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QUALITY OF LIFE AND ITS RELATION TO PERCEIVED SOCIAL SUPPORT AMONG MOTHERS OF CHILDREN WITH THALASSEMIA IN JEDDAH

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Abstract

Background: Caring for children with thalassemia is a stressful experience in which mothers encounter a variety of problems.**.** The purpose of this study was to examine the association between quality of life and perceived social support in mothers of children with thalassemia in Jeddah. Design: A descriptive correlational design was used. Setting: This study was conducted at the Department of Pediatrics of Governmental Hospital, Jeddah, Saudi Arabia. **Sample**: An adequate sample of 90 mothers of children with thalassemia meeting the inclusion and exclusion criteria was selected. Three instruments were used for data collection: a structured interview questionnaire to assess the socio-demographic characteristics of the study subjects, a structured interview questionnaire, a quality of life scale, and a scale of perceptions of perceived social support. **Results**: The results of this study show that less than half of the mothers surveyed (39) had an average or poor quality of life, and more than a quarter of the mothers (28%) received moderate perceived social support. It showed that it was. A positive relationship existed between overall quality of life and overall perceived social support for the mothers studied. The study **concluded that** there was a positive relationship between overall quality of life and overall perceived social support for the mothers surveyed. **It was recommended that** mothers of children with thalassemia be provided with educational programs to maintain their mental and physical health and improve their overall quality of life.

Keywords: Thalassemia, quality of life, perceived social support, Mother

1. Introduction

Thalassemia derives from the Greek words "thalassa" and "haima." "Thalassa" means "the ocean," whereas "Haima" means "the blood." Thalassemia is a hereditary blood condition caused by inadequate hemoglobin synthesis [1]. Hemoglobin transports oxygen from the lungs to the rest of the body while returning carbon dioxide to the lungs. Thalassemia is one of the most common diseases worldwide, especially in the Mediterranean. Many countries are currently grappling with the high and rising incidence of thalassemia, which has become a fundamental public health problem and a major cause of disability and death worldwide. Early identification of thalassemia can help reduce death rates. As a result, healthcare practitioners are accountable for making the correct decisions. [1]

Mothers of children with thalassemia may experience social isolation, sadness, and anger as a result of managing their child's chronic sickness (, as well as greater marginalization. They also face psychological and well-being issues. research found that mothers of children with β-thalassemia major experience higher levels of depression compared to mothers of usually developing children. Furthermore, caregivers of children with thalassemia have reported feeling worried about their child's physical health and future, as well as having greater anxiety and stress due to their caring responsibilities. [2].

The quality of life of mothers of children with thalassemia is affected in the long term. As primary caregivers, they face numerous challenges in dealing with the diverse and complex issues arising from their child's illness. Mothers reported fear, distress,, and hopelessness about their child's condition, particularly blood changes and disease progression. and other related complications such as bone deformities, short stature, poor self-image, frequent hospital visits for blood transfusions, developmental delays and infertility, heart disease, bone disease, diabetes, and infections in children. are also concerned [3]. Social support helps mothers cope with various crises caused by their child's illness and its treatment. For mothers of children with thalassemia, family, friends, and loved ones are a source of support. Most mothers suffer from significant psychological stress and have difficulties with social integration. They suffer from severe psychosocial problems due to their inability to cope with distressing situations, leading to poor family relationships and isolation [4]. Psychiatric nurses play an important role in the treatment approach of trained therapists and health care professionals. Humor therapy, mindfulness and stress reduction, reminiscence group therapy, and cognitive and social support interventions have all been successful in significantly reducing feelings of loneliness and improving other outcomes, such as social support, well-being, and life satisfaction. Positively impact a variety of outcomes. A common feature of these interventions is that they all include group-based activities [5]. In addition, psychiatric nurses should help mothers identify different stress management strategies, such as Meditation, gradual muscle relaxation, breathing techniques, guided imagery, states of concentration, yoga and stretching techniques, light exercise, etc. are widely used in daily life to regulate the response to stress and achieve a general sense of well-being. This is a relaxation

technique used. Improving well-being makes a person's mind, body, and spirit healthier and also helps prevent and control common health and emotional problems related to children, such as Anxiety symptoms [6; 7].

Significance of the study

Thalassemia is the most common monogenic disease worldwide. In certain parts of the world, thalassemia major (beta thalassemia) affects a significant proportion of the population. Changing migration patterns have altered the geographic distribution of the disease, making it a global health problem with higher incidence in Africa, India, Southeast Asia, and the Mediterranean. Beta-thalassemia is the most common chronic hemolytic anemia in Egypt. Carrier rates vary between 5.5% and over 9%. It is estimated that 1,000 out of 1.5 million people are born with b-thalassemia each year [8]. Thalassemia causes significant disruption in the lives of children and their mothers. The effects range from financial hardship and missed school or work to serious problems with self-image and self-esteem. [9].

