



5th International Agronursing Conferences
In Conjunction with 1st International Post Graduate Nursing Student Conference (IPGNSC)

PROCEEDING

**Chronic Care Management : Bridging Theory
& Practice In Healthcare Services**



May, 11th - 12th
2023



5th International AgroNursing Conference in Conjunction
with 1st International Post Graduate Nursing Student
Conference (1st IPGNSC) 2023
"Chronic Care Management: Bridging Theory and Practice"

Jember, May 11th – 12th, 2023

PROCEEDING

**FACULTY OF NURSING
UNIVERSITY OF JEMBER**



REMARK

Bismillahirrohmanirrohim
Assalamualaikum Wr Wb
Good morning and greetings

The Honorable, Rector of University of Jember
The Honorable, All Speakers of the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference
The Honorable, Guests, all dean of the faculties in University of Jember, Director of hospitals, primary health center, and other guests.
The Honorable, Conference Committee
Dear All oral presenters, poster presenter and Participants of the conference

Alhamdulillahirobbil'alamin, we praise the presence of Allah SWT; because of the blessing, we all can be present here in this auditorium to attend the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference, Faculty of Nursing. Salawat may always be delegated to the Great Prophet Muhammad SAW.

Ladies and Gentlemen,

As the beginning of this speech, I would like to welcome all of you to the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference, with the theme " Chronic Care Management: Bridging Theory and Practice". It is an honor to facilitate health professionals from around the world to enhance health sciences.

As a nurse, we can provide holistic care that addresses not just the physical needs of our patients but also their emotional, social, and spiritual needs. By taking the time to listen and understand our patients' unique situations, we can take care to meet their needs best and help them achieve their health goals.

In addition to caring for our patients, it is also important to care for yourself. Nursing can be a demanding and emotionally taxing profession, and it is crucial that we can take steps to prioritize our well-being. This can include things like practicing self-care, seeking support from colleagues or a mental health professional when needed, and taking time off to rest and recharge.

To answer that question, on May eleventh and twelfth of may, twenty twenty-three, we will discuss and enhance this topic with speakers from four countries: Australia, the United Kingdom, Thailand, Taiwan, and Indonesia. Not only that, in the series of international conferences, this time, there will be a guest lecturer in collaboration with community service from Western Sydney University (WSU) Australia. Thanks to Associate Professor Caleb Ferguson and the team who have attended and shared with us. This collaboration can continue and improve the knowledge of the profession we love. We also call the researchers to join not only the conference but also to share their research through oral presentation or poster presentation.



Ladies and Gentlemen

This conference is attended by undergraduate and postgraduate students, lecturer and health care professional from Asia Pacific and Australia. We have more than thousand registrants with two hundred participants able to attend on this room.

This event can be held because of the support and efforts of all parties. Therefore, I would like to thank the Rector of University of Jember, Indonesian National Nurses Association (INNA) and all the committees who have worked hard to carry out this activity.

I sincerely hope that this conference will deliberate and discuss all different facets of this exciting topic and come up with recommendations that will lead to a better and healthier new world.

I wish this conference great success. Aamiinn.

Wassalamualaikum Wr. Wb.

Dean Faculty of Nursing
Ns. Lantin Sulistyorini, M. Kes



GREETING MESSAGE

Bismillahirrohmanirrohim
Assalamualaikum Wr Wb
Good morning and best wishes

The Honorable, Rector of University of Jember
The Honorable, Dean School of Nursing, University of Jember
The Honorable, All Speaker of the International Nursing Conference
The Honorable, Guests
The Honorable, Conference Committee
Dear All, All Participants of the conference

Thank God we praise the presence of Allah SWT, because of the blessing and grace, we all can be present in this place, in order to attend the International AgroNursing Conference. In Conjunction with first International Post Graduate Nursing Student Conference, Solawat and greetings may still be delegated to the Great Prophet Muhammad SAW.

Ladies and Gentlemen,

As the beginning of this speech, I would like to say welcome to the fifth international nursing conference In Conjunction with first International Post Graduate Nursing Student Conference, with the theme " Chronic Care Management: Bridging Theory and Practice".

Chronic care refers to the ongoing, long-term medical care and support provided to individuals with chronic or long-lasting health conditions such as diabetes, heart disease, arthritis, and asthma, among others. Chronic conditions often require ongoing management and treatment to control symptoms, prevent complications, and improve quality of life.

Chronic care may involve a team of healthcare professionals, including primary care physicians, nurses, specialists, physical therapists, and other healthcare providers, who work together to develop and implement a comprehensive care plan tailored to the individual's needs.

