



SOCIAL SUPPORT AND QUALITY OF LIFE IN SCHOOL-AGED CHILDREN WITH THALASSEMIA MAJOR

Murtilita¹, Henny Suzana Mediani², Wiwi Mardiah², I Made Moh. Yanuar Saifudin¹

¹Department of Nursing, Faculty of Medicine, Universitas Tanjungpura, Jl. Prof. Dr. H. Hadari Nawawi, Bansir Laut, Pontianak Tenggara, Pontianak, Kalimantan Barat 78124, Indonesia

²Department of Nursing, Faculty of Nursing, Universitas Padjajaran, Jl. Raya Bandung Sumedang KM.21, Hegarmanah, Jatinangor, Sumedang, Jawa Barat 45363, Indonesia

*murtilita@ners.untan.ac.id

ABSTRACT

Social support is essential in improving the quality of life for children with thalassemia major. This study aims to examine the relationship between social support and the quality of life of school-aged children with thalassemia major. Methods: This cross-sectional study involved 82 children aged 8-12 years with thalassemia major at Garut District Hospital's Thalassemia Clinic. Data were collected using the Child and Adolescent Social Support Scale (CASSS) and the Pediatric Quality of Life Inventory (PedsQL) 4.0. Pearson correlation and linear regression analyses were used to explore the relationships between social support and quality of life. Results: The study found a significant positive relationship between total social support and the quality of life of children with thalassemia major ($r = 0.388, p < 0.001$). Among the different types of support, close friend support showed the strongest correlation with quality of life ($r = 0.405, p < 0.001$). Conclusion: Social support, particularly from close friends, plays a crucial role in enhancing the quality of life of school-aged children with thalassemia major. Close friend support was the most influential factor, followed by parental and teacher support. These findings highlight the importance of emotional and social support in managing chronic illnesses in children.

Keywords: children; close friends; parental support; quality of life; social support; teacher support; thalassemia major

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INTRODUCTION

Thalassemia is an autosomal recessive inherited disorder caused by a genetic defect on chromosome 11 (Hockenberry & Wilson, 2015; Bowden, Dickey & Green, 2010; Galanello & Origa, 2010). It is a hereditary blood disorder with clinical manifestations ranging from the mildest form (heterozygous type), known as thalassemia minor or trait (carrier), to the most severe form (homozygous type), known as thalassemia major. Heterozygous thalassemia is inherited from one parent who has thalassemia, while homozygous thalassemia is inherited from both parents who are affected (Ganie, 2005; Potts & Mandelco, 2012). Children with thalassemia experience physical changes such as bone deformities and short stature, which can lead to issues with self-image. They also experience somatic complaints, depression, social isolation, low self-esteem, and anxiety related to their condition and the complications that may arise (Rachmaniah, 2012; Thavorncharoensap et al., 2010; Yengil, Acipayam, Kokacya, Kurhan, Oktay & Ozer, 2014). The treatment for thalassemia aims to support normal development while minimizing infections and complications as a result of the systemic nature of the disease (Bowden, Dickey & Green, 2010; Hockenberry & Wilson, 2015; James & Ashwill, 2007).

Mediani et al. (2017) revealed that when discussing the impact of thalassemia on children and families, parents often express their emotions, perceptions, and attitudes toward their children with thalassemia. Parents of children with thalassemia share numerous concerns that affect their children's psychosocial life, including worries about frequent school absences due to hospital treatments. According to Dakhakhny, Hesham, Mohamed & Mohammad (2011), thalassemia and its treatments can significantly affect quality of life. Quality of life is defined as a sense of well-being, encompassing aspects of happiness and life satisfaction (Oksuz & Malhan, 2006). It is broad and subjective, not merely objective or specific (Muhaimin, 2010). Quality of life consists of physical, emotional, social, and school functioning. Children with thalassemia require special attention to their quality of life due to the chronic nature of their disease, which can affect both their physical and psychological functioning. Several factors can either worsen or improve their quality of life.

