school performance and absenteeism in children and young people with disorders including asthma. To

examine school performance, English language arts and math assessments were conducted based on school records. The study findings showed that with the exception of autism, students' absenteeism because of asthma was higher than for students with any other disability. In addition, increased absenteeism was found to be related to low school performance (Crump et al., 2013)

In Mayefsky's study (2011), it was found that if the parents perceive the child as vulnerable about his/her health, their frequency of going to the emergency room increases. Therefore, parents' beliefs about their children's health influence parents' health management behaviors (Mayefsky, 2011). In addition to the study, in the current study, it appeared that school success and school absenteeism could be influenced by misbeliefs of the children. That's why some of the children stated that they would prefer not to go to school some days because of their beliefs. They believed that if they showed asthma symptoms, their friends could be disturbed. Therefore, they chose to be absent from school.

In addition, the study findings showed that absenteeism caused children with asthma to feel anxious. This feeling can be attributed to school success. Children exemplified their feelings on days they were absent from school. A mother stated that she believes that her child's teachers would have negative thoughts about her child. That is why her teachers will think that her child is absent because he does not care about school. Other child participants' statements showed that children in this condition feel incomplete, anxious, and lag behind their friends. In addition, they might miss having fun with their friends at school on these days because of asthma. Furthermore, the study conducted by Castillano and Scott (2013) showed that students who cannot attend school activities as their peers attended express that they may be rejected by their peers. Therefore, not being able to participate in activities

can be a risk factor for students with chronic illness in the school life (Castillano and Scott, 2013).

However, according to the mothers' statements, they took a supportive role in their children's school life. Even so, a mother stated that she prefers to schedule her child's school hours so that he will go to school in the morning, even if the child's class is in the afternoon, because in the morning, there was no dust in the classroom. This attitude can show that the mothers might be over-involved in the child's school life and interfere with it.

In the study of Ahn and Lee (2016), findings showed that parents are prone to be over-involved in adolescents' school life in the presence of chronic illness. According to the study, parents adopted an over-involvement attitude toward their children, tried to become involved in their child's school life, and attempted to handle their child's immediate school problems. However, it was revealed that over-involvement has more negative influence on self-concept and school adjustment in adolescents with chronic illness than adolescents without chronic illness (Ahn and Lee, 2016).

Last but not least, according to some of the participants, asthma could negatively influence a child's focus, attention and active participation in the lessons. It was understandable that symptoms of asthma might disturb the child with asthma and be a barrier for paying attention to lessons. Although a mother stated that medications influenced the child mentally, a study revealed that asthma medications do not permanently interrupt learning, memory or cognitive abilities of children with asthma. However, oral steroids can influence mood or memory abilities temporarily (Bender, 1995). However, in the current study, the influence of medications is not taken into account.

5.7 Coping with asthma at school

According to the current study's results, both the mother and the child participants adopted some coping strategies during their lives with asthma. Although this study investigated only the child's coping strategies, their mothers' statements during the interviews were often about their own coping strategies. In the current study, coping strategies were examined based on Asthma-Specific Coping Scale developed by Aalto, Harkapaa and Rissanen (2002) and Self-Report Coping Questionnaire developed by Likert (1932). Asthma-Specific Coping Scale includes six domains which are: restricted lifestyle, hiding asthma, ignoring asthma, information seeking, worried about asthma, and positive reappraisal. Self-Report Coping Questionnaire includes two domains which are: approach coping and avoidant coping. According to these coping strategies, in the current study, the child participants mostly adopted a restricted lifestyle while living with asthma. Sometimes, the fear of being exacerbated, sometimes the feeling of discomfort caused the children to restrict their lives. The testimonies of mothers and the children showed that even if there was no threat about health, the children felt obligated to limit their physical activities, their participation in daily activities, their peer activities or their presence in the places where the triggers of asthma were likely to be found.

Moreover, it was clear that the child and mother participants handled asthma by hiding it. Hiding asthma was their avoidant coping style. The child participants could not talk about their asthma and did not like using medications at school. They behave at school as if they do not have asthma. Sometimes they did not state a reason to their friends when they could not go to an activity because of asthma. If the child adopted hiding asthma, she/he preferred to hide the symptoms of asthma or the asthma attacks. , she/he did not receive the necessary support when asthma

symptoms were triggered. Thus, at school, there may be children who hide their asthma from peers, teachers or school principals. This was similar to ignoring asthma as a coping strategy. In this current study, some children were found to ignore asthma; they do not accept that they have it.

In the study of Walker and Reznik (2014), participants stated that they did not tell their classmates that they had asthma because of their concerns. This problem reflected one of the barriers of asthma management in school. A child explained this issue as follows, "Um, I feel, I feel sad [about using a pump in front of classmates]. Because I'm scared that everybody is going to tease me" (Walker and Reznik, 2014, p.3).

It was important to report that that two mothers' statements showed that they adopted an avoidant coping style. They explained their beliefs about asthma. Although asthma is a chronic disease, they stated that because asthma continues, they could not get rid of it; they feel disappointment. It is known that the parent's beliefs about chronic diseases can transfer to their children. Thus, it is a negative situation for a child living with asthma.

In the study of Marsac, Funk and Nelson (2007), it appeared that children with asthma mostly used active coping rather than avoidant coping (ignoring symptoms) in managing their illness. Opposite to this study, in this current study, the children were found to use mostly a restricted lifestyle and then hiding asthma, and ignoring asthma, respectively.

In the study of Van De Ven et al (2007), it was found that adolescents use mostly positive reappraisal coping strategies, which is one of the active coping strategies toward stressful conditions, and it is most strongly associated with a positive quality-of-life. Hiding asthma and ignoring asthma are avoidant coping

strategies that are the other two mostly used strategies by adolescents with asthma. The restricted lifestyle is found to mediate the relationship between asthma severity and quality-of-life. This means that as the symptom severity increases, an adolescent may restrict his or her activities, including peer activity or extracurricular activities, thereby causing his or her quality-of-life to decrease (Van De Ven et al., 2007). When it comes to the current study, participants mostly used restricted lifestyle as a coping strategy or hiding their asthma, ignoring asthma respectively. Only two of the participants indicated that they could do positive reappraisal. It was found that these two child participants accepted their illness. Therefore, positive reappraisal may be considered as associated with accepting asthma.

In Van de Ven and Engels's study (2011), researchers examined relationships between personality traits, coping methods and quality-of-life. Study results showed that some personality traits influenced the child's preferred coping methods and in turn, the quality-of-life. The study consisted of 405 adolescents with asthma aged 12-16. Study results showed that extraversion and agreeableness that are personality traits were associated with better quality-of-life; neuroticism was associated with lower quality-of-life because extravert adolescents prefer not to avoid problems resulting from asthma and enter social environments. Additionally, agreeable adolescents had more positive reappraisal coping strategies; thus, they developed a positive perspective about living with asthma. However, in neuroticism, because adolescents with asthma worry more about asthma, this was related to poorer overall quality-of-life (Van de Ven & Engels, 2011).

5.8 Expectations from the school

According to study findings, a child with asthma has cognitive, emotional, behavioral and psychological needs. During the interviews, the participants from time to time mentioned their expectations and needs, and sometimes they talked about things they requested but were not fulfilled at school.

According to Stuber (1996), the number of children with chronic illness has increased in the school. These children's emotional, cognitive, and behavioral difficulties influence their school functioning adversely (Stuber, 1996 as cited in Shiu, 2001). Therefore, it should be known that these children have a chronic condition, therefore they may have special needs.

All of the mother participants mentioned that teachers should know which children have asthma in the school. These children may have special needs; thus, if teachers know that these children have asthma, they may help them and do what is required. On the other hand, the mothers expected that teachers and school counselors should give information about asthma to other teachers and children without asthma, because teachers or other children without asthma who do not know what asthma is, can consider asthma attacks as weird and do not know how to react in the case of asthma attacks.

Expectations about awareness were the most mentioned issue during the interviews. In this point, the child and the mother participants stated that teachers, students, also school principals were unaware of asthma. If symptoms of asthma are not visible, teachers cannot understand which children have asthma. This finding of the current study was parallel to Bruzzese et al.'s study (2010). In the study, it was revealed that, if the children with asthma do not show asthma symptoms teachers do not know which children have asthma in the class. In the current study, the child

participants reported that most of their peers in classes react extremely toward asthma attacks at school. Moreover, the results of this study showed that some teachers stated that they had never experienced such a situation (asthma attack) before.

Moreover, there are environmental triggers at school; children and their mothers stated that school staff, teachers and students should be more sensitive in terms of environmental triggers such as disinfectants, spraying room freshener, strong smells or dust, which made children with asthma get worse. The study findings showed that children without chronic illness do not know asthma's particularities; thus, they can bring perfume, cologne or disinfectants into the classroom. It should be known that some children with asthma hide or ignore their asthma. Although they prefer not to warn their friends, they can be influenced by these triggers and their asthma gets worse. At this point, it is important that the teachers give information about chronic illness to all the students to increase awareness.

Furthermore, the results of this current study showed that children with asthma were uncomfortable with their peers and teachers' fear reactions; therefore, they wanted asthma to be known and asthma attacks to be encountered calmly. The child with asthma wants to be similar with their peers at school; this need can be considered as a psychological need. At this point, teachers and the school counselor can improve awareness at school, so that the needs of these children can be fulfilled.

In this current study, it was understood that all the mother participants gave information to the class teacher about asthma. This was done only when there was a need. For example, the mother participants told the teachers their child has asthma, only when the child missed school days, health control days, or in the case of asthma

attacks. A mother stated that the risk map - that is fulfilled by the children to define risky students in the school during the beginning of the academic year - was made available to teachers too late. Therefore, the teachers might first learn information about the child from the mothers instead of from the risk map. However, except for the class teachers, other teachers in general do not know which child has a chronic disease in the class. Therefore, teachers who do not know these children were shocked and panicked in the case of asthma attacks or shortness of breath.

The present study's findings showed that only one mother participant was aware of the counseling service. This mother indicated that she received help from the school counselor regarding to learn appropriate attitude toward the child with asthma. Not surprisingly, although some of the mother and the child participants indicated that children feel anxious in some cases such as absenteeism, using medication, social relationship with relation to asthma; they did not consult a school counselor. A possible explanation for this situation, the counseling service, may not be known. In addition, the students and their parents may not be informed of the work of the school counselors; thus, they try to handle issues of asthma by themselves. To support these explanations; a mother's (Mrs. Dilruba) statements can be given: when the researcher explained the duties of the counseling service, the mother stated that there was no need to consult with the counselor because they were already talking about asthma with her child. Although, during the interview, she mentioned the child's difficulties with social relationships and academic achievement, also the child's need for accommodation; she was not aware that she could receive help from the school counselor. Another mother (Mrs. Emine) stated that if the school counselor could talk about asthma with her child, the child might be relaxed and more comfortable at school. However, this mother never

consulted with the school counselor. It is obvious that families with asthma and their children should know about the duties of counseling services.

Siqueira et al. (2017) interviewed five children with asthma and 13 family members to deeply investigate asthma's particularities, asthma-related life experiences, and also the perception of the parents about their children related to living with asthma. In this study, family members expressed that worries of the parents about the odds of exacerbation may cause some limitations in their children's life. In addition, this study showed that conflicts among family members are generally caused by the attitude of the parents. It is understandable that parents may need psycho-educational programs to learn appropriate parental attitudes toward the child with asthma.

The school counseling program offers preventive, developmental, psychoeducational intervention programs that will be effective in all facets of students' life. Students learn the knowledge, attitudes, and skills required for academic, career, and social-emotional growth with these programs (American School Counselor Association, 2019). If the children have special requirements in the developmental period, the children included in the risk maps and the school counselors reach out these children in the counseling program to ensure the school environment fulfills the children's needs, removes the barriers, and contributes to the typical developmental period. In this period, the child with the chronic illness may need individual support in the issue of living with the illness, coping with difficulties and limitations due to the illness, commitment to treatment plans and managing the illness at the school; it is known that, all these factors come under the child's quality-of-life (Van Gent et al., 2008).

Cicutto et al. (2006) conducted a study examining how asthma-sensitive schools should be. In this project, some steps were identified to reach asthma-sensitive schools. These steps were determining students with asthma; providing students to carry inhalers in school; having an asthma action plan (when asthma gets worse); increasing school awareness; reducing asthma triggers in the school environment; increasing collaboration between family, children, all the school staff and school principals. In addition, the project included enabling students to participate in school activities depending on their abilities by removing barriers. Additionally, the project adopted raising community awareness as its main task and aimed to carry out many studies about this at school such as organizing awareness events, using posters or the school website including knowledge of asthma, and addressing special needs such as asthma at school meetings (Cicutto et al., 2006). In the light of the current study findings, these steps should be implemented at schools for a child with asthma to participate in school life as other children without asthma. Therefore, all schools can have asthma-sensitive school systems.

5.9 The influence of the pandemic era on children with asthma

In the last part of the interviews with the participants, they were asked how the COVID-19 pandemic influenced the child with asthma. While the child was experiencing this period, it was not possible for the children to be unaffected by it in terms of quality-of-life.

Not surprisingly, the mother and the child participants stated that they felt extra-stress because the pandemic affected the respiratory tract. It was revealed that both the child's and the mother participants' concerns were about shortness of breath.

Their worries were similar to the ones they experienced in physical activities caused by fear of being short of breath.

Moreover, it was revealed that the policymakers granted children with chronic diseases a leave of absence for this period. Therefore, three mothers petitioned to the school for this exemption and the child with asthma did not go to school for a while (The Republic of Turkey Ministry of National Education, 2021).

5.10 Limitations of the study

The current study was conducted with the aim of understanding in depth the school experiences of children with asthma within the framework of health-related quality-of-life. While this study was conducted, some limitations were observed. The first limitation was that this current study cannot represent all children with asthma in terms of health-related quality-of-life in the context of school experiences. This limitation can be addressed under the three headings.

First, this current study was carried out with children who had mild or moderate asthma severity. The study sample did not include any children with severe asthma. In the case of severe asthma, the results might be different because severe asthma negatively influences a child's life in various aspects. Secondly, the present study was carried out with only middle school-students with asthma. Therefore, results may not represent the primary, high school, and university students with asthma's experiences. Thirdly, in the study, only public schools were selected for the sample of the research. Hence, the findings of the study may not predict the experiences of students who attend private or other types of schools.

Fourthly, the aim of this current study was to study the children with asthma and their parents. However, only mothers volunteered to participate in the study. Since fathers did not participate, this may be another limitation of the study.

Moreover, this current study was conducted to learn both the child's and the mother participants' perspectives. In the children's interviews, some child participants, for example, Eren and Ahmet, did not answer the questions clearly. This was one of the difficulties of the interviews. This lack of clarity might have resulted from the children being in the fifth and sixth grade. It is known that young children can depend on their parents regarding their disease responsibilities and management (Buford, 2004). Therefore, the children may not have limited knowledge about their disease.

Furthermore, this research study was carried out during the pandemic era. Therefore, the participants had already taken precautions about avoiding infection; also, when the children felt sick, they stayed at home. Thus, two of the mothers hence their children preferred to be interviewed by video conference. Also, another mother was employed and could not come to school, so she was also interviewed through videoconference instead of face-to-face.

Finally, the study was carried out with the children and their mothers in the context of school experiences. Yet, teachers and school counselors can also observe the children easily at school. The fact that teachers and school counselors were not included in the interviews may also be a limiting factor of the current study.

5.11 Recommendations

The present study aimed to understand the school experiences of the child with asthma, and to increase awareness of teachers, school counselors, school principals,

school staff, and policymakers toward chronic illness. In light of the findings, some recommendations for teachers, school counselors, school principals and staff, and future studies are indicated below.

5.11.1 Recommendations for school counselors

In the present study, it was found that except for one mother and child, the mother and child participants did not consult with the school counselors regarding asthma. In fact, the child and the mother participants may not have known how the school counseling service worked or its supporting mechanism. In addition, they may not have known that there is an area where they can receive individual support in their difficulties. Therefore, first of all, the counseling services should be more visible at schools.

Secondly, the mother and child participants mostly stated that there was no school-wide or individual work that provided any sort of arrangement, organization or information at school. Asthma and other chronic diseases are not known at schools. In fact, all the mother and child participants wanted their school counselors to give information to other teachers, students, and also to school staff. Therefore, the school counselors can make informative sessions for the school community. In addition, they should develop training for all the teachers, school administrators, and school staff about asthma's particularities such as asthma attacks, triggers of asthma, cases that cause children to be short of breath, social risk factors, and also the children's psychological needs.

Thirdly, teachers and parents can get assistance from school counselors in finding and using accurate and trustworthy disease-related information and appropriate attitudes. To define these children's strengths and weaknesses to

maintain daily performance, the counselor can utilize observational and psychometric techniques (Wodrich and Cunningham, 2008). In addition, the counselor should organize individual or group psychological counseling or psychoeducation for the children to teach appropriate coping strategies associated with the disease. Especially active coping strategies (managing the disease actively, talking about the disease, getting help from others, taking responsibility for the disease) is known to increase the quality-of-life of the children. It should be developed in the children.

The fourth recommendation is for school counselors to provide an environment where children with asthma can share their thoughts, feelings and needs regarding issues of asthma. That's why children with asthma can accept that they may have special needs and difficulties based on asthma, and learn to ask for help. For example, in the case of overusing of triggers in the classroom, children with asthma can warn their peers and get support from their teachers.

Fifthly, the school counselors should be aware that children with asthma are worried when they miss school a day because of asthma. Thus, school counselors should arrange academic counseling services to them. Therefore, children with asthma can learn to cope with their worries and acquire suitable learning skills so that their academic gaps can be closed.

