

SUMMARY AND CONCLUSIONS

*After climbing a hill, one only finds that there
are more hills to climb.*

- Nelson Mandela



SUMMARY AND CONCLUSIONS

The specific problem of the present investigation was a **psychological study of parents of thalassaemic children.**

6.1 Issues and Objectives:

The present investigation was focused on the following queries:

- i To examine gender difference, if any, in relation to locus of control, Depression, Adjustment and Parenting Function and also to assess the extent and degree of the same among parents of Thalassaemic children.
- ii To examine the relationship between Locus of control, Depression, Adjustment and Parenting Function among parents of Thalassaemic children

6.2 Hypotheses:

From the issues, objectives and the problem stated above, the following major hypotheses were generated

- i The main and interaction effects of Positive Parenting dimensions as a whole would show significant variation in between Mothers and Fathers of Thalassaemic children.
- ii The main and interaction effects of Negative Parenting dimensions as a whole would show significant variation in between Mothers and Fathers of Thalassaemic children

- iii The main and interaction effects of Depression between Mothers and Fathers of Thalassaemic children would show significant variation
- iv Significant variation in Internal Locus of Control and External Locus of Control would be seen in between Mothers and Fathers of Thalassaemic children
- v Significant variation in Adjustment would be seen between Mothers and Fathers of Thalassaemic children
- vi Significant variation in correlation between Positive Parenting as a whole and Negative Parenting as a whole would be expected among Parents of Thalassaemic children
- vii Positive Parenting as a whole would not be expected to correlate significantly with Depression, Internal Locus of Control, External Locus of Control and Adjustment in Parents of Thalassaemic children
- viii Negative Parenting as a whole would be expected to correlate significantly with Depression, Internal Locus of Control, External Locus of Control and Adjustment in Parents of Thalassaemic children
- ix Significant variation in correlation between Depression and Internal/External Locus of Control as well as in between Depression and Adjustment would be expected among Parents of Thalassaemic children

- x Parents of Thalassaemic children would show significant variation in correlation between Adjustment and Internal Locus of Control as well as in between Adjustment and External Locus of Control

6.3 Variables:

The variables of the present study are as follows:

Independent Variables.

- 1 Parents of Thalassaemic children Mothers and Fathers (gender)

Dependent Variables

1. Depression
- 2 Locus of Control
3. Adjustment
4. Parenting

Control Variables

In this study, we had used various controls to make the study more reliable

- 1 Sample consisted of lower socio-economic group
2. Equal distribution of male and female
- 3 Sample was selected from various hospitals in Baroda and Ahmedabad.
- 4 Selection of sample was based on two factors:
 - a The age of their child, i.e., between 6 and 15 years
 - b The IQ level of their child, i.e., between 90 and 109 (average range)
- 5 The sample was selected on the basis of having thalassaemic children without siblings

6.4 Sample:

The total purposive sample of the study comprised of 120 subjects. The sample of the study consisted of 60 parents, i.e., 60 mothers and 60 fathers having thalassaemic children living in Baroda and Ahmedabad.

6.5 Tools:

The tools used in the present study were

- 6 Beck's Depression Inventory (BDI, Beck, Ward, Mendelson, Mock and Erbaugh, 1967)
- 7 The Rotter's Internal-External Locus of Control (Rotter, 1966)
- 8 Bell's Adjustment Inventory (Bell, 1934)
- 9 Multi-dimensional Parenting scale (Dr. N S Chauhan and Dr C P Khokhar, 1985)
- 10 Malin's Intelligence Scale for Indian Children (Dr A J Malin, 1969) – Indian adaptation of Wechsler's Intelligence Scale for Children (WISC, 1949)

6.6 Analysis of Data:

The obtained data was quantified and statistically tested to assess its level of significance. Parametric tests were used. Product Moment Coefficient of Correlation was used to find the correlation between the combinations of the variables.

One-way analysis of Variance (ANOVA) was used to find out the interactional effect of parenting, depression, internal-external locus of control and adjustment as the dependent variables with parents (mothers and fathers) of thalassaemic children as the independent variable.

