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THE RELATION OF POSITIVE CONTRIBUTION BETWEEN SUPPORT AND QUALITY OF LIFE FOR FAMILY WITH 1-6 AGED CHILDREN OF INTELLECTUAL DISABILITY IN THE RURAL AND URBAN AREAS OF CHONGQING, CHINA

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Declaration of Originality

I, Shulan ZENG (Student number D210623) declare that this dissertation entitled "The Relation of Positive Contribution between Support and Quality of Life for Family with 1-6 Aged Children of Intellectual Disability in the Rural and Urban Areas of Chongqing, China" submitted as partial requirement for Ph.D. study program of Special Education is my original work and all the sources in any form (e.g. ideas, figures, texts, tables, etc.) that I have used or quoted have been indicated and acknowledged in the text as well as in the list of reference.

Shulan Zeng 09/06/2025

Signature date

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ABSTRACT

This study examines the dynamics of support systems, positive contributions, and quality of life among 204 families raising children with intellectual disabilities (ID) in Chongqing, China, supplemented by in-depth interviews with eight parents. The results are as follows:

Formal support systems—including institutional services and policy-driven assistance—were found to be more accessible than informal social networks, although both remain insufficiently developed. While formal support showed a significant correlation with improved family quality of life, informal networks were deemed indispensable for emotional resilience and community integration.

Families demonstrated moderately high levels of positive adaptation, with caregivers prioritizing familial love and responsibility, and reporting notable growth in resilience and family cohesion.

Quality of life also emerged at a moderately high level, with dimensions ranked as Family Interaction > Parent-Child Bonding > Physical/Mental Health > Career Development > Economic Status > Professional Support > Leisure Activities > External Social Support. Parents derived greater fulfillment from dynamic family relationships but faced limited opportunities for personal leisure and broader social engagement.

Urban-rural disparities emerged as critical determinants of family experiences, with urban households benefiting disproportionately from socioeconomic resources, inclusive policies, and employment opportunities compared to their rural counterparts.

Key predictors of quality of life include geographic location, parental employment status, educational attainment, income levels, severity of the child's disability. These factors interact dynamically, highlighting systemic inequities that demand comprehensive and context-sensitive interventions.

The study advocates for policy reforms that integrate formal support structures with grassroots community networks, address rural-urban resource gaps, and promote broader societal acceptance of disabilities. By prioritizing inclusive economic initiatives, equitable service distribution, and public awareness campaigns, stakeholders can foster environments in which families of children with ID not only endure but thrive holistically.

These findings underscore the importance of shifting caregiving narratives beyond adversity to acknowledge and celebrate the adaptive strengths and contributions of these families.

Key words: Support, Positive contributions, Quality of life, Children with Intellectual disability, China

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Chapter 1 Introduction

For parents of children with intellectual disabilities—one of the most common types of developmental challenges—the stress of long-term caregiving can push them to the brink of physical and mental exhaustion and impair normal family functioning (Goswami, 2023). However, most parents of children with disabilities, through positive adjustment, demonstrate resilience in the face of adversity and can lead fulfilling lives, which do not necessarily end in tragedy (Mccubbin et al., 1998). Emotional support is generally an important predictor of positive psychological adjustment(Barskova & Oesterreich, 2009; Taylor & Stanton, 2007) . At the same time, support is positively associated with quality of life (Eskow, Pineles & Summers,2011; Li, 2018; Boehm & Carter, 2019; Choi & Yoo, 2015), while an increased level of positive family contribution has been shown to enhance overall family quality of life (Hastings et al., 2002; Cantrell, 2007) . This research is focused on the relation among support, positive contribution and quality of life in families of 1-6 aged children with intellectual disability (ID). This chapter is structured into five parts: study background; problem statement; objectives; significance of study; definitions of the variables.

1.1 Study Background

Families with children who have intellectual disabilities (ID) often face numerous challenges that can affect their overall quality of life (QoL). These challenges are particularly significant during the early years of a child's life (ages 1-6), a critical developmental period that typically demands intensive care, emotional support, and access to specialized services. For families living in Chongqing, China, these challenges are further complicated by the differences in living conditions between rural and urban areas. Research into how support systems affect the QoL of families with young children with ID — especially through the lens of positive contribution — is essential for understanding the specific needs of these families in diverse geographical and socio-economic contexts.

1.1.1 Intellectual disability and family dynamics

Intellectual Disability (ID) is a common type of neurodevelopmental disorder in the age of 18, accompanied by significant limitations in adaptive behavior (The AAIDD Ad Hoc Committee on Terminology and Classification, 2010).

Children with intellectual disabilities require additional care and attention, impacting various aspects of family life, including physical health, emotional well-being, social interactions, and economic stability. The caregiving responsibilities for children aged 1-6 with ID are intense, as this is a period where children are developing basic cognitive, motor, and social skills. In many cases, families need external support, such as specialized healthcare services, educational interventions, and financial assistance to meet the added demands.

ID also presents unique emotional and social challenges: parents must often adjust their expectations, manage ongoing stress, and navigate complex health and education systems. The emotional burden, combined with financial and social pressures, can significantly lower the family’s QoL, making adequate support systems especially crucial.

1.1.2 Quality of life (QoL) and its importance

Quality of life for families of children with ID is a broad, multi-dimensional concept. It includes not only physical health, but also mental and emotional well-being, social functioning, economic security, and access to services. A family’s QoL is strongly influenced by the availability and effectiveness of support, which can help reduce stress, provide critical resources, and foster a sense of connection and resilience.

For families of young children with ID, both formal and informal support systems are essential in mitigating caregiving challenges and enhancing family cohesion.

1.1.3 Positive contribution and its importance

Internationally, research on children with disabilities and their families has shifted from a deficit-based to a strengths-based perspective. Rather than focusing solely on burdens, there is growing recognition of the resources and capabilities that families possess.

As a result, parents are increasingly able to accept their child’s disability, reframe its meaning, and reinterpret their situation with greater optimism. Many begin to focus on the positive aspects of raising a child with a disability—such as improved relationships, increased personal strength, deeper understanding, changes in attitudes, and enhanced family unity.

Parents' positive contribution regarding their children with disabilities play a critical role in their own mental health and overall family QoL.

Dykens (2006) argued that "a positive attitude can generate a series of new outcomes to counterbalance the long-standing challenges associated with disability." This mindset affects both parental mental health and QoL. For instance, Basu, Hochhalter & Stevens (2015) found that caregivers who report positive experiences tend to have better self-reported health, fewer symptoms of depression, higher caregiving competence, and greater family adaptability. Similarly, Hastings & Taunt (2002) and Cantrell (2007) found that increased levels of positive family contribution were associated with enhanced family QoL.

1.1.4 Rural and urban disparities in Chongqing

Chongqing, one of China's most populous municipalities, includes both rural and urban regions, making it an ideal location to study how geographical disparities affect families with children with ID.

Rural areas in China typically have less access to healthcare, education, and social services compared to urban regions. As a result, families in rural areas may face additional barriers, including limited specialized services, financial hardship, and fewer community-based supports.

Urban areas, by contrast, usually offer better access to formal support systems, such as healthcare, educational services, and government aid. However, urban living can bring its own challenges—such as higher living costs, social isolation, and weaker informal support networks (e.g., from extended family or neighbors).

A policy document from the Chongqing Municipal Government (2021) identified a prominent issue: the uneven and inadequate development of disability services between urban and rural areas, with particularly weak capacity in grassroots and rural service provision.

1.1.5 The role of support systems

Support systems for families of children with ID are generally divided into formal and informal categories. Formal support includes state-provided services such as healthcare, specialized education, and financial aid. Informal support refers to help from extended family, friends, or community members.

Both types of support are essential in easing family burdens. However, the availability and efficacy of these systems can differ substantially between urban and rural settings.

In rural areas, informal support may play a larger role due to a lack of formal infrastructure. Urban areas, meanwhile, may offer more comprehensive services, but families may experience less social cohesion.

Understanding how both forms of support contribute to QoL and positive family contribution across different regions is essential for designing effective, region-specific interventions.

1.1.6 Research gap

There is limited research exploring how support systems contribute positively to both positive family contribution and QoL in families of young children with ID in urban and rural areas of China—particularly in regions like Chongqing.

Given the socioeconomic and geographic disparities, it is important to investigate how various forms of support influence the well-being of these families. Identifying these contributions can help policymakers and service providers design more effective, equitable support structures.

This research explores the associations among support, positive contribution, and QoL in families of children aged 1－6 with ID across rural and urban areas in Chongqing. The goal is to generate insights into how support systems can be optimized to enhance family well-being.

Additionally, the study aims to highlight the unique struggles faced by rural families and advocate for targeted interventions to address inequities in service access. Ultimately, the research seeks to support efforts to reduce urban-rural gaps in disability services and improve outcomes for all families of children with ID.

1.2 Problem Statement

Families with children aged 1 – 6 who have intellectual disabilities (ID) encounter numerous challenges that significantly affect their quality of life (QoL). These include high caregiving demands, emotional stress, financial strain, and the need for specialized services.

The availability and effectiveness of support systems—including formal (healthcare, education, financial aid) and informal (family, friends, community networks)—are essential for alleviating these pressures, shaping parental perceptions, and enhancing QoL. However, the accessibility and nature of these support systems differ substantially between rural and urban areas.