The goal of chronic care is to improve the health and well-being of individuals with chronic conditions by providing ongoing, patient-centered care and support that helps them manage their symptoms, maintain their independence, and prevent complications. What is the latest application of chronic care management, bridging theory and practice?

To answer that question, then for the next two days starting from today on 11-12 May 2023 at Auditorium of Universitas Jember, we will discuss the Chronic Care Management: Bridging Theory and Practice with speakers from 5 countries namely:

1. Assoc. Prof. Caleb Ferguson (Australia).
2. Assoc. Prof. Wasana Ruaisungnoen (Thailand)
3. Dr. Asri Maharani, MMRS, Ph.D (United Kingdom)
4. Assoc. Prof. Chi-Yin Kao (Taiwan)
5. Ns. Muhamad Zulfatul A'la, M.Kep, Ph.D (Indonesia)



Ladies and Gentlemen

This conference is attended by students, health department delegates, academics, hospital and community clinic practitioners with a total of 350 participants.

This event can be held because of the support and efforts of all parties. Therefore, I would like to thank the Rector of University of Jember, Head of School of Nursing- University of Jember, Indonesian National Nurses Association (INNA) or PPNI, Auditorium of Universitas Jember and all the committees who have worked hard to carry out this activity. I also thank to the sponsors who have worked with us so that this event run as expected. Amen.

We as the committee, apologize if there is any inconvenience during this event. Our hope that this activity can increase our knowledge that benefits all of us. Amen.

Before I end my speech, I want to say "when we interpret that today is an ordinary day, then we will come out of this room as an ordinary people, but when we interpret that today is a very extraordinary day, then we will come out of this room as a very wonderful person".

Finally, please enjoy this conference, May Allah SWT always gives blessings to all of us. Amen

Wassalamualaikum Wr. Wb.