Factors influencing the quality of life in children with thalassemia include low socioeconomic status, disease severity, iron chelation therapy, adherence to blood transfusions, hepatomegaly, and complications (Sezaneh, 2013; Ayoub et al., 2013; Supartini et al., 2013; Torcharus & Pankaew, 2011; Thavorncharoensap et al., 2010; Bulan, 2009; Dakhakhny, 2011; Haghpanah et al., 2013). However, according to studies by Thavorncharoensap et al. (2010), Torcharus and Pankaew (2011), and Caocci et al. (2012), factors like transfusion frequency, iron therapy frequency, clinical severity, hepatomegaly, and complications were not significantly associated with quality of life in thalassemia patients. Additionally, in Indonesia, the issue of economic status affecting access to treatment has been addressed through BPJS, which provides therapy for children with thalassemia. Thalassemia treatments generally reduce the quality of life in children with thalassemia, particularly in the social relationship dimension (Tahmasbi et al., 2007; Kaheni et al., 2013). Supartini's (2011) research supports this, showing that social support, especially from family members caring for children with thalassemia, is a major factor contributing to the children's quality of life. Caocci et al. (2010) stated that parents tend to perceive that their children's quality of life is more affected in the domain of interpersonal relationships rather than physical issues. Tubman, Fung, Vogiatzi, Thompson, Rogers, et al. (2015) also found that social support is a crucial factor in improving quality of life.

Social support is defined as providing comfort, care, appreciation, or assistance to individuals from others (Sarafino & Smith, 2006). Social support can come from family, friends, or others (Cavus, 2015). The primary source of support is the family, particularly the parents, while peer and professional support increases as the child grows older. Support from parents, peers, classmates, and teachers can enhance mental health and serve as a social support system for children with thalassemia (Carlton et al., 2006; Tsai, Lin, Chiu, & Joe, 2009). According to Hockenberry and Wilson (2015), stress and fear for school-aged children can stem from the school environment and participation in organizations. Demands from teachers, parents, and schools can create unrealistic expectations for these children, with much of their fear being school-related. Health care providers, counselors, and school teachers play a significant role in helping these children address their issues and improve their quality of life (Gharaibeh & Gharaibeh, 2011). This is supported by research from Thavorncharoensap et al. (2010), which suggests that improving the quality of life for thalassemia patients requires social support and relationships among patients, school officials, families, and doctors, particularly in enhancing school functioning.

Children with thalassemia require greater attention to their quality of life as it is a chronic illness that can affect both physical and psychological functioning. Many factors can either worsen or improve their quality of life. To enhance their quality of life, external support in the form of social support is necessary. This study aims to explore the relationship between social support and the quality of life of school-aged children with thalassemia major, focusing on the influence of support from home and school environments, excluding healthcare professionals. The aim of this study was to explore the relationship between social support and the quality of life of school-aged children with thalassemia major, focusing on the influence of support from home and school environments, excluding healthcare professionals.

METHOD

This study used a quantitative research approach with an analytical survey and a cross-sectional design. The research was conducted at the thalassemia clinic of Garut District Hospital over a period of three weeks, from May 2 to May 21, 2018. The participants in this study consisted of 82 children aged 8-12 years diagnosed with thalassemia major. A non-probability sampling technique, specifically total sampling, was used to include all eligible children receiving treatment at the clinic during the study period. Data were gathered through standardized questionnaires administered to the participants. The inclusion criteria were: (1) children with thalassemia aged 8-12 years, and (2) children with thalassemia who were able to read and write. The exclusion criteria included: (1) children with thalassemia who had hearing impairments, special needs (such as intellectual disabilities, autism), or mental health disorders, (2) children with thalassemia who did not complete the data collection process, and (3) children who were critically ill or too unwell to fill out the questionnaires.

Two standardized instruments were utilized in this study. The Child and Adolescent Social Support Scale (CASSS) (Malecki et al., 2002) was used to measure the level of social support, while the Pediatric Quality of Life Inventory (PedsQL) 4.0 Generic Core (Varni, 2017) assessed the children's quality of life. The CASSS questionnaire was back-translated and tested for validity and reliability using Pearson’s product-moment correlation for validity and Cronbach's alpha for reliability. The tests were conducted with 35 children with thalassemia major aged 8-12 years. Out of the 48 questions in the instrument, 45 were found valid and used in this study. The research instrument consisted of 48 questions. Based on the validity analysis, it was found that the correlation value $r > 0.283$ for 45 questions, indicating that these 45 questions were valid and appropriate for use in the study. However, 3 questions were found to be invalid and were removed, as there were other questions that represented the same concepts.