In Chongqing, urban-rural differences in infrastructure and resources mean that rural families often have limited access to formal services. As a result, they may rely more on informal support networks, which can vary in both availability and reliability. Meanwhile, urban families may benefit from stronger formal services, but face other issues such as social isolation or financial burden.

Despite broad recognition of support as a determinant of family well-being, few studies have examined how various types of support systems contribute to QoL among families of young children with ID, particularly in the context of rural-urban disparities.

It remains unclear how support systems in both rural and urban Chongqing influence family well-being and whether these contributions differ across geographic settings.

This lack of understanding presents a significant research gap. To address it, this study investigates the following core question:

How do formal and informal support systems influence the quality of life of families raising young children with intellectual disabilities, and how do these effects vary between rural and urban settings in Chongqing, China?

Identifying these factors is vital for developing targeted interventions and equitable support strategies tailored to the distinct needs of families in different living environments.

1.3 Objectives

The objective of this study is to examine the current status and interrelationships among formal and informal support, positive contributions, and quality of life (QoL) in families of young children with intellectual disabilities (ID). It also aims to explore rural-urban disparities in support, positive contribution, and QoL between rural and urban settings, and to identify potential strategies for improving QoL in these families.

The specific objectives of this study are:

I. To assess the current levels of quality of life, formal and informal support, and positive contribution among families of children aged 1–6 years with ID in Chongqing, China;

II. To compare the similarities and differences in formal and informal support, positive contribution and quality of life between rural and urban families of children aged 1-6 years with ID in Chongqing, China;

III. To explore the relationships among positive contribution, quality of life and support in families of young children with ID in Chongqing, China;

IV. To identify potential strategies for improving the quality of life in families raising young children with ID.

1.4 Research Significance

This research examines family quality of life by focusing on the role of positive contribution and support among Chinese parents of children aged 1 – 6 years with intellectual disabilities. Few studies have addressed the role of positive contribution in enhancing QoL, especially within the context of young children with ID. Therefore, this research has significant theoretical and practical value.

1.4.1 Theoretical Significance

Advancing the understanding of quality of life (QoL) frameworks:

This study contributes to existing theoretical frameworks related to QoL, particularly for families of children with ID. By analyzing factors such as emotional, financial, and social support, the research provides deeper insight into how various support dimensions affect overall family well-being. These findings can help refine QoL models, especially those applied to vulnerable populations.

Expanding research on rural-urban disparities:

This research offers theoretical contributions to the understanding of rural–urban disparities in service access, support systems, positive contribution, and QoL. While existing literature has examined healthcare and educational inequalities, fewer studies have focused on families of young children with ID. This study helps bridge that gap by highlighting how geographic location influences the availability and effectiveness of formal and informal support.

Contributing to disability studies:

This study enriches disability studies by providing empirical evidence on how families of children with ID experience support, positive contributions, and quality of life in China. It introduces cultural and geographic dimensions into the global discourse on intellectual disability and emphasizes how different support structures—including family-based, community-driven, and institutional resources—affect family well-being.

Informing support and social capital theories:

By analyzing the roles of formal (institutional) and informal (social network) support, the study contributes to theories of social capital and support networks. It clarifies how support systems operate differently in rural and urban areas and how these differences influence perception and QoL in families with children with disabilities.

Contributing to positive contribution studies:

This research adds to the field of positive psychology by analyzing the current status and contributing factors of families' positive contributions. It helps illustrate the extent to which positive perspectives, reinforced by external support, can transform family well-being and quality of life.

1.4.2 Practical Significance

Improving family support services:

The findings have direct implications for enhancing support services for families in both rural and urban Chongqing. By identifying specific family needs, this study can guide local governments, healthcare providers, and NGOs in designing more effective, accessible, and tailored support programs—such as healthcare, education, financial aid, and mental health services.

Guiding policy formulation:

This study is important for informing policies aimed at supporting families of children with ID. Policymakers in Chongqing and other regions in China can use the findings to reduce rural–urban service gaps and develop equitable, integrated care models that combine formal and informal support.

Enhancing rural support networks:

In areas where formal services are insufficient, this research identifies effective strategies to strengthen informal support systems. These may include community initiatives, support groups, and local resource centers. The study's practical recommendations can help rural communities mobilize their social capital while advocating for improved services.

Promoting inclusivity and reducing stigma:

The study promotes public awareness of the challenges faced by families of children with ID and underscores the importance of support, thereby contributing to stigma reduction and greater inclusion, especially in rural settings.

Improving healthcare and educational infrastructure:

The study's insights can help improve healthcare and educational resources for families of children with ID, particularly in underserved areas. It highlights service gaps—such as the need for early intervention, disability-friendly medical care, inclusive education, and parent training—that must be addressed.

In summary, the theoretical contributions of this research include enriching QoL frameworks, disability studies, rural–urban disparity discussions, and theories of support and positive contributions. Its practical contributions lie in improving services, informing policy, and promoting social change to enhance the well-being of families of children with ID—particularly in Chongqing, China. Furthermore, the research provides guidance for society and the government in supporting these families by fostering a positive mindset and improved QoL.

1.5 Definition of the Variables

This section provides conceptual and operational definitions of the core variables used throughout the study.

Support: Refers to emotional, instrumental, and informational assistance from family, friends, the government, and other sources to improve a person's ability to cope with challenges (Zhang, 2007).

- **Emotional support** refers to expressing care and empathy, sharing experiences, and offering comfort, encouragement, and understanding.
- **Informational support** involves sharing useful resources, guidance, advice, and feedback that help individuals manage stress.
- **Instrumental support** means practical help that reduces caregiving burdens, such as providing financial aid, childcare, or education.
- **Formal support** includes services provided by professionals such as childcare workers, educators, healthcare personnel, early intervention specialists, and government staff.
- **Informal support** comes from spouses/partners, children, parents, in-laws, extended family, friends, neighbors, colleagues, other parents of children with ID, religious groups, and others in one's social network.

Positive Contribution (PC): In this study, PC refers to the multi-dimensional positive transformations experienced by family members as a result of raising a child with ID. These changes are developed through a process of positive appraisal and adaptation, leading to enhanced cognition, emotion, social relationships, motivation, and family cohesion (Zeng et al., 2024). This concept is grounded in the eight-dimensional culturally validated model by Tian et al. (2018), including:

- **Active life and work:** Parents set clear goals and plans, feel motivated and purposeful in life and work.
- **Love and responsibility:** Parents provide care and support with empathy and a strong sense of duty.
- **Value and meaning:** Families recognize the child's intrinsic worth and the continuity the child brings to their lives.

- **Intimacy and happiness:** Families enjoy harmonious relationships and find joy in spending time together.
- **Rationality and fairness:** Parents make objective, balanced decisions and consider others' perspectives.
- **Social expansion:** Families experience increased social engagement and interaction.
- **Willingness to give:** Parents become more willing to contribute and commit to family roles.
- **Coping ability:** Parents demonstrate improved capacity to handle challenges and solve problems.

Quality of Life (QoL): Refers to the extent to which families of children with ID are able to meet their needs and pursue meaningful goals. It includes eight domains:

- **Physical and mental health:** Refers to the physical condition and emotional well-being of family members (e.g., stable emotions, good appetite, healthy sleep).

- **Family contacts:** Indicates positive family relationships, such as mutual support, trust, and respect for individuality.

- **Economic status:** Assesses financial stability, income–expenditure balance, and satisfaction with economic conditions.

- **Leisure life:** Refers to the time and opportunities available for participating in recreational activities.

- **Career development:** Reflects job satisfaction, enjoyment, and professional growth among family members.

- **Parent-child nurturing:** Encompasses parents' efforts in guiding children's independence, education, values, and skills.

- **Professional support:** Includes services provided by government agencies and organizations like the Disabled Persons' Federation, including healthcare and rehabilitation.

- **Other people's support:** Refers to emotional and practical help from extended family, friends, and neighbors (e.g., childcare or meal preparation).

Family of children with intellectual disability : A family is defined as having a child with ID if at least one child has been diagnosed with ID, characterized by significant limitations in intellectual functioning and adaptive behavior (DSM-5-TR, APA, 2022). These families face unique emotional, social, and financial challenges.

For this study, a child is defined as having an intellectual disability if they meet the following DSM-5-TR criteria (APA, 2022):

- Deficits in Intellectual Functioning: Measured through clinical assessments affecting reasoning, problem-solving, abstract thinking, and academic learning.
- Deficits in Adaptive Functioning: Impairments in conceptual, social, and practical daily skills.
- Onset during the Developmental Period: Symptoms appear before age 18.

Specifically, this research focused on preschool children under age six diagnosed with ID by a certified public hospital. The term "family of preschool children with intellectual disability" refers to any household that includes at least one such child.

1.6 Summary

This chapter has introduced the background, research problem, objectives, significance, and key concepts of the study. It outlined the urgent need to understand how formal and informal support and perceived positive contributions influence the quality of life (QoL) in families of young children with intellectual disabilities (ID) in Chongqing, China. The chapter also defined the core constructs, namely support, positive contribution, and QoL, and clarified their relevance within the Chinese socio-cultural context. Both theoretical and practical rationales were provided to highlight the study's academic and real-world value, particularly its potential to bridge rural-urban disparities and enrich family-centered disability research. This conceptual and contextual foundation prepares the ground for the next chapter, which will review the existing literature and theoretical frameworks underpinning the research.