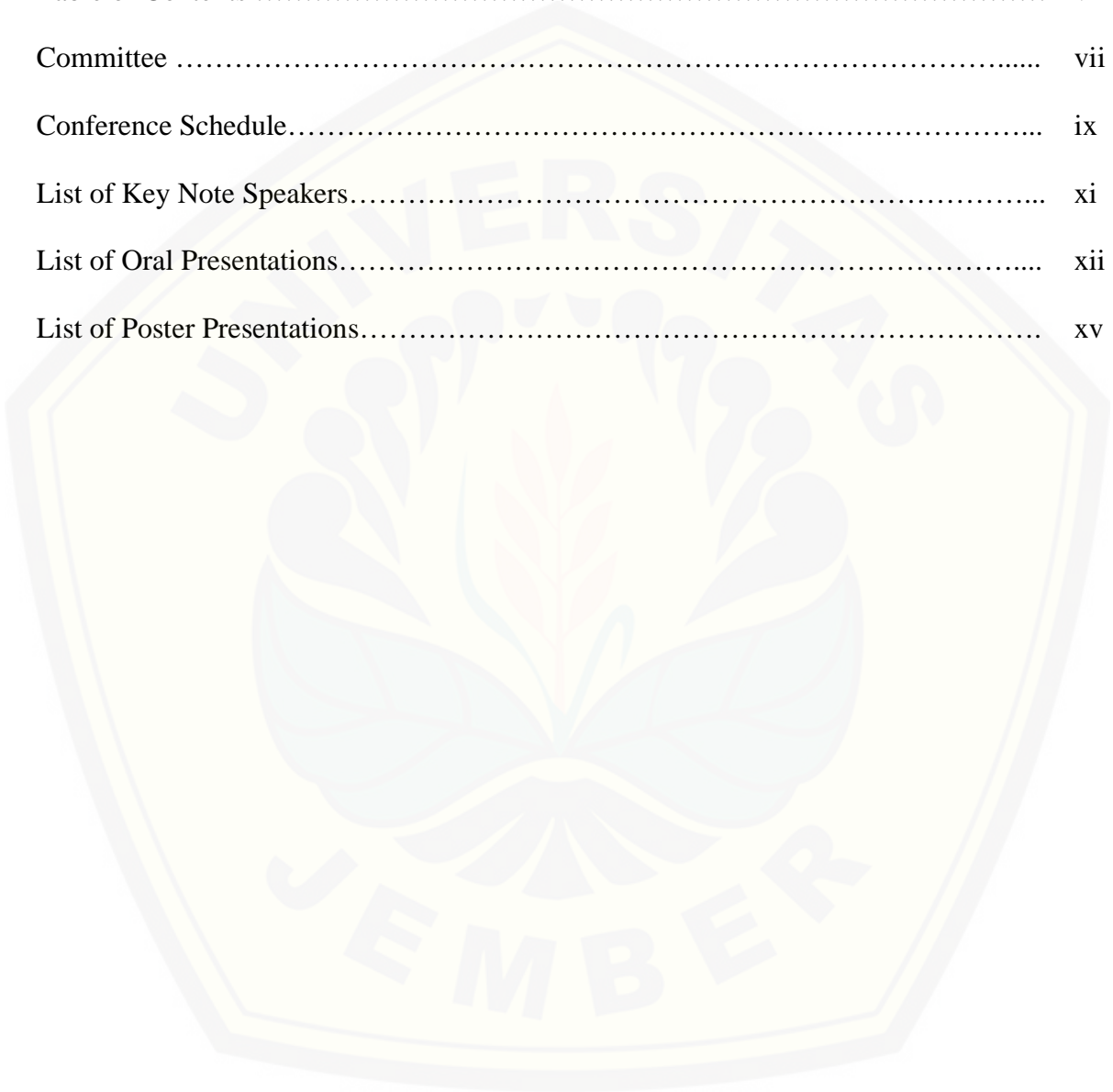
Chairperson

Dr. Ns. Rondhianto, M.Kep.



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Ns. Zaiful Rahman, S.Kep.

Key Note Speakers

Associate Professor Caleb Ferguson RN PhD.
Wasana Ruaisungnoen, PhD RN
dr. Asri Maharani, MMRS, Ph.D
Ns. Muhamad Zulfatul A'la, S.Kep., M.Kep., Ph.D



Conference Schedule
5th International Agronursing Conference (5th IANC) in conjunction with
1st International Post Graduate Nursing Student Conference (1st IPGNCS)
“Chronic Care Management: Bridging Theory and Practice
in Healthcare Services”
Jember, May 11-12th, 2023

FIRST DAY (07.00 – 16.00)

Time (WIB) GMT + 7	AGENDA
REGISTRATION	
07.00 – 08.00	Registration – Log in Zoom Meeting
OPENING CEREMONY	
08.00 – 09.00	Opening Ceremony Report Speech Dr. Ns. Rondhianto, M.Kep. (The Chairman Committee) Welcome Speech: 1. Ns. Lantin Sulistyorini, S.Kep., M.Kes. (Dean Faculty of Nursing, Universitas Jember, Indonesia) 2. Dr. Ir. Iwan Taruna, M.Eng., IPU (Rector Universitas Jember, Indonesia)
09.00 – 09.15	Coffee Break
PLENARY SESSION I	
09.15 – 10.15 (ICT)	PLENARY I (Offline) -- (45 + 15 mins Q&A) SPEAKER I Assoc. Prof. Caleb Ferguson (Western Sydney University, Australia)
PLENARY SESSION II	
10.15 – 11.15 (AEDT)	PLENARY I (Online) -- (45 + 15 mins Q&A) SPEAKER II Assoc. Prof. Dr. Wasana Ruaisungnoen (Khon Kaen University, Thailand)
11.15 – 12.30	Lunch & Pray



PLENARY SESSION III	
12.30 – 13.30 (BST)	PLENARY III (Online) -- (45 + 15 mins Q&A) SPEAKER IV Dr. Asri Maharani, MMRS., Ph.D. (The University of Manchester, United Kingdom)
14.00 – 14.30	Coffee Break & Break out Room
ORAL PRESENTATION AND POSTER EXHIBITIONS DAY-1	
14.30 – 16.00 (15 mins/ presenters)	ORAL PRESENTATION <i>6 presenters/room (48 presenters/8 rooms)</i>

SECOND DAY (07.00 – 13.00)

Time (WIB) GMT + 7	Agenda
REGISTRATION	
07.00 – 08.00	Registration – Log in Zoom Meeting
PLENARY SESSION IV	
08.00 – 09.00 (JST)	PLENARY IV (Online) -- (45 + 15 mins Q&A) SPEAKER IV Assoc. Prof. Chi-Yin Kao (National Cheng Kung University, Taiwan)
PLENARY SESSION V	
09.00 – 10.00 (WIB)	PLENARY IV (Offline) -- (45 + 15 mins Q&A) SPEAKER V Ns. Muhamad Zulfatul 'Ala, M.Kep., Ph.D. Faculty of Nursing, Universitas Jember, Indonesia
10.00 – 10.15	Coffee Break & Break out Room
ORAL PRESENTATION AND POSTER EXHIBITIONS DAY-2	
10.15 – 11.00 (15 mins/ presenters)	ORAL PRESENTATION <i>3 presenters/room (24 presenters/8 rooms)</i>
CLOSING	
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RECALIBRATING CHRONIC DISEASE MANAGEMENT FOR THE DIGITAL REVOLUTION

Associate Professor Caleb Ferguson RN PhD.