Table 1.
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	Item Question	Correlation Coefficient (r)	Threshold Coefficient (r table)	Validity
Parental Support	X1.1	0,35	0,283	Valid
	X2.1	0,596	0,283	Valid
	X3.1	0,329	0,283	Valid
	X4.1	0,453	0,283	Valid
	X5.1	0,297	0,283	Valid
	X6.1	0,727	0,283	Valid
	X7.1	0,373	0,283	Valid
	X8.1	0,426	0,283	Valid
	X9.1	0,29	0,283	Valid
	X10.1	0,405	0,283	Valid
	X11.1	0,028	0,283	Invalid
	X12.1	0,527	0,283	Valid
Teacher Support	X13.1	0,399	0,283	Valid
	X14.1	0,317	0,283	Valid

	Item Question	Correlation Coefficient (r)	Threshold Coefficient (r table)	Validity
	X15.1	0,115	0,283	Invalid
	X16.1	0,302	0,283	Valid
	X17.1	0,649	0,283	Valid
	X18.1	0,604	0,283	Valid
	X19.1	0,401	0,283	Valid
	X20.1	0,405	0,283	Valid
	X21.1	0,63	0,283	Valid
	X22.1	0,586	0,283	Valid
	X23.1	0,389	0,283	Valid
	X24.1	0,52	0,283	Valid
Classmate Support	X25.1	0,224	0,283	Invalid
	X26.1	0,495	0,283	Valid
	X27.1	0,343	0,283	Valid
	X28.1	0,512	0,283	Valid
	X29.1	0,72	0,283	Valid
	X30.1	0,434	0,283	Valid
	X31.1	0,461	0,283	Valid
	X32.1	0,485	0,283	Valid
	X33.1	0,506	0,283	Valid
	X34.1	0,59	0,283	Valid
	X35.1	0,501	0,283	Valid
	X36.1	0,746	0,283	Valid
Close Support	X37.1	0,563	0,283	Valid
	X38.1	0,421	0,283	Valid
	X39.1	0,434	0,283	Valid
	X40.1	0,629	0,283	Valid
	X41.1	0,566	0,283	Valid
	X42.1	0,66	0,283	Valid
	X43.1	0,64	0,283	Valid
	X44.1	0,673	0,283	Valid
	X45.1	0,544	0,283	Valid
	X46.1	0,591	0,283	Valid
	X47.1	0,529	0,283	Valid
	X48.1	0,555	0,283	Valid

Ethical approval for this study was obtained from the Ethics Committee of Universitas Padjadjaran, with the approval number 442/UN6.KEP/EC/2018. Informed consent was obtained from all participants and their guardians prior to the commencement of data collection. Univariate analysis was performed to determine the frequency distribution of each variable. Bivariate analysis was conducted using Pearson’s correlation test to examine the relationships between variables. For multivariate analysis, linear regression was employed to assess the effect of multiple variables on the quality of life.

RESULTS

Table 2.
Participant characteristics (n=82)

Variable	Category	f	%
Gender	Male	41	50.0
	Female	41	50.0
Class level	1st year	9	11.0
	2nd year	20	25.0
	3rd year	6	7.0
	4th year	15	18.0
	5th year	14	17.0
	6th year	18	22.0
Ethnicity	Javanese	80	98.0
	Sundanese	2	2.0

Table 2 presents the characteristics of the 82 participants in this study. The results showed that the gender distribution of school-aged children with thalassemia major was balanced, with an equal proportion of boys and girls (50% each). The majority of respondents were in the second grade of elementary school (25%), followed by sixth grade (22%) and fourth grade (18%). Nearly all respondents (98%) were of Sundanese ethnicity.

Social Support, Importance of Social Support and Quality of Life

Table 2 provides an overview of the social support and quality of life scores for the 82 children with thalassemia major. The total social support score averaged 199 ± 33 , ranging from 135 to 270. Among the various types of support, parental support had the highest mean score of 55 ± 7 (range: 36–66), followed by close friend support with a mean of 50 ± 12 (range: 26–72), teacher support with 49 ± 10 (range: 32–66), and classmate support with 45 ± 10 (range: 27–66). In terms of the perceived importance of social support, the total score averaged 102 ± 12 , ranging from 76 to 134. Parental support was perceived as the most important, with a mean score of 27 ± 3 (range: 21–33), followed by close friend support at 26 ± 4 (range: 18–36), teacher support at 25 ± 3 (range: 19–33), and classmate support at 24 ± 4 (range: 15–33). For the overall quality of life (measured by the Pediatric Quality of Life Inventory or PedsQL), the average total score was 67 ± 12 , ranging from 41 to 93. Among the specific domains, social functioning had the highest mean score of 78 ± 18 (range: 40–100), followed by physical functioning with a mean score of 68 ± 15 (range: 22–97). Emotional functioning had a mean of 66 ± 18 (range: 25–100), while school functioning had the lowest mean score at 56 ± 12 (range: 30–90).