6.7 Conclusions:

- I No significant variation in between Mothers and Fathers of Thalassaemic children was found regarding Positive Parenting dimensions as a whole
- II. Significant variation in between Mothers and Fathers of Thalassaemic children was found regarding Negative Parenting dimensions as a whole.
- III Significant variation between Mothers and Fathers of Thalassaemic children was found regarding Depression.
- IV. No significant variation regarding Internal Locus of Control and External Locus of Control was found in between Mothers and Fathers of Thalassaemic children
- V Significant variation regarding Adjustment was found in between Mothers and Fathers of Thalassaemic children
- VI No significant variation in correlation between Positive and Negative Parenting dimensions as a whole was found among Parents of Thalassaemic children
- VII No significant variation in correlation between Positive Parenting dimensions as a whole and Depression, Internal Locus of Control, External Locus of Control and Adjustment was found among Parents of Thalassaemic children
- VIII. No variation in correlation between Negative Parenting dimensions as a whole and Depression, Internal Locus of Control

and External Locus of Control was found among Parents of Thalassaemic children.

- ix. Variation in correlation between Negative Parenting dimensions as a whole and Adjustment was found among Parents of Thalassaemic children.
- x. Significant variation in correlation between Depression and Internal/External Locus of Control as well as in between Depression and Adjustment was found among Parents of Thalassaemic children.
- xi. Significant variation in correlation between Adjustment and Internal Locus of Control as well as in between Adjustment and External Locus of Control was found among Parents of Thalassaemic children

6.8 Limitations of the Study:

- 1 Sample taken for the study was a limitation in itself. Since the entire sample was taken from Gujarat state, i.e., Baroda and Ahmedabad, it was restricted in geographical scope.
- 2 The present study has limited generalizability due to small sample size.
- 3 The sample was limited to low socio-economic status families only.
- 4 Much less literature exists with reference to thalassaemic family study from the psychological point of view, hence the need for further research is recommended.

- 5 More concentration was given to study the interactions of various variables with the parents of thalassaemic children
- 6 Only a few variables were considered in the current investigation. It is suggested that future studies should include more dependent and independent variables.
7. The current study was limited to parents of thalassaemic children living in Gujarat. Comparative groups from different states could be added in future studies

6.9 Suggestions and Implications:

Every investigation has new avenues for further studies. The following suggestion and implications can make further studies more fruitful.

- 1 Further researches could include wider samples from other cities and additional socio-economic status can provide a comparative data
- 2 Multiple testing on the sample can be done after different time periods in order to obtain more definite and reliable results
- 3 There could be a very good addition to the research field if parental attitude study may be conducted by taking the children suffering from cancer, aids, etc
- 4 Further studies could centre on the frustrations and stress levels of the child as well as the parents to make it a family study
- 5 Attitudes of families without thalassaemia towards families with thalassaemia could be studied

- 6 Extensive and intensive studies need to be conducted for developing adequate ways and means for rehabilitation of families with thalassaemic children

The comprehensive rehabilitation medicine programme brings together a group of disciplines that provide services in a milieu that mobilizes the patient's strengths and skills towards overcoming his/her limitations and realizing his/her fullest potentials. This process is cyclical in nature and includes the following components: assessing, planning, implementing and evaluating

The assessment phase begins on admission and consists of comprehensive history of the patient. The objective is to clearly identify the patient's health status and formulate therapeutic approaches

The planning phase is initiated following documentation of the patient's health problems. The objective is to set priorities and to formulate specific actions based on the expected behaviour outcomes

The implementation phase begins following the establishment of the care plan. The objective of this phase is to institute therapy and establish goals and behaviour outcomes

The evaluation phase follows the completion of the therapeutic action and indicates the patient's outcome

In the Indian context, the major objective could be achieved by bringing in harmony and restoration of the integrity of the self-image, concomitant with a respect of oneself as a person, despite having a disease that is life-threatening to either themselves or the others in the family. The person should have insight about the problem rather than sympathy

The families of thalassaemic major children must be understood and approached not only in terms of the general personality disposition but rather in terms of their difficulties and attitudes towards life. Hence, an adequate understanding of psychosocial aspects of families of thalassaemic major children must precede all preventive, curative, and particularly the third phase – the rehabilitation of them.

It is suggested that, psychological rehabilitation of families of thalassaemic major children should take into account the following points:

- 1 Helping the individuals of thalassaemic major children in their psychological adjustment to society
- 2 Providing them timely help and assistance.
- 3 Need to initiate practical programmes that would carry immediate and significant benefits for them
- 4 Giving them more opportunities in all sectors of economy
- 5 Establishing more rehabilitation centres by State government as well as NGOs are needed
- 6 Red Cross and Green Cross societies do provide aids and equipment needed for the person with the disease, which is noteworthy, but it is not enough
- 7 Variety of projects is promoted by State and Centre Governments to study thalassaemia, its causal factors and preventive measures but unfortunately psychological study of the affected families is not promoted