5.11.2 Recommendations for teachers

Majoko (2018) highlighted that in schools where students with special needs were identified and their needs were considered, students would disclose their capabilities. In schools, it should be considered that students with special needs may need extra time, separate examinations or assignments. The school should first identify these

students and then pay attention to their needs and expectations (Majoko, 2018). In the light of this information, teachers should have some responsibilities in this issue. Teachers can recognize children with special needs and meet their needs and expectations without making these children feel different or incomplete.

Teachers should be in contact with the parents of children with asthma and other special conditions. For example, when a child with asthma was absent from school for a while, the teachers should be aware of this condition and provide necessary support to the child. If a child with asthma misses too many school days, teachers should provide a suitable learning environment for the child again and try to support the child in re-adjusting to the classroom.

Classroom teachers are the most important part of the school for a child with asthma. Teachers can easily recognize children with special conditions, their physical needs, psychological needs and mental health needs because they keep a file including information about the children and follow their conditions, challenges, grades and needs. Therefore, when they realize that a child with asthma has psychological, behavior, mental or social problems, they can collaborate with counseling services.

When it comes to physical education lessons, children with asthma can consider themselves different or incomplete when they cannot/do not want to participate in the physical education lessons. However, the study of Röder, Kroonenberg and Boekaerts (2003) pointed out the need for children with asthma to see themselves as typical as their peers. Also in this study, children with asthma generally highlighted similarities between themselves and their peers. For this reason, physical education teachers should know the features of asthma so they can teach active management strategies to the child with asthma before and during their

physical education lessons. When this is accomplished, the child with asthma cannot see himself/herself as different from his or her peers and can participate in this lesson with his/ her classmates.

5.11.3 Recommendation for school staff and school principals

In this current study, one of the most mentioned difficulties was about triggers at school. It was considerably difficult, because when the children were triggered, they were generally taken to the emergency room and usually they missed some school days. Consequently, schools should pay attention to hygiene at schools to accommodate the children with chronic condition. Moreover, the school's cleaning staff should be instructed to follow a careful cleaning procedure to remove dirt and dust from the classrooms. For proper hygiene, the school administers should instruct the school's cleaning staff and follow-up with them regularly.

Moreover, school principals should often check on the cleanliness at school. The school staff also has a responsibility to clean the school sufficiently. In addition, detergents are strong triggers of asthma so detergents with strong chemicals and scents should be avoided.

The mother and the child participants stated that the general awareness of asthma was significantly lacking and therefore informative work and seminars need to be made in the schools. Therefore, school principals can take the lead for these seminars that are targeting all of the school members and including information about the characteristics of some common chronic diseases, including asthma. School principals can organize awareness week or month and hang posters to draw attention to chronic diseases.

5.11.4 Recommendation for policymakers

Children with asthma have special needs as well as school-based needs. Therefore, they should be assessed with an interdisciplinary team approach which includes physicians, psychologists and educators. There are asthma-management programs teaching children how to manage their asthma in the case of an asthma attacks and teaching proper medication usage. However, these programs do not handle the child's mental, psychological or academic problems. Hence, the first thing that policymakers should do is develop educational programs which can also improve psycho-social functioning, and coping strategies for participating in physical activities and for academic difficulties in children with asthma. Moreover, children should be encouraged to participate in daily life along with their peers (Celano & Geller, 1993).

The second step that policymakers should take is national awareness organizations for asthma. Because asthma may not be considered a lethal disease, individuals may not display much sensitivity about it. However, smoking, perfume, detergents with strong smells in public areas trigger symptoms of asthma. In addition, those near the child, especially at schools, are very important, so everyone in the child's environment should know about asthma and be sensitive to it.

The third step that the policymakers should take is developing asthma-sensitive schools in Turkey. Some countries have developed asthma-friendly school systems, to improve the school environment for the children with asthma. Policymakers can define some pilot schools to start this study.

Moreover, in Turkey, many schools lack a school nurse. Unfortunately, in the case a medical crisis, the teachers, school staff and students often react with panic. If the school had a nurse, a sense of security and comfort for all of the school members

would be provided. In addition, they would be able to intervene in crisis situations for children with asthma. Thus, policy makers can ensure a nurse for every school.

Furthermore, policy makers can organize parental education programs for the parents of a child with asthma. Thus, parents can learn the appropriate attitudes toward the child with asthma. The intervention programs should begin after the diagnosis process so there will be early intervention plans.

5.11.5 Recommendations for the future studies

In this part of the discussion, some recommendations are presented for future studies. First of all, this study investigated the experiences of the children with asthma and the mothers were also participants. In future studies, interviews can be conducted with the other family members of the child with asthma including siblings to compare children's lives; also, with teachers and peers to better understand the children's experiences.

In addition, future studies can be carried out also with students at primary and high students in order to examine the quality-of-life of the children and adolescents at school. Therefore, the aged group can be compared regarding influences of asthma.

The health-related quality-of-life is the subjective issue depending on the children's perceptions about their life experiences. Therefore, longitudinal studies can be conducted in future studies to examine the changes in the lived experiences of the children. Therefore, differences and similarities of the children's participating in activities, academic development, social relationships, career development, health status, coping strategies, and also perception toward their disease, in turn health-related quality-of-life can be examined.

For the children, school is the microsystem (Ryan, 2001) which includes teachers, school counselors, school staff, and school principals. In addition, this microsystem includes families, all the students and also some other institutions contacted that children having direct contacts but also other systems should be taken into account while the ecological systems theory of Bronfenbrenner focusd on the nature and context of the child's surroundings (Bronfenbrenner, 2000).

Lastly, this current study was carried out only in Bayrampaşa district of Istanbul province, Turkey. To deeply understand the influences of the asthma on the child, the future data can be gathered also from other districts. In addition, some Turkish cities can be selected and intervention studies or group counseling sessions which aim to teach children asthma management skills, coping strategies, and improve their psychosocial skills can be scheduled. The effectiveness of these studies can be analyzed. If this is done, children can cope with the negative influences of asthma and increase the health-related quality-of-life.

To conclude, this current study showed the difficulties and the needs of the children with asthma. It should be known that school counselors and teachers have a crucial role for these children's quality-of-life and well-being at school. Therefore, various intervention programs should be developed and their effectiveness should be investigated at further studies.

APPENDIX A

ETHICAL APPROVAL OF BOĞAZİÇİ UNIVERSITY ETHICS COMMITTEE FOR MASTER AND PHD THESIS IN SOCIAL SCIENCES AND HUMANITIES (SOBETIK)

Evrak Tarih ve Sayısı: 30.03.2022-60034

T.C.
BOĞAZİÇİ ÜNİVERSİTESİ
SOSYAL VE BEŞERİ BİLİMLER YÜKSEK LİSANS VE DOKTORA TEZLERİ ETİK İNCELEME KOMİSYONU
TOPLANTI KARAR TUTANAĞI

Toplantı Sayısı : 29
Toplantı Tarihi : 24.03.2022
Toplantı Saati : 10:00
Toplantı Yeri : Zoom Sanal Toplantı
Bulunanlar : Prof. Dr. Ebru Kaya, Dr. Öğr. Üyesi Yasemin Sohtorik İlkmen
Bulunmayanlar :

Songül Öztekin
Eğitim Bilimleri

Sayın Araştırmacı,
"Life Experiences of the Children with Asthma in the School Context" başlıklı projeniz ile ilgili olarak yaptığınız SBB-EAK 2022/21 sayılı başvuru komisyonumuz tarafından 24 Mart 2022 tarihli toplantıda incelenmiş ve uygun bulunmuştur.

Bu karar tüm üyelerin toplantıya çevrimiçi olarak katılımı ve oybirliği ile alınmıştır. COVID-19 önlemleri kapsamında kurul üyelerinden ıslak imza alınamadığı için bu onay mektubu üye ve raportör olarak Yasemin Sohtorik İlkmen tarafından bütün üyeler adına e-imzalanmıştır.

Saygılarımızla, bilgilerinizi rica ederiz.

Dr. Öğr. Üyesi Yasemin
SOHTORİK İLKMEN
ÜYE

e-imzalıdır
Dr. Öğr. ÜyesiYasemin Sohtorik
İlkmen
Öğretim Üyesi
Raportör

SOBETİK 29 24.03.2022

Bu belge, güvenli elektronik imza ile imzalanmıştır.

APPENDIX B

ISTANBUL DIRECTORATE OF NATIONAL EDUCATION'S LEGAL APPROVAL

Boğaziçi Üniversitesi Evrak Tarih ve Sayısı: 17.05.2022-66186

T.C.
İSTANBUL VALİLİĞİ
İl Millî Eğitim Müdürlüğü

GÜNLÜDÜR

Sayı : E-59090411-44-49699365 16.05.2022
Konu : Anket ve Araştırma İzni (Songül ÖZTEKİN)

BOĞAZİÇİ ÜNİVERSİTESİ REKTÖRLÜĞÜNE
(Sosyal Bilimler Enstitüsü Müdürlüğü)

İlgi : a) Yenilik ve Eğitim Teknolojileri Genel Müdürlüğünün 21.02.2020 tarihli ve 2020/2 sayılı genelgesi.
b) Valilik Makamının 16.05.2022 tarihli ve 49674954 sayılı oluru.

Valilik Makamının Anket ve Araştırma İzni konulu ilgi (b) oluru ve kullanılması uygun görülen ölçme araçlarının Müdürlüğümüzce mühürlenen örnekleri ekte gönderilmiştir.

İlgi (a) genelgenin 28. maddesinde; "Araştırma uygulama izni alan kamu kurum ve kuruluşları, uluslararası kuruluşlar, üniversiteler, sivil toplum kuruluşları ve araştırmacılar tamamladıkları bilimsel araştırma ile ilgili sonuç raporlarını, izni aldıkları ilgili birime çalışma bitiminden itibaren 30 gün içerisinde göndereceklerdir." ifadesi yer almaktadır.

Olur gereğince işlem yapılması ve araştırma sonuç raporunun ekte sunulan örneğe göre Müdürlüğümüz Strateji Geliştirme Şubesine gönderilmesi hususlarında gereğini arz ederim.

Abdurrahman ENSARİ
İl Millî Eğitim Müdürü a.
Şube Müdürü

Ek:
1- Valilik Oluru (1 Sayfa)
2- Rapor Örneği
3- Ölçekler

Bu belge güvenli elektronik imza ile imzalanmıştır.

Adres	: Binbirdirek Mah. İmran Öktem Cad. No: 1 Sultanahmet Fatih İstanbul	Belge Doğrulama	: https://www.turkiye.gov.tr/meb-ebys
Telefon	: 0212 384 36 30	Bilgi İçin	: Aykut ÇELİK
E-posta	: strateji@istirme34@meb.gov.tr	Unvanı	: Büro Hizmetleri
Kep Adresi	: meb@hs01.kep.tr	İnternet Adresi	: http://istanbul.meb.gov. tr/

Bu evrak güvenli elektronik imza ile imzalanmıştır. https://evraksorgu.meb.gov.tr adresinden ed6d-74c4-319e-ad86-9510 kodu ile teyit edilebilir.

APPENDIX C

DEMOGRAPHIC INFORMATION FORM IN TURKISH

Bu form katılım sağlayan öğrenci hakkında bazı bilgilere erişim için hazırlandı. İstenilen bilgileri ilgili kutucuğun karşısına yazarak doldurmanızı rica ediyoruz. Sorular hakkında karışıklık yaşamanız halinde araştırmacıya danışabilirsiniz. Katılımınız için teşekkür ederiz.

Takma isim:

<table>
<tr><td>Öğrenci Bilgileri</td><td></td></tr>
<tr><td>Doğum yılı:
Cinsiyeti:
Lütfen işaretleyiniz.
Çocuğunuz nerede büyüdü?
o Köy
o Kasaba
o İlçe
o Büyük şehir</td><td>Okul adı:
Sınıfı:
Devamsız olduğu gün sayısı:
Okul ortalaması:
Kaç yıldır bu okulda öğrenim görmekte?
Okulda psikolojik danışman/rehber öğretmen var mı?</td></tr>
<tr><td colspan="2">Aile Bilgileri</td></tr>
<tr><td colspan="2">Öğrencinin kardeş sayısı: ……</td></tr>
<tr><td>Anne-baba hayatta mı?
o İkisi de hayatta
o Anne vefat
o Baba vefat
o İkisi de vefat etti.</td><td>Anne-baba birlikte mi yaşıyor?
o Evet
o Hayır;
a. Öğrenci anne ile yaşıyor
b. Öğrenci baba ile yaşıyor
c. Diğer (Lütfen belirtin) ……</td></tr>
</table>

Annenin işi: ….....	Babanın işi: ……
Aile bütçenizi nasıl tanımlarsınız? Lütfen işaretleyin. o Çok düşük o Düşük o Orta o Yüksek o Çok yüksek	
Evinizde sigara içiliyor mu? İçiliyorsa, nerede ve nasıl?	
Astıma ilişkin Bilgiler	
Astım tanısı ne zaman konuldu?	
Öğrenci hangi ICD-10 tanılama koduna sahip?	
Öğrenci astım tedavisi için hangi ilaçları kullanıyor? Hangi aralıklarla ilaçlarını alıyor?	
Astım şiddeti üçe ayrılıyor, Lütfen aşağıdaki butonlardan öğrencinin hangi astım şiddetine sahip olduğunu işaretleyiniz: 1. Hafif astım 2. Orta astım 3. Ağır astım	

APPENDIX D

DEMOGRAPHIC INFORMATION FORM IN ENGLISH

This form is prepared for obtaining demographic information of the participant student for the study. We kindly request to fill your answers to relevant blanks of the information that asked. If you have confessions about the questions, you may ask to the researcher. Thank you for your participations.

Pseudonym:

<table>
<tr><td>Information of the Student</td><td></td></tr>
<tr><td>Date of birth:

Sex:
Please check the box.
Where did your child grow up?
o Village
o District
o Town
o Metropolitan</td><td>School:
Grade:
Number of absent days:
Grade point averages:
How many years has the student been studying at this school?
Is there a school counselor in this school?</td></tr>
<tr><td colspan="2">Information of the family</td></tr>
<tr><td colspan="2">Number of the siblings of the student with asthma (participant): ……</td></tr>
<tr><td>Are parents alive?
o Both alive
o Mother is dead.
o Father is dead.
o Both dead</td><td>Do parents live together?
o Yes
o No
a. Living with mother
b. Living with father</td></tr>
</table>

	c. Other
Mother's job: ……..	Father's job: …….
How do you identify your income? Please check the box. o Very low o Low o Average o High o Very high	
Is there smoking at home, if there is, where and why?	
Information about asthma	
When was asthma diagnosed?	
Which ICD code does student with asthma have?	
Which medication does student with asthma have for the treatment of asthma? How often he/she take them?	
There are three asthma severities, please check the box depending on your child's asthma severities. 1. mild asthma 2. moderate asthma 3. severe asthma	

APPENDIX E

SEMI-STRUCTURED INTERVIEW QUESTIONS FOR CHILDREN IN TURKISH

Yönerge: Öncelikle bu çalışmaya zaman ayırdığın için sana teşekkür ederim. Senin astımla yaşamak ile ilgili yaşantılarını merak ediyorum. Deneyimlerini anlayabilmek için bazı sorular soracağım. Bu soruları istediğin gibi cevaplayabilirsin. Eğer cevaplarken kendini rahat hissetmezsen lütfen bana söyle. Daha önce de bahsettiğim gibi konuşmamızı unutmamak için kaydedeceğim, fakat seni temin ederim ki ismin ve kimliğin gizli kalacak. Başlamadan önce herhangi bir sorun var mı? (Eğer varsa, araştırmacı açık bir biçimde soruyu cevaplayacaktır. Eğer yoksa görüşme başlatılacaktır.)

1. Bana biraz kendinden bahseder misin?
    a. Boş zamanlarında neler yapmaktan hoşlanırsın?
    b. Okul sonrasında neler yaparsın?
2. Birlikte vakit geçirmekten hoşlandığın arkadaşların var mı?
    a. Birlikte neler yaparsınız?
3. Sence astım nasıl bir şey? Bana biraz bahseder misin? (Astım deyince aklına ne geliyor?)
4. Hangi astım ilaçlarını kullanıyorsun?
    a. Ne sıklıkla olduğunu belirtir misin?
    b. Bu ilaçlarını okula da götürüyor musun? Evet ise (Bu sana nasıl hissettiriyor?)
5. Astımın birçok belirtisi var (Listede belirtilir). Sen en sıklıkla hangilerini yaşıyorsun?

    Hırıltı

    Öksürük

Göğüste sıkışma

Nefes darlığı

Gece tutan öksürük krizleri

6. Astıma dair bahsetmiş olduğun bu belirtiler seni günlük hayatta nasıl etkiliyor?

a. Astıma dair bahsetmiş olduğun bu belirtiler okulda da oluyor mu? Evet ise

b. Bu sana nasıl hissettiriyor?

7. Sence astım okul yaşamını etkiliyor mu? Şimdi sayacağım alanlarda nasıl etkilediğini anlatır mısın?

a. devamsızlık

b. performans

c. aktivitelere katılım

d. derslere katılım

8. Sence astım okul arkadaşlarınla ilişkilerini etkiliyor mu? Nasıl?

a. Arkadaşlarınla hiç astıma yönelik konuştuğun oldu mu? (Evet ise biraz anlatır mısın?)

9. Okulda astımını etkileyen/artıran bir şeyler oluyor mu?

a. Oluyorsa biraz anlatır mısın?

b. Bu durumlarda ne yapıyorsun?

10. Okulda astım sebebiyle kötü hissettiğin zamanlarda;

a. Neler yapıyorsun?

b. Bu durumlarda yardım istediğin birileri var mı?

c. Okul rehberlik servisine astımdan dolayı danıştığın oldu mu?

11. Sınıfında hiç astıma yönelik bir düzenleme (astım olduğun için sana yönelik bir değişiklik) oldu mu veya okulunda astıma dair bir çalışma (bilgilendirici çalışma, etkinlik vb.) yapıldı mı?