Theoretical and Operational Definitions:

1- **Quality of life is the overall well-being of individuals and society and includes negative and positive aspects of life. It monitors life satisfaction, including all areas such as physical health, family, education, employment, wealth, religious beliefs, finances, and the environment [10]. In the current study, a mother's satisfaction with her four life domains (physical health, psychology, social relationships, environment) was defined operationally as measured by the quality of life scale developed by the WHO. [11].**
2- **Perceived social support: Defined as the financial and emotional support of those close to a person who is exposed to a stressful situation or distress (12). In the present study, perceived value, operationally defined as the extent to which mothers feel supported by their family, friends, and special people, was measured using the Perceived Social Scale developed by [13]**

2. Subjects and Methods

2.1 The purpose of the study: The primary aim of this study was to evaluate the correlation between the quality of life and social support experienced by mothers who have children with thalassemia.

2.2 Research questions: - What are the varying levels of quality of life and social support among mothers who have children with thalassemia? - Is there a discernible relationship between the quality of life and social support among mothers who have children with thalassemia?

2.3 Research Design: To accomplish the study's objective, a descriptive co-relational design was employed.

2.4 Study setting: The study was carried out in the pediatric department of the governmental hospital, in Jeddah, Saudia Arabia

2.1 Subjects

A sample of 89 mothers of children with thalassemia was selected based on specific criteria. These criteria included the absence of any psychiatric disorders, being responsible for the child's treatment and follow-up, literacy, having a child with thalassemia major under 18 years old, and willingness to participate in the study. The sample size was determined by the study's design and objectives. Previous literature on "Stress and quality of life among mothers with thalassemia children in Malaysia" indicated a significant negative correlation between stress and quality of life ($r = -0.296$, $P < 0.001$). With a power of 80%, a margin of error of 5%, and a confidence interval of 95%, the sample size was calculated using the formula $Z = 1.96$ for a confidence level of 95%.

Total sample size = $N = [(Z\alpha+Z\beta)/C]2 + 3$

- The standard normal deviate for $\alpha = Z\alpha = 1.960$
- The standard normal deviate for $\beta = Z\beta = 0.842$
- $C = 0.5 * \ln[(1+r)/(1-r)] = 0.305$

2.2 Tools of the Study: Three tools were utilized to accomplish the purpose of the study.

Tool (1): A structured interviewing questionnaire: After reviewing the literature, the researcher created this questionnaire to assess socio-demographic characteristics of mothers such as age, educational level, number of children, child age, housing, number of rooms, income, marital status, occupational status, presence of chronic diseases, and questions about health status and quality of life.

Tool (2): **Quality** of **Life Scale:** This scale was developed by the WHO (11) to provide a brief profile of the general level of quality of life in a person's life. It was used to assess quality of life. This scale consists of 26 items. It includes two elements related to general quality of life and public health, and only one of the 24 elements that make up the original image (World Health Organization (1995), 100 sentences). The summarized images are comprehensive and integrated. Translated into Arabic by researchers. It also consists of four areas: physical health, mental health, social relationships, and environment. The original scale contains 26 items, but items 1 and 2 assess mothers' opinions about their quality of life, but not the quality of life domain itself. Items 3 through 26 assess areas such as quality of life. The statistician excluded 1 and 2. He extracted two items from the 24-item scale and established its validity and reliability. Responses were rated on a 3-point Likert scale: no (1), sometimes (2), yes (1), whereas items 1, 2, and 24 were reversed, such as no (3), sometimes (2), and shows. means yes (1). point system. Less than 60% of the total

score indicates poor quality of life, 60% to 75% of the total score indicates average quality of life, and 75% or more of the total score indicates good quality of life. indicate. Validity was checked by a panel of experts. The reliability of the tool was determined using test-retest reliability and was found to be very reliable at 0.927.

Tool (3): Perceived Social Support Scale (PSS): This scale was originally developed by (13). This was used to assess perceptions of social support. It will be translated into Arabic and verified by researchers. This is a measure of how much support a mother feels she has from her family, friends, and loved ones. Consists of three subscales:Significant Other Subscale: 1, 2, 5, & 10

- Family Subscale: 3, 4, 8, & 11
- Friends Subscale: 6, 7, 9, & 12

It has 12 items on a 3-point Likert scale ranging from no (1), sometimes (2), and yes (3). The scoring system is as follows: less than 60% of the total score indicates poor social support, 60-75% shows moderate social support, and 75% or more indicates high social support. indicates. A panel of specialists examined the validity of the findings. The tool's dependability was determined using test-retest reliability, and it was found to be very dependable (0.893).