Table 3.
Social support and quality of life description (n=82)

Variable	Mean \pm SD	Range
Total Social Support Score	199 ± 33	135 – 270
Parental Support	55 ± 7	36 – 66
Teacher Support	49 ± 10	32 – 66
Classmate Support	45 ± 10	27 – 66
Close Friend Support	50 ± 12	26 – 72
Total Importance of Social Support	102 ± 12	76 – 134
Importance of Parental Support	27 ± 3	21 – 33
Importance of Teacher Support	25 ± 3	19 – 33
Importance of Classmate Support	24 ± 4	15 – 33
Importance of Close Friend Support	26 ± 4	18 – 36
Total Child Quality of Life Score (PedsQL)	67 ± 12	41 – 93
Physical Function	68 ± 15	22 – 97
Emotional Function	66 ± 18	25 – 100
Social Function	78 ± 18	40 – 100
School Function	56 ± 12	30 – 90

Distribution of Social Support and Its Perceived Importance

Table 4.
Distribution of social support and its perceived importance (n=82)

Variable	Category	f	%
Social Support	Good	77	93.9
	Poor	5	6.1
Importance of Social Support	Important	68	82.9
	Not Important	14	17.1

Table 4 presents the distribution of social support levels and its perceived importance among school-aged children with thalassemia major. The results show that the majority of the

children (93.9%) reported receiving good social support, while only a small percentage (6.1%) reported receiving poor social support. Regarding the perceived importance of social support, 82.9% of the children considered social support to be important, whereas 17.1% regarded it as less important. These findings suggest that most children in the study received substantial social support and also recognized its importance in their lives.

Quality of Life in School-Aged Children with Thalassemia

Table 5 presents the frequency distribution of the quality of life among school-aged children with thalassemia. The results show that 54.9% of the children are categorized as being at risk in terms of their quality of life, while 45.1% are classified as not at risk. This indicates that a significant portion of the children with thalassemia face challenges in maintaining an optimal quality of life, which may be related to the physical, emotional, and social impacts of their condition.

Table 5.

Distribution of Quality of Life in School-Aged Children with Thalassemia (n = 82)

Quality of Life	f	%
At Risk	45	54.9
Not at Risk	37	45.1

Relationship Between Social Support and Child Quality of Life

Table 6 shows the results of the Pearson correlation analysis examining the relationship between social support (measured by the Child and Adolescent Social Support Scale, CASSS) and the quality of life of children (measured by PedsQL). The total social support score shows a moderate positive correlation with the children's quality of life ($r = 0.388$, $p < 0.001$). Specifically, the support from parents ($r = 0.321$, $p = 0.002$), teachers ($r = 0.303$, $p = 0.003$), classmates ($r = 0.294$, $p = 0.004$), and close friends ($r = 0.405$, $p < 0.001$) all show significant positive correlations with quality of life. On the other hand, the total score for the importance of social support does not show a significant relationship with quality of life ($r = 0.179$, $p = 0.054$), though the importance of support from close friends does show a weak but significant positive correlation ($r = 0.208$, $p = 0.030$). The perceived importance of support from parents, teachers, and classmates did not show significant correlations with quality of life.

Table 6.

Relationship Between Social Support and Child Quality of Life

Variable	Total Child Quality of Life Score	
	Correlation Coefficient	p-value
Total Social Support Score	0.388	<0.001*
Parental Support	0.321	0.002*
Teacher Support	0.303	0.003*
Classmate Support	0.294	0.004*
Close Friend Support	0.405	<0.001*
Total Importance of Social Support	0.179	0.054
Importance of Parental Support	0.175	0.058
Importance of Teacher Support	0.145	0.167
Importance of Classmate Support	0.071	0.264
Importance of Close Friend Support	0.208	0.030*

Note: Pearson correlation analysis, significant if $p < 0.05$.

Linear Regression Analysis of Close Friend Support and Quality of Life

Table 7 presents the results of the linear regression analysis between close friend support and the quality of life of school-aged children with thalassemia major. The analysis reveals that close friend support significantly influences the quality of life, with a B coefficient of 0.398, a

β coefficient of 0.392, and a p-value of 0.000, indicating a strong and statistically significant relationship. The regression model explains 15.4% ($R^2 = 0.154$) of the variance in the quality of life of the children.