Chapter 2 Literature review

The interplay between support systems, positive contribution (PC), and quality of life (QoL) in families raising children with intellectual disabilities (ID) has been investigated in existing scholarship. However, the context-specific challenges and structural inequalities characterizing rural-urban disparities in Chongqing Municipality, China, remain relatively understudied in extant literature. This critical review systematically synthesizes empirical and theoretical evidence across five thematic domains: (a) the psychosocial impact of intellectual disabilities on family QoL outcomes, (b) the mediating mechanisms of formal and informal support structures, (c) the transformative potential of positive contribution frameworks, (d) geographical determinants of support accessibility and effectiveness in Chongqing's urban versus rural ecosystems, and (e) applicable theoretical models informing this multifaceted analysis.

2.1 Intellectual Disabilities and Family Quality of Life

Children with intellectual disabilities often require extensive care and specialized services, which can place considerable physical, emotional, and financial burdens on their families. In fact, some research has demonstrated that raising a child with a disability can have serious negative consequences, including parental depression, marital problems, child institutionalization, parental suicide, and high desertion rates (Price-Bonham & Addison, 1978).

However, a family functions as a system in which the behaviors, emotions, and interactions of its members continuously influence one another. Children with intellectual disabilities and their family members exist within this reciprocal influence and interaction. The presence of a child with an intellectual disability significantly impacts the lives, mental well-being, and behaviors of family members. In turn, the support, emotional responses, and coping mechanisms of these family members play a crucial role in the child's rehabilitation, directly affecting the effectiveness of recovery.(Feldman, 2002).

Research shows that families of children with disabilities often experience reduced QoL compared to families with typically developing children. Caregivers, particularly mothers, frequently report higher levels of stress, anxiety, and depression, primarily due to the demands of caregiving and the emotional toll of managing their child's needs

(Olsson & Hwang, 2001). Providing long-term rehabilitation treatment and early intervention for children with intellectual disabilities imposes a significant financial burden on their families (Zhu, Peng & Zou, 2015; Xiong et al., 2010), affecting their QoL and sense of well-being (Totsika, Hastings & Vagenas, 2016). This is particularly challenging when one parent cannot work due to caregiving responsibilities, leading to increased expenses, reduced household income, and substantial financial strain (Li & Jiang, 2016). For instance, research shows that 30.8% of families with children who have developmental disabilities report expenditures that exceed income, with a parental unemployment rate of 37.1%, raising concerns about their quality of life (Hu & Wang, 2012). Additionally, a study by Yang and Du (2021) found that 65% of mothers and 32.3% of fathers in families with special needs children were unemployed or engaged in farming at home to provide care. Moreover, in about 90% of these families, educational expenses for their special needs children accounted for over one-third of their household expenditures, and in about 80% of cases, these expenses exceeded half of the total family spending. Therefore, children with intellectual disabilities have a significant impact on the overall quality of life of their families.

The World Health Organization has defined Quality of Life (QOL) as individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns (Mugno, Ruta, D'Arrigo, & Mazzone, 2007). It is a broad concept that incorporates the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of the environment(the World Health Organization Quality of Life assessment, 1995; Mugno et al., 2007). Some scholars have argued that Quality of Life refers to the degree to which the needs of the family are met, and the extent to which all members enjoy life and do what the family considers important (Park et al., 2003). Family Quality of Life (FQoL) is a concept that helps to understand and improve the well-being of families raising a child with ID. FQoL is defined by Zuna et al. (2010): ″a dynamic sense of well-being of the family, collectively and subjectively defined and informed by its members, in which individual and family-level factors interact″ (p. 262) QoL frameworks typically assess physical health, psychological well-being, social relationships, and access to services, all of which are particularly critical in families caring for children with ID (Schalock et al., 2002).

In China, the "Family Quality of Life Questionnaire for Children with Developmental Disabilities", compiled by Huang (2017), has thirty-six items and eight dimensions. The eight dimensions are physical and mental health, family interactions, leisure activities, parent-child parenting, support from others, professional support, career development, and economic status. The chi-square value **(χ^2)** of the questionnaire model is 1177.99, **χ^2 /df** is 2.354, **GFI** is 0.853, **CFI** is 0.915, **TLI** is 0.905, **IFI** is 0.916, and **RMSEA** is 0.056. The model fits well. The internal consistency reliability coefficient of the eight dimensions is between 0.80 and 0.91, and the reliability coefficient of the entire questionnaire is 0.93, indicating strong reliability and validity. Therefore, this research adopts Huang’s instrument for the assessment of family QoL.

Studies on families of children with disabilities indicate that the quality of life for these families is affected by multiple factors, including the severity of the child’s disability, the availability of services, family support networks, and socio-economic status.

The main factors affecting the quality of life include types of childhood disorders (Cavkaytar et al., 2013; Brown et al., 2006), parental attitudes (Hastings, 2002), monthly household income (Hu, Wang & Fei, 2012), severity of the disability (Hastings, 2002; Cantrell, 2007), among others. Families of children with intellectual disabilities (ID) tend to experience lower levels of quality of life (QoL). For example, Li & Jiang (2016) and Hu & Wang (2012) found that the objective QoL of such families was low, as reflected in overcrowded housing and low monthly income, while their subjective QoL showed dissatisfaction with economic conditions, support from others, and opportunities for leisure activities. Wang’s (2019) findings also indicate that the QoL of parents of children with intellectual disabilities is significantly lower than that of parents of typically developing children.

Families’ QoL can be significantly improved with the right support systems, which help alleviate caregiving pressures and provide resources to better manage the child’s disability.

However, much of the existing literature on family quality of life (FQoL) originates from Western cultural contexts, often assuming individualistic values and well-established welfare systems. These assumptions may not hold in collectivist societies like China, where familial responsibility, intergenerational caregiving, and social stigma heavily influence disability experiences (Su et al., 2018). For example, widely adopted

FQoL frameworks such as those proposed by Schalock et al. (2002) may fail to adequately reflect structural constraints, cultural expectations, and support deficits in Chinese families. Although recent efforts have been made to translate and adapt Western instruments (Liu et al., 2025), challenges related to cultural equivalence and construct validity remain insufficiently addressed. These limitations suggest that models of FQoL must be localized to accurately capture the contextual realities of families raising children with ID in China.

2.2 Role of Support

"Support" refers to emotion, instrumental and informational assistance provided by family, friends, government and other sources to enhance an individual's ability to cope with challenges.

Support for families of children with ID can be categorized into formal and informal systems. Formal support includes services provided by healthcare, educational, and social service organizations, such as early intervention programs, special education, disability-related financial assistance, and professional counseling (King et al., 2003). Informal support comes from social networks such as family members, friends, neighbors, and community groups, who may provide emotional, practical, or financial assistance (Boyd, 2002).

Factors influencing the level of support for families with children with ID include parents' age, educational background, employment status, monthly household income, family structure, child's age, severity of disability, and placement type (Li, 2018).

Studies have shown that families of children with ID generally experience inadequate support (Guan, Yan & Deng, 2015). According to Li (2018), the support received by parents is mostly at low to moderate levels, ranked from highest to lowest as emotional support, instrumental support. Additionally, fathers reported significantly higher levels of instrumental support than mother. Although support for family caregivers of children with intellectual disabilities primarily comes from within the family—such as spouses, parents, and other relatives (Abbott & Meredith, 1986)—support provided by external sources remains significantly lacking (Ji, 2013).

For example, Zhu and Zhang(2018) conducted a study involving 13 primary caregivers (parents) of children with intellectual disabilities aged 0-12, and found that support mainly came from informal sources, while support provided by formal systems such as the government was very limited.

Currently, informational support is gradually increasing, helping parents empower themselves through relevant training on how to manage challenging behaviors in children with ID and how to exercise their legal rights, such as access to education and rehabilitation—especially in rural areas.

For example, Ahsen & Hakan (2021) conducted a study involving 24 parents of children with autism. The results indicated that parents in the experimental group showed significantly greater improvements in their children’s positive behaviors compared to the control group after receiving ″intensive″ knowledge and skill-based training. Significant differences were also observed between the pre-test and post-test scores of parents in the experimental group. Parents are now expected to simultaneously fulfill the roles of both affectionate caregiver and healthcare provider. Moreover, parents play a vital role in the education and personal development of their children, as they are typically the first and most enduring carers (Jansen et al., 2017). Additionally, in Ankara, Turkey, 15 parents of children with special educational needs received training on legal rights and protections. A single-group pre-test and post-test design revealed a statistically significant improvement in parents’ knowledge of family legal rights(Mahmut, 2020). Consequently, there is growing recognition that parents of children with disabilities are experts on their own children and can offer professionals valuable insights (Kruithof et al., 2020).

Bhopti et al. (2016) emphasized that support plays a critical role in the well-being of families with children with special needs; research by Sigstad et al.(2005) shows that when families receive adequate support to develop effective coping strategies, they are more likely to overcome challenges and emerge with stronger family bonds and closer marital relationships.