Ethical consideration:

The researcher will explain the goal of the study to each participant, obtain informed consent for participation, and ensure the anonymity and confidentiality of the individuals' data. The mothers will be notified that their participation in this study is voluntary, and they have the opportunity to withdraw at any moment.

Data Collection:

- - Authorized personnel received study-related information from the researcher. -The researcher approached all mothers who met the inclusion criteria and asked them to complete out surveys using the following steps: The researcher began data collection by introducing herself to the participant. Each mother provided informed consent. Then a brief description of the study's purpose and the type of questionnaire requested.
- Each mother was then given a summary of the study's goal and the type of questionnaire she would need to complete. Data were gathered through interviews with mothers in the hallway or their room in the pediatric hospital. Each interview lasted 20-30 minutes, depending on the mother's response to each questionnaire. The researcher collected the data in the morning on two days every week. The researcher began collecting data from the Governmental hospital, in Jeddah daily, around 10-12. The data was collected four days a week for three to four weeks. Data gathering covered two months, from October 2023 to December 2023

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2.2.1 Statistical Analysis

3. Data were gathered, tabulated, and statistically analyzed on an IBM personal computer running the Statistical Package for Social Science (SPSS) version 20 (SPSS, Inc, Chicago, Illinois, USA). where the following statistics were used. Descriptive statistics: quantitative data were reported in the form of mean, standard deviation (SD), and range, while qualitative data were presented as numbers and percentages. Analytical statistics are utilized to determine the potential relationship between examined factors and the targeted ailment. The tests of significance included: The Chi-square test ($\chi 2$) was employed to examine the relationship between two qualitative variables. The Kruskal-Wallis test (nonparametric test) is a significance test used to compare three or more groups that are not normally distributed and contain quantitative variables. Pearson correlation: A method for determining the correlation between two quantitative variables.

4. Results

Table (1) shows that half of the investigated mothers (50.6%) are between the ages of 20 and 35. The majority of mothers (94.1%) are married. Nearly half of the mothers (42.4%) have a secondary education. The majority of mothers (90.6%) are housewives. While more than half (57.6%) of mothers live with family. More than three-quarters of the mothers (83.5%) had a modest socioeconomic status. While more than one-third of mothers (29.4%) have a chronic illness. **Table (2)** demonstrates that there is a considerable relationship between quality of life, education level, and socioeconomic status. The average quality of life is high in areas with high levels of education and socioeconomic status, as well as the absence of disease. There is no substantial relationship between quality of life and marital status, occupation, dwelling, number

Table (3): This table illustrates that there is a considerable relationship between social support and socioeconomic status. This means that mothers with a high socioeconomic class have more social support, however, there is no significant relationship between social support and marital status, educational level, occupation, housing, number of children, or age of children.

Figure 1: This result indicates that fewer than half of the mothers tested (42.4%) had an average or poor quality of life.

Figure (2) reveals that more than three-quarters of mothers (83.7%) who do not have a chronic illness enjoy a high quality of life. More than two-thirds (66.7%) of mothers with chronic illnesses experience a poor quality of life.

Figure (3): The figure shows that more than one-third of subjects (37.60%) have moderate social support.

Figure (4): The figure shows that there is a positive correlation between total quality of life and total social support among the studied mothers. indicating that increased social support leads to a higher quality of life.

Table (1): Socio-demographic characters of the studied mothers (N= 85)

Socio-demographic characters	No.	%
Age/years		
20 – 35	45	50.6
35 – 50	40	47.1
More than 5	5	2.3
Educational level		
Illiterate	20	17.6
Primary	26	30.6
Secondary	36	42.4
University &Post Graduate	8	9.50
Marital state		
Married	82	94.0
Divorced	4	4.70
widow	4	2.30
Occupation		
Work	13	9.40
Housewife	77	90.60
Housing		
Rent	7	3.40
Owner	34	40.0
With relatives	49	57.60
Socioeconomic level		
Low	15	15.3
Moderated	71	85.5
High	4	2.2
Chronic illness		
Yes	30	29.4
No	60	70.6
Number of children		
Mean ±SD	3.05±0.9	
Range	1.50 – 6.30	
Age of children		
Mean ±SD	9.12±3.0	
Range	1.00 – 16.0	
Number of rooms		
Mean ±SD	2.60±0.67	