Associate Professor Chronic & Complex Care,
University of Wollongong & Western Sydney, Australia

We live in an era of increasing chronic disease and multimorbidity. Stroke, atrial fibrillation (AF), heart failure and dementia are increasingly common and burdensome chronic diseases, all associated with increased death and disability, and reduced quality of life. Informal caregivers play a fundamental role in providing ongoing care at home and in the community for these patients. Home based care and virtual care capabilities, including consumer ready wearables, are increasing in their availability and sophistication. It is critical to consider how these impact nursing assessment and care delivery, in the context of increasing chronic disease. There is the potential to revolutionise how vital signs are measured and used in clinical practice, for example. Further, there is potential to disrupt 'nursing work'. Dr Ferguson will provide deep insight into the digital revolution in the context of chronic disease management.



COMPLEMENTARY APPROACH IN CHRONIC CARE MANAGEMENT

Wasana Ruaisungnoen, PhD RN

Faculty of Nursing, Khon Kaen University, Thailand

Complementary and alternative approach (CAA) is commonly used by those suffering from chronic illnesses. Patients with chronic conditions often experience long-term intricate symptoms, either physical or psychological, that only standard therapy may not be able to fully manage. Complementary and alternative medicine (CAM) refers to a wide range of healthcare approaches that are not mainstream treatment and have not been fully integrated into the dominant healthcare system [1]. The complementary method is used in conjunction with standard medical treatment, whereas the alternative approach is employed in place of it. The term integrative treatment is frequently used in the literature, defining a medical approach that combines standard treatment with CAM methods proven to be safe and effective [2]. Both CAM and integrative methods often emphasize the importance of body-mind interaction and holistic aspect of healthcare.

The roles of CAA in managing chronic illnesses can include symptom control, cognitive and behavioral therapy, and mood and emotional problem management [3]. A substantial amount of evidence supports the effectiveness of a complementary strategy in chronic illness care. People with various chronic conditions including hypertension, heart disease, cancer, diabetes mellitus, chronic respiratory disease, and osteoarthritis have been found to benefit from CAA. Chronic pain, dyspnea, fatigue, dyslipidemia, anxiety, depression, and insomnia are some of the frequent problems that CAA has been used to treat. Lifestyle modification, herbal and dietary supplements, meditation, yoga, Tai Chi, acupuncture, massage therapy, reflexology, and biofeedback are common strategies found in the literature pertaining to CAA in chronic illness [2-3]. Although evidence supports the CAA's effectiveness with the fact that majority of the approaches is safe, patients' misconduct may have negative impacts on their health and well-being.

The presentation will cover the nature of chronic condition in relation to the roles of CAA. Subsequently, the definitions of CAM and integrative therapy in comparison to conventional treatment in chronic care will be revealed. In addition, the categories and types of CAA, the major outcomes, and patients' perception and utilization will be presented. Lastly, CAA with its effectiveness in hypertension and diabetes mellitus, two of the most common chronic illnesses, will be discussed.

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3. Edwards E. The Role of Complementary, Alternative, and Integrative Medicine in Personalized Health Care. *Neuropsychopharmacol* 37, 293–295 (2012). <https://doi.org/10.1038/npp.2011.92>



APPLICATION OF SMARTHEALTH, A MULTIFACETED MOBILE TECHNOLOGY- ENABLED PRIMARY CARE INTERVENTION, TO ENHANCE CARDIOVASCULAR DISEASE RISK MANAGEMENT IN RURAL INDONESIA

dr. Asri Maharani, MMRS, Ph.D.