Research has demonstrated that both formal and informal support are essential for improving family QoL. Formal support provides necessary resources to manage the child’s condition, while informal support helps families cope with the emotional and psychological challenges of caregiving. Strong social networks have been shown to buffer the negative effects of stress and enhance caregivers’ mental health and overall well-being (Dunst, Trivette, & Cross, 1984), and are positively correlated with their quality of life.(Barlow et al., 2008; Pousada & Modesta, 2013; Kyzar, 2010; Davis et al., 2009; Eskow, Pineles & Summers, 2011; Li, 2018; Boehm & Carter, 2019; Choi & Yoo, 2015). Conversely, families with limited access to support, especially those in rural areas, tend to report lower QoL (McConnell & Savage, 2015).

Despite the growing volume of quantitative studies on support and family outcomes, several methodological limitations remain prevalent. Many studies rely on small, non-representative samples drawn from urban institutions or special schools, which limits generalizability, particularly in rural or under-resourced areas (Zhang et al., 2022). In addition, the predominant use of cross-sectional survey designs restricts the ability to infer causality, as such designs cannot capture longitudinal adaptations or bidirectional influences between family functioning and support access. Furthermore, many studies utilize Western-developed measurement instruments that lack sufficient cultural adaptation or psychometric validation within Chinese contexts (Liu et al., 2025). Without rigorous translation and equivalence testing, the reliability and conceptual clarity of findings remain questionable. These design limitations undermine the robustness of current empirical evidence and underscore the need for localized, culturally sensitive, mixed-method, and longitudinal research to better capture the dynamic processes of family adaptation in China.

2.3 Role of Positive Contribution

2.3.1 Definition and Distinction from Positive Perception

In family adaptation and disability research, "positive perception" and "positive contribution" are related yet distinct constructs. Positive perception typically refers to the cognitive appraisal or emotional outlook of parents toward their child with a disability. For instance, Higgins et al.(2023) define positive perceptions as "the parent’s cognitive beliefs about their child with ASD as being a positive contributor to their family," emphasizing that parents may view the child as a source of fulfillment, personal growth, emotional closeness, and family strength. In resilience literature, such perceptions align with the concept of maintaining a positive outlook and finding meaning in adversity (Brajša-Žganec, Džida, & Kućar, 2024).

By contrast, positive contribution refers to the specific internal and external benefits that families attribute to the experience of raising a child with intellectual or developmental disabilities. It includes tangible outcomes such as improved family unity, deeper emotional bonds, and the development of advocacy roles or enhanced empathy among siblings. Behr et al. (1992) conceptualized this construct through the Kansas Inventory of Parental Perceptions (KIPP), which includes dimensions such as personal growth, family closeness, and a sense of purpose. Although both constructs may emerge from parental self-report, positive contribution emphasizes the concrete positive changes that families identify, rather than merely their emotional framing.

2.3.2 Functional Impact of Positive Contribution

Zeng et al. (2024) and Tian et al. (2018) have shown that families reporting higher levels of positive contribution tend to exhibit greater family functioning, stronger coping skills, and enhanced emotional resilience. For instance, Tian et al. (2018) identified eight dimensions of positive contribution—such as value and meaning, coping ability, and love and responsibility—highlighting its multidimensional nature. These contributions reflect both psychological growth (e.g., enhanced self-efficacy) and behavioral outcomes (e.g., increased social engagement), reinforcing the notion that positive contribution represents a developmental outcome rather than a transient attitude.

Despite emerging empirical support for the benefits of positive contribution, the construct remains under-theorized in cross-cultural settings. Most existing conceptualizations, including Behr et al.’s (1992) Kansas Inventory, were developed in Western contexts and may fail to adequately reflect family dynamics shaped by collectivist values, hierarchical relationships, and social stigma in non-Western societies such as China (Su et al., 2018). Additionally, the distinction between positive perception and positive contribution is frequently blurred in the literature, with many studies relying on broad self-report measures that conflate subjective cognitive appraisals with observed behavioral or functional outcomes. Furthermore, positive contribution is often assessed using cross-sectional designs, which limit the ability to examine its developmental progression or determine causal effects on family functioning and quality of life (Zeng et al., 2024). Few measurement tools have been adapted and validated for use in Chinese cultural contexts, and existing studies remain largely descriptive and exploratory in nature. These limitations highlight the need for localized measurement tools, longitudinal research designs, and clearer theoretical delineations to better integrate the construct of positive contribution into comprehensive family adaptation models.

In summary, the concept of positive contribution encompasses both internal transformations and external functional improvements that arise through caregiving. It is conceptually distinct from positive perception, which reflects a subjective emotional appraisal. Understanding this difference is crucial for accurate conceptualization and measurement, as well as for designing interventions that promote family adaptation and quality of life.

2.4 Rural -Urban Disparities

In 2021, the Chinese government—through the China Disabled Persons' Federation, the Ministry of Civil Affairs, and the National Health Commission — issued the *Implementation Measures for the Agreement Management of Designated Service Institutions for the Rehabilitation of Disabled Children (Trial)*. This policy outlines several criteria for designation, with a key requirement being proximity to convenient transportation infrastructure (China Disabled Persons' Federation, 2021). This stipulation inherently disadvantages rural areas, where underdeveloped transportation infrastructure results in a clustering of designated service institutions in urban centers with better access to public transit and road networks. The implications of this policy extend beyond mere infrastructural disparities; it reinforces socio-economic divides, as families in rural regions frequently lack the financial resources needed to navigate transportation barriers, such as the costs associated with private vehicles or the time and expense of long-distance travel.

Disparities between rural and urban areas in China are well-documented, with urban centers offering more developed infrastructure, superior healthcare systems, and a broader array of social services (Li, 2017). As a result, while rural families rely heavily on informal support from relatives and community members, urban families tend to benefit from a broader range of formal services. Additionally, the educational landscape in rural China remains significantly less favorable than in urban areas, characterized by gaps in resources, teacher quality, and investment (Peng & Liu, 2024). Nevertheless, urban families may still face challenges, such as overcrowded service providers, resulting in delayed access to essential support services (Liu et al., 2020).

Evidence indicates that families of children with intellectual disabilities in urban regions enjoy several advantages over their rural counterparts, including better economic conditions (Zheng et al., 2021), superior material living standards (Wang, 2019), more robust professional support (Ren et al., 2018), and an overall higher quality of life (Huang, 2018; Hu et al., 2012; Hu, 2008).

The Chinese government has made considerable strides over the past few decades to enhance services for individuals with disabilities, including children with intellectual disabilities. Legislative measures such as the Law on the Protection of Persons with Disabilities and initiatives to promote inclusive education have contributed to the expansion of specialized services in urban areas (Xu & Wang, 2021). However, these policies often fall short in practice in rural areas, where families continue to encounter significant obstacles, including limited service access, inadequate governmental support, and pervasive stigma surrounding disabilities (Yang et al., 2014).

Cultural factors also play a crucial role in shaping the experience of families caring for children with disabilities. In Chinese culture, family is central to caregiving responsibilities, and many families rely heavily on informal support from relatives. The traditional expectation that families care for children with disabilities with minimal outside assistance can increase caregiver stress. Research has demonstrated that the stigma surrounding intellectual disabilities contributes to social isolation, further limiting the availability of informal support (Chen, 2019). This phenomenon is particularly pronounced in rural areas, where conservative social attitudes prevail, further complicating efforts by families to seek adequate support.

Additionally, socioeconomic factors are pivotal in determining access to services. Families in rural areas, particularly those with lower incomes, often face financial hurdles that restrict their ability to obtain necessary healthcare and educational services (Zhu, 2016). The economic divide between rural and urban regions exacerbates the difficulties faced by families of children with intellectual disabilities, adversely affecting their overall quality of life.

In the *Opinions on Establishing a Rehabilitation Assistance System for Disabled Children* (State Council of China, 2018), it is stipulated that guardians of children with intellectual disabilities aged 0-6 must apply to the county-level Disabled Persons' Federation in the locality of the child's household registration or residence permit is issued. Once approved, they may choose a designated rehabilitation institution. However, the administrative processes for such applications are often difficult to access in rural regions. This administrative challenge is further complicated by socioeconomic factors, as rural residents face geographic isolation and lower income levels, significantly limiting their ability to afford the frequent and costly travel required to access rehabilitation services. The persistent nature of these demands, involving continuous travel and financial outlay, further undermines families' willingness and capacity to seek long-term rehabilitation services.

The State Council's *14th Five-Year Plan for the Protection and Development of Persons with Disabilities* acknowledges substantial deficiencies in service provision capacities in underdeveloped regions, particularly in rural areas (State Council of China, 2021). These capacity deficits stem from economic disparities and the historical neglect of rural health and social service infrastructure. Proposed solutions, such as public-private partnerships — where government entities provide land and institutions deliver services — may offer pathways to mitigate these disparities. However, these solutions must also address deeply entrenched cultural and social norms that further marginalize rural populations, including traditional caregiving expectations and the stigma associated with disabilities, which persist in less urbanized settings.