Range	1.00 – 4.00

Table (2): Relation between quality of life and socio-demographic characters of the studied mothers (N= 85)

Socio demographic characters	**Quality of life**						**Test of sig.**	**P value**
	Good (N=49)		**Average (N=18)**		**Bad (N=18)**			
	No.	**%**	**No.**	**%**	**No.**	**%**		
Age / years							X2	
20 – 35	28	55.1	11	61.1	6	33.3	4.98	0.289
35 – 50	22	44.9	6	33.3	12	66.7		
More than 5	1	2.00	1	5.60	0	0.00		
Educational level							X^2	
Illiterate	6	12.2	0	12.0	9	50.0	27.1	**0.001****
Primary	22	38.7	5	29.8	5	16.7		
Secondary	17	34.7	13	74.2	8	33.3		
University& Postgraduate	10	17.2	0	0.00	0	0.00		
Marital state							X^2	
Married	45	91.8	17	94.4	18	100	1.91	0.762
Divorced	3	6.10	1	5.60	0	0.00		
Widow	1	2.00	0	0.00	0	0.00		
Occupation							X^2	
Work	3	6.10	3	16.7	2	11.1	6.69	0.163
Housewife	46	93.9	15	83.3	16	88.9		
Housing							X^2	
Rent	2	4.10	0	0.00	0	0.00	7.31	0.140
Owner	23	46.9	8	44.4	3	16.7		
With relatives	24	49.0	10	55.6	15	83.3		
Socioeconomic level							X^2	
Low	1	2.00	1	5.60	11	61.1	37.6	**0.001****
Moderated	47	96.0	17	94.4	7	38.9		
High	1	2.00	0	0.00	0	0.00		
Number of children							K	
Mean ±SD	3.10±1.00		2.83±0.78		3.10±0.85		2.14	0.354

Range	1 - 6	1 – 6	2 – 5		
Age of children				K	
Mean ±SD	9.44±4.09	9.05±2.70	8.33±3.98	1.26	0.551
Range	1.50 - 16	4 - 13	1 – 13		

Table (3): Relation between social support and socio demographic characters of the studied mothers (N= 85)

Socio demographic characters	Social support						Test of sig.	P value
	Low (N=31)		Moderate (N=32)		High (N=23)			
	No.	%	No.	%	No.	%		
Age / years							X2	
20 – 35	12	40.0	15	46.9	16	69.6	6.64	0.158
35 – 50	17	56.7	17	53.1	6	26.1		
More than 5	1	3.30	0	0.00	1	4.30		
Educational level							X^2	
Illiterate	9	26.9	4	12.5	4	13.0	10.3	0.332
Primary	10	33.3	10	31.3	6	26.1		
Secondary	11	36.7	14	43.8	11	47.8		
University& Post graduate	3	4.30	4	12.5	3	12.100		
Marital state							X^2	
Married	28	93.3	32	100	20	87.0	5.47	0.242
Divorced	2	6.70	0	0.00	2	8.70		
Widow	0	0.00	0	0.00	1	4.30		
Occupation							X^2	
Work	4	13.3	0	0.00	5	18.4	5.58	0.061
Housewife	26	86.7	32	100	19	82.6		
Housing							X^2	
Rent	0	0.00	1	3.10	1	4.30	5.13	0.273
Owner	10	33.3	17	53.1	7	30.4		
With relatives	20	66.7	14	43.8	15	65.2		
Socioeconomic level							X^2	
Low	10	33.3	1	3.10	2	8.70	14.5	**0.006****
Moderated	20	66.7	31	96.9	20	87.0		
High	0	0.00	0	0.00	1	4.30		

Number of children Mean ±SD Range	3.06±0.91 1 – 5	3.28±0.92 2 - 6	2.73±0.91 1 – 5	K 3.92	0.141
Age of children Mean ±SD Range	9.35±3.74 2 - 16	9.73±3.80 1.50 - 14	8.00±3.81 1 – 16	K 2.61	0.262
Number of rooms Mean ±SD Range	2.43±0.72 1 - 4	2.65±0.65 2 - 4	2.73±0.62 1 – 3	K 2.88	0.256