Manchester Metropolitan University, United Kindom

Cardiovascular diseases (CVD) are the leading cause of death in Indonesia. However, less than one-third of Indonesians with moderate to high cardiovascular risk were not receiving appropriate treatment. This study aimed to evaluate the impact of SMARThealth (Systematic Medical Appraisal Referral and Treatment), a mobile technology-supported, multifaceted primary healthcare intervention on CVD care provision in Indonesia. This study was a quasi-experimental study involving 6579 high-risk individuals aged 40 years and older in four intervention and four control villages in Malang district, Indonesia, conducted between 2016 and 2018. We found that 30% (3494 of 11647) and 28% (3085 of 10988) of respondents in the intervention and control villages, respectively, had high CVD risk. After the intervention, the proportion of individuals with high CVD risk taking the BP lowering therapy was higher in the intervention villages (56.8%) than in the control villages (15.7%). The mean systolic blood pressure reduction from baseline was 17.2 (0.4) mmHg among high-risk participants in the intervention villages and 9.2 (0.4) mmHg among those in the control villages (adjusted mean difference, -8.3 mm Hg; 95%CI, -10.1 to -6.6mmHg). We further found that despite the higher primary care and pharmaceutical costs among individuals who received the intervention, they were projected to experience fewer major CVD events and incur lower hospitalization expenditures. In conclusion, multifaceted mobile technology-supported primary healthcare intervention was associated with greater use of preventive CVD medication and lower BP levels among high-risk individuals in this rural Indonesian population. Relative to usual care, the intervention was a cost-effective means to improve the management of CVD in the population.



HEALTH SYSTEM STRENGTHENING THROUGH COMMUNITY VOLUNTEERING SYSTEM QUALITY ENHANCEMENT

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Health system strengthening (HSS) is one of the essential strategies for improving health outcomes. Improving the quality of health financing, developing human resources, health information, service delivery and leadership can increase a country's cost-effectiveness in providing health services to the public. Strengthening the health system can be done from several approaches or one of the components of the health system from the WHO framework. WHO formulates six building blocks in a health system framework that can be used in various country conditions. The building blocks are service delivery; health workforce; information; medical products, vaccines, and technologies; financing; and leadership and governance (stewardship). Several interventions have been carried out to strengthen health systems worldwide: health insurance, service integration, decentralization, contracting, hospital autonomy and routine health information systems. This intervention still needs other developments and innovations so that the cost-effectiveness of health services can be more optimal.



In supporting HSS, we conduct literature reviews and empirical research regarding community volunteering systems. The community volunteering system could be one of the strategies in HSS. In that case, service delivery can be optimized, budgeting for health can be optimized, information systems can run optimally, and leadership will also be optimal. Volunteering and volunteers are part of the health system. Volunteering in the health context is defined as an activity given free of charge, which benefits from prolonged processes through formal organizations.

Cancer is the condition we chose in an empirical study related to the community volunteering system because cancer is a complex condition with a high mortality rate. Moreover, a phenomenon in our research setting is the urgent need to help people with cancer in the community by optimizing the volunteering system, which needs to be explored more deeply. This research was conducted in Jember, Indonesia, from June 2022 to May 2023. This research approach uses a qualitative approach and ethnographic methods. Researchers believed that the phenomenon of the community volunteering system is complex and requires a multi-perspective lens to see the problem. This study involved 63 informants using observation methods, in-depth interviews and focus group discussions. This study concluded that there are six subsystems in the community volunteering system. There are PwC conditions, health budgeting, healthcare service delivery, volunteer organization management, community systems, and healthcare innovation. In a further study, researchers recommend seeing the effect of optimizing six subsystems of the community volunteering system in improving the quality of health services and cost-effectiveness for cancer patients and other conditions.



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ROLE COMMUNITY-BASED DISASTER MANAGEMENT SYSTEM: SYSTEMATIC REVIEW

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ABSTRACT

Background: Community based disaster risk management (CBDRM) is used to reduce disaster risk and increase community resilience to disasters that occur. Community-based disaster risk management is one of the main trends of international disaster prevention and reduction, which was firstly established in the UK in the late 1980s and has since been widely valued and applied by international, national, and local organizations. This study was to access the individual disaster preparedness of villagers in a northwestern rural community and examine the determinants of their individual disaster preparedness across multiple dimensions: place, individual sociodemographic factors, family socioeconomic status, hazard adaptation, community and environmental influences. **Methods:** This article was obtained from 2018 to 2023. This research is a study using the Systematic Literature Review method. The search strategy used in this literature review is to use 4 databases, including Elsevier, Science Direct, Pubmed, Plos One, and Grey Literature. The interactions between the different determinants will be discussed. The design used in this study was a systematic review using the PRISMA 2009 flowchart, namely selecting articles that did not comply with the criteria for inclusion, screening, eligibility, and downloading of articles. **Results:** A total of 10 articles were analyzed, this study reveal that community-based risk management can reduce disaster risk and increase community resilience to disasters that occur as well as increase community capacity to prepare themselves and increase community knowledge about disasters. **Conclusions:** Communities need to be empowered in the role of disaster management in rural areas.