Socioeconomic research underscores the intricate relationship between income disparities, service accessibility, and family dynamics. Studies on developmental disorders in China illustrate that families in urban areas typically demonstrate greater adaptability and functionality than their rural counterparts (Sun, 2021). This difference can be attributed in part to better access to formal support services and a more comprehensive socioeconomic safety net available in urban contexts. In contrast, rural families often endure higher levels of parental stress, intensified by financial strain and social isolation (He, 2020). Cultural expectations for rural families to depend on informal caregiving networks, combined with the stigma surrounding disabilities, mean that rural parents, particularly mothers, are more inclined to adopt punitive parenting styles (Cheng, 2021). These cultural and social factors, alongside policy-induced disadvantages, significantly contribute to the diminished quality of life experienced by rural families compared to their urban counterparts.

While rural-urban disparities are frequently documented in descriptive studies, theoretical accounts of these differences remain underdeveloped. Most research highlights service inaccessibility and economic hardship in rural areas without integrating these observations into a systematic explanatory model. For instance, few studies employ ecological or structural frameworks to account for how institutional, cultural, and socioeconomic factors interact to produce unequal support outcomes. As Pan and Ye (2015) argue, traditional caregiving expectations in rural China are increasingly strained under conditions of labor migration and welfare insufficiency, yet the underlying mechanisms driving these stresses are not well-theorized. Moreover, China's household registration system (hukou) continue to reinforce systemic exclusions, but these structural inequalities are rarely explored through models such as social stratification theory or comparative welfare regime frameworks. A more robust theoretical framing is required to explain not only that disparities exist, but why they persist and how they are reproduced. Incorporating such frameworks would greatly enhance our understanding of the multi-level determinants of family quality of life in rural China.

Income disparities further accentuate rural-urban gaps. According to the 2023 *Statistical Bulletin of National Economic and Social Development* from Chongqing's Statistics Bureau, the per capita disposable income for urban residents was 47,435 yuan, compared to only 20,820 yuan for rural residents (Chongqing Municipal Statistics Bureau, 2024). This substantial income gap underscores broader economic inequalities that not only restrict rural families' access to essential services but also perpetuate cycles of disadvantage, hindering rural children with disabilities from obtaining the rehabilitation services they need.

2.5 Family Systems Theory and Conceptual Framework

Family Systems Theory (FST), developed by Murray Bowen, is a theoretical framework that conceptualizes the family as an interdependent emotional system, in which each member's behavior, emotions, and challenges influence the functioning of the entire unit (Bowen, 1978). In the context of families raising children with intellectual disabilities (ID), FST emphasizes that the entire family system is affected, as caregiving demands, stress, and emotional challenges extend beyond the child and influence all family members.

FST is particularly relevant for understanding the mechanisms through which support systems influence family adaptation and well-being, as it provides a lens to analyze how both external and internal resources and positive family contributions, ultimately shaping the quality of life (QoL) of all family members. This perspective enables a more nuanced theorization of how support, both formal and informal, can transform stress into opportunities for growth and resilience, thereby enhancing QoL.

2.5.1 Intellectual Disabilities and Family

The presence of intellectual disabilities significantly alters family dynamics, often heightening stress levels and reshaping intra-family roles. According to FST, such role and relational shifts can destabilize the entire family system if not managed effectively. For example, parents may experience role overload due to heightened caregiving demands, while siblings may assume secondary caregiving responsibilities or feel emotionally neglected (Cridland et al., 2014). The theory suggests that the stress and emotional strain experienced by one member inevitably permeate the entire family unit, negatively affecting interaction quality and relational stability (Gerstein et al., 2009). Without adequate support, these disruptions can undermine family cohesion and emotional well-being, ultimately diminishing the family's overall quality of life.

2.5.2 The Role of Support Systems in Family Adaptation

Support systems play a pivotal role in enabling families to adapt to caregiving demands and maintain an optimal quality of life (QoL). According to FST, support—whether formal (e.g., counseling, medical services) or informal (e.g., extended family, community involvement)—serves to restore systemic equilibrium, reduce stress, and promote resilience.

By facilitating effective communication, conflict resolution, and emotional regulation, support systems enhance family functioning, thereby improving QoL (Kyzar et al., 2012). Furthermore, support systems empower families by equipping them with resources to manage caregiving responsibilities and navigate the emotional and logistical complexities of raising a child with an intellectual disability (Singer et al., 2010). FST frames this adaptive process as one in which external support contributes to internal cohesion, thereby mitigating negative outcomes and enhancing overall family well-being.

2.5.3 Positive Contribution and Its Impact on the Family Systems

Positive contribution refers to the personal development, enhanced family relationships, and meaning-making processes that families experience as they adapt to caregiving challenges. Within the framework of FST, positive contributions are conceptualized not merely as outcomes of individual coping strategies but as emergent properties of the dynamic interplay among family members as they negotiate their roles within the family system.

FST suggests that support systems are instrumental in enabling families to reframe caregiving challenges as opportunities for growth and transformation. With adequate support, families are more likely to experience positive outcomes, including reinforced emotional bonds, adaptive coping strategies, and a heightened sense of shared purpose (King et al., 2009). Positive contributions, therefore, function as a mediating mechanism linking external support to enhanced QoL by fostering emotional resilience and intra-family cohesion within the system.

2.5.4 Positive Contribution as Mechanism of Systemic Adaptation in FST

In the context of Family Systems Theory (FST), positive contribution serves as a key mechanism for systemic adaptation. As caregiving demands intensify and change over time, family systems must restructure roles, reallocate responsibilities, and cultivate emotional resources. When support systems function effectively, these structural and emotional adjustments enable the family to achieve greater relational cohesion and sustained resilience (McConnell & Savage, 2015). Similarly, Brajša-Žganec et al. (2024) identify a sustained optimistic family outlook as essential for building emotional strength and maintaining long-term family well-being.

2.5.5 Positive Contribution and Quality of Life (QoL)

The relationship between positive contribution and QoL is pivotal for understanding how families adapt to the challenges of raising children with intellectual disabilities.

FST provides a conceptual lens for analyzing how the emotional and relational benefits derived from positive contribution facilitate improvements in overall family well-being. Families who report experiencing positive contributions often demonstrate higher levels of emotional well-being, stronger family cohesive, and an enhanced sense of purpose—all of which are core indicators of QoL (Weiss et al., 2013).

Through the lens of FST, positive contribution is not merely an outcome of caregiving but a dynamic process that contributes to the enhancement of quality of life (QoL) by fostering emotional resilience and strengthening overall family functioning. In this way, the mechanisms linking support, positive contribution, and QoL become clearer: support systems enable families to generate positive contributions from caregiving, which, in turn, foster greater family cohesion and emotional well-being, ultimately contributing to an overall enhancement in QoL.

2.5.6 The Role of Support Systems in Enhancing Positive Contribution and QoL

Support systems are crucial determinants in facilitating both positive contribution and quality of life (QoL). According to FST, families who receive comprehensive support are better equipped to manage caregiving-related stress and are more likely to develop positive contributions, which in turn enhance systemic functioning and elevate overall QoL.

Support systems help mitigate caregiving burdens and foster emotional resilience, enabling families to focus on the developmental potential of their caregiving role (Davis & Gavidia-Payne, 2009). This dynamic interaction between support, positive contribution, and QoL highlights the critical role of external resources in facilitating adaptive restructuring within the family system.

While Family Systems Theory (FST) offers a valuable lens for understanding family adaptation to disability-related stress, its application in non-Western and collectivist sociocultural contexts remains insufficiently explored. FST emphasizes emotional interdependence and systemic role shifts, yet it may understate the influence of structural constraints — such as access to services, policy regimes, or economic marginalization—that profoundly shape family functioning in China (Pan & Ye, 2015). Moreover, the theory tends to assume a relatively stable nuclear family unit, which may not reflect the complex caregiving arrangements common in China — such as intergenerational caregiving, grandparent-led households, or rural-urban labor migration. While useful in conceptualizing internal family dynamics, FST should be complemented by ecological and sociopolitical frameworks to fully capture the multi-layered challenges and systemic barriers that families encounter.

2.5.7 Conclusion

In summary, Family Systems Theory provides a comprehensive framework for understanding how intellectual disabilities affect the entire family unit. The theory emphasizes the interdependence of family members and how challenges related to intellectual disabilities impact family roles, relationships, and emotional well-being. Support systems are essential for helping families adapt to these challenges, fostering cohesive interactions and strengthening the family’s capacity to cope. The concept of positive contribution—the benefits and emotional growth that emerge from caregiving—can be understood through the lens of FST as part of the family’s systemic adaptation process. Support systems play a critical role in enabling families to experience positive contribution, which in turn promotes relational resilience and emotional well-being.

In the context of China, urban families tend to have better access to support, although they may face social isolation and service saturation. This review highlights the need for further research to understand the differentiated dynamics of rural and urban support systems in Chongqing, China, and how they contribute to the QoL of families with children with intellectual disabilities. Understanding these dynamics is crucial for developing targeted policies and interventions that address the needs of families in diverse geographic and socio-economic contexts. Figure 1 shows the conceptual framework of the interrelationships among the core variables.