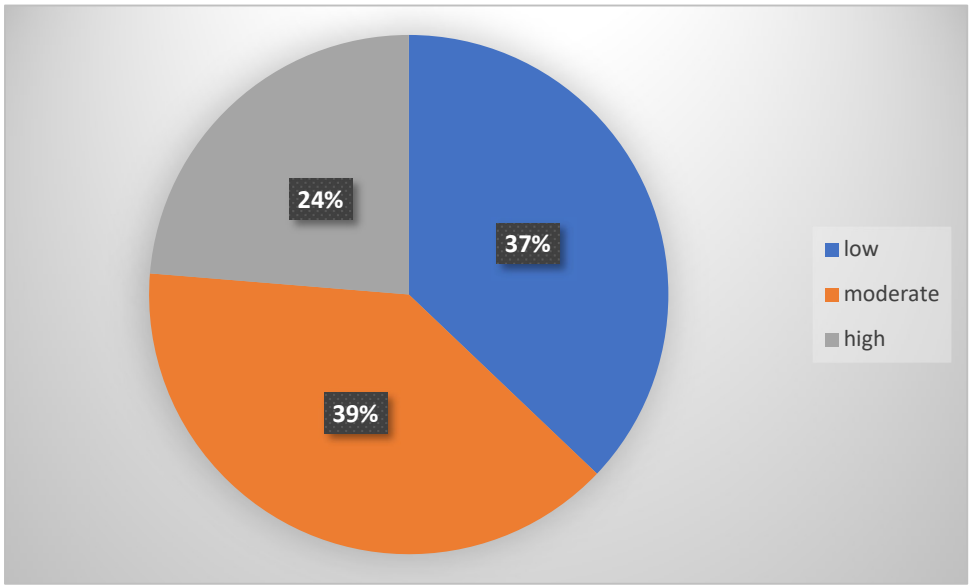

Figure 1. Percentage distribution of total quality of life among the studied mothers

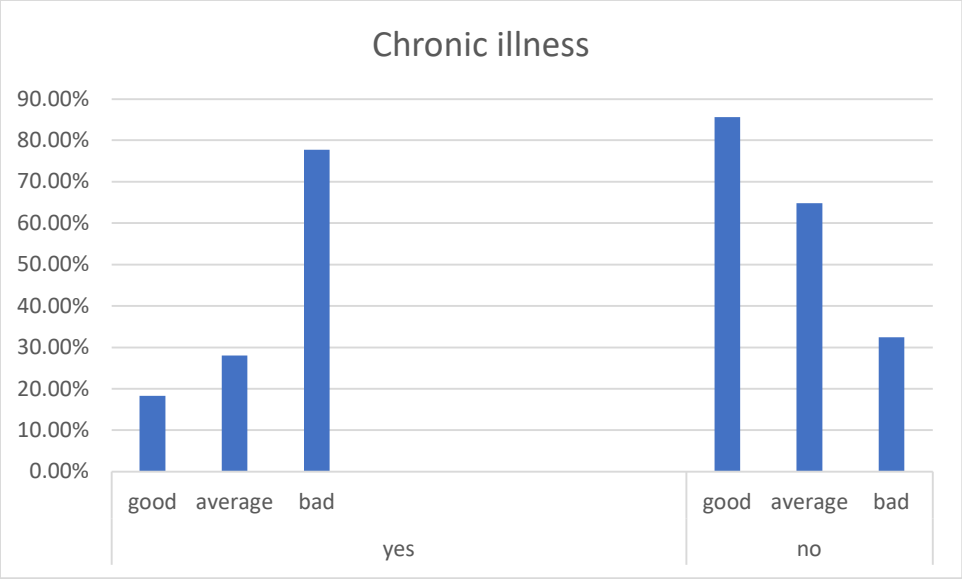

Figure 2. Relationship between total quality and chronic illness among the studied mothers