Keywords: Community, Role, Disaster Risk Management, Rural

INTRODUCTION

Indonesia is a country prone to earthquakes, landslides and eruptions volcanoes and tsunamis. As a consequence of the state's obligation to protect its people the government is expected to take appropriate steps to reduce risks and have an emergency plan to minimize the impact of the disaster.

Rural communities are generally

more vulnerable to natural hazards when compared to urban communities. Moreover, rural communities are diverse and unique in their place, population, agricultural production and culture, which make it challenging for different rural settings to prepare for disasters. There is a little comparison made about the individual disaster preparedness among rural communities with different



geographic landforms (Guo, C, et al, 2021). Disasters, from hurricanes to pandemics, tremendously impact human lives and behaviors. Physical closeness to family post-disaster plays a critical role in mental healing and societal sustainability. Nonetheless, little is known about whether and how family colocation alters after a disaster, a topic of immense importance to a post-disaster society. (Wang W, et al, 2022).

Disaster destroys all types of capital, including economic, human and social capital. Thus, disaster preparedness is crucial to address the consequences of disaster at individual, family and community level as preparedness increases the ability to respond quickly to the consequences of a disaster and it works as one of the major components to minimize the negative impacts from disaster (Kyne D, et al, 2020).

Community-based disaster risk management (CBDRM) is one of the main trends of international disaster prevention and reduction, which was firstly established in the UK in the late 1980s and has since been widely valued and applied by international, national, and local organizations. Developing community-centered strategies for disaster reduction to formulate the policies, plans, and schemes of CBDRM to respond to the growing challenges of disaster risks was adopted by various countries in recent years. The dominant idea of the community-centered strategies for disaster reduction is to rely on community organizations to mobilize all residents to participate in the construction of community disaster prevention and reduction with the assistance of governments and non-governments (A. Tiwari, 2015).

Therefore, the overall aim of this study is to access the individual disaster

preparedness of villagers in northwest rural community and examine the determinants of their individual disaster preparedness across different dimensions: place, individual sociodemographic factors, family socioeconomic status, hazard adaptations, community and neighbourhood influences. The interactions between different determinants will be discussed. In turn, these findings will help to improve disaster management system model to increase individual disaster preparedness in rural communities.

METHODS

The design used in this study was a systematic review using the PRISMA 2009 flowchart, namely selecting articles that did not comply with the criteria for inclusion, screening, eligibility, and downloading of articles.

Search strategy: This research is a study using the Systematic Literature Review method. The search strategy used in this literature review is to use 4 databases, including Science Direct, Pubmed, Plos One, Elsevier And Grey Literature and Garuda. The search results can be used as a reference in the article search process. The search process is carried out using the PICO framework which is determined according to the Boolean form of AND and OR. The keywords used in this study were "Role OR Model AND Family AND Disaster AND Rural". The journal articles used in this literature review have been published for the last 5 years (2018-2023). The article method used in this study was quasi-experimental, One- Group Pretest-Posttest Design, Classroom Action Research (CAR), and Questionnaires. The process of searching for journal articles used using the PRISMA method examines data extraction and critically reviews them to determine the feasibility of the articles used in compiling this literature review. The selection is carried out through



several stages, including selection according to the title, keywords, abstract, as well as inclusion and exclusion criteria. The inclusion criteria used in this study were all forms. plasticine or playdough therapy. As for the exclusion, it is not plasticine or Playdough therapy.

The screening process was carried out by entering keywords and abstracts, then finding a total of 4.474 articles from the three databases, then filtering based on full-text found 1.284 articles. Articles that are not selected are issued with some unsupported components. Then an assessment was carried out based on the JBI Critical appraisal with 10 articles found with proper assessment results. As for the quality assessment of the article, we do it using critical appraisal tools based on the Joanna Briggs Institute (JBI) with three answers Yes, No, Not available. Furthermore, measurements are taken to be able to review this article and can be used as a literature review.

RESULTS

The results of research conducted by (Sadeka et al., 2020) revealed that Orang Asli families faced positive and negative experiences as a result of the disaster.

In addition, family preparedness for disasters was found to be low. Thus, an inclusive disaster preparedness policy is needed for Orang Asli families towards building a disaster- resilient community.

And reinforced by research from (Ali et al., 2019) revealed that CBDM in Indonesia is carried out by increasing the capacity of the community to prepare for and deal with disasters by encouraging the full participation of the government, private sector and the community. To institutionalize this effort, disaster organizations have been developed according to local conditions; increase public knowledge and awareness as well as guard against possible disasters caused by human activities.