12. Sence okulda astımı olan öğrencilerle ilgili nelere dikkat edilmeli?

(Astımlı öğrenciler daha iyi hissetsin diye neler yapılmalı?)

13. Bir de sana pandemi dönemiyle ilgili bir şey sormak istiyorum.

a. COVID-19 salgınının yayıldığı ilk dönemlerde astım için riskli deniyordu. Sen bu duruma ilişkin neler yaşadın?

b. Pandemi döneminin başlarında tüm okullar kapanmıştı, sonrasında bazı günler okula gidilmeye başlandı. Sen bu dönemde okuluna devam edebildin mi? Okul sürecinde neler yaşadın?

14. Son olarak gelecekte ne olmak istiyorsun?

APPENDIX F

SEMI-STRUCTURED INTERVIEW QUESTIONS FOR

CHILDREN IN ENGLISH

1. Can you tell me a little about yourself?

   a. What do you do in the leisure times?

   b. What do you do after school in daily life?

2. Do you have friends that you enjoy spending times together?

   a. What do you do together?

3. What it is like having asthma? Can you tell me a little bit?

4. Which asthma medications do you have?

   a. How often do you take them?

   b. Do you bring these medications to school? If yes, how does it make you feel?

5. There are a lot of symptoms of the asthma (list is shown). Which ones do you mostly suffer from?

   Wheezing

   Coughing

   Chest tightness

   Shortness of breath

   Coughing attack at night

6. How do these symptoms influence your daily life?

   a. Do these symptoms you mentioned become in the school?

   b. If yes, how these make you feel?

7. Does your asthma influence your school life? Please answer according to the following areas.

a. absenteeism

b. school performance

c. attending activities

d. attending and understanding lessons.

8. Does your asthma influence your relationship with friends in school?

   a. Do you ever talked about asthma with your friends? (if yes, can you tell me a little bit?)

9. Do things that triggered or increased your asthma become in school?

   a. If yes, can you tell me a little bit?

   b. If yes, what do you do in those times?

10. When you feel bad because of asthma;

    a. What do you do?

    b. Do you want someone's help in these moments?

    c. Have you ever consult to the school counselor?

11. Is there any regulation in your school (because of your asthma) or any study in your school related to asthma (activity or studies that give information about asthma)?

12. In your idea, what should be taken care of about children with asthma in the school?

    (What would you like in order children with asthma to feel happy in school?)

13. I want to ask you something about the pandemic period.

    a. There was an information that COVID-19 pandemic pose hazard on asthma, what did you experience with regard to this situation?

b. In the beginning of pandemic era, schools were used to close. Then, some days it was started going to school. Could you go to school in this era? What do you experience in this period?

14. What job do you want to have in the future?

APPENDIX G

SEMI-STRUCTURED INTERVIEW QUESTIONS FOR PARENTS

IN TURKISH

Yönerge: Öncelikle bu çalışmaya zaman ayırdığınız için size teşekkür ederim. Sizin astım hastalığı olan bir çocuğa sahip olmakla ilgili deneyimlerinizi, diğer yandan sizin ve çocuğunuzun astım hastalığıyla ilgili yaşantılarınızı merak ediyorum. Deneyimlerinizi anlayabilmek için bazı sorular soracağım. Bu soruları istediğiniz gibi cevaplayabilirsiniz. Eğer cevaplarken kendinizi rahat hissetmezseniz lütfen bana söyleyin. Daha önce de bahsettiğim gibi konuşmamızı unutmamak için kaydedeceğim, fakat sizi temin ederim ki isminiz ve kimliğiniz gizli kalacak. Başlamadan önce herhangi bir sorunuz var mı? (Eğer varsa, araştırmacı açık bir biçimde soruyu cevaplayacaktır. Eğer yoksa görüşme başlatılacaktır.)

1. Bana biraz çocuğunuzdan bahseder misiniz (nasıl biri, neler yapmaktan hoşlanır)?
2. Çocuğunuzun birlikte vakit geçirmekten hoşlandığı arkadaşları var mı?
    a. Birlikteyken neler yaparlar?
3. Bana biraz çocuğunuza göre astım nasıl bir şey, bahseder misiniz?
    a. Sizin için çocuğunuzun astımının olması nasıl bir şey, biraz bahseder misiniz?
4. Çocuğunuz astıma yönelik hangi ilaçları kullanıyor?
    a. Ne sıklıkla olduğunu belirtir misiniz?
    b. Bu ilaçları okula da götürmesi gerekiyor mu? (Evet ise):
        a. Okula götürüyor mu?
        b. Sizce bu durum ona nasıl hissettiriyor?
5. Çocuğunuz en çok hangi astım belirtilerini yaşıyor?

6. Çocuğunuzun bu belirtileri onun günlük yaşantısını nasıl etkiliyor?

    a. Bu belirtiler okulda da oluyor mu? Oluyorsa sizce bu çocuğunuza nasıl hissettiriyor?

7. Sizce astım hastalığı çocuğunuzun okul yaşamını aşağıdaki alanlarda nasıl etkiliyor?

    a. devamsızlık

    b. okul performansı

    c. aktiviteler

    d. derslere odaklanma/ derse katılma

8. Sizce astım çocuğunuzun okuldaki arkadaşlık ilişkilerini nasıl etkiliyor?

    a. Okulda çocuğunuzun astımının olduğunu bilen arkadaşları var mı? Varsa nasıl öğrendiler?

9. Sizce okulda çocuğunuzun astımını artıran/ tetikleyen bir şeyler oluyor mu?

    a. Oluyorsa biraz anlatır mısınız?

    b. Çocuğunuz buna yönelik neler yapıyor?

10. Okulda çocuğunuz hastalığı sebebiyle kötü hissettiği veya astımdan dolayı bir problem yaşadığı zamanlarda;

    a. Neler yapar?

    b. Yardım istediği birileri var mıdır?

    c. Siz bu durumda neler yapıyorsunuz? Başvurduğunuz birileri var mı?

11. Çocuğunuzun sınıfında veya okulda astıma yönelik olarak bir düzenleme veya çalışma (bilgilendirici çalışma, etkinlik vb.) yapıldığı oldu mu?

    a. Çocuğunuzun veya sizin astımdan dolayı rehberlik servisine/okul idaresine başvurduğunuz oldu mu? Evet ise nedenini anlatır mısınız?

12. Sizce okulda astımı olan öğrencilerle ilgili nelere dikkat edilmeli?

a. Astımı olan öğrenciler daha iyi hissetsin diye neler yapılmalı?

13. Bir de size pandemi dönemiyle ilgili bir şeyler sormak istiyorum.

a. COVID-19 salgınının yayıldığı ilk dönemlerde astım için riskli deniyordu. Çocuğunuz ve siz bu duruma ilişkin neler yaşadınız?

b. Pandemi döneminin başlarında tüm okullar kapanmıştı, sonrasında bazı günler okula gidilmeye başlandı. Çocuğunuz okuluna devam edebildin mi? Okul sürecinde neler yaşadı?

14. Çocuğunuz büyüyünce ne olmak istiyor? Siz ne olmasını istiyorsunuz?

APPENDIX H

SEMI-STRUCTURED INTERVIEW QUESTIONS FOR PARENTS

IN ENGLISH

Instruction: Firstly, I appreciate you taking the time for this study. I wonder your experiences in terms of having a child with asthma and his/her and his/her child's experiences about living with asthma. I will ask some questions to try to understand your experiences. You may answer the questions whatever you want. If you do not feel comfortable while answering a question, please say it to me. As I mentioned early, I will tape our conversation to not to forget, but I assure you, your name and identity will be remained anonymous. Have you got any question before we start? (If there is any, the researcher will answer the question clearly. If there is not, the interview will be started.)

1. Can you tell me a little bit about your child? (What is she/he like, what does she/he like to do?)
2. Does your child have friends that they enjoy spending time with?
   a. What do they do when they are together?
3. What asthma is like for your child? Can you tell me a little bit?
   a. What is like having a child with asthma for you? Can you tell me a little bit?
4. Which medications does your child use?
   a. Which frequency does the child using this medication?
   b. Does he need to take these medications to school as well? (If yes)
      a. Does the child take them to school?
      b. How do you think this makes him/her feel?

5. Which asthma symptoms does your child mostly have?
6. How do these symptoms influence your child in daily life?

   a. Do these symptoms you mention occur at school as well? How do you think this makes your child feel?
7. In your opinion, how does asthma influence your child's school life in the following aspects?

   a. absenteeism

   b. school performance

   c. attending activities

   d. attending/focusing class activities
8. For you, how does asthma influence your child's relationships with peers at school?

   a. Does anyone at school know that your child has asthma? If so, how did they find out?
9. Do you think there is something going on at school that increases/triggers your child's asthma?

   a. If yes, can you tell me a little bit?

   b. What does your child do in this situation?
10. At school, when your child feels bad because of his illness or has a problem due to asthma;

    a. What would your child do in this situation?

    b. Does your child have someone to ask for help?

    c. What do you do in this situation? Is there anyone you ask help?
11. Has any arrangement or study (informative study, activity, etc.) been made for asthma in your child's classroom or school?

a. Have you or your child applied to the school counseling service/school administration because of asthma? If yes, can you tell me why?

12. What do you think should be considered about students with asthma at school?

    a. What should be done to make students with asthma feel better?

13. I would you ask about COVID-19 pandemic era

a. There were some information that COVID-19 pandemic poses hazard on asthma,

    What did you and your child experience with regard to this situation?

    b. At the beginning of the pandemic period, all schools were closed, then some days began to go to school. Did your child start to go to school? What did he/she experience in school?

14. What job does your child want to have when he/she grows up? What do you want?

APPENDIX I: INFORMED CONSENT FORM IN TURKISH

GÖNÜLLÜ ONAM FORMU

ÇALIŞMANIN ADI: Okullarda Astımlı Çocukların Yaşadığı Deneyimler
ÇALIŞMANIN KONUSU VE AMACI:
Bu çalışma ilköğretim kademesinde eğitimine devam eden astım tanısı almış ve buna bağlı ilaç kullanan çocuklarla gerçekleştirilecektir. Çalışma kapsamında astım hastası çocuklarda okul yaşamına yönelik deneyimlerin alınması, ayrıca ebeveynlerinden de astımlı bir çocuğa sahip olmakla ilgili yaşam deneyimleri alınması planlanmaktadır. Astım hastası çocukların öznel deneyimleri, bunun yanında bu deneyimleriyle bağlantılı olarak problemleri, problemleriyle başa çıkma yöntemleri, kendilerini algılayışları, astımın özellikle okul hayatına etkileri konuları üzerinde durulacaktır. Ayrıca, astım hastası çocukların tüm bu deneyimleri ebeveynlerin bakış açısıyla da değerlendirilecektir. Bunun yanında ebeveynlerin astım hastası bir çocuğa sahip olmakla ilgili görüşleri ve deneyimleri de alınacaktır. Tüm bunlara ek olarak, çalışma COVİD-19 pandemi döneminde yapıldığından, salgının akciğer fonksiyonları ile ilgili olmasından ve astım için olası bir risk olabileceğinin sıkça konuşulup tartışılmış bir konu olmasından dolayı bu çalışma, bu dönemde ailelerin ve çocukların salgınla ilişkili yaşadıklarını da kapsamaktadır. Bu bilgilerle birlikte astıma duyarlı okullar için bir çalışma olması amaçlanmaktadır.

ÇALIŞMA İŞLEMLERİ:
Çocuğunuzun ve sizin bu çalışmaya katılmasını kabul etmeniz durumunda çocuğunuzla yaklaşık bir saat ve sizinle yaklaşık bir saat olmak üzere ayrı ayrı görüşmeler yapılacaktır. Bu görüşmelerin ses kaydı alınacaktır.

ÇALIŞMAYA KATILMAMIN OLASI YARARLARI NELERDİR?
Yapılan çalışmaya katılımın sonrasında astımlı çocukların astımın ve astımlı yaşamla ilgili okul deneyimlerinin onlar için ne ifade ettiği ile ilgili bilgi sahibi olunacak olup bu deneyimle ilişkili olarak motivasyonları, kaynakları, beklentileri, yaşadıkları astıma ilişkin zorlukları ve bunlarla başa çıkma yöntemleri hakkında da bilgi sahibi olunacaktır. Tüm bu deneyim ve konular ebeveynlerin bakış açısıyla da ele alınacaktır. Çalışma neticesinde ortaya çıkacak sonuçların astım hastası çocukların ihtiyaçlarına yönelik proje ve programlar geliştirilmesine katkıda bulunacağı düşünülmektedir.

ÇALIŞMAYA KATILMAMIN OLASI RİSKLERİ NELERDİR?
Yapılan çalışmaya katılımın sonrasında alınan sonuçların getireceği herhangi bir risk bulunmamaktadır.
Çalışma sırasında veya sonrasında çalışmanın size kötü hissettirdiğini, psikolojik olarak olumsuz etkide bulunduğunu düşünürseniz, araştırmacı veya danışman hocası ile görüşme talep edebilirsiniz.

KİŞİSEL BİLGİLERİM NASIL KULLANILACAK?
Bu formu imzalayarak araştırmaya katılım için onay vermiş olacaksınız. Bununla birlikte sizin ve çocuğunuzun kimlik bilgileri çalışmanın herhangi bir aşamasında açıkça kullanılmayacaktır. Çocuğunuzun ve sizin görüşmede verdiği cevaplar ve araştırma süresince işitsel cihaz (ses kaydı cihazı) kullanılarak edinilen her türlü bilgi

yalnızca bu araştırma kapsamında kullanılacak, başka hiçbir amaç için kullanılmayacaktır. Araştırma sonuçlarında sizin ve çocuğunuzun isimleri takma isimlerle yer alacaktır. Araştırma sonunda tüm kayıtlar silinecektir. Eğer çalışmadan herhangi bir nedenden dolayı çekilmek ister, görüşmeyi durdurmak veya görüşmenin sonunda çalışma için kullanılmasından vazgeçerseniz verileriniz silinecek ve çalışma için kullanılmayacaktır. Bu durum sizin için bir dezavantaj oluşturmayacaktır. Bunun dışında, görüşmede verdiğiniz bilgiler bulunduğunuz okul ile de paylaşılmayacaktır.

SORU VE PROBLEMLER İÇİN BAŞVURULACAK KİŞİLER:
Proje Yöneticisi:
Assoc. Prof. Z. Hande SART
Boğaziçi Üniversitesi/ Eğitim Fakültesi – Eğitim Bilimleri Bölümü
E-posta: **********
Telefon: ****** ** **
Araştırmacı:
Songül ÖZTEKİN
Boğaziçi Üniversitesi –Eğitim Bilimleri Bölümü
Rehberlik ve Psikolojik Danışmanlık Yüksek Lisans Öğrencisi
****
**** *** ** **

Çalışmaya Katılma Onayı
Bu bilgilendirilmiş onam belgesini okudum ve anladım. İstediğim zaman bu araştırmadan çekilebileceğimi biliyorum Bu araştırmaya katılmayı kabul ediyor ve bu onay belgesini kendi hür irademle imzalıyorum.

Katılımcı Velinin Adı Soyadı:	*İmza:*	*Tarih (Gün/ ay / yıl*
Telefon:		
Katılımcı Öğrencinin Adı Soyadı: ……		

☐ Görüşmede ses kaydı alınmasını onaylıyorum.

Araştırmacı Adı Soyadı:	Songül ÖZTEKİN	*Tarih ve İmza:*
Adres ve Telefon:	********** **** *** ** **	

APPENDIX J

INFORMED CONSENT FORM IN ENGLISH

Title of the Research: Lived Experiences of the Children with Asthma at School

The Topix and Aim of the Study
This study will be carried out with children who are continuing their education at primary school, diagnosed with asthma and using medication due to asthma. Within this study, it is planned to obtain experiences about school life in children with asthma, as well as lived experiences of having a child with asthma from their parents. Subjective experiences of children with asthma, as well as problems related to these experiences, coping with asthma, influences of asthma on academic life will be discussed. In addition, all these experiences of children with asthma will be evaluated from also the perspective of the parents. In addition, the views and experiences of parents about having a child with asthma will also be taken. In addition to all these, since the study was conducted during the COVID-19 pandemic, the epidemic is related to lung functions, and the possible risk of asthma is a frequently discussed topic. With this information, it is intended to be a study for schools sensitive to asthma.

Process of the study
If you and your child agree to participate in this study, individual interviews will be held with your child for approximately one hour and with you for approximately one hour. These interviews will be audio recorded.

What Are the Possible Benefits of Participating in The Study?
After participating in the study, it will obtain children with asthma, living with asthma, and their school experiences. Also, it will obtain about their motivations, resources, expectations, difficulties related to asthma and methods of coping with them. All these experiences and issues will also be discussed from the parents' point of view. It is thought that the results of the study will contribute to the development of projects and programs for the needs of children with asthma in the school context.

What Are the Possible Risks of Participation in The Study?
There is no risk of the results obtained after participation in the study. If you think that the work makes you feel bad or has a negative psychological effect during or after the study, you can request a meeting with the researcher or counselor.

How Will My Personal Information Be Used?
By signing this form, you will be giving your consent to participate in the research. However, your and your child's identity information will not be used explicitly at any stage of the study. The answers given by you and your child in the interview and any information obtained using the audio device (sound recorder) during the research will be used only within the scope of this research and will not be used for any other purpose. Your and your child's names will be under pseudonyms in the research results. All records will be deleted at the end of the research. If you want to withdraw

from the study for any reason, stop the interview or at the end of the interview, your data will be deleted and will not be used for the study. This will not be a disadvantage for you. Apart from this, the information you provide in the interview will not be shared with your school.

PERSONS TO CONTACT FOR QUESTIONS AND PROBLEMS:
Research Advisor:
Assoc. Prof. Z. Hande SART
Boğaziçi University/ Faculty of Education – Department of Educational Sciences
Mail: **********
Phone: **** *** ** **

Researcher:
Songül ÖZTEKİN
Boğaziçi University –Department of Educational Sciences
Guidance and Psychological Counseling Graduate Student
****
**** *** ** **

Consent to Participate in the Study
I have read and understood this informed consent document. I know that I can withdraw from this research at any time. I agree to participate in this research, and I sign this consent form of my own free will.