2.6 Summary

This chapter reviewed the existing literature on quality of life (QoL), support systems, and positive contribution among families of children with intellectual disabilities (ID), with particular attention to the Chinese context. It identified gaps in prior research, including the underexplored role of positive contributions, the limited integration between formal and informal support, and the lack of comparative studies on rural-urban disparities. The chapter also introduced Family Systems Theory (FST) as the central theoretical lens, which emphasizes the dynamic, reciprocal interactions within families and how these systems respond to stress, support, and developmental challenges. This theoretical orientation provides a comprehensive foundation for understanding how family functioning is influenced by internal strengths and external support. By synthesizing global and local perspectives, this chapter lays the groundwork for the methodological design detailed in the next chapter.

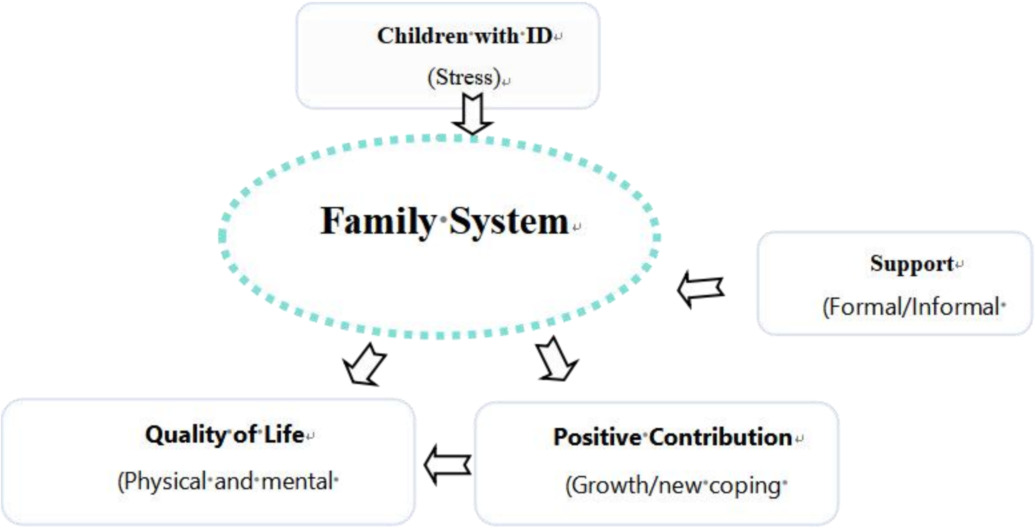


Figure 2.1 Conceptual Framework to Show the Interrelationships Among the Core Variables

Chapter 3 Methodology

The present study aims to examine the relation between positive contribution, support, and quality of life in families of children aged 1-6 with intellectual disabilities (ID) in Chongqing. A mixed-methods approach was employed, integrating both quantitative and qualitative methodologies to address the research questions (Matović, & Ovesni, 2023). This chapter outlines the research design, research questions and hypotheses, study population and sampling, research setting, instruments, data collection procedures, and data analysis methods.

3.1 Research Design

This study adopts a sequential mixed-methods design, combining quantitative research through questionnaires to test hypotheses regarding the relationships among positive contribution, support, and quality of life, with qualitative research through semi-structured interviews to gain deeper insights into family experiences.

The research was conducted in four phases:

- Phase 1 (1 November – 31 December 2024): Contacted parents of children with ID, distributed questionnaires, and conducted semi-structured interviews.
- Phase 2 (1 January – 28 February 2025): Analyzed the quantitative and qualitative data.
- Phase 3 (1 March – 30 April 2025): Drafted the dissertation report.
- Phase 4 (1 May – 30 June 2025): Revised the dissertation and prepared for the thesis defense.

3.2 Research Questions and Hypotheses

The purpose of this study is to investigate the outcomes experienced by families of children with intellectual disabilities (ID), explore influencing factors, and identify strategies to enhance their quality of life. The study is guided by the following research questions and corresponding hypotheses.

3.2.1 Research questions

Ⅰ. What is the status of formal and informal support, positive contribution, and quality of life among families with children aged 1–6 with ID in Chongqing, China?

Ⅱ. Are there significant differences in formal and informal support, positive contribution and quality of life between rural and urban families?

Ⅲ. How do formal and informal types of support contribute to specific dimensions of positive contributions and the overall quality of life among families of young children with ID in Chongqing, China?

Ⅳ. What are the key influencing factors contributing to the quality of life of families with young children with ID in Chongqing, China?

3.2.2 Research hypotheses

H_0 1.There is no significant difference in formal support among families of children aged 1-6 with ID based on child characteristics.

H_1 1.There is a significant difference in formal support among families of children aged 1-6 with ID based on child characteristics.

H_0 2.There is no significant difference in informal support among families of children aged 1-6 with ID based on child characteristics.

H_1 2.There is a significant difference in the informal support among families of children aged 1-6 with ID based on child characteristics.

H_0 3.There is no significant difference in positive contribution among families of children aged 1-6 with ID based on child characteristics.

H_1 3.There is a significant difference in positive contribution among families of children aged 1-6 with ID based on child characteristics.

H_0 4.There is no significant difference in quality of life among families of children aged 1-6 with ID based on child characteristics.

H_1 4.There is a significant difference in quality of life among families of children aged 1-6 with ID based on child characteristics.

H_0 5.There is no significant difference in formal support among families of children aged 1-6 with ID based on family characteristics.

H_1 5.There is a significant difference in formal support among families of children aged 1-6 with ID based on family characteristics.

H_0 6.There is no significant difference in informal support among families of children aged 1-6 with ID based on family characteristics.

H_1 6.There is a significant difference in informal support among families of children aged 1-6 with ID based on family characteristics.

H_0 7.There is no significant difference in positive contribution among families of children aged 1-6 with ID based on family characteristics.

H_1 7.There is a significant difference in positive contribution among families of children aged 1-6 with ID based on family characteristics.

H_0 8.There is no significant difference in quality of life among families of children aged 1-6 with ID based on family characteristics.

H_1 8.There is a significant difference in quality of life among families of children aged 1-6 with ID based on family characteristics.

H_0 9.Formal support does not significantly predict positive contribution among families of children aged 1-6 with ID.

H_1 9.Formal support significantly predicts positive contribution among families of children aged 1-6 with ID.

H_0 10.Informal support does not significantly predict positive contribution among families of children aged 1-6 with ID.

H_1 10.Informal support significantly predicts positive contribution among families of children aged 1-6 with ID.

H_0 11.Positive contribution does not significantly predict quality of life among families of children aged 1-6 with ID.

H_1 11.Positive contribution significantly predicts quality of life among families of children aged 1-6 with ID.

H_0 12.Formal support does not significantly predict quality of life among families of children aged 1-6 with ID.

H_1 12.Formal support significantly predicts quality of life among families of children aged 1-6 with ID.

H_0 13.Informal support does not significantly predict quality of life among families of children aged 1-6 with ID.

H_1 13.Informal support significantly predicts quality of life among families of children aged 1-6 with ID.

3.3 Research Sample and Setting

In 2020, the China Disabled Persons' Federation reported that 142 children with intellectual disabilities received assistance through the welfare lottery-funded preschool education program (China Disabled Persons' Federation, 2020). By 2022, Chongqing's urban permanent population had reached 22.8032 million, compared to a rural permanent population of 9.3302 million (Chongqing Municipal Bureau of Statistics, 2022). Based on this urban-rural population ratio, the research sample included 100 participants from urban areas and 42 from rural areas. All participants met the following criteria: they were permanent residents of Chongqing, held an official certificate of intellectual disability, and were receiving rehabilitation services from a recognized institution. In addition, their parents—serving as the primary caregivers—were also required to participate in the study.

3.4 Research Instrument

In the present study, data will be collected through self-administered questionnaires distributed in Chinese to a representative sample. Each questionnaire consists of four parts (see Appendix A): Part A—demographic information; Part B—support； Part C — positive contributions; Part D — quality of life; and Part E — interview. The instruments are designed to gather information on participants' demographic background, their experience of the positive impact of caregiving, and their satisfaction with received support and overall quality of life.

3.4.1 Demographic Information

Part A consists of demographic information, including questions on parents' gender, age, education level, monthly family income, employment status, and marital status, as well as children's gender, age, and degree of intellectual disability.

3.4.2 Support

This study uses the support scale revised by Taiwanese scholar Zhang(2007), which includes three dimensions: emotional support, instrumental support, and informational support, with a total of 14 items. The internal consistency ranges from 0.86 to 0.93, indicating that the scale has high reliability and validity.

The "Support Scale" by Zhang (2007) was developed with reference to Dunst et al. (1998), by integrating the "Support Function Scale," "Family Support Scale," and the support scales of Chen Kailin and Luo Lichun. The types of support include emotional support (items 1-4), instrumental support (items 5-11), and informational support (items 12-14). The scale responses are categorized as "none," "occasional," "moderate," and "adequate," scored from 1 to 4 respectively. The sources of support are classified into informal support (items 1-13) and formal support (items 14-19). The scale's reliability was assessed using expert validity, item analysis, and internal consistency, while factor analysis was used to evaluate the construct validity of support types. The internal consistency for support types ranged from 0.86 to 0.93, and for support sources from 0.79 to 0.85, indicating high reliability. In China, Jing (2012) and colleagues applied this scale to families of children with disabilities and confirmed its high reliability and validity, showing that it effectively captures the level of support received by such families.