Table 7.
Linear Regression Analysis of Close Friend Support and Quality of Life in School-Aged Children with Thalassemia Major (n = 82)

Variable	Total Child Quality of Life Score				
	B Coefficient	SE	β Coefficient	p-value	R^2
Constant	46.432	4.995		<0.001	0.154
Close Friend Support	0.398	0.096	0.392	<0.001	

DISCUSSION

The Relationship Between Social Support and Quality of Life in School-Aged Children with Thalassemia

The analysis revealed a significant relationship between total social support scores and total quality of life scores ($r = 0.388$, $p < 0.001$), indicating that greater social support is associated with a better quality of life in children. Similarly, a study by Bharathi, Pai, and Naya (2014) found a weak but statistically significant positive relationship ($r = 0.293$; $p = 0.039$) between social support and quality of life in children with HIV in Southern India. Although the perceived importance of social support was positively correlated with quality of life, it was not statistically significant ($r = 0.179$, $p = 0.054$). The weak relationship between social support and quality of life, as well as the lack of perceived importance of social support in this study, might be due to the challenges children face in seeking support or the lack of strong social connections from various sources. However, patients may still acknowledge that others are available to help them if needed, which helps sustain their quality of life (Zewska et al., 2018). According to Cohen and Willis's theory (as cited in Helgeson, 2003), the presence of others in a person's life can significantly improve their mood. In difficult situations (such as recovering from depression), others can modulate one's perception by offering informational, emotional, and material support. These activities not only reduce stress but also improve a person's quality of life. Additionally, Unsar, Erol, and Sut (2016) stated that social support includes the resources perceived by individuals as being provided by others, making them feel cared for, valued, and considered part of a group. Furthermore, social support can play a role in improving an individual's health, coming from people with positive experiences, actively involved in social life, and capable of managing stress. Based on the above explanation, it can be concluded that social support can help improve an individual's quality of life.

The Relationship Between Parental Support and Quality of Life in School-Aged Children with Thalassemia

The analysis showed a significant relationship between parental support and quality of life ($r = 0.321$, $p = 0.002$), indicating that increased parental support is associated with better quality of life in children. In this study, most children were cared for by their nuclear family, which provided essential support, including blood transfusions, treatments, and financial resources for transportation to the hospital. Parents also encouraged children to play with friends, contributing to the high score for peer support. This finding aligns with Supartini et al. (2013), who found that family attitudes towards caring for children with thalassemia are a major factor influencing quality of life. Mariani (2011) and Lusiani (2017) similarly reported that family support significantly affects the quality of life of children with thalassemia ($p = 0.003$ and $p = 0.004$, respectively). Social support from the

family refers to the perceived help from family members when needed (Friedman et al., 2010).

Social support from the surrounding environment, including encouragement, attention, appreciation, and affection, makes individuals feel loved, cared for, and valued by others, particularly their family (Kumalasari & Ahyani, 2012). Hoppe (2016) also found that children view their parents as the most important source of social support, with parents having the responsibility to ensure the child's well-being and healthy development. Chronically ill children need ongoing parental support to maintain their social lives. Although the importance of parental support was positively correlated with quality of life, the relationship was not statistically significant ($r = 0.175$, $p = 0.058$). This may be due to the developmental process in school-aged children, as this period is marked by increasing interactions with peers and potential conflicts with parents. During this stage, children often prefer peer groups, showing decreased interest in family functions (Kyle & Carman, 2015). Despite their growing independence, children still require parental guidance and control over their behavior (Kyle & Carman, 2015). Parental awareness of a child's development and continuous parental support are essential, especially as parents often impose restrictions and control over their child's behavior. This occurs because school-aged children begin to seek independence, but parental authority and control still significantly influence the child's choices and values (Kyle & Carman, 2015).

The Relationship Between Teacher Support and Quality of Life in School-Aged Children with Thalassemia

The analysis showed a significant relationship between teacher support and quality of life ($r = 0.303$, $p = 0.003$), indicating that greater teacher support is associated with better quality of life in children. However, many children with thalassemia in Garut were not close to their teachers due to frequent absences from school. According to Yilmaz and Polat (2011), children with chronic illnesses face various challenges in adapting to school and social life, and teachers play a crucial role in helping them adjust. However, teachers often lack sufficient information from parents and hospitals regarding the child's health. Seventy-nine percent of teachers reported not receiving information about their students' health conditions (Yilmaz & Polat, 2011). Parents may hesitate to inform teachers about their child's illness out of fear that their child will be treated differently or become a topic of gossip (Yilmaz & Polat, 2011). Although the perceived importance of teacher support was positively correlated with quality of life, the relationship was not statistically significant ($r = 0.145$, $p = 0.167$). This may be due to the reluctance of families to inform teachers about their child's illness. Families, teachers, and the school must work together to protect children from factors that can trigger their illness, such as cigarette smoke, excessive physical activity, unhealthy eating habits, and excessive stress (Yilmaz & Polat, 2011). It is crucial for teachers to have knowledge about the child's illness and to assist the children in completing tasks at school, ensuring they remain motivated to attend school.