The Name and Surname of the Attendee's Parent:	Signature: ……	*Date (Day/ Month/ Year)* ……
Phone number:		

The Name and Surname of the Attendee's Children: .....

☐ I approve the audio recording of the meeting.

Researcher Name and Surname:	Songül ÖZTEKİN	*Date and Signature:*
Address and phone number	********** **** *** ** **	

APPENDIX K

QUOTATIONS (TURKISH)

1) Bazen çok kötü bir şey oluyor hiçbir şey yapamıyorsun. Sanki seni biri gırtlaklıyor gibi oluyor. Çok kötü bir şey. (Dilara)
2) Astım kötü. Bir aktivite, bir şey yapacakken tıkanmak, nefes alamamak kötü bir şey. Diyelim ki beden dersinde koşuyorsun, çok hızlı koşunca göğsün sıkışıyor, zorlanıyorsun. Yani durup dururken olmuyor ama diyelim ki bir şeye üzüldün ya da heyecanlandın o zamanlarda nefes almak zor oluyor. Öksürük oluyor. (Simge)
3) Astım dediğim gibi böyle arada sırada spor dalları oynarken tıkanma falan oluyor böyle koştuğumda hızlı bir şekilde, nefes nefese kalıyorum. Heyecanlanınca arada sırada oluyor. Astım deyince ilk tıkanma geliyor aklıma. (Ahmet)
4) Astım… Böyle biraz sıkıcı, kötü. Böyle… Onunla yaşamak zor oluyor yani. Koşunca falan burnum falan tıkanıyor. Zor oluyor yani. Koşunca çok yoruluyorum, bazen şey oluyor nasıl desem terlediğim zaman… Çok kötü bir şey oluyor böyle nefes alıyorum. Sanki naneli şeker üstüne soğuk su içmek gibi bir şey yani. O zor ve tehlikeli bir şey. (Eren)
5) Zor bir şey hocam çocuklar için çünkü mesela yazın bir otobüse biniyoruz, bir anda parfüm sıkmaya başlıyorlar. Ama hiçbir şey yokken yani… Böyle çok bilinçsizler. Yani ben orada öyle boğuluyorum yani hocam yanımda hapım da olmasa ne olacak… Zor hocam. Hocam nefes darlığı ve öksürük geliyor aklıma direkt. (Mete)
6) Bilmiyorum mesela bunu önceden sorsaydınız nefessiz kalmak derdim hiçbir şey yapamamak, durmak derdim yani çünkü çok kötü bir şey, yani burnundan nefes alıyorsun ama ciğerlerin dolmuyor. (Eslem)
7) Valla öksürme diyebilir, nefes alamama diyebilir. (Aylin)
8) Her gün grip gibi burun akıntısı olur. (Yıldız)
9) Hastalık durumu olana kadar çalışıyordum. Ama hastalanınca ilgilenmem gerekti. Birisine bırakıp gidecek durumda değildi. Her şeyimizi ona göre ayarladık. Belli bir yaşa gelene kadar evde her şeyi kaldırdık. Arabada vs. cam pencere hiç açılmıyordu. (…) Yani bir yere giderken biz hala ilaç çantası yaptık nereye gidersek o başköşededir, alıp çıkıyoruz hemen. Bir günlük bir yere bile giderken arabaya ilk konulacak şey ilaç çantasıdır. Şu an mesela makine kullanmıyoruz ama nereye gidersek gidelim onu (ilaç çantasını) alıyoruz yanımıza. (Dilruba)
10) Ben işte gideceğimiz yerlerin toz olmamasına işte evde fazla toz olmaması… Dikkat ediyorum. Dışarı giriş çıkış saatlerini kontrol etmeye çalışıyorum. Buna okul da dahil. (Emine)
11) Mesela gece sürekli kontrol ediyordum o krizlere girdiği zamanlar. Kötü olduğu zamanlar. O şekil yani. Ya sürekli temizlik yapmam gerekiyor. Toz olmaması gerekiyor. Mesela ben de eşim de sigara içiyoruz ama evde kesinlikle sigara içmeyiz. Dikkat ediyoruz yani. O evde olduğunda mesela tuvalet yıkayacaksam deterjan kokusu ona dokunmasın diye diyorum ki tuvaletin varsa gir, ben yıkayınca bir saat girme. (Aylin)
12) Eren'e göre astım sıkıcı. Her gün ilaçlarını aksatma oğlum, ilaçlarını kullan oğlum… (derim). (Emine)
13) Mesela okulda bir şey olacağı zaman, ilkokulda nöbetçi öğrenci olurdu, sınıfı ona derlerdi mesela (nöbetçisin), ben Eslem'e söylerdim öğretmene (söyle) alerjin olduğunu sana süpürttürmesinler derdim o söylerdi. (…) Sürekli grip gibi yani, toz

olmayacak, battaniye kullanmayacak, peluş oyuncakları olmayacak dediler. Hatta ben o zaman Karadeniz'de yaşıyorduk, Rizeliyiz. Ben oralıyım yani, doktor 'mümkünse buradan taşının' demişti. (Yıldız)
14) Dershaneye okula acil durumda kullanacağı ilaçlarını bırakıyorum. Okula da ben götürüp getiriyorum. İlaç bırakmıştım ilk başlarda (okula). Bir şey olursa git öğretmeninden iste dedim ama bu sene buraya vermedim. Ben de sürekli buradayım zaten. İlk başta ben mutlaka söylerim. (Dilruba)
15) Grip gibi diyor, (astıma) o da alıştı artık. (Yıldız)
16) Kendisi kabul ediyor artık astım olduğunu çünkü hep çekiyor (hastalıkla uzun süredir mücadele ediyor), rahat bir dönemden sıkıntılı bir döneme geçmedi, hep sıkıntılıydı. (Dilruba)
17) Şimdi mesela bu sadece normal bir hastalık, ilacı kullansam hiçbir sıkıntı yaşamayacağım, normal gündelik hayatın bir parçası (derim). (Eslem)
18) Eren pek şey yapmamaya çalışıyor işte ben iyiyim neden bunları yapıyoruz gibi. Kabulleniyor gibi görünüyor ama aslında astımı kabullenmiyor. (…) Yani çok kötü bir hastalıkmış gibi algılıyor, hiç bitmeyecekmiş gibi. Ben bundan kurtulamayacak mıyım diyor. Böyle söylüyor, ben bıktım bu hastalıktan diyor. Ben bu ilaçlarımı kullanmasam bu bana ne yapar ne olur sonrası diyor, bunları soruyor. İsyan ediyor, ben ömür boyu ne yapacağım bu hastalıkla diyor. (Emine)
19) Çocuğuma göre çok ciddiye alınacak bir şey değil. Öyle umursamıyor yani. Daha yaşı küçük olduğu için belki de. Ben anlatıyorum mesela kendine. Bence hastalıkla ilgili sorumluluk kabul etmiyor. Kaçmak istiyor. (Aylin)
20) Bu (Simge) zaten kendini hastalıklı gibi görüyor (üzülüyor). (Sevinç)
21) Sevmiyor, hoşlanmıyor her gün almaktan. Bazılarını dönemsel kullanıyoruz önce düzenli alıyor ama sonra bakıyoruz unutmaya başlıyor. Yatağının yanında oluyor ilaçları. Aksatıyor zamanla. (Dilruba)
22) İlaç kullanmak hiç hoşuma gitmiyor ya. Sürekli onun sorumluluğu oluyor. Hatırlamak gerekiyor. Bu beni sıkıyor. (Dilara)
23) Her gün ilaçlarını aksatma oğlum, ilaçlarını kullan oğlum. Anne işte ne zaman bunlardan kurtulacağım, bıktım artık, istemiyorum gibi… Böyle bir sıkıntısı var. (Emine)
24) Ama bunları (ilaçları) çok kullanmıyor, bana alacağım diyor almıyor bazen. (Aylin)
25) Okula getirdiğim ilaç yok. Getirmem gerekiyor mu bilmiyorum annem hiç bundan bahsetmedi. İlaçlarımı alıyorum. Bazen unutuyor olabilirim. (Ahmet)
26) İlaçlarını okula götürmesi gerekirse götürür, kullanır. Her gün kullanıyor günde bir tane ama biz gece veriyoruz. Üç yaşına kadar havayı da kullanıyorduk. Şimdi kullandırmamaya çalışıyoruz. (Melek)
27) İlaç konusunda artık biliyor mesela o ona iyi gelecek rahatlatacak nefesini açacak. Şimdi içiyor hep yanında taşıyor. (Sevinç)
28) İlacını hep yanında götürür. Kabul ediyor onu kullanmayı. Cebindedir hatta. Bir şey olursa sıkıntı yaşamasın diye mutlaka taşır. (Yıldız)
29) İlaçlarımı alıyorum. Sabah akşam düzenli ilaç alıyorum. Eğer okula götürmem gerekse götürürüm ama şu an gerekmiyor. Çok sıkışınca ventolinimi alıyorum. (Mete)
30) Singulare var. Flixotal var hava. Bir de bazen burun fısfısı kullanıyorum tıkandığım zamanlar. Okula götürmem gerekmiyor. Evde içiyorum akşamları. (Eren)
31) İsimlerini tam bilmiyorum. İlaçları okula götürüyorum çok sık kullanmıyorum ama böyle sınavlarımın olduğu günler ya da beden derslerinin olduğu günler kullanıyorum arada. (Simge)

32) Şimdi mesela bu sadece normal bir hastalık, ilacı kullansam hiçbir sıkıntı yaşamayacağım, normal gündelik hayatın bir parçası (derim). (Eslem)
33) Okula getirirken ne zaman bırakacağım ne zaman kurtulacağım diyor. Bir ara bırakmıştık ilaçları. O zaman çok rahatlamıştı. Sonra yine başlayınca çok kötü oldu. (Dilruba)
34) Özellikle ilkokulda okula makine götüremiyordu, fısfısı tek başına alamıyordu, bir adaptör almıştık ona baya irice bir şey. Onu çıkarıp dersin ortasında taktığı zaman herkes bakıp ne o ne falan diyordu. Arkadaşlarının bakmasından, insanların bakmasından çok rahatsız oluyordu yani. (Dilruba)
35) Eren'e göre astım sıkıcı. Anne işte ne zaman bunlardan kurtulacağım, bıktım artık, istemiyorum gibi… Böyle bir sıkıntısı var. Ben de diyorum sık dişini, bir ay kaldı bir buçuk ay kaldı. Önceden daha zordu dört beş tane birden kullanıyorduk. (Emine)
36) Tabii bıkıyor artık hocam mesela kışın daha çok hasta olduğundan sürekli burun aktığında burun kenarlarından yaralar oluyor mesela, bıkıyorum artık, diyor. Doktora götürünce, geçmeyecek mi, falan da diyordu. (…) Sürekli yanında peçete taşıyor zaten, akar falan diye. Bu da zorluyor. (Yıldız)
37) Bu belirtiler, öksürünce sıkışıyorsun böyle. Hani bir şey seni zorluyor öksürmek için. Kızgınlık, öfke oluyordu hep. (Eren)
38) Kızıyor sinirleniyor o yüzden. Yapmak istediği şeyi yapamadığında sinirleniyor baya. Hastalık yüzünden kısıtlanınca niye ben diyor, herkes yapıyor ben yapamıyorum, niye diyor. (Dilruba)
39) Evet bir ara çok oluyordu. O koşamaz diyorlardı. Başka bir şey oynayalım diyorlardı yani sürekli ya ip atlıyorduk ya da başka bir şekilde çünkü koşamıyordum ben. Mesela resim kursu bir şey yapıp bir şey yaparken ben bir şey yapamıyordum. Ya da koşmamalı oyunlar oynuyorlardı beni tek bırakmamak için. İlkokulda özellikle çok oluyordu, herkes koşuyor oyunlar oynuyor sen oynayamıyorsun. Kötü hissediyordum. (Dilara)
40) Sürekli yanımda ilacımı bulundurmak zorundayım çünkü bulundurmazsam çok zor oluyor nefesimi açmam. Çok uzun sürüyor. Hareket etmeyi severim ben aslında ya. Ama işte çok koşunca tıkanmaya başlıyorum işte. Çok kötü oluyor. Hiç oyun oynamadığım olmadı ama genelde ara vererek oynuyorum. (Dilara)
41) Mesela okulda cam kenarına oturmaması gerektiğini biliyor. Cereyanda kalmaması gerektiğini biliyor. Tedbirli olması gerekiyor. (…) Beden dersindeki aktivitelere katılmamasının sebebi çok fazla terlediğinde terin üzerinde soğuması. Artı beden dışarıda yapılıyor. Cereyanda kaldığında atak geçirmeye başlıyor. Üzülüyor tabi. Sonrasında çok sıkıntı çekeceğini bildiği için sanırım o yüzden korkuyor, kısıtlıyor kendini. (Dilruba)
42) Koşarken falan şey yapmıyor ama üşürüm ederim öksürüğüm çok olur falan diye korkuyor. İçine kalın bir şeyler giymek istiyor mesela altına da bir şey daha giyiyor. Üşümek öksürmek istemiyor. Dikkatli, tedbir alıyor. (Emine)
43) Ben işte üzülüyorum, stres yapıyorum. İlaçlarını kullanmadığında üzülüyorum. Tekrar tekrar söylüyorum. Bunlar beni de sıkıyor işte. Mecburen tedavisini yaptıracağız yoksa ileride farklı şeyler olabilir diyorum. (Emine)
44) Mesela okul gezisi olduğunda ben rahatça gönderemiyorum, yanında olmak zorunda hissediyorum. (…) Kızım kuzenlerinde kalmak istiyor ama ben endişeleniyorum çünkü onlar nasıl müdahale edeceklerini bilmiyorlar. (Dilruba)
45) Bizim için çok kötü bir şey. Allah'ıma binlerce şükür ama nasıl desem bir yere gideceğiz ben çok korkuyorum. Onu kalabalık yerlere göndeREMem. Çocuğum hemen hapşırmaya başlar, nefes darlığı başlar. (Melek)

46) Bir kez okuldayken deprem olmuştu. O zaman ben panik anında çok tıkanmıştım. Panik yapınca iyice tıkandım. Sonra arkadaşıma söyledim ilacımı verir misin dedim hemen verdi. Sıktım ilacı. İlacımı içemesem daha kötü olurum diye hep taşıyorum ilacımı şimdi. (Eslem)
47) Arada voleybol oynarken de oluyor tıkanıyorum. Bir kere okulda da tıkandım. Böyle oturma isteğim geldi. Korktum biraz. Şimdi ilacımı yanımda götürüyorum. (Ahmet)
48) Hasta olunca ilaçlarını yanında götürüyor. Ventolinini de götürüyor şimdi. Zaten bu tıkanmalar olduktan sonra götürmeye başladı ilaçlarını okula. Bir daha olur diye korktu sonra. Korku oldu. (Aylin)
49) İlacını hep yanında götürür. Cebindedir hatta. Bir şey olursa sıkıntı yaşamasın diye mutlaka taşır. (…) Sınıfı üst kattayken 'anne yanımda götüreyim, merdivenlerde tıkanırsam hemen sıkarım' diyordu. (Yıldız)
50) Astım nedeniyle ben de çok stresliydim (astımının seyri hakkında). (…) Onun için hep endişelendim. (Sevinç)
51) Başlarda düzelecek ilerde geçecek şeyi vardı. Bunun olmadığını görünce zaman zaman umutsuzluğa kapılıyorsunuz. Ya da belli dönemler düzeldi derken bir atak geçirince yine üzülüyorsun, kötü oluyor. Tam düzeldi derken umutlanırken en başa dönmek çok kötü oluyor. (Dilruba)
52) Okulda işte çok yorulduğum zaman ve stres yaptığım zamanlarda da oluyor (astım belirtileri artıyor). Üzgün hissediyorum. (Simge)
53) Maç iptal olmuştu bir kez benim için, ona üzülmüştüm. Böyle olunca üzülüyorum onlardan farklıyım diye. (Ahmet)
54) Arkadaşlarım beni çok yalnız bırakmıyorlardı yanıma geliyorlardı, o zamanlar pek bir şey olmuyordu yalnız kalmadığım için ama onlar da oynayamıyorlardı koşamıyorlardı. Bu üzüyordu beni. (Dilara)
55) Tabii katılamadığım zamanlar üzülüyorum keşke bende yapabilseydim diyorum… (Eslem)
56) Maç iptal olmuştu bir kez benim için, ona üzülmüştüm. Böyle olunca üzülüyorum onlardan farklıyım diye. (Ahmet)
57) Arkadaşlarım beni çok yalnız bırakmıyorlardı, yanıma geliyorlardı (…) yalnız kalmıyordum ama onlar da oynayamıyorlardı, koşamıyorlardı. Bu üzüyordu beni. (Dilara)
58) Bazı arkadaşları var onu çok üzüyorlar. Çok etkileniyor. Diyorum ki bakın kızlar ben devreye girmek istemiyorum ama Sena'nın astımı var, sevilmeye, üzülmeye gelmiyor. Bu sefer de şey mi diyorlar acaba şöyle şöylesin biz seni hep idare mi edeceğiz, farklı muamele mi yapacağız. (Sevinç)
59) Var evet (arkadaş). Okul içinden de dışından da. Futbol oynarız, kapalı mekânlara çok girmeyiz. Girsek bile en fazla bir saat- iki saat. Beni bildikleri için yani giremediğim için çok kapalı ortamlara astımdan dolayı. İşte girsek bile en fazla bir saat yarım saat… (Mete)
60) Küçükken çok sıkıntılıydı, beni bıktırdı, sürekli her gün acile gidiyordum. Hep grip yani, hatta bazen doktora götürüyordum ve astım olduğunu söylemiyordum, tüm hastalığı astımdan mı acaba diyordum bu normal midir diye… Veliler özellikle söylüyordu okula getirmeyin bu çocukları diyorlardı. Hiçbir zaman gitmeyecek bu astım, diyordum. Öğretmen sıkıntı çıkarmıyordu ama veliler bilmeyenler kızıyordu. Hakkımıza giriyorsun falan diyordu. (…) Çok yorulduk uykusuz geceler getirdik. (Yıldız)
61) On beş günde bir ateşleniyordu, hep kusuyordu, hep ağlıyordu. Hep kucağımızda doktor doktor yıllarca gezdik. Yazın bile sürekli öksürür. 9 yıldır aşı oluyordu, geçen