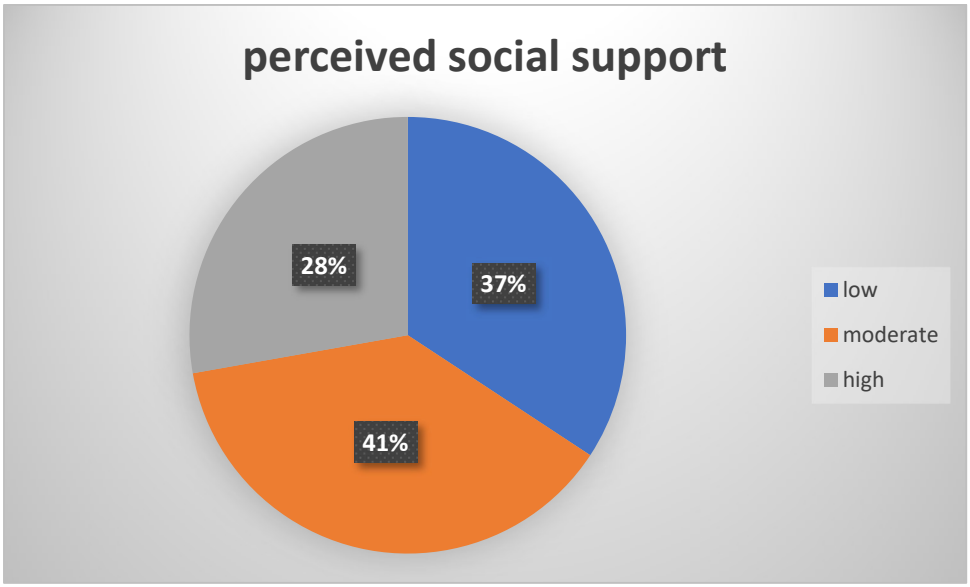

Figure 3. Percentage distribution of total perceived social support among the studied mothers

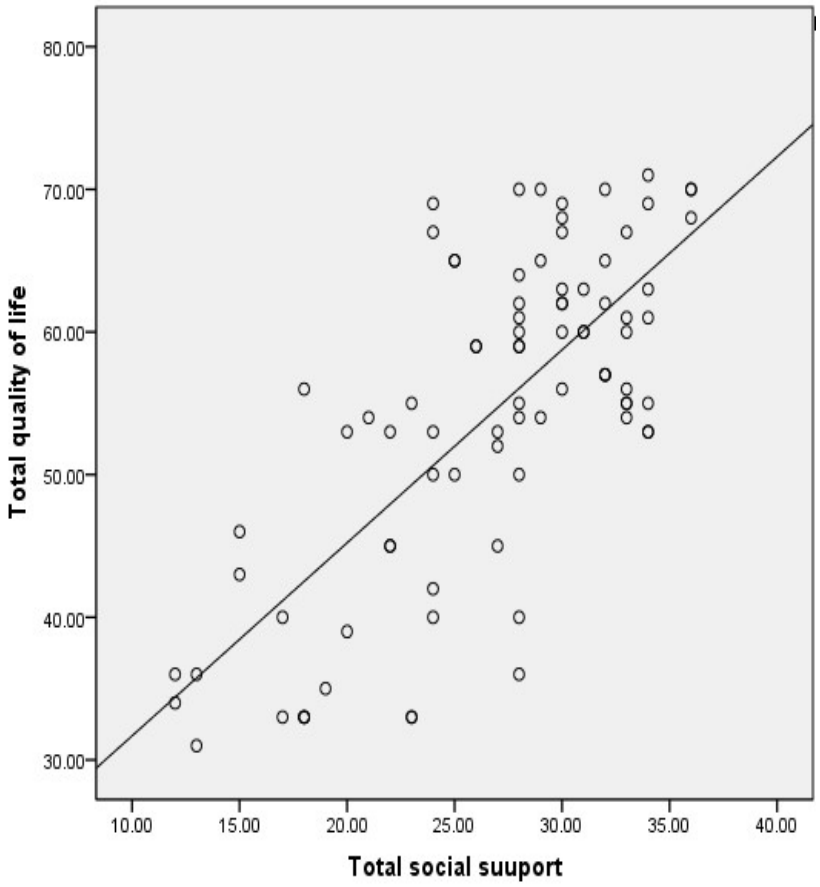

Figure 4. Correlation between total quality of life and total social support among the studied mothers

5. Discussion

Regarding the socio-demographic traits of the mothers, the consequences of this observe discovered that the age of the studied mothers became ranged from 20-35 years. This is can be because of that they married in younger age as the wedding age in Egypt is ranged among 20-29years old. This end result became in settlement with [15] who studied "evaluation of excellent of lifestyles amongst mother and father of kids with thalassemia". They located that age for studied mothers became ranged among 25-35 years old. The observe became in confrontation with the end result by [16] who studied "Caregiver burden and associated elements in mother and father of kids with Thalassemia ". They said that the studied mother and father' a long time became ranged from 41-50 years.

Regarding marital status, the prevailing has a look at found that almost all of studied mothers had been married. This result became in settlement with the have a look at which completed with the aid of using [17] who studied "Parenting strain of mothers having kids with thalassemia". They said that the majority of studied mothers (94%) had been married. Also, it became constant with [9] who studied "parenting strain in Malaysian dad and mom of kids with thalassemia". They determined that the majority of fathers and mothers had been married (91%).

Concerning the extent of education almost 1/2 of the mothers have secondary education (42.2%). This result became constant with [17] who studied the "parenting strain of mothers having kids with thalassemia". They said that the majority of studied mothers (64%) had been in secondary training, and they have a look at became in the identical line with [18] who studied "Perceived strain and financial burden amongst thalassemia sufferers and their caregivers". They determined that caregivers had been (42.4%%) having secondary training. Nicely because they have a look at became in settlement with [14] who studied "Mediating position of perceived social assist on the connection among strain and fine of lifestyles amongst mothers with thalassemia kids in Malaysia". They confirmed that the majority of studied mothers have a secondary faculty background (62.6%).