DISCUSSION

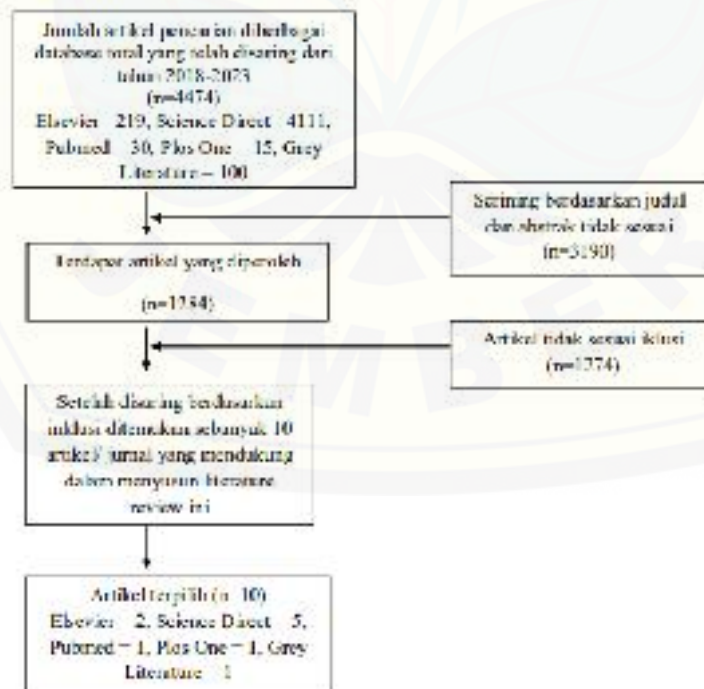


Figure 1. PRISMA flowchart



CONCLUSION

The conclusion of this paper reveals that community-based risk management can reduce disaster risk and increase community resilience to disasters that occur as well as increase community capacity to prepare themselves and increase community knowledge about disasters. Therefore it is important to optimize the role of the community in dealing with disasters in order to minimize the possibility of disaster risk.

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- Suhari, et al (2023)



Table 1. Literature results

No	Title	Author	Population	Purpose	Method	Outcame
1.	Disaster experiences and preparedness of the Orang Asli Families in Tasik	Sumaiya Sadeka a (2020)	Orang Asli families in Tasik Chini, Malaysia	explores disaster experiences and preparedness of the disaster affected Orang Asli families in Tasik Chini, Malaysia	Applying a qualitative research approach, this study was collected data from 10 respondents from 10 families based on convenient sampling and in-depth interview	This study revealed that Orang Asli families faced both positive And negative experiences due to disaster. Moreover, disaster preparedness of the families was found to be low. Thus, there is need an inclusive disaster preparedness policy for the Orang Asli families towards building a Disaster resilient community.
2	Role of social capital in local knowledge evolution and transfer in a network of rural communities coping with landslide disasters in Sri Lanka	Uditha Dasanay akaa, Yoko Matsuda	Communities in the villages of Etanwala and Mandaram nuwara in Sri Lanka	Aims to investigate the features of social capital and its influence on the transfer of local knowledge on landslides that are critical to preserving this valuable local knowledge system.		Elderly group was found to be the dominant group in transfer of local knowledge within the networks. Moreover, the findings presented the influence and importance of social capital in preserving the local knowledge system of landslide disaster.
3	Disaster risk management models for rural relocation communities of mountainous southwest China under the stress of geological disasters	Yun Xu 2020, Xiaoping Qiu , Xueting Yang Xuyang Lu , Guojie Chen 2020	Risk management in Changde Village and in Dabashan Village	In disaster preparedness and response, relocation is not an expedient measure, and a well-rounded management model integrated disaster education with sustainable livelihood, poverty alleviation can improve risk-resistance capacity	CVA has been used widely in disaster preparedness and mitigation in recent decades, for instance, it has been adopted by Philippines as part of their Citizenry-Based and Development-Oriented Disaster Response	the governments and habitants approved that relocation has led to get the goal of integration of sustainable livelihoods, disaster risk reduction, and environmental protection. This indicated that relocation was well integrated the livelihood adjustment in the county policies in the context of disasters risks in the past