sene bıraktık. Çok konuştum hocam (araştırmacıya), ben de çok dolmuşum anlatıyorum her şeyi. (Sevinç)
62) Bizim için çok kötü bir şey. Anne olarak çok zor bir şey. Valla hiç iyi şeyler söylemez (Mete, hastalık hakkında). Doktorlara gitmek çok zor valla çocuğum mahvoldu. (Melek)
63) (…) Bir de dediğim gibi önceden sürekli hastanelerdeydik orada buhar veriliyordu. Sonra makine aldık. Önceden daha yoğundu, daha çok üzülüyordum ama artık alışma oldu daha fazla. (Aylin)
64) 5. Sınıftan beri etkinliklere eskisi gibi katılmıyor. Büyüdükçe kendini çekti. Çok katılmadı projelere vs. en son 18 Mart'ta bir gösteri yaptılar ondan sonra yine katılmadı. Annecim niye katılmadın diyorum, anne canım istemiyor diyor iki senedir. (Sevinç)
65) Kardeşinden sonra çıkar (oyun oynamaya) ama ondan yarım saat önce gelir (eve). (…) Biraz da dediğim gibi rahatsız oluyor öksürüğü tıksırığı artıyor. O zaman başkalarının yanında da fazla öksürmek istemiyor. Sıkılıyor, geliyor. (Emine)
66) Mesela ortaokulda koşu yarışı olurdu. Kendisi söylerdi bana, ben koşamam anne astımım var gitmeyeyim gibi. Okulda da beden dersinde öğretmene söylüyor. (Yıldız)
67) Hani hep böyle erteleme oldu, kuzenleriyle bir yere gidecekler, ben öksürdüm tıkandım gelemeyeceğim oluyor. Ben hasta olmasaydım giderdik anne diyor. (…) Mesela dondurma yesin, çikolata yesin ki çocukların en çok sevdiği şeyler, bir ısırık alıp 'anne daha fazla yemeyeyim' der bırakırdı. Hep kısıtlıyor tabi ki… (Sevinç)
68) Gittiğimiz yerlerde işte çok oynama diyorum çünkü terlememesi gerekiyor. 'Oynasan da terleme' diyorum. Terlerse üstünü falan değiştiriyorum. (…) Genelde dinlendiriyorum (Eğer astım belirtileri varsa). Kendi istemese de yatmasını falan söylüyorum iyileşmesi için. O şekilde. Oyun falan hiçbir şeyi olmuyor yani kendi istese de ben izin vermiyorum. (Aylin)
69) (…) En büyük hayali futbolcu olmak. Ama gönderemiyorum ben yani (astımdan dolayı). (Melek)
70) (…) Arkadaşları dışarı çıkacak mesela arkadaşlarıyla dışarı çıkmak istiyor, anne ben çıkmak istiyorum diyor. Oğlum gidemezsin, diyorum. Bak, burnun akıyor hapşırıyorsun, öksürüyorsun diye sürekli engelliyorum mesela, yavrumu olumsuz etkiliyor (astım). (Melek)
71) Çocuğuma göre kısıtlayıcı bir şey. Çünkü birçok şeyden hani dur yapma, işte koşma gibi şeyler deriz. Ya da koşacaksa arkadaşları koşuyorsa onun koşmaması terlememesi gerekiyor. Terlediği anda hırıltısı başlıyor çünkü. (Dilruba)
72) Bir de ben genelde bu hastalık olduğundan beri anasınıfından beri Eren'i sabahçı yaptım. Çünkü sabahları daha havadar oluyor sınıflar. Bir kere sınıfı öğlenci oldu. Öğretmenlerimiz falan değişti. Ben yine alıp Efe'yi sabahçı yaptım. Sınıfından ayrıldı o zaman. O dönemde kısa süreliğine sınıfından ayrı oldu. Ama arkadaşları öğretmen vs. değişiyor biraz zor oluyor yani. (Emine)
73) Mesela gezmeye gidiyorduk erteliyorduk hep. 'Anneciğim astımın var gidemeyeceğiz.' Mesela hep böyle gezileri erteledim. Okul gezileri oluyordu kızım diyordum astımın var gitme. (…) Bastırıyoruz onu tabi. Çok narin bir çocuk işte hemen ateşleniyordu. O yüzden elimiz hep üzerindeydi. Her yere göndermiyorduk. (Sevinç)
74) Okula bile şu an tam gelemiyor, gelmek istiyor ama biz istemiyoruz. Olan şeyin de farkında bocalıyor o yüzden şu an. Ders mi kendi konforu mu onun arasında kalıyor. (Dilruba)
75) Ben şu an sadece ana derslere geliyorum mesela Matematik Türkçe Fen Bilimleri gibi derslere geliyorum. Görsele, beden dersine falan gelmiyorum. Maskeyi en az

kullanmam için. Çünkü doktorum maskeyi en az kullanıma getirsin dedi. Virüs de olduğu için maske takmamı istiyor annem, biz de en aza getirmek için böyle bir şey yaptık. Gelmiyorum. (Dilara)
76) Futbol oynarız, kapalı mekânlara çok girmeyiz. Girsek bile en fazla bir saat- iki saat.
Beni bildikleri için yani giremediğim için çok kapalı ortamlara astımdan dolayı. (Mete)
77) İlaçlarımı kullanmadığımda zaten çok kötü oluyor, o zaman da hiç dışarı çıkamıyorum, hasta olduğumda evden çıkamıyorum. (Eslem)
78) Günlük hayatta diyelim ki tıkanıyorum böyle mide bulantısı geliyor öksürme geliyor. O anda yaptığım işi yarıda bırakıyorum zorlanıyorum baya. Ders yaparken diyelim birden tıkanırsam zorlanıyorum (devam etmekte). (Simge)
79) Eskiden çok öksürüyordum, nefes falan alamıyordum hatırlıyorum. Bir yere odaklanamıyordum. Mesela kitap okuyacağım diyorum, açıyorum kitabı. Öksür, öksür… Öksür Allah öksür. (Eren)
80) Arada voleybol oynarken de oluyor tıkanıyorum (okulda). Oyunlarda yorulma oluyor (astımımı tetikliyor). (…) O zamanlar yine spor dalıyla ilgileniyordum. Koştuğumda direkt tıkanıyordum. Oyundan çıkıyordum. Kenarda oturuyordum. Başka zamana erteliyordum. (Ahmet)
81) Örneğin mesela beden dersinde koşu oluyor o zaman ben koşamıyorum. (…) Zaten hocanın koşturduğu zamanlarda o zamanlar zaten gerçekten zorlanıyorum. (Eslem)
82) Çok koşmalı oyunlar oynayınca yoruluyorum. Hani demiştim ya nefes nefese kalıyorum çok koştuğum zaman. (Eren)
83) Oynuyorum ama tıkanacağım biliyorum. Kendim istemiyorum o yüzden. Tıkanırım diye tutuyorum kendimi bazen. Hiç oyun oynamadığım olmadı ama genelde ara vererek oynuyorum. (Dilara)
84) Mesela hoca atletizmde diyelim hoca öğrenci seçecek. İyi koşanları. Mesela onlardan daha iyi koşsam bile yolun yarısında tıkanmıştım öyle yarım bırakmıştım. Diğer arkadaşlarım devam etmişti hoca beni kenara aldı devam etmedim. (…) Koşmalı şeyler olduğu zaman ben bir süre koşuyorum. Sonra hocaya söylüyorum böyle böyle bir durum var diye. O da anlayışla karşılıyor. Tıkanınca bırakıyorum bir süre sonra. (Simge)
85) Bir ara arkadaşlarım oynarken ben bankta oturup kitap okuyordum. (…) Bazen ben çok koşamıyorum. (Dilara)
86) Bence hayır (astım fiziksel aktiviteleri etkilemiyor) ama eskiden ilkokulda sanki biraz etkiliyordu, fazla oluyordu. Arkadaşlarımla sık sık top oynayamıyordum. Şu an etkilemiyor. (Ahmet)
87) Mesela beden dersine katılıyor. Diğer gün bir şey yok. İkinci gün mutlaka bir patlak verir yani. Yani o da oynamak istiyor katılmak istiyor. Ama katılınca da hastalanıyor yani. Bir öksürük oluyor boğmaca gibi. Beden dersi dışında bir sorunu yok yani şükür. (...) Terlediği zaman da işte sekizde giriyor bir de çıkıyorlar (okuldan), üstünde kuruyor (sonra hastalanıyor). (Melek)
88) Beden dersindeki aktivitelere katılmamasının sebebi çok fazla terlediğinde terin üzerinde soğuması. Artı beden dışarıda yapılıyor. Cereyanda kaldığında atak geçirmeye başlıyor. (…) Hareket etmesinde değil sorun, çevresel ortamlar. (Dilruba)
89) Oyun ona her zaman öncelikli geldiği için her şeye katılmaya çalışır. Diğer kardeşi öyle değil ama o öyle. (…) Terlememesi gerekiyor (oynadığında terlemesi sorun oluşturuyor). Voleybolda tıkandığı oldu okulda. Sonra ben bunu (voleybola

gitmesini) doktoruna danıştım, doktoru da hiçbir sıkıntı olmaz dedi. O şekilde gönderdim ben. (Aylin)
90) (…) Kendisi söylüyor astımım var diyor (hocalara) katılıyor ama sanırım koşma yakan top tarzı şeylere katılamıyor. Mesela ortaokulda koşu yarışı olurdu. Kendisi söylerdi bana ben koşamam anne astımım var. Öğretmene söyler. Okulda da beden dersinde öğretmene söylüyor. Öğretmen de bu tarz problemleri olanlar katılmasın zaten diyormuş. (Yıldız)
91) Yani nasıl anlatayım bilmiyorum, ben mesela astımla ilgili şunu söyleyebilirim yüzmeye gittikten sonra çok düzeldi. Zaten yüzme beni mutlu ediyordu hem ilk gittiğim zamanlar aşırı zorlanıyordum, ağlıyordum, bırakmak istiyordum ama oradaki hocalarımın sürekli beni ikna ede ede zaten bir süre sonra ben de yüzmeyi sevmeye başladım, alıştım da yani o çok iyi geldi bana. (Eslem)
92) Pandemi başladığından beri, ben voleybola başladığımdan beri ee nadiren nefes darlığı oluyor. (Ahmet)
93) Beden derslerimi etkilemiyor. Zaten ciğerlerim daha çok şey olduğu için doktorlarımız da diyor bu çocuk spora gitmezse daha kötü olacak diyor. Yani ben biraz daha spora yönelmeye çalışıyorum hocam (araştırmacıya). (Mete)
94) Sonra ben bunu doktoruna danıştım, doktoru da hiçbir sıkıntı olmaz dedi. O şekilde gönderdim ben. (…) Daha öncesi daha çok böyle okulda koşturuyordu terliyordu. Ona vuruyordu. Vurduğu zaman üç dört gün rapor alıyordu, dinleniyordu sonra gönderiyordum. Ama bu sene öyle değil dediğim gibi. Sporun etkisi mi bilmiyorum. Hocamız da dedi benim böyle öğrencilerim vardı bu şekilde atlatan dedi. Bilmiyorum. Doktorumuza sordum, çok etkilemez dedi öyle çok terleyip ıslak üstle beklemedikten sonra, kendini çok yormadıktan sonra çok etkilemez dedi. Hatta iyi bile gelebilir demişti doktoru. O şekilde. (Aylin)
95) Futbol oynarız, kapalı mekânlara çok girmeyiz (arkadaşlarımla). Beni bildikleri için yani giremediğim için çok kapalı ortamlara astımdan dolayı. İşte girsek bile en fazla bir saat yarım saat… Hocam daha çok internet kafe gibi yerler Play station gibi yerler; çünkü buralarda çok kişi olduğu için bir de çok elledikleri için (oyuncakları-bilgisayarları) benim de bunlara biraz hassasım, yani böyle girdiğimde tuhaf oluyorum sanki ciğerlerim sıkışıyor gibi oluyorum. (Mete)
96) Mesela alışveriş merkezlerine gidince ben tıkanıyorum ertesi gün hastalanıyorum. (Simge)
97) Mesela biz Alışveriş merkezlerine (Avm) gidemiyoruz. Avm'nin havası hemen Sena'yı boğuyor. Tıkanıyor ertesi gün. Baş ağrısı tutuyor, hastalanıyor ateşleniyor diğer gün… Kapalı havuza gidemedi. (Sevinç)
98) Yani kalabalık oluyorsa (o zaman hastalanıyor). Çok kalabalık bir ortama sokamıyorum. (Melek)
99) Kalabalık olduğu için bir de (etkileniyor). Havasızlık etkiliyor. (Emine)
100) Rüzgâr, cereyan onu etkiler. Hala arabaya bindiğinde cam açılmıyor ki rüzgâr gelmesin. Klima açılır sürekli. Mesela bir yere gidilecek, hava rüzgarlıysa yaz olsa bile herkes kısa kolluyla gezerken o üzerine bir şey giymek zorunda. (Dilruba)
101) Mesela kuştan da vardı köpeğe de vardı (alerjim). Mesela köpeğim vardı benim dedeme vermek zorunda kaldık. Yani gittiğimde en fazla açık alanda bakabiliyorum. Kuşlarımı da başka bir odaya koyduk o odaya hiç girmiyorum. (Mete)
102) Bazen beden dersinden sonra tıkanıyor ya da bazen okulda kedi geziyormuş o zamanlar sıkıyor okulda. (…) Kedili köpekli ortamlara giremiyorduk. (Sevinç)
103) Toz olunca, dışarıda koşunca yorulunca hemen tetikleniyor, tıkanıyor. (Sevinç)
104) Tozlu ortamlarda olmaması gerekiyor (Aylin)

105) Battaniye kullanmayacak, peluş oyuncakları olmayacak dediler. Kullanmıyoruz. (Yıldız)
106) Mesela ortamda peluşlu bir şey varsa, tüylü bir şey varsa, battaniye, polar tarzı (mesela) ya da yün kesinlikle kullanamıyorum. (Melek)
107) Mesela annem zaten yastıkları farklı veremez bana benim bir yastığım var onu verir. Direkt hapşırma, nefes darlığı hepsi başlar. Mesela şöyle halılar da var zararlı hocam. Şunlar değil (kütüphanedeki halıyı gösterip) hocam bunlar tüylü değil ama bir de tüylüler var onlar mesela, misafirliğe gidemiyoruz biz böyle şeyler olunca. (Mete)
108) Kokular, deodorant, yapıştırıcılar, sprey şeklindeki deodorantlardan daha çok rahatsız oluyor ama su gibi olanlardan daha az. Şimdi bebe kolonyası alıyoruz onu kullanıyor ergenlikte çünkü. (Dilruba)
109) Ağır kokular, deterjanlar, parfüm, sigara içilen yerler, dokunur. (…) Dezenfektan ve kolonya furyası oldu bir ara. (…) Bir yerde birisi sigara içerse hemen tıkanıyor. Sigara içilen yerler dokunuyor. (Sevinç)
110) Mesela ben de eşim de sigara içiyoruz ama evde kesinlikle sigara içmeyiz. Dikkat ediyoruz yani. (Aylin)
111) Yoğun kokular artırıyor (okulda). (Simge)
112) Bir ara dezenfektanlar ilk çıktığında arkadaşlarım dezenfektanlarla oynuyorlardı böyle dezenfektan sıkıyorlardı. Oynuyorlardı, bazen o kadar sıkıyorlardı ki dayanamıyordum yani ağır geliyordu, tıkıyordu şuramı, nefes alamıyordum. (…) Okulda bazen çok ağır çamaşır suyu kullanıyorlar. (Dilara)
113) (…) Görsel derslerde vs. yapıştırıcı uhudur, balidir boya kokusu onlar kötü yapıyor. Dezenfektanların çok kullanımı olmuştu. O dönem rahatsız olmuştu. (Dilruba)
114) (…) Okulda camları açmıyorlardı. 30-35 çocukla sınıf aşırı havasız, basık. Bir gün bir arkadaşları altına kaçırmış ve bir şey yapamamışlar. Dezenfektan ve kolonya furyası oldu bir ara. (Sevinç)
115) Parfümü çok sıkıyorlar bazen sınıfta da… Kolonyayı da dezenfektanı da hepsini… Bu da beni tetikliyor. (Mete)
116) Bir de çok fazla koku midemi bulandırıyor (okulda). Çok kötü kokular. (Eren)
117) Bir arkadaşımda da var astım. Geçen sene bir olay oldu. Baya bir parfüm sıkılmıştı. Birlikte tıkanmıştık. Ben o kadar tıkanmamıştım ama o çok tıkanmıştı. (Ahmet)
118) Aşırı çok yoğun toz olursa… Astımı olanlar toza falan hiç dayanamıyorlar yani. Hiç yoğun toz olmaması gerekiyor sınıflarda. (Dilara)
119) Çok toz oluyor işte herkes koşuşturuyor falan ya, o toz olduğu için sıkıntı yaşıyorum. Bir de sürekli camları açamıyoruz hani kapalı ya o yüzden ondan bir sıkıntı oluyor. (Eslem)
120) Fazla toz olduğu zaman öksürüyorum, tıksırıyorum. Okulda çok fazla toz oluyor. (Eren) 121) Toz olunca -Eren bazen arkadaşlarının sınıfta çok koştuğunu söylerdi- sınıfta çok toz var. Toz olduğunda bazen sınıfta çok koştuklarını diyordu hani çok sınıfta toz oluyor işte, rahatsız oluyorum diyordu, toz etkiliyor. (Emine)
122) (…) ilkokulda nöbetçi öğrenci olurdu sınıfı ona derlerdi mesela ben Eslem'e söylerdim öğretmene alerjin olduğunu (söyle) sana süpürttürmesinler derdim, o söylerdi. (Yıldız)
123) Bir ara sınavlara kütüphanede falan giriyordum özellikle maskemi açabileyim diye onu hatırlıyorum pandeminin ilk zamanları. (…) Ben şu an sadece ana derslere geliyorum mesela matematik Türkçe fen gibi derslere geliyorum. Görsele bedene