Regarding the career, the bulk of the mothers are residence wives (90.6%). This end result became within the identical line with the end result with the aid of using [17] who studied "Parenting strain of mothers having kids with thalassemia". They said that majority (87%) of studied mothers had been residence wife. It became additionally constant with [19] who studied "Quality of Life amongst Caregiver of Children with Thalassemia in Al-Najaf Governorate". He determined that mom career became extra than 1/2 of (61.3%) of studied mothers had been residence wife. Regarding having persistent diseases, the consequences of the prevailing have a look at determined that one 1/3 of mothers (29.4%) have persistent ailment. This is can be because of absenceof bodily activity, bad nutrition, mental misery and baby's contamination that outcome s on mom fitness. This end result became much like the studywhich completed with the aid of using [20] who studied "impact of baby thalassemia at the intellectual fitness in their caregivers". They determined that 30% had been affected by an ailment. But became inconsistent with [21] who studied "Quality of lifestyles in caregivers with and with out persistent ailment" they determined that extra than 3 quarters of studied subjects (78.8%) had persistent contamination.

Concerning the socioeconomic kingdom the cutting-edge have a look at confirmed that majority of the have a look at mothers have mild diploma of socioeconomic stage (85.5%). This end result became congruent with the have a look at which performed with the aid of using [19] who studied "Quality of Life amongst Caregiver of Children with Thalassemia in Al-

Najaf Governorate". He determined that own circle of relatives socio-financial popularity became slightly enough approximately 1/2 of of caregiver (52.5%). Also the have a look at became constant with [22] who studied "the intellectual burden of dad and mom of kids with thalassemia". They determined that dad and mom' profits became slightly ok.

Regarding the extent of fine of lifestyles of studied mothers, the cutting-edge have a look at confirmed that almost all of the mothers has excellent fine of lifestyles (57, 6%). The end result of have a look at became constant with [23] who studied "Quality of Life of Caregivers of Hematopoietic Cell Transplant Recipients". They determined that maximum caregivers are experiencing bodily and intellectual fine of lifestyles equal to or higher than that of the overall populace and, on average, caregivers record higher bodily however comparable intellectual fine of lifestyles as opposed to recipients. But the have a look at became in constant with the have a look at completed with the aid of using [24] who studied "Stress stage amongst caregivers of thalassemia sufferers". They said that the fine of lifestyles became affected adversely amongst 50% of caregivers of Thalassemia sufferers. As nicely as became in war of words with the have a look at which completed with the aid of using [25] who studied "fine of lifestyles in kids with thalassemia and their caregivers in India". They illustrated that the overall fine of lifestyles rating on determine-proxy record became appreciably decrease amongst instances compared with controls in all age groups.

Concerning to the extent of overall perceived social assist many of the studied mothers. The gift has a look at determined that multiple 1/3 of mothers (41%) have moderate perceived social assist. This can be because of being supported with the aid of using their own circle of relatives; being supported with the aid of using community, nearer own circle of relatives individuals, accelerated frequency of seeing others or feeling now no longer the most effective one on their trouble, boom feeling of being connected, constructing of latest friendships. The end result of the have a look at became in settlement with [26] who studied "Factors related to the fine of lifestyles of own circle of relatives caregivers for leukemia sufferers in China". They determined that almost all (73.8%) of own circle of relatives caregivers obtained a mild stage of social assist. While those findings became inconsistent with studies performed with the aid of using [27] who studied "Caregiver Burden and Social Support in Mothers with β-Thalassemia Children". Their consequences verified that approximately 1/2 of of (51.5%) of mothers of foremost β-thalassemic kids have low stage of social assist. As nicely because it became in constant with [17] who studied "parenting strain of mothers having kids with thalassemia". They determined that majority of the studied mothers (84%) had excessive economic assist and one area of the mothers had low social assist (28%).

According to the consequences of this have a look at, there has been a substantial relation betweenpercived social support and socioeconomic status (p cost 0.006). Mean perceived social support rating became better in excessive socioeconomic magnificence stage than the low socioeconomic magnificence stage. This end result became the same with the effects of a have a look at which completed with the aid of using [28] who studied "Social assist of dad and mom of kids with leukemia". Who determined that the own circle of relatives profits became a danger issue of determine social assist. The better own circle of relatives profits, the extra social helps perceived with the aid of using dad and mom. It became additionally constant with [6] they studied "Caregiver Burden and Social Support in Mothers with β-Thalassemia Children" Who determined that the mom's low stage of profits and dwelling on my own ought to appreciably affect their social assistance.