				and enhances resilience of the community		
4	Individual Disaster Preparedness in Drought- and- Flood- Prone Villages in Northwest China: Impact of Place, Out- Migration and Community	Chunlan Guo, Timothy Sim and Guiwu Su 2021	A multi- level population -based stratified approach was adopted to capture a representative sample of rural residents living in poverty with different geographic landforms in Northwest China	examined the individual disaster preparedness of rural residents in three drought- and- flood- prone villages with different landforms (plains, loess plateau and mountains)	a cross-sectional self-report structured questionnaire survey conducted in Northwest China	This research highlights the needs for tailored community- based disaster risk reduction programs to improve villagers' knowledge and skills of disaster preparedness.
5	Social relationship changes in victim families due to a social disaster: Experiences of student victims' families in the South Korean	Cho, S. M., Jeong, A., Ha, J. H., & Kim, E. Y. (2017).	54 family members of the student victims	interviewed victims' families two years after the incident. We explored how they have experienced changes in their social relationships	a series of first in-depth interview questions	The student victims families stated that they have experienced significant changes in their relationships with their immediate family members in daily life
6	Family Functioning and Its Predictors among Disaster Bereaved Individuals in China: Eighteen Months after the Wenchuan Earthquake	Xiaolian Jiang, Xiaoyi Cao, Xiaolin Li, Man- chun Jenny Hui Lo, Rong Li	A convenience sample of 274 bereaved individuals was recruited via door-to-door Interviews	examine perceived family functioning in bereaved individuals, explore the effects of demographic characteristics and disaster-related variables on family functioning, analyze the relationship between perceived family functioning and loneliness	data collection method was feasible, the two research assistants were able to make effective communication with the bereaved, and all the respondents understood the questionnaires	Significant differences in family function (Family APGAR Index), cohesion, or adaptability (FACESa A`) between male and female respondents. positive family function, cohesion, and adaptability were significantly related to less emotional and social loneliness
7	Huddling with families after disaster: Human	Weiguang Wang, Natasha		These findings reveal the powerful	employ the Difference-in-differences	disaster created a gap across socioeconomic groups nonexistent beforehand,



	resilience and social disparity	Z. Foutz Guodong		psychological and behavioral impacts of the disaster upon the broader populations, and simultaneously	(DiD) statistical analysis to quantify the shift in family colocation	with the disadvantaged displaying weaker lifts in family colocation
8	Local community-based disaster management' The transformation of religious and local wisdom values in preparation to deal with natural hazards in West Sumatra, Indonesia	Syafwan Rozi and Abdul R. Ritonga	Minangka bau people In West Sumatra, Indonesia	Aimed to create and implement a CBDM Model based on religious and local wisdom of Minangkabau people in West Sumatra, Indonesia	Research and Development (R&D) design with a generic adaptive model of Creswell from Gall and Borg, the researchers created, Implemented and evaluated a CBDM model based on religion and local wisdom	this model provided space and a model of how people and local communities with their wisdom values were empowered in overcoming their problems regarding natural hazards.
9	Community based disaster management: Indonesian experience	M Ali , M Arsyad , A Kamaludin, N Busthanu I, and A Dirpan	Indonesia for example in several areas that were hit by major disasters in the previous year namely in the Aceh, Kediri, Jakarta, Papua, etc	intended to explain the implementation of community-based disaster Management (CBDM).	data used in this paper are secondary data onto several references. Between 1815 and 2014 (200 years) there was 13.172 times disaster happened and killed 291.427 people.	The CBDM in Indonesia is implemented by increasing the capacity of communities to prepare for and cope with a disaster by encouraging full participation of government, private and public
10	Farmers' participation in community-based disaster management: The Role of trust, place attachment and self-efficacy	Li Peng, Jing Tan, Wei Deng, Ying Liu	The data were collected through a questionnaire survey (N=516) in the geodisaster-prone area of rural Chongqing, China.	This study empirically examined whether social trust (including interpersonal trust and institutional trust) affects rural residents' participation in CBDM.	Samples divided the 38 counties of Chongqing Into three categories according to GDP rankings. The top 12 counties are relatively developed counties, 13-24 are medium-level counties, and 25-38 are less developed counties. 10-35	Institutional trust can increase participation by increasing place attachment. Self-efficacy and female identity strengthens the linkage between interpersonal trust and PCBDM. A high CR value means that the indicators are highly correlated, indicating that they are well suited as manifest variables for the same construct. An AVE



					<p>farmers were randomly interviewed from each community. Each sample needed to satisfy several requirements: they had to be farmers living in the community (age > 18 years old) with a normal ability to answer questions, one respondent per household.</p>	<p>exceeding 0.5 indicates satisfactory convergent validity as it means that the construct accounts for more than 50% of the variance in the indicators, on average. As shown in Table 2, the AVE of each construct ranged from 0.508 to 0.693, exceeding the threshold value of 0.5. Overall, the measurement model meets the</p>
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