

## **CHAPTER V**

### **CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Conclusion**

In conclusion, the results obtained from this study were observed as follows.

1. 84% of the participants were female, had an average age of 26.41 with a standard deviation of 5.93, single and were all Javanese.
2. Most of them had an education level of high school or below, employed with income, had both parents employed, had no thalassemia patients in family, received economic support from family, and never experienced the death of a close one from thalassemia.
3. Majority of the participants received blood transfusions every 3 weeks and 4 weeks, did not have complications, never abandoned necessary care, never abandoned iron chelation therapy, regarded marriage as very important and a huge proportion of the participants have fallen in love and have had thoughts of marrying that person.
4. Most of the participants reported that the negative impacts they experienced from thalassemia was due to the appearance of thalassemia and the negative images in society, and many of them deemed it very important to get married and have children.
5. Regarding prevention of thalassemia at birth, majority of the participants thought it necessary to prevent thalassemia at birth and responded yes to prenatal diagnosis of thalassemia.
6. While exploring the ethics surrounding abortion, the majority thought it unethical to perform abortion on a thalassemia foetus, did not approve of tuba ligation and vasoligation birth control methods, and some did not know what these contraceptive methods were.

#### **5.2 Recommendations**

More researches need to be carried out to comprehensively explore the thoughts and perceptions surrounding marriage and reproduction of thalassemia patients. It would also be interesting to predict whether the socioeconomic status and the attitude to treatment determined the thoughts and perceptions surrounding marriage; whether positively or negatively, and to what extent. This would require an analytical approach, with a larger sample size.

More awareness in society is also required to change societal perspective

on thalassemia. More job opportunities should also be created for thalassemia patients, without any stigmatization and stereotyping. Topics on thalassemia should also be inserted into the high school curriculum to increase awareness. In addition to that, interventions regarding abortion must be implemented carefully, considering the ethics and religious ideologies surrounding it.

Furthermore, Reproductive health topics are sensitive and education regarding these topics can be delivered during counselling, for thalassemia patients. Infertility is also a challenge which needs to be addressed with introduction of assisted reproductive technology in the future. A nationwide carrier screening approach would also alleviate the burden of thalassemia through early detection and control.