Regarding the relation among fine of lifestyles and academic stages, the prevailing has a look at confirmed that there has been a substantial tremendous relation among fine of lifestyles and academic stages. This can be because training is the supply of know-how that enables the mom to create focus with the aid of using getting rid of false impressions due to contamination. The a look became constant with [29] who studied "Care-Related Quality of Life of Caregivers of Beta-Thalassemia Major Children: An Epidemiological Study in Eastern India". The findings of the prevailing have a look at had been contradicted with have a look at performed with the aid of using [24] who studied "Stress stage amongst caregivers of thalassemia sufferers ". They said no relation among distinction ranges of training and psychosocial burden of the caregiver, an knowledgeable caregiver is probably to be extra resilient, as a result have extra competencies to manage up with the strain and pressure the ailment of his/her baby places onto him/her. As nicely because they have a look at became in constant with the have a look at of [30] who studied "Quality of lifestyles, depression, tension and strain in over-18-year-antique sufferers with beta thalassemia foremost and their caregivers". They determined that human beings with better training have usually tended to have better socioeconomic popularity and profits in addition to better lifestyles pride and a fine of lived reports of Iranian dads and mothers of beta-thalassemia kids' lifestyles. The cutting-edge look confirmed that there has been a tremendous correlation between a fine of lifestyles and fitness popularity in many of the studied mothers. This result matched with [25] who studied "Quality of Life in Children with Thalassemia and their Caregivers in India". They determined that determine-proxy record [84.2 (11.9) p < 0.001] became appreciably decreased in instances compared with controls. It was determined that an appreciably better percentage of caregivers of instances said bad fitness as in comparison with caregivers of controls (29.2% vs. 2.5%, p < 0.001). Nicely because they have a look at became constant with [31] who studied "Health-associated Quality of Life for Children with Leukemia: Child and Parental Perceptions". They found that the presence of maternal chronic disease was significantly related to the total score of the parent-proxy report (mother) (P<0.05).

According to the result of the contemporary examination, there has been a wonderful correlation between high-satisfactory lifestyles and the socioeconomic fame of many of the studied mothers. This end result changed into regular with [4] who studied "Experience of mother and father worrying for his or her youngsters with thalassemia: demanding situations and troubles for integrative review". They observed that economic issues appeared to be a accepted purpose of struggling of mother and father with youngsters with thalassemia for the reason that sickness calls for extended care and remedy and common hospitalization. It changed into the best trouble seen, in particular amongst mothers and fathers inside the decreased socio-financial group. Also, it changed into regular with [32] who studied "Quality of Life amongst Caregivers of Youngsters with Autism Spectrum Disorders, Intellectual Disability, and Typical Development". They observed that there has been an immediate courting between better profits and high-satisfactory lifestyles due to the fact low profits seem to be a dangerous component for terrible high-satisfactory lifestyles, especially inside the mental and surroundings domains.

Concerning the correlation between high-satisfactory of lifestyles and social assistance the prevailing examines verified that there may be a wonderful correlation between overall high-satisfactory of lifestyles and overall social assist many of the studied mothers with excessive statistical significant (P value, 0.001). This end result changed the identical line with a examine accomplished by [33] who studied "Mediating position of perceived social assist on the connection among pressure and high-satisfactory of lifestyles amongst mothers with thalassemia youngsters in Malaysia". They verified that there has been the wonderful correlation among perceived social assist and high-satisfactory of lifestyles suggests that mothers who obtain social assist revel in better tiers of high-satisfactory of lifestyles due to the fact they get the adequacy of assist of their lifestyles. It changed into additionally the identical line with [34] who studied "Self-efficacy, social assist, and high-satisfactory of lifestyles amongst number one own circle of relatives-member caregivers of sufferers with leukemia in Thailand" who observed that Perceived social assist additionally drastically expected high-satisfactory of lifestyles, and caregivers with extra social assist loved a higher high-satisfactory of lifestyles, in overall, 56.7 percentage of number one own circle of relatives-member caregivers mentioned excessive tiers of perceived social assist, which can be associated with the sturdy relationships among own circle of relatives-member caregivers.

Conclusion

The current study concluded that there was a positive correlation between total quality of life and total social support among the studied mothers

6. Recommendations

This study recommended that an educational program should be given to the mothers of children with thalassemia to maintain their psychological and physical health, as well as improve their quality of life as a whole.

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