3.4.3 Positive Contribution

Part C employs the "Questionnaire on Positive Contributions of Families with Preschool Children with Intellectual Disabilities", adapted by Tian Boqiong (Tian et al, 2018), consisting of 39 items. The questionnaire includes eight dimensions: active life and work, love and responsibility, value and meaning, intimacy and happiness *(α = 0.657)*, rationality and justice *(α = 0.708)*, social expansion *(α = 0.650)*, willingness to give *(α = 0.759)*, and coping ability *(α = 0.702)*. The cumulative variance explained by these eight dimensions is 61.889%. The overall Cronbach's α coefficient is 0.944, with each dimension ranging between 0.65 and 0.76, indicating high internal consistency. The questionnaire demonstrates good reliability and validity.

3.4.4 Quality of Life

Part D uses the "Family Quality of Life Questionnaire for Children with Developmental Disabilities" compiled by Huang (2017), which has thirty-six items and eight dimensions. The eight dimensions are physical and mental health, family interactions, leisure activities, parent-child parenting, support from others, professional support, career development, and economic status.

The instrument was developed based on both international scales—such as the Beach Center Family Quality of Life Scale (Isaacs et al., 2007)— and is grounded in empirical research on the needs and challenges of families of children with special needs in China, as well as family functioning theory. As such, the scale incorporates culturally and contextually appropriate dimensions relevant to Chinese families (Huang et al., 2018).

Psychometric analysis has shown that the scale has good structural validity. The model yielded a chi-square value (X^2) of 1177.99, with $X^2/df = 2.354$, GFI = 0.853, CFI = 0.915, TLI = 0.905, IFI = 0.916, and RMSEA = 0.056, indicating acceptable model fit. The internal consistency reliability coefficients for the eight dimensions range from 0.80 to 0.91, and the overall reliability coefficient of the scale is 0.93, suggesting strong internal consistency and reliability.

The use of standardized quality of life instruments such as the WHOQOL or the Family Quality of Life Scale would indeed enable stronger international comparability. However, Huang’s (2017) instrument was specifically chosen for this study due to its localization and cultural relevance. It not only integrates internationally recognized frameworks but also addresses parenting and support dimensions more specific to families of children with developmental disabilities in China. Despite the potential limitation of reduced global comparability, the high reliability and contextual appropriateness of this instrument make it well-suited for the present research.

3.4.5 Interview

Part E of the instrument consists of a semi-structured interview designed to complement the quantitative data by providing deeper insight into the lived experiences of families raising young children with intellectual disabilities (ID). The interview questions were developed based on the study’s theoretical framework — Family Systems Theory—and align closely with the study’s core variables: support (formal and informal), positive contribution, and family quality of life (QoL), while also considering urban-rural disparities in service accessibility and caregiving contexts.

The interview guide comprises six thematic sections:

General Background – Participants are invited to share demographic and contextual information about their family and living environment (e.g., urban or rural).

Family Support – This section explores the types, sources, and perceived effectiveness of support received by families, with attention to both formal (e.g., governmental, institutional) and informal (e.g., relatives, community) systems. Barriers to support access are also probed.

Positive Contributions – Questions examine the emotional, relational, and developmental benefits families attribute to the caregiving experience, as well as how support systems may shape their awareness of these contributions.

Quality of Life – Participants reflect on their overall life satisfaction and well-being, and how different forms of support and caregiving challenges influence various aspects of family functioning.

Rural – Urban Disparities – Respondents with relevant experience are asked to compare the availability and quality of services in rural versus urban areas, and how location influences their support access and QoL.

Recommendations and Reflections – The final section invites participants to offer suggestions for improving services and share advice for other families in similar situations.

Open-ended questions allow for narrative responses that capture participants' subjective interpretations, emotional expressions, and coping strategies. This design supports triangulation with quantitative findings, enabling a richer understanding of the mechanisms through which support and perceived positive contribution interact to influence family QoL in different sociocultural and geographic contexts. The qualitative data are expected to reveal themes not captured by standard questionnaires and to offer culturally grounded recommendations for policy and practice in Chongqing, China.

3.5 Procedure

The research was conducted in three stages: preparation, implementation, and data analysis. Each stage was designed to ensure the methodological integrity of the mixed-methods design, as illustrated in Figure 3.1.

Stage 1: Preparation

The initial stage involved the collection and review of relevant literature to define the conceptual framework and identify key constructs—support, positive contribution, and quality of life (QoL). Based on this theoretical foundation, appropriate research tools were selected, including standardized questionnaires and an interview protocol. The target population was also identified, focusing on parents of children aged 1 – 6 with intellectual disabilities in Chongqing.

Stage 2: Implementation

In collaboration with 17 rehabilitation institutions, 204 questionnaires were distributed to eligible participants across urban (n = 140) and rural (n = 64) areas, maintaining proportional representation based on the regional population structure. The questionnaires included:

- The Support Scale (Zhang, 2007),
- The Positive Contribution Questionnaire (Tian et al., 2018),
- The Family Quality of Life Questionnaire (Huang, 2017).

After the quantitative phase, 10 parents (6 from rural and 4 from urban areas) were purposefully selected from the survey sample to participate in semi-structured interviews, based on gender, geographic location, and diversity in caregiving experiences. Details on the interview participant selection process are elaborated in Section 3.7.1 to ensure transparency and methodological rigor.

Stage 3: Data Analysis and Report Writing

Quantitative data were analyzed using SPSS 29 software. Qualitative data were processed using NVivo 15, following thematic analysis to identify patterns within interview transcripts. Integration of quantitative and qualitative findings was performed in the discussion chapter to enhance the interpretative depth. The final step involved synthesizing the results into the research report.

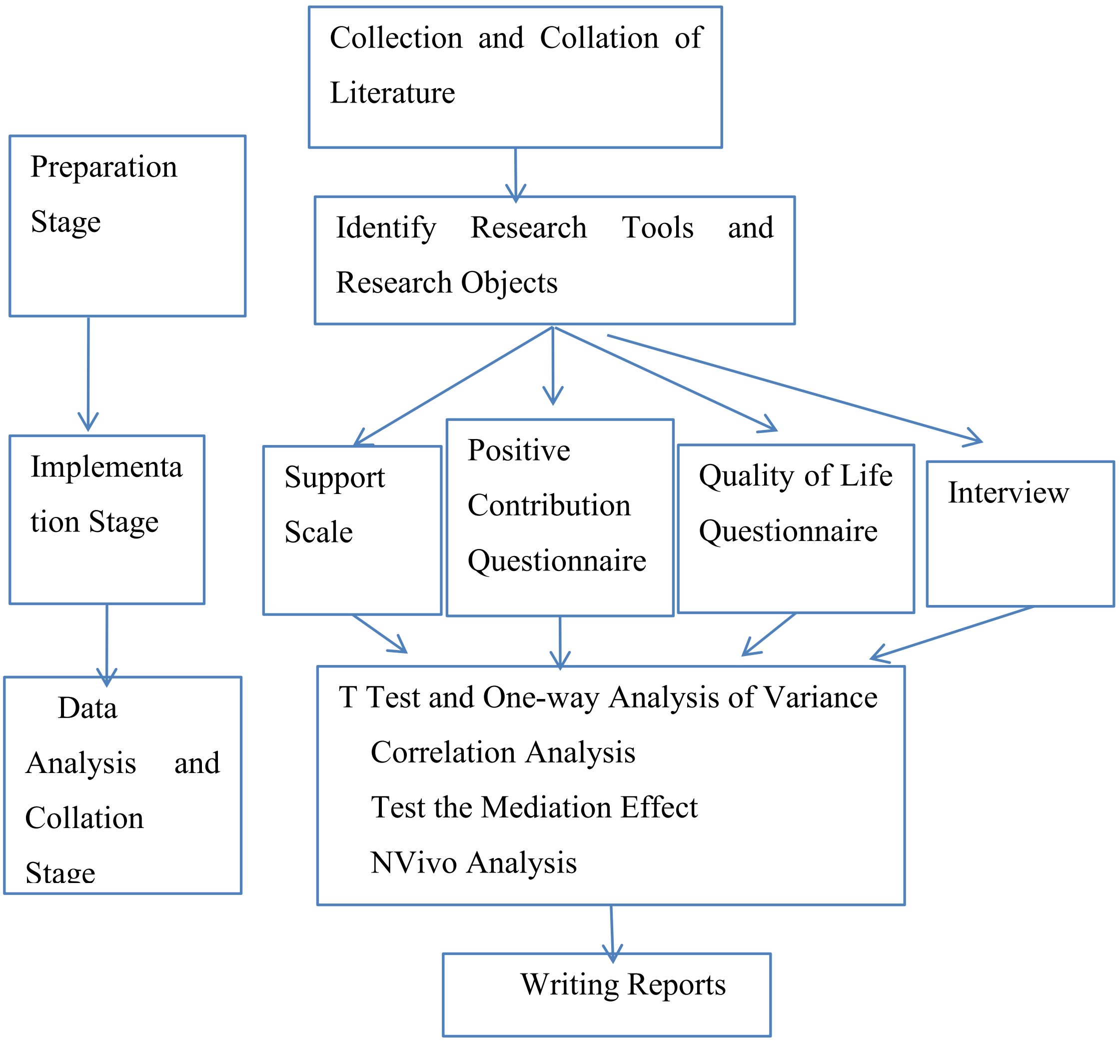


Figure 3.1 Procedure flow chart

3.6 Quantitative Data Collection and Analysis

Quantitative data were collected regarding formal and informal support, perceived positive contributions, and the quality of life of families with children aged 1 to 6 years with intellectual disabilities in Chongqing, China.