falan gelmiyorum. Maskeyi en az kullanmam için. Çünkü doktorum maskeyi en az kullanıma getirsin dedi. (Dilara)
124) Farklı bir şey yaşamadım ama maske zorladı hocam. İki maske takmıştım. Sonra zorlandığımı anneme söyledim. Annem göndermedi zaten sonra beni. (Mete)
125) Oturma yerini cam kenarı ile değiştirmek istedi. Maske çok etkiledi çocuğumu. Öğretmeni sağ olsun değiştirdi hemen. (Aylin)
126) Bazen tıkanınca da derste hem başı tutuyor hem de nefessiz kalıyor. Bu sefer doğruyu silip yanlışı yapıyor sınavlarda. Dikkatine de çok etki yapıyor. Ben bile yarım saat tutamıyorum maskeyi mesela, o beş altı saat maske takıyor bu da onu kötü etkiledi. (Sevinç)
127) Polenlere çok dikkat edilmesi gerekiyor bazen polenlerden çok etkilenebiliyoruz. (Dilara)
128) Hocam gezide mesela şey… Daha doğal yerlere gidiyorlarsa polen dönemiyse gidemiyorum. İlkokulda bir piknik gezimiz vardı o zaman gidemedim ben. Yani şu an, haziranda polen zamanı... Büyük ihtimal ona da gidemeyeceğim… (Mete)
129) Yoğun kokular artırıyor. Stres artırıyor. Astımdan kaynaklı mı bilmiyorum ama stres oluyorum. (Simge)
130) Heyecanlanınca arada sırada oluyor. (Ahmet)
131) Ya hocam astımı var yapamıyor işte bedende koşamıyor demişler hoca da ‘aa niye söylemiyorsun’ demiş tamam deyip anlayışla karşılamıştı. Geçen hafta da müzik dersinde İstiklal Marşı’nda inişleri çıkışları ayarlayamamış biraz, bir arkadaşı demiş ‘hocam astımı var nefesini ayarlayamıyor.’ Bu alanlarda zorlanıyor yani. (Sevinç)
132) (…) İlkokulda özellikle çok oluyordu (o koşamaz diyorlardı), herkes koşuyor oyunlar oynuyor sen oynayamıyorsun. Kötü hissediyordum. (Dilara)
133) Öksürünce falan arkadaşları tarafından da dışlandığı oldu. İşte sen öksürüyorsun, hastasın diyorlardı. (Sevinç)
134) Mesela bir yere girdiğinde öksürüyorsun, böyle şey oluyor (belirtiler gösterince) insanlar sana çok bakıyor. (Mete)
135) Öksürüğü geldiğinde kendini sıktığını, zorlandığını, dayanamayıp öksürdüğünü falan söylüyor. Arkadaşlarım rahatsız olur, dikkati dağılır, biri bir laf (kötü) eder diye düşünüyor bazen. Detaycı bir çocuk. (Emine)
136) Ben ne kadar tembih etsem de evden çıkarken bak annecim şöyle yap böyle yap... Bak oğlum yanına yedek atlet al değiştir (desem) yok anne, olmaz anne… Valla arkadaşları mı bir şey diyorlar yanlış mı anlıyorlar, bilemiyorum. (Melek)
137) Çok öksürünce (arkadaşlarımın) yanlarında öksürmem falan hastaymışsın gibi… Ben zaten çok yanlarında durmuyorum öyle olunca da. Öyle oluyor işte. Yanlarında tıkandığımda ilacımı çıkarıyorum mesela o ne falan diyorlar. (Simge)
138) Bu zaten kendini hastalıklı gibi görüyor öksürüyor sürekli mesela. Araya da böyle hastalık girdi bir de. Şimdi bu çocuklar daha hassas oluyorlar genelde. Öğretmen tahtaya falan kaldırınca daha hassas oluyorlar. Heyecandan tıkanıyor, üzülmeye sevinmeye gelmiyor. O şekilde belki numaralarının yanında kırmızı bir işaret olsa öğretmenler için. (Sevinç)
139) Arkadaşlarım çantamda ilaçlarımı görürse büyük tepkiler veriyorlar. Bu ne diyorlar. Şaşırıyorlar. Tuhaf karşılıyorlar. (…) Öksürmem geliyor mesela, arkadaşlarımı rahatsız etmemek için öksürmüyorum, sıkışıyorum. (Simge)
140) (…) Engel olarak görüyor kendisine. Çünkü birçok şeyi engellendi o yüzden. (…) Kızıyor sinirleniyor o yüzden. Yapmak istediği şeyi yapamadığında sinirleniyor baya. Hastalık yüzünden kısıtlanınca niye ben diyor, herkes yapıyor ben yapamıyorum niye diyor. (Dilruba)

141) Hocam okulda olduğunda (belirtiler) sanki kendimi diğer arkadaşlarımdan biraz ayrı hissediyorum. Onların nefes sıkışıklığı olmuyor. Mesela bir şey yaptığında onlar nefeslerinde hiçbir şey olmuyor. Ben mesela istediğim bir şeyi yaptığımda mesela parfüm sıkmak gibi, yani onlar istediği gibi sıkabilir bir şey olmuyor ama ben sıktığımda hemen nefes darlığım başlar hapşırırım. Yani onlardan ayrı hissediyorum kendimi. Sanki onlar benden bir tık önde gibi. (Mete)
142) Maç iptal olmuştu bir kez benim için, ona üzülmüştüm. Böyle olunca üzülüyorum onlardan farklıyım diye. Sadece bende var diyorum (astım) onlarda yok diyorum. (Ahmet)
143) Arkadaşlarım çantamda ilaçlarımı gördüklerinde aşırı tepki gösteriyorlar. Bana soruyorlar, bunlar ne diye. Şaşırıyorlar. Garip buluyorlar (…) Öksürüyorum mesela, nefesim daralıyor, arkadaşlarımı rahatsız etmemek için öksürmüyorum. (Eslem)
144) Hepsi, zaten gezdiğim yani dolaştığım arkadaşlarım, hepsi anlayışlı kişiler hiç öyle bir sıkıntı yaşamadım. (…) Arkadaşlarım oluyor ben kötü olurum diyorum işte hocalara haber verir misiniz diyorum kendim şey yapamayacaksam o da genelde zaten yaşamadığım bir problem. (Eslem)
145) Arkadaşlarım beni çok yalnız bırakmıyorlardı yanıma geliyorlardı. Konuşup anlatıyorum (astımı). Anlayışla karşılıyorlar. Sınıfta herkes biliyor benim astım olduğumu. Ona göre davranıyorlar. İlk ilaç çıkardığımda görmüşlerdi beni. Neyin var, niye ilaç kullanıyorsun diye sormuşlardı. Astımım var bu yüzden ilaç kullanıyorum çok fazla şey yapamıyorum diye anlatmıştım. (Dilara)
146) Hocam arkadaşlarım direkt anlarlar zaten. Yanıma gelirler yani. Onlar direkt yardımda bulunur bana. (…) Hocam zaten arkadaşlarım beni özlediğini hemen belli ediyor ben de hemen mutlu oluyorum hocam. Oo hoş geldin falan diyorlar hemen alkışlıyorlar. Ben de arkadaşlarımın beni çok sevdiğini düşünüyorum hemen mutlu oluyorum. Zaten beni çok seviyorlar. (Mete)
147) Biliyorlardır arkadaşları, tıkandığı gidemediği zaman biliyorlar (neden okula gidemediğini). Ben hastalandım yine diyor. Gidemediği zamanlarda Mete geçmiş olsun ne oldu yazıyorlar. (Melek)
148) Astım olduğunu söylüyor anlatıyor yani dershanedeki arkadaşları falan da biliyorlar mesela. Yaş büyüdükçe arkadaş desteği artıyor. (Dilruba)
149) Çok samimi arkadaşları da var. Anasınıfından beri yan yanalar. Çok iyi tanıyorlar Simge'yi. Destek oluyor onlar. Hocaya hemen söylüyorlar hocam onun hastalığı var diye. (Sevinç)
150) (…) Bir arkadaşımda da var (astım). Geçen sene bir olay oldu. Baya bir parfüm sıkılmıştı. Birlikte tıkanmıştık. Ben o kadar tıkanmamıştım ama o çok tıkanmıştı yani tek olmadığımı hissetmiştim. (Ahmet)
151) Arkadaşlarım oluyor ben kötü olurum diyorum işte hocalara haber verir misiniz diyorum kendim şey yapamayacaksam o da genelde zaten yaşamadığım bir problem. (Eslem)
152) Aslında hastalığından dolayı değil de normalde de arkadaş çok seçiyor herkesle arkadaşlık yapmıyor o yüzden yani hastalığından dolayı bir arkadaş seçimi bir sıkıntı yaşamadım hocam. (…) Konuşuyoruz zaten sıra arkadaşıyla arası iyi, o biliyor zaten astım olduğunu, zaten sürekli ilaç kullandığı için biliyorlar, bir sıkıntı yaşamıyor. (Yıldız)
153) Devamsızlık yapıyorum, okulda da tutuyor bazen. İkisi de birbirini etkiliyor. Mesela ben geçen hafta gidemedim. Ödevlerimi de söylemediler. (…) Bir de pandeminin ilk zamanlarında çok fazla kolonya falan sıkıyorlardı. Sıkmayın diyordum ama işte onlar da kendi şeylerini düşünüyorlar. (Simge)

154) Bir anda çok panik yapıyorlar, aşırı. Elleri ayakları titriyor, neden böyle oldu bu ilaç nasıl, iyi misin, nasılsın diye soranlar oluyor. Eğer çok tıkandıysam daha çok panik yapıyorum. Üstüme üstüme geliyormuş gibi oluyor. Anlamıyorlar. Bu da beni rahatsız ediyor. Çok tepki veriyorlar böyle çok farklıymış olmaması gereken bir şeymiş gibi. (Dilara)
155) Kötüyken keyifsiz oluyor. Anne beni anlamıyorlar diyor. Nargile kafeye gitmek istiyorlar ben gitmek istemiyorum diyor. Astımım olduğunu anlayamıyorlar diyor. (Sevinç)
156) Öğretmenlerinin hepsi öğrendi. Yardımcı oluyorlar. Geçen yıl tıkanmıştı sınıfta, hemen su vermişler. Hadi dersten çık hava al demişler. Bana şöyle anlattı anne nefesim tıkandı, ilacımı aldım. Su verdiler. Sonra geçti dedi. (Sevinç)
157) Deodorant falan da sıkılmış bir kere (sınıfta). Öğretmeni de ilgilendi. Toplantıda da gündeme geldi böyle şeyler sıkılmamalı diye. Toplantıda dedi öğretmen, okula parfüm deodorant getirmeyin, dedi. İlgilendi yani. (Aylin)
158) Zaten okulda yedi sekiz saat maske takmışım, üç dört saat de dershanede takıyorum ama öğretmenler sadece benim maskemi çıkarmama izin veriyorlar. Astım olduğum için. (Dilara)
159) Ben sınıf öğretmeniyle konuşmuştum. Yerini ona göre ayarlamıştı. Söyleyince zaten hocalar ilgileniyor. (Dilruba)
160) Okulda yardım aldığım kişiler daha çok tıkandığım için ilk gördüğüm öğretmenler oluyor. Dersime girmese de. (Dilara)
161) Zaten öğretmenler yardımcı oluyor (astım artarsa). Arkadaşlarım da yardımcı olmaya çalışır sonra öğretmenime giderim. (Simge)
162) Beden derslerinde bu durumu öğretmenime söylerim astımım diye. (Eslem)
163) Yanımda kim varsa ondan yardım alıyorum. (…) (Genellikle) hocalarıma anlatırım. (Eren)
164) Astımı da Saffet hanıma sınıf öğretmenimize söyledim. Böyle bir durumumuz var dedim. Bir şey olursa haberiniz olsun dedim. Başka bir çalışma olmadı ilk kez sizle görüşüyoruz. (Aylin)
165) Sınıfta herhangi bir düzenleme olmadı. Sizden başka kimse benimle konuşmadı (araştırmacı). Okulda kimseye danışmadık biz. Sınıf öğretmenine sadece kontrole gittiğimizde söylüyorum. Hastaneye götürdüğümde mutlaka hocasına mesaj atıp bilgi veririm.
166) Hayır (psikolojik danışman/psikolojik danışman/rehber öğretmenle konuşmadım) sadece böyle hocalar sorduğunda söylemiştim özel olarak yani bir ihtiyaç olarak söylemedim. (Eslem)
167) Sadece öğretmenler bilir mesela. (Melek)
168) Arkadaşım çok korkmuştu, öğretmenler panik olmuştu. Ortam çok kötü olmuştu ona üzüldüm çok. Onlar panik oldu. Öğretmene de çok panik anlatıyorlar, abartılı anlatıyorlar. Okulda bir panik havası oluşturuyorlar bazı arkadaşlarım. (Dilara)
169) Bazı arkadaşlarım tıkandığımda çok panik yapıyor ya da ilaç alırken bu ne diyor çok büyük bir şeymiş gibi davranıyor, sorular soruyorlar. (Eslem)
170) İşte tıkandığı oldu sınıfta. Öğretmene söylemiş. Öğretmen de ilk kez böyle bir durum yaşıyorum dedi, panik olmuşlar. Matematik öğretmeniydi sınıf öğretmeni değildi. (Aylin)
171) Arkadaşlarıma da bilgiler verilmeli çünkü bilmiyorlar bazıları ne olduğunu. Söyleyince şaşırıyorlar. (…) Yanlarında tıkandığımda ilacımı çıkarıyorum mesela o ne falan diyorlar. (Simge)

172) Rapor almamaya gayret ediyoruz. Dediğim gibi ilkokulda çok sık oluyordu. Burada çok sık olmadı belki bir iki kere rapor almışımdır. Yani o da iki üç gün… (Aylin)
173) Devamsızlığımı çok etkilemiyor. 5.sınıfta ekimdi galiba randevuma gitmiştim o zaman devamsızlık yapmıştım. İki üç gün… (Ahmet)
174) Devamsızlığımı etkiliyordu tabi çünkü hasta olduğumda evden çıkamıyordum, okula geldiğimde kötü oluyorum. Bu sefer ağrı yapıyor, başım ağrıyor falan devamsızlığımı çok etkiliyordu, şu anda bir şey etkilemiyor. Şu anda bir şey etkilemiyor (devamsızlık). (Eslem)
175) Devamsızlık yapmamaya gayret ediyorduk ama yine götürüyordum doktora, o gün tabi kayıp oluyordu. Eğer çok kötüyse doktora götürüyorum. Çok kötü değilse götürmüyorum rapor da almıyorum. Evde dinleniyor. (Emine)
176) Tabi ki (etkiliyor) atak dönemlerinde hani burada çok fazla yaşamadık ama. 1.5 yılımız pandemi döneminde evde geçti. Ama bu dönem bile beş buçuk gün devamsızlığı var. O bile atak geçirdiği dönemlere ait. Devamsızlığı artırıyor çünkü atak geçirince tamamen normale dönmesi 10-15 gününü alıyor. (Dilruba)
177) Çok etkiliyor (devamsızlık). Derslerinden geri kalmasına neden oluyor. Bugün mesela çok rahatsızlandı, akşam çok rahatsızlandı. Bugün tekrar doktora götürdüm. (Melek)
178) Simge çok fazla devamsızlık yapıyor astımdan dolayı. En son üç kez atak geçirmişti, her seferinde 10 gün kadar tıkanıyor. (Sevinç)
179) Hocam devamsızlığımı ve derslerimi çok etkiliyor. Mesela bir şey olduğu zaman yani bir şey yapmadan bile benim alerjim tutabiliyor. Bu durumlarda direkt rapor almak zorundayız hocam çünkü okula gelirsem daha kötü olacak. (Mete)
180) Devamsızlık genelde olmuyor ama raporlu olduğum günler devamsızlık sayılıyor mu? Mesela raporluysam birkaç gün okula gidemiyorum. Yani etkiliyor işte. (Eren)
181) Okula gideceğim gün mesela tıkalıysam o gün gidemiyorum okula. Okulda da devam ederse kötü olur o yüzden gitmiyorum. Mesela geçen haftalarda bunun yüzünden gitmedim birkaç gün. (Simge)
182) Evet ben şu an sadece ana derslere geliyorum mesela Matematik, Türkçe, Fen Bilgisi gibi derslere geliyorum. Görsele bedene falan gelmiyorum. Maskeyi en az kullanmam için. (Dilara)
183) Mesela geçen haftalarda bunun yüzünden gitmedim birkaç gün. Gitsem yani derste de öksürük tutarsa hem dersi dinleyemem hem arkadaşlarım da rahatsız olurlar. (Simge)
184) Pandeminin ilk başlarında ilk maske kullanımını Simge başlatmıştı mesela. Ama takınca da dediler sen niye hemen maske takmaya başladın. Öksürükler başlamıştı sena böyle ayda bir tıkanıyor. Bu sefer de burnunu çekiyordu falan. O yüzden tuhaf karşılarlar diye çekinip kötü olduğunda gitmedi. (Sevinç)
185) İşte böyle geri kalınca kıvranıyor, mesela matematikte bu hafta çok zorlandı. Devamsızlık yapmıştı, gitmediği için konuları görmedi. Baya bir zorlandı. Geri kaldığı zaman hem stres yapıyor hem üzülüyor mesela. Pandemide mesela bir yere gitmedik etmedik hep evdeydik. Dile getiriyordu bunu anne bak evdeyim devamsızlık yok iyi oldu benim için böyle diyordu. (Sevinç)
186) Gidemediğinde üzülüyor işte. (Melek)
187) Okuldan geri kalınca derslerden de geri kalacağını düşünüyor. Bunu da evde telafi ediyor işte. Çok endişeleniyor. (…) Engel olarak görüyor kendisine (astımı). Çünkü birçok şeyi engellendi o yüzden. Okula bile şu an tam gelemiyor, gelmek