The Relationship Between Classmate Support and Quality of Life in School-Aged Children with Thalassemia

The analysis revealed a significant relationship between classmate support and quality of life ($r = 0.294$, $p = 0.004$), indicating that greater classmate support is associated with better quality of life in children. However, the perceived importance of classmate support was not statistically significant ($r = 0.071$, $p = 0.264$). The weak relationship may be due to the children's lack of confidence in getting close to their classmates. Physical changes such as Cooley's facies, hyperpigmentation, and abdominal enlargement can make children with

thalassemia feel self-conscious, leading to social isolation. According to Hockenberry & Wilson (2015), classmates play a significant role in children's socialization. School is often the first place where children join a large group of peers, and peer relationships become increasingly important as children progress in school. Classmate support, particularly social support, has been shown to improve self-esteem, reduce disease-related anxiety, and alleviate depression (Mattson & Hall, 2011).

The Relationship Between Close Friend Support and Quality of Life in School-Aged Children with Thalassemia

The analysis revealed a strong significant relationship between close friend support and quality of life ($r = 0.405$, $p < 0.001$), indicating that greater support from close friends is associated with better quality of life in children. The importance of close friend support also showed a significant positive correlation with quality of life ($r = 0.208$, $p = 0.030$). In this study, close friend support was the most influential factor in improving the quality of life for school-aged children with thalassemia. According to Erickson's theory, school-aged children are at the stage of industry, where they develop interpersonal relationships outside of the family, particularly with peers. Chronically ill children may face challenges in developing positive relationships with friends, which can lead to social isolation (Potts & Mandleco, 2012). Children with chronic illnesses can develop positive relationships with peers, but they may sometimes struggle and experience social isolation (Potts & Mandleco, 2012). In addition to support from healthy friends, these children often desire more contact with peers who have the same illness (Hoppe, 2016). Strong support from close friends can positively impact their quality of life, particularly by enhancing their social functioning.

The Most Influential Factor on the Quality of Life of School-Aged Children with Thalassemia Major

The linear regression analysis identified close friend support as the most significant predictor of quality of life for school-aged children with thalassemia major, with a regression coefficient of 0.398. This indicates that close friend support had the greatest influence on the children's quality of life ($R^2 = 0.154$). Close friends provide emotional closeness, which is particularly important for children during this developmental stage, when "best friends" become central figures in their lives (Hoppe, 2016). Children with chronic illnesses, such as thalassemia major, must undergo regular therapy, which can prevent them from participating in activities with their peers. Maintaining contact while the child is hospitalized is an important effort to reduce the impact of separation from their friends.

CONCLUSION

Based on the results of the study conducted on 82 school-aged children with thalassemia major at Garut District Hospital, the researcher concludes that greater social support is associated with better quality of life for these children. Among the types of support, close friend support has the strongest relationship with the quality of life, followed by parental support, teacher support, and classmate support, with classmate support showing the weakest correlation. Regarding the perceived importance of support, only close friend support was considered significant by the children with thalassemia major. The quality of life for school-aged children with thalassemia major is strongly influenced by both the support and the importance of close friends. Close friend support is the most dominant factor in improving the children's quality of life, followed by parental support, teacher support, and classmate support, in that order. Close friend support contributes the most to enhancing the quality of life for children with thalassemia major at the Thalassemia Clinic in Garut District Hospital. In the context of caring for and maintaining a commitment to a child's health, nurses play a crucial

role in strengthening sources of support to promote the child's well-being, thereby improving the quality of life for children with thalassemia major. At school, teachers need to undergo training to learn the appropriate approaches for working with sick children. Additionally, there should be communication between the hospital team and the school before the child returns to academic activities. Moreover, parents have the responsibility to ensure proper care and healthy development for their child. Children require support due to the chronic nature of their illness to ensure their social life can function well. The findings of this study are expected to serve as evidence-based recommendations for relevant institutions to improve social support in the thalassemia clinic.

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