istiyor ama biz istemiyoruz. Olan şeyin de farkında bocalıyor o yüzden şu an. Ders mi kendi konforu mu onun arasında kalıyor. (Dilruba)
188) Düşük alacağını, öğretmenlerin derslere girmediği için ona şey bakacağını, dersime niye gelmiyor diyeceğimi düşünüyor. Küçümsediğimi düşünecekler diyor. Not takıntımız var. (Dilruba)
189) Öyle hocam (araştırmacı) eksik hissediyorum. Hocam mesela devamsızlık yapınca, arkadaşlarımla eğleniyorum hocam mesela o konuda eksik kalıyorum. (Mete)
190) Mesela matematikte bu hafta çok zorlandı. Devamsızlık yapmıştı, gitmediği için konuları görmedi. Baya bir zorlandı. (…) Beden dersinde etkiledi, müzik dersinde etkiledi. Diyor ki 'anne LGS'yi (liselere giriş sınavı) etkileyecek.' 95 olduğu için... LGS'yi etkiler diyor (5 puan düşük olduğu için). Astımı olduğu için gidemiyor, dersi de göremiyor. E gidemeyince notunu da etkiliyor. Bu sefer dersi düşüyor. (Sevinç)
191) Astımım tuttuğunda ders çalışamadığım zamanlar oluyor. Hani sınavdayken falan da olunca performansımı düşürüyor tabi. Devamsızlık yapıyorum, okulda da tutuyor bazen. İkisi de birbirini etkiliyor. Mesela ben geçen hafta gidemedim. Ödevlerimi de söylemediler. Aslında evde video falan izlesem kitap da okusam okulda öğretmenin anlattığı gibi olmuyor. (Simge)
192) Matematik dışındaki günlerde devamsızlık (derslerimi) etkiliyor. Matematikte ben hocadan çok öndeyim birkaç konu. O yüzden olmasam bile sorun olmuyor… Devamsızlık yapınca anca benim olduğum yere geliyorlar. Diğerlerinde önde gitme gibi bir şansım olmadığı için evet biraz zorlanıyorum. (Eren)
193) Nasıl etkiliyor… Mesela İngilizcede, Matematikte, Türkçede, Sosyal Bilgilerde sorun yok çok şükür. Mesela bir gün gitmesin, geriye atıyor. Uzak kaldığı için. Devamsızlıktan dolayı… Derslerinden geri kalmasına neden oluyor. (Melek)
194) Hocam (araştırmacı) yani bir konudan eksik kalıyorum sanki. Her şey eksik gibi. O konuyu mesela arkadaşlarımdan öğrenmeye çalışıyorum ya da internetten. Öyle hocam eksik hissediyorum. Derslerimden çok eksik kalıyorum. Bir konuya geçtilerse düşünüyorum bu konuya mı geçti bu konuya mı geçti düşünüyorum. Acaba nasıl anlattı diye. Bunları toparlamak için annem bana bir test kitabı aldı. Ya da videolar, internetten açıyorum X uygulamasını biliyorsunuzdur, ondan açıyorum. Anladığım kadar defterime geçirmeye çalışıyorum, çözmeye çalışıyorum. Böyle hocam. (Mete)
195) (…) Olmaz çok şükür (Derslerini etkilemez). Derslerini seviyor ve çok çalışıyor. Şimdilik fena değil. (Emine)
196) Hayır performansımı çok etkilemiyor. Ben kendim çalışıyorum evde. (Dilara)
197) Yok hiçbir şekilde başarımı etkilemedi yani. Derslerime çalışıyorum. Video izlerim. Bitki çayları yapıp iyi olmaya çalışırım. Kendim telafi ederim. Devamsızlık okul başarımı etkilemez. (Eslem)
198) Yeni bir konu varsa video izliyorum çalışıyorum. Telafi etmek için… (Ahmet)
199) Çok etkilemedi çünkü evde zaten telafi ediyor. Buradan çıkınca gidip yatayım televizyon izleyeyim demiyor. Evde testlerini yapıyor. Zaten destek de alıyor dışarıdan, onların da programı var, onları yetiştirmeye çalışıyor. İlkokuldan beri test kitapları var, konu kitaplarından kendi çalışıp testlerine geçiyor. Arkadaşlarından notlarını alır toparlardı. (Dilruba)
200) İşlenen konuları merak ediyorum ve verilen ödevleri merak ediyorum, o kadar. Her zaman gidip geldiğim için alıştım zaten. İşlenen konular varsa sınıf grubu var. Ödevleri atar mısınız derim. Okula geldiğimde de öğretmene söylerim ben bu konuyu görmedim hastaneye gitmiştim tekrar anlatır mısınız hocam derim. Bir daha anlatır (hoca). (Eren)

201) Dersleri nasıl etkiliyordu, dersleri evde bir şekilde telafi ediyorduk hani. Kendini iyi hissettiği zamanlarda gördürüyordum. Ben anlatıyordum, anlamazsa öğretmenine sor diyordum. Bu konuda çok şeyi yok yani geri kalma çok etkilemedi yani onu. Üstüne düştüğüm için ben. Düşünüyorum hani geri kalmasın diyordum, dediğim gibi evde ben elimden geldiği kadar yardımcı oluyordum. Ödevlerine ya da anlamadığı konuya… Geri kalanını da öğretmenine tekrardan soruyordu. Zaten ilkokuldaki öğretmenimiz de çok anlayışlı ve çok iyiydi. Hani arayıp bile direkt Whatsapp'tan anlatabilirim, arayıp konuşabiliriz diyordu, o şekildi yani. Anlamadığı yerleri de sorabiliyordu. (Aylin)
202) Eslem çok efor sarf eder. Geri kalmamak için çok uğraşır. Kendi çalışır. Dershaneye de gidiyor zaten. Çok sorun yaşamıyor evde. Evde duruyor bitki çayları falan yapıyoruz evde ders çalışıyor alerji tabletini kullanıyor. (Yıldız)
203) Daha çok çalışıyor (devamsızlık yapınca). Mesela geri kalmış, evde tekrar ediyor, tamamlamaya çalışıyor. Çok geri kalmamaya çalışıyor. Biz de elimizden geldiği kadar desteklemeye çalışıyoruz. (Melek)
204) Arkadaşlarından alıyor. Geçiriyor hemen defterine. Soruyor arkadaşlarına, şuraya geçtik diyorlar. Hemen oraya kadar çalışıyor. Dershanede de anlamadığı yerleri soruyor. Tamamlıyor kendisi. (Sevinç)
205) Derslerimden çok eksik kalıyorum. Bir konuya geçtilerse düşünüyorum bu konuya mı geçti bu konuya mı geçti düşünüyorum. Acaba nasıl anlattı diye. Bunları toparlamak için (göremediği dersleri) annem bana bir test kitabı aldı. Ya da videolar, internetten açıyorum X Akademiyi (internet sitesi) biliyorsunuzdur, ondan açıyorum. Anladığım kadar defterime geçirmeye çalışıyorum, çözmeye çalışıyorum. Böyle hocam. (Mete)
206) (…) Dikkatten dolayı derslere katılımını da etkiliyor işte. Dikkatini etkiliyor bence, mesela deftere yazmayı yetiştiremiyor ya da işte soruları hemen yapıp götüremiyor. (…) Geçen doktorumuz Amerika'daki bir doktorun yazısını paylaşmış. Kullandığımız Singulaire ilacının beyne ciddi hasar verdiğini ve bunun kanıtlandığını, duyurulacağını söylemiş doktor. Mental olarak bence zarar verdi ilaçlar çocuğuma. (Sevinç)
207) Bazen çok öksürük durumlarında sıkılıyordu, kasılıyordu. Konsantre olamıyordu çok öksürüyorum diye. O açıdan zorlanıyordu. (Emine)
208) Sadece tıkandığım zamanlarda (derse katılımı etkiliyor). (Dilara)
209) Eskiden çok öksürüyordum, nefes falan alamıyordum hatırlıyorum. Bir yere odaklanamıyordum. Mesela kitap okuyacağım diyorum, açıyorum kitabı. Öksür, öksür…(Eren)
210) Astımım tuttuğunda ders çalışamadığım zamanlar oluyor. Hani sınavdayken falan da olunca performansımı düşürüyor tabi. Devamsızlık yapıyorum, okulda da tutuyor bazen. İkisi de birbirini etkiliyor. (…) Gitsem (okula) yani derste de öksürük tutarsa hem dersi dinleyemem hem arkadaşlarım da rahatsız olurlar. (Simge)
211) Çünkü kendini çekiyor bazen. (Arkadaşları) sürekli diyorlar niye gelmedin. İşte hastaydım demiyor. Çekiniyor. (Sevinç)
212) Kötü hissettiğinde kimseye söylemez, kendini koruyamaz öyle söyleyeyim. Sessiz kalır ama geldiği zaman bana söyler. Ben de öğretmene söylerim. (Melek)
213) Çok zor durumda kaldığında yardım istiyor ama yine de tereddüt ediyor bu yüzden hemen söyleyemiyor. (Sevinç)
214) Öksürüğü geldiğinde kendini sıktığını, zorlandığını, dayanamayıp öksürdüğünü falan söylüyor. Arkadaşlarım rahatsız olur, dikkati dağılır, biri bir laf (kötü) eder diye düşünüyor bazen. Detaycı bir çocuk (…) İyice çığırından çıkarsa aratır beni. Onun

için görev kutsaldır. Eğer bu dersteysem sonuna kadar yapmalıyım der, aşırı kuralcı. (Emine)
215) Bilinmez bence (astım olduğum). Hiç yansıtmıyorum. Söylemek istemiyorum çünkü söyleyince de… Söylemek istemiyorum işte. Ya genelde konusu da açılmıyor, açmak da istemiyorum. Başka konuşulacak konular da var yani sıkıcı geliyor bu bana. (…) Kötü olduğum zamanlarda bir yere saklanıyorum, dinleniyorum. İyi olunca çıkıyorum. (Eren)
216) Sıklıkla almıyorum (yardım) çok tıkanırsam alıyorum. (…) Çok söylemiyorum. Onların astımı yok. Utanıyorum sanırım. Onların yok benim var. (Ahmet)
217) Öksürmem geliyor mesela, arkadaşlarımı rahatsız etmemek için öksürmüyorum sıkışıyorum. Yani bu benim şahsi düşüncem. Öksürünce kesin onları rahatsız ederim. Biraz kötü aslında. Belki de öyle düşünmüyorlardır. Bilmiyorum. (…) Önemli bir durum varsa söylerim arkadaşlarıma. Mesela ilacımı unuttum. O zaman söyleyebilirim. Günlük hayatta çok fazla lafı geçmiyor bunun yani. Söylemiyorum. (Simge)
218) Bence hastalıkla ilgili sorumluluk kabul etmiyor. Kaçmak istiyor. Biraz vurdumduymaz diyeyim. (Aylin)
219) Okulda kötü olursa son noktaya kadar aramaz beni, kimseye söylemez. (Emine)
220) Böyle zamanlarda sakin kalmaya çalışıyorum. (…) Gidip hocalara da söylesem bir şey değişmeyecek çünkü bunun (astım hastalığı) hakkında bir bilgileri yok. (Mete)
221) Öksürük de dediğim gibi başka hastalıklardan oluyor (grip-üşütme). (Eren)
222) Kötü olduğumda bir yere saklanıyorum. Dinleniyorum.
223) (…) Belli dönemler düzeldi derken bir atak geçirince yine üzülüyorsun kötü oluyor. Tam düzeldi derken umutlanırken en başa dönmek çok kötü oluyor. (Dilruba)
224) Bak oğlum ne çocuklar var diyorum, seninki geçici bir şey diyorum. Bu bitecek bu böyle sürmeyecek diyorum. (…) İşte düzenli muayeneleri kontrolleri, bakalım inşallah bitecek. Ben hep diyorum bu bitecek. Her zaman böyle kalmayacak diyorum ona. O hiç bitmeyecek sanıyor. Bıkıyor. (Emine)
225) Yani o zamanlar (iki sene önce) nefesi tıkanıyordu burnu tıkanıyordu. Sanırım Eren kendi kendine şeyi düşünüyordu çok hareket etmemem gerekiyor diye düşünüyordu ve kendini geri çekiyordu. Dışarı çıkmıyordu. Kardeşi zaman zaman çıkıyordu Eren çıkmıyordu. Oyunlardan kendini kısıtlıyordu ben anlıyordum, daha çok evde vakit geçiriyordu. Bence koşarken yoruluyor ve sonra oynamak istemiyor. (Efor sarf etmek istemiyor). (Emine)
226) Kendi de kısıtlıyordu mesela okul gezisi var ‘anne ben gitmeyeyim’ diyordu. (…) Biliyor kendini dokunuyor Avm’ler. Tatilde gitti mesela X kafesine. Soğuk bir şey içmişler diğer gün mahvoldu mesela anne dedi keşke o soğuk şeyi içmeseydim. Kendini suçlu hissediyor mesela. (…) Mesela dondurma yesin, çikolata yesin ki çocukların en çok sevdiği şeyler, bir ısırık alıp ‘anne daha fazla yemeyeyim’ der bırakırdı. (Sevinç)
227) (…) Kendisi söylerdi bana ben koşamam anne astımım var. Öğretmene söyler. Okulda da beden dersinde öğretmene söylüyor. (Yıldız)
228) Mesela beden derslerinde çok fazla koşmaması terlememesi gerekiyor. (…) Sonrasında çok sıkıntı çekeceğini bildiği için sanırım o yüzden korkuyor, kısıtlıyor kendini. Sohbet ediyor (arkadaşlarıyla) çok şey yapmıyor gibi görünüyor ama zaman zaman üzülüyor tabi. Sonrasında çok sıkıntı çekeceğini bildiği için sanırım o yüzden korkuyor, kısıtlıyor kendini arkadaşlarıyla oynamaktan. (Dilruba)
229) Oynuyorum ama tıkanacağım biliyorum. Kendim istemiyorum o yüzden. Tıkanırım diye tutuyorum kendimi bazen. Ki arkadaşlarım bile tıkanıyor. (Dilara)

230) Oyun oynarken tıkanıyorum. O yüzden oynamıyorum pek. Sevmiyorum oyun oynamayı. (Simge)
231) Bir aktiviteye gideceklerse o benim astımımı etkileyecekse gitmem. O da kötü etkiler. Mesela alışveriş merkezlerine gidince ben tıkanıyorum ertesi gün hastalanıyorum. O yüzden gideceklerse ben gidemem. (Simge)
232) Yani bir kere futbola katılacaktım ama istemedim. 5. Sınıf yeni başlamıştı daha voleybol hiç yoktu sadece haber vermişlerdi. Futbola gidecektim. Bir kez oynadım. Aşırı tıkanma oldu bende. Iıı o kadar. Okul takımıydı. Sonra ben çıktım. Yusuf hoca dedi ki çok kötüysen voleybola başlarsın dedi. (Ahmet)
233) Oturuyorum. Bir sıraya oturuyorum. Onlar geliyor. Onlarla konuşuyorum iyi misin falan diye soruyorlar. Düzelince zaten devam ediyoruz yaptıklarımıza. (…) Tıkanınca normal hissediyorum. Alıştım ya. (Dilara)
234) Genelde sakin düşünürüm böyle bir kendimi sakinleştirmeye çalışıyorum burnumdan alıp ağzımdan veriyorum. Olabildiğince böyle panik yapmıyorum çünkü heyecanlanınca daha çok böyle nefes alıp verişim hızlanıyor o zaman daha da kötü oluyorum o yüzden elimden geldiğince sakinleşiyorum böyle çevremdeki şeyleri azaltıyorum... (Eslem)
235) Su içiyorum. Dinleniyorum. Yakınımda ilaç varsa (İnhaler) sıkarım, yoksa hocadan izin alıp tuvalete giderim. (Simge)
236) Kendimi kötü hissetmiyorum yani sonuçta o ilacı almam gerekiyor yani iyi hissediyorum. (…) Arkadaşlarımla genelde dışarı çıkar yürürüz konuşuruz. Hava kötüyse içeride konuşuruz yani daha çok sohbet ederiz biz. Bazen ben çok koşamıyorum. Koşulacak oyunları sevmiyoruz. Oyun oynayacaksak koşulacak oyunlar sevmiyoruz daha çok topla oynanan oyunlar seviyoruz. (Dilara)
237) Tabii katılamadığım zamanlar üzülüyorum keşke bende yapabilseydim diyorum ama yani şimdi bir süre sonra düşününce ben de farklı şeyler yapabiliyorum yani illa koşmama ne gerek var diye düşünüyorum yani. (Eslem)
238) Ben voleybol için şey dedim hani astım. Sporla daha iyi atlatırlar, böyle öğrencilerimiz de oldu dediler. Ben dedim hani benim çocuğum böyle böyle. Sonra ben bunu doktoruna danıştım, doktoru da hiçbir sıkıntı olmaz dedi. O şekilde gönderdim ben. (Aylin)
239) Hep grip yani, hatta bazen doktora götürüyordum ve astım olduğunu söylemiyordum, tüm hastalığı astımdan mı acaba diyordum bu normal midir diye… Hatta bir gün özel bir doktora götürdüm, bayan doktordu. Ben ona asla astım olduğunu söylemedim ama hemen anladı dedi ki astımdan. Hocam dedim bende size söylememiştim acaba gerçekten hasta mı bu sürekli diye, ama o da söylemişti astım olduğunu. (Yıldız)
240) İlkokulda mesela nasıl yaklaşacağımı vs. öğrenmede çok destek almıştım rehberlik servisinden. Konuşuyordu benle güzelce. O da araştırmıştı yüz mimiklerini alerjiye bağlamıştı. (Sevinç)
241) Dediğim gibi sınıfın havalandırılması gerekiyor, zaten cam kenarında (oturuyor), bunu hemen yaptılar... Sınıf sayısı azaltılsa çok iyi olur. (Aylin)
242) Yani kalabalık oluyor, sıcak oluyor. Terlediği zaman da işte sekizde giriyor bir de çıkıyorlar (okuldan), üstünde kuruyor. (Melek)
243) Zaten sınıf ortamı çok toz oluyor, tetikliyor onu. Mahvoluyor öyle zamanlarda. Geçen işte yakın bir zamanda geldi anne çok rahatsız oldum dedi. Sanırım sınıfta kızlar saç spreyi sıkmışlar. Yani o kokulara karşı çok hassas. Dikkat edilmesi gerekiyor. (Emine)
244) Çok yoğun kokular olmaması gerekiyor böyle bazı parfümler de çok sıkıntı oluyor çok yoğun olmaması gerekiyor. (…) Benim çok okula karşı şeyim yok ama

benim bir arkadaşım var astımlı, toza falan hiç dayanamıyorlar yani. Hiç yoğun toz olmaması gerekiyor sınıflarda. (Dilara)
245) (…) Temizlik, tozlu bir ortam olmaması gerekiyor. Sınıf sayısı çok fazla… Çok kalabalık. Bence o yönde de biraz azaltılabilir. (Aylin)
246) Önceden sınıflar da berbattı iyice, pisti. Astımın önceliği hijyen, temizlik ve hava. (Sevinç)
247) Okullar çok fazla havalandırmaya dikkat etmeli, sürekli böyle düzenli olarak açmalı camları çünkü bazıları gelip sürekli kapatıyor… Düzenli (olmalı) böyle… Mesela masaların falan çok pis olduğunu görüyorum özellikle ilk geldiğimiz zaman okula masalara elimi sürdüğüm an böyle simsiyah tozlu yani; onların mesela tozlarını silmesi ya da özellikle havalandırması (gerekiyor) yani sadece camı açsak da. (Eslem)
248) Temizlik vs. önlemler alınsın isterdim. …Okulda çok fazla toz oluyor. Şu anlık başka bilmiyorum. (Eren)
249) Ben temiz havayı çok seviyorum mesela. Bence geziler böyle daha temiz havanın olduğu orman tarafına olması gerekiyor. Mesela ben ağaçlı yerleri daha çok seviyorum çünkü toz falan olmadığı için kendimi daha rahat hissediyorum (tetikleyiciler olmadığında). Ya da etkinliklerde böyle daha çok koşulu değil de böyle daha sakin oyunlar da olması gerekiyor. (Dilara)
250) Bizi yormadan koşmadan yapılan etkinlikler yapılabilir. Oyunlar olabilir ama içinde koşturma olmadan. Bizim canımız sıkılmasın diye. (Ahmet)
251) Asansör olsa yukarı çıkamayan, zorlanan çocuklar için. (Eslem)
252) Çocukların ihtiyaçlarına göre hareket edebilirler. (…) Biz birinci dönem okuldayken sınıfta oturmak zorunda kaldı. O zamanı geçirmek için mesela ona ayrı aktivite verilebilir bence. Sen bu iki ders şunu yap denilebilir o da tek kalmamış olur. (…) Beden derslerine çıkamıyor. Sınıfta oturmak zorunda kaldı. Yalnız. Aldırmıyor görünüyor ama ben aldırdığını biliyorum. O yüzden hiç gelmemesi görmemesi daha iyi benim için. (Dilruba)
253) (Maske ile daralıp ayrı sınav olduğu bir zamanda) Ben onları görmek için okula gittim, onların hepsi birlikte sınav oldu ben olamadım demişti çok üzülmüştü. Sınıfıyla girmek istiyordu sınavlara. Üzülmüştü işte. (Dilruba)
254) Ya ben bunu öğretmenlerine söylemek zorunda kalıyorum işte, benim kızım hasta değil astım olduğu için her gün böyle hasta gibi öksürebilir diyordum. Anaokulunda çok sıkıntı yaşıyorduk işte diğer velilerle hasta çocukları falan getirmeyin diyordu işte öksürünce burnu falan akınca onu söylemek zorunda kalıyorum (bilmedikleri için anlatmak zorunda kalıyorum). (Yıldız)
255) Şimdiye kadar hiç böyle astımla ilgili bilgilendirme yapılmadı hatta astımın ne olduğunu bilmeyen birkaç kişi bile vardı bizim sınıftan sadece böyle gelip mesela kısa kısa onunla ilgili duyurular yapılsa falan bu güzel olabilirdi. Bilmeyen kişiler nasıl olduğunu soruyor, ilk başta işte nasıl oluyor, çok mu kötü oluyor diye şaşırıyor falan. (Eslem)
256) (…) Arkadaşlarımdan daha bilinçli olmalarını isterim. Çünkü ben anlatana kadar hiç ama hiç bilmiyorlar. Astımın ne olduğunu bile bilmiyorlar. O ne falan diyorlar. (Dilara)
257) Astımı da Saffet hanıma sınıf öğretmenimize söyledim. Böyle bir durumumuz var dedim. Bir şey olursa haberiniz olsun dedim. Başka bir çalışma olmadı ilk kez sizle görüşüyoruz. (Aylin)
258) Sınıfta düzenleme olmadı hiç. Sizin dışınızda hiç benimle konuşan olmadı. Okulda kimseye danışmadık biz. Ben sadece kontrollerde sınıf öğretmenine

söylüyorum. Hastaneye götürürken mutlaka öğretmene yazıyorum bilgilendiriyorum. (Emine)
259) Hayır (psikolojik danışman/psikolojik danışman/rehber öğretmenle konuşmadım) sadece böyle hocalar sorduğunda söylemiştim özel olarak yani bir ihtiyaç olarak söylemedim. (Eslem)
260) Hem astım olan çocuklar hem astım olmayan çocuklar bilgilendirilmeli ki astım olmayanlar astım olanlara destek olsunlar. Mesela en büyük sorunumuz bu mesela. Öğretmenlerin de bilgilendirilmesi gerekiyor ki çocuğa destek olabilsinler. En önemli şey bu. (Melek)
261) Zaten ben Tuğba hocaya çok gitmiyorum (psikolojik danışman/rehber öğretmen). Zaten psikolojik danışman/rehber öğretmenler bilinçli, onların bir şey yapmasına gerek yok ama diğer öğretmenlerin bilgilenmesi lazım bence. (…) Öğretmenler bilse bir farklılık yapabilir hocam. Hatta eğitim de verilebilir bunlar için. (Mete)
262) Bu çocuklar için okul boyunca bir kez en az bir şey yapılsın isterdim. (…) En azından okul dönemi boyunca bir kez de olsa bu çocuklar için öğretmenlerin de bulunduğu bir bilgilendirilme çalışması isterdim gerçekten. (Emine)
263) İşte tıkandığı oldu sınıfta. Öğretmene söylemiş. Öğretmen de ilk kez böyle bir durum yaşıyorum dedi. Matematik öğretmeniydi sınıf öğretmeni değildi. İlk gideceği kişi öğretmeni oluyor. (Aylin)
264) Bence bilgilendirici bir şeyler yapılmalı ama neler yapılmalı bilmiyorum. (Ahmet)
265) Öğretmenlerinin hepsi öğrendi. Yardımcı oluyorlar. Geçen yıl tıkanmıştı sınıfta, hemen su vermişler. Hadi dersten çık hava al demişler. Bana şöyle anlattı anne nefesim tıkandı, ilacımı aldım. Su verdiler. Sonra geçti dedi. (Sevinç)
266) Hocam (araştırmacı) bence öğretmenleri ve öğrencileri uyarmaları lazım. Biraz daha bilinçli olmaları lazım. Biraz daha önem vermeleri lazım. Ağır olan kişiler var hocam mesela. Onların yanında bile bazı öğretmenler parfüm sıkabiliyor, bilinçlenmeleri lazım hocam. (Mete)
267) Yani bronşitlere, astım alerjik olanlara bir öncelik gösterilip… Nasıl söyleyeyim ki Songül Hanım (araştırmacı) o kadar zor bir durum ki. Mesela bir şey olunca denilebilir bu çocuk bundan rahatsız oluyor bilgi verilmeli. Benim çocuğum gibi başkaları da olabilir mesela. (Melek)
268) Ya birazcık böyle bu çocukların ayrıcalıklı olması gerekiyor bence. (…) Böyle bir sıkıntı olunca bu çocukların öncelikli olması gerekiyor. Mesela memura gidiyor başı ağrısa, karnı ağrısa, hiç taviz vermiyor diyor yüzümüze bile bakmıyor dedi. Düşünülmesi gerekiyor bu çocukların. (…) O şekilde belki numaralarının yanında kırmızı bir işaret olsa öğretmenler için. (Sevinç)
269) Bilgilendirici çalışmalar olsa çok iyi olur. Çünkü ben çok anlatıyorum ama çocuk olduğu için çok idrak edemiyor benim çocuğum. Öğretmenler daha etkili oluyor ya konuşmada, mesela terlediğinde üstünü değiştirme, en önemlisi ilaç kullanma, tozlu ortama çok girmeme, koşturmama gibi. (…) Ne kadar fazla bilgi sahibi olursa o kadar iyi yönetir. (Aylin)
270) Hani bu hastalığı ile ilgili de benle de çocukla da konuşabilirlerdi. Daha çok ilgilenilsin isterdim mesela. Ben söylüyorum ama dinlemiyor. İsyan ediyor, ben ömür boyu ne yapacağım bu hastalıkla diyor. İlaç kullanmasam ne olur diyor. Demek ki çocuğun bir soru işareti var hastalıkla ilgili. Konuşulsa rahatlar yani. (Emine)
271) Çocuğun en önemsediği şey bence güvende hissetmek. Mesela daha okul başlamadan benim ilaçlarımı bıraktın mı demesi kendini güvende hissetmediğini gösteriyor. Öğretmenleri-rehberlik servisi ‘ben senin rahatsızlığının farkındayım ve

bir şey olduğunda ben buradayım' hani o güveni vermesi çok önemli. Ben senden haberdarım. Herhangi bir şeyde ben sana yardım edebilirim, bana gel demesi çok iyi olur. Risk haritası dolduruyoruz ama o geç oluyor biraz. O kendisi zaten hemen kendini güvende hissetmek için anne ilacımı bıraktın mı der. (Dilruba)
272) İlkokulda mesela nasıl yaklaşacağımı vs. öğrenmede çok destek almıştım rehberlik servisinden. Konuşuyordu benle güzelce. (Sevinç)
273) Biz kendimiz konuştuğumuz için hocam böyle bir sıkıntı yaşamadı bir de farkında zaten hastalığının. (Yıldız)
274) Yok o konuda çok fazla bir sıkıntı yaşamadık. Ev de okula yakın. Çok problem olmadı. Bir şey olunca ben gidiyorum hemen. (Dilruba)
275) Zaten müdür yardımcısına biz bu raporun bir kopyasını verdik. Biliyorlar. Sınıf öğretmeni de bilgisini aldı. Herhangi biri ile görüşmedim. Sadece okula gittim bir kere, çocuğum okula gidebilir imzası verdim. Doktoruna da sormuştum. Gönderebilirsin okula dedi. Alerjik hasta çocuklar, kronik olanlar gitmeyebiliyormuş. Okula imzaya gittim rehberlik servisine gidip imza verdim. Onun dışında gitmedim. Okuldan sınıf öğretmeni beni aradı işte. Böyle bir hakkınız var okula göndermeyebilirsiniz, gelip rehberlik servisinden bilgi alın dedi. Ben de öyle gittim imza verdim. (Aylin)
276) (…) Rehberlik zaten fazla şey yapmıyor, ilgilenmiyor bu çocuklarla. En azından okul dönemi boyunca bir kez de olsa bu çocuklar için öğretmenlerin de bulunduğu bir bilgilendirilme çalışması isterdim gerçekten. (Emine)
277) Ben hala maske kullanıyorum. Ben hasta olursam o da hasta olur. Doktora hemen gidip sormuştum doktor da net bir cevap vermemişti. Biz o zaman kaçtık. Okulların tatil olacağını duyunca biz hemen toplanıp Tekirdağ'a kaçtık. Ben döndüm ama onlar orada kaldı annemlerle. Yani normal sağlıklı insan bile korkuyor. Bir sürü insan öldü gördük. Bir de kronik hasta bunlar. Yani okul kapandı uzaktan eğitim çok gördü bunlar. O yönden şanslıydım. Gittiği zamanlar tabi ki doktoruna bilgi vererek gönderdim. (Dilruba)
278) Birde benim astımım vardı ben iyice korkmuştum işte böyle ölme riski falan çok diye haberlerde hep duyduk diye bir panikledim yani okula gitmeye ilk zamanlarda.
279) Beni dedeme göndermişlerdi yazlığa. (…) Annem çok tedirgindi yani her şeyi yıkıyordu dedemler ve bana virüs bulaşır diye. Her şeye dikkat ediyordu mesela ben markete falan hiç gitmiyordum. Hep evde… (Dilara)
280) Herkesten ayrı olarak daha çok dikkat ediyordum hijyenime falan. Ben zaten iki katlı kalın maskeler takıyorum. Hatta ben hala kalın maskelerden kullanıyorum ama bir yandan da astım olduğum için hem kalın olduğu için nefes almak zor oluyor. (Simge)
281) Hocam benim eşim de sağlıkçı, bizi 3 ay Kütahya'ya kayınvalidemin yanına yolladı. Bir şey olur diye çok korkuyorduk, 3-4 ay evden ayrı kaldık, çok her şeyi dışarıdan aldığımız marketi bile poşetleri bile balkonda bıraktık havalandırdık aldığımız şeyleri sildik yıkadık astımdan dolayı çok riskli falan diyorlar ya zaten aşısını falan da yaptırdık ne olur ne olmaz diye. (Yıldız)
282) Biz geçirdik sanırım çocuklar da geçirdi. Biz de Eren için çok korktuk endişelendik, kendimizi unuttuk. Dikkat ettik de işte nerden geldi bilmiyoruz. Biz nefes alamadık hep öksürdük Eren de böyle olursa ne olur dedik, zaten öksürüyor nefes alamıyor ne olacak dedik. Çok şükür atlattık. (Emine)
283) Şöyle söyleyeyim ben pandemide okulun açıldığı ilk zamanlar okula çok karşıydım mesela. Hiçbir şekilde gitmesini istemedim. Çünkü benim çocuğum en ufak şeyden nem kapan bir çocuk. Zaten raporlarımızda var. (Melek)

284) (…) Nüksetti. Maske kullanımı ile birlikte şu an tamamen doktor maske kullanımına bağlıyor artmasını. Maske kullanmayınca geçecek, okula o yüzden biz kısıtlı zamanlarda gönderiyoruz şu anda. Fark ettik gerçekten tatil döneminde çok iyiydi. (Dilruba)
285) Sonra ortaokulda zaten pandemi oldu. Pandemide bu azaldı işte (sık hasta olması), evde olduğu için herhalde. (…) Zaten sınıf öğretmeni de dedi, ben Ahmet'i izliyorum çok astım belirtileri de görmüyorum dedi. Bunun açıklamasını da yaptım öğretmene. Dedim hani pandemiden beri bizde bir rahatlama var. Ondan önce çok oluyordu dedim. (Aylin)
286) Yok şu anda (okulda belirtiler olmuyor). Pandemi başladığından beri, ben voleybola başladığımdan beri ee nadiren nefes darlığı oluyor. Pandemiden önce öksürük yaşıyordum, nefes darlığı yaşıyordum gözlerim çok kararıyordu. Ama şu an çok yaşamıyorum. (Ahmet)
287) Okula yedinci sınıf açılınca başladım. İlk bir iki hafta güzel geçti sonra üçüncü hafta tıkanmaya başladım. (…) Doktora gittik. Doktor mümkün olduğunca azaltın dedi. Azalttığımızda (okula gelmeyi) sadece temel derslere gitmeye başladım böyle azaltınca daha rahat ettim. (Dilara)
288) Evet ben gitmedim. Özel böyle rapor veriliyordu onu verdim. (Simge)
289) Farklı bir şey yaşamadım ama maske zorladı hocam. İki maske takmıştım. Sonra zorlandığımı anneme söyledim. Annem göndermedi zaten sonra beni. (Mete)
290) (…) O yüzden şu anda kısıtlı saatlerde okula gönderiyoruz. Tatil döneminde gerçekten iyi olduğunu fark ettik. (Dilruba)
291) Öğretmen yer değiştirmişti benim yerimi değiştirmedi. Astım olduğum için bana şey demişti Kovidden dolayı da rahatsız oluyorsan tek de oturabilirsin dedi. (Simge)
292) Hiçbir şey yapılmadı yalnız oturma yerini cam kenarı ile değiştirmek istedi (Ahmet). Maske çok etkiledi çocuğumu. Öğretmeni sağ olsun değiştirdi hemen. Onun dışında bir şey olmadı. (Aylin)
293) Zaten okulda yedi sekiz saat maske takmışım, üç dört saat de dershanede takıyorum ama öğretmenler sadece benim maskemi çıkarmama izin veriyorlar. Astım olduğum için. (Dilara)

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