3.6.1 Respondents

Sampling was guided by the urban – rural population ratio reported by the Chongqing Municipal Statistics Bureau (2023), resulting in a total of 204 participants, including 140 from urban areas and 64 from rural areas, thus ensuring geographical representativeness. A combination of random and purposive sampling techniques was employed. Participants were recruited through 17 institutions, including rehabilitation centers affiliated with the China Disabled Persons' Federation (CDPF), non-governmental organizations specializing in developmental rehabilitation (e.g., private intervention centers), private kindergartens, and preschools affiliated with special education schools.

Each institution assisted in identifying eligible families based on their place of residence and caregiving status. All participants were primary caregivers of children aged 1 to 6 years who had received a formal diagnosis of intellectual disability. A detailed institutional distribution of the sample is presented in Table 3-1.

Table 3-1 Distribution of Respondents by Source Institution

Type of institution	Number of institution	Number of respondents
Rehabilitation centers affiliated to CDPF	2	16
Private intervention centers	7	120
Kindergarten affiliated to special school for children with ID	2	42
Private kindergarten	6	26
In total	17	204

Detailed demographic information on the participating families is presented in Tables 3-2 and 3-3.

Table 3-2 Demographic Characteristics of Parents (N = 204)

Item	N(%)	Item	N(%)
Identity		Family location	
mother	159(77.9%)	urban	140(68.6%)
father	45(22.1%)	rural	64(31.4%)
Age		Employment status	
under 25 years old	5(2.5%)	unemployed	109(53.4%)
26-35 years old	131(64.2%)	farming	17(8.4%)
36-45 years old	62(30.4%)	enterprises and institutions	40(19.6%)
46-50 years old	6(2.9%)	other	38(18.6%)
Education level		Family form	
not in school	2(1%)	nuclear family	93(45.6%)
high school or below	98(48%)	single-parent family	10(4.9%)
college	47(23%)	three-generation family	98(48%)
bachelor	53(26%)	extended family	3(1.5%)
master degree or above	4(2%)	Incoming/month	
Marital status		below 2000 Yuan	33(16.2%)
married	193(94.6%)	2,000-4,000 Yuan	45(22.1%)
divorced	10(4.9%)	4,000-6,000 Yuan	65(31.9%)
widowhood	1(0.5%)	6,000-8,000 Yuan	32(15.7%)
		8,000-10,000 Yuan	18(8.8%)
		10,000 Yuan above	11(5.4%)

This study involved 204 parents as participants. In terms of parental identity, the majority were mothers (77.9%), while fathers accounted for a smaller proportion (22.1%). Regarding age, the largest group was between 26 and 35 years old (64.2%), followed by those aged 36 to 45 (30.4%). Participants younger than 25 years and older than 46 years accounted for smaller percentages.

Educational levels showed that nearly half of the parents had a high school or lower education (48%), followed by those with a bachelor’s degree (26%) and a college diploma (23%), with only a small proportion (2%) holding a master’s degree or above. Most participants were married (94.6%), while divorced (4.9%) and widowed (0.5%) respondents accounted for only a small minority.

In terms of family location, urban families constituted the majority (68.6%), while rural families accounted for 31.4%. Regarding employment status, over half of the participants were unemployed (53.4%), followed by those employed in enterprises or institutions (19.6%), those with other types of employment (18.6%), and farmers (8.4%).

Family structures were mainly nuclear (45.6%) or three-generation (48%) households, while single-parent (4.9%) and extended families (1.5%) were less common.

Monthly household income was predominantly moderate to low, with most families earning between 2,000 and 8,000 yuan. The largest proportion earned between 4,000 and 6,000 yuan (31.9%), while the smallest groups fell into the lowest income bracket (below 2,000 yuan, 16.2%) and the highest (above 10,000 yuan, 5.4%).

The surveyed group consisted primarily of young to middle-aged mothers from urban areas, most of whom had a high school education or lower and were either unemployed or engaged in modest forms of employment. Their families were generally structured as nuclear or three-generation households, with the majority reporting moderate to low monthly incomes, typically ranging from 4,000 to 6,000 yuan. These demographic characteristics suggest that the group is likely to have substantial social support needs due to their economic circumstances, underscoring an urgent need for targeted family assistance and social services.

Table 3-3 Demographic Characteristics of Children (N = 204)

Item	N(%)	Item	N(%)
Age		Gender	
1-3 years old	38(18.6%)	boy	144(70.6%)
3-6 years old	166(81.4%)	girl	60(29.4%)

Health condition		Severity of ID	
very good	122(59.8%)	mild	57(27.9%)
average	50(24.5%）	moderate	82(40.2%)
poor	32(15.7%）	severe	42(20.6%)
When children discover problems		very severe	12(5.9%)
0-1 years old	36(17.6%)	have no idea	11(5.4%)
1-3 years old	133(65.2%)		
after 3 years old	31(15.2%)		
before birth	4(2%)		

The demographic data of the 204 children with intellectual disabilities (ID) indicate that most were between 3 and 6 years old (81.4%), while a smaller proportion were aged 1 to 3 years (18.6%). Boys comprised the majority of the sample (70.6%), whereas girls accounted for approximately 29.4%.

Regarding health status, most children were reported to be in very good health (59.8%), followed by those in average (24.5%) and poor health (15.7%). In terms of ID severity, the children were primarily classified as having moderate intellectual disability (40.2%), followed by mild (27.9%) and severe (20.6%) levels, with a small proportion identified as having very severe disability (5.9%).

With respect to the timing of problem identification, developmental issues were most commonly identified between 1 and 3 years of age (65.2%), followed by 0 to 1 year (17.6%) and after 3 years of age (15.2%). Only a small number of cases (2%) were identified before birth, while some parents (5.4%) reported being uncertain about when the issues were first observed.

Children included in this study were predominantly boys aged 3 to 6 years, most of whom were reported to have moderate or mild intellectual disabilities. According to parental evaluations, the majority of children were in good health. Developmental disabilities were most commonly identified during early childhood — particularly between the ages of 1 and 3 — underscoring the critical importance of early detection and intervention in the management of intellectual disabilities. These demographic findings emphasize the urgent need for targeted early support and specialized intervention strategies, particularly for preschool-aged boys with moderate intellectual disabilities.

3.6.2 Data Collection

A total of 260 questionnaires were distributed, and 239 were returned. Of the returned questionnaires, 204 were deemed valid and retained for analysis. Thirty-five questionnaires were excluded due to substantial missing data. The response rate was 91.92%, and the valid response rate was 85.36%.

3.6.3 Reliability of the Questionnaires

As shown in Table 3-4, the reliability (Cronbach's alpha) of the support scale and its subscales was consistently high. Specifically, the subscales demonstrated strong internal consistency, with Cronbach's alpha values ranging from 0.862 for Formal Support to 0.945 for Type of Support. The total scale exhibited excellent reliability, with an alpha coefficient of 0.950, indicating a very high level of internal consistency.

Table 3-4 Reliability of the Support Scale and Its Subscales (N = 204)

	Number of items	Cronbach's a
Formal support	6	0.862
Informal support	13	0.901
Source of support	19	0.922
Emotion support	4	0.864
Instrumental support	7	0.929
Information support	3	0.893
Type of support	14	0.945
Total scale	33	0.950

As shown in Table 3-5, this scale demonstrated good overall reliability, with a Cronbach’s alpha of 0.954 for the total scale. Most subscales exhibited good reliability, with alpha values ranging from 0.741 to 0.874. However, the subscale ″Intimacy and Happiness″ showed lower reliability (α = 0.505), suggesting that this dimension may require revision or further investigation. Similarly, ″Social Expansion″ (α = 0.699), ″Willingness to Give″ (α = 0.761), and ″Coping Ability″ (α = 0.741) demonstrated moderate reliability.

Table 3-5 Reliability of the Positive Contribution and Its Subscales (N = 204)

	Number of items	Cronbach’s a
Active life and work	8	0.874
Love and responsibility	7	0.840
Value and meaning	5	0.849
Intimacy and happiness	3	0.505
Rational and fair	4	0.786
Social expansion	3	0.699
Willingness to give	6	0.761
Coping ability	3	0.741
Total scale	39	0.954

As shown in Table 3-6, the Quality of Life Scale demonstrated excellent overall reliability (Cronbach’s α = 0.960). All subscales exhibited high reliability, with alpha values ranging from 0.860 for Career Development to 0.921 for Leisure Life, indicating strong internal consistency.

Table 3-6 Reliability of the Quality of Life and Its Subscales (N = 204)

	Number of items	Cronbach's a
Physical and mental health	6	0.893
Parent-child nurturing	5	0.866
Leisure life	4	0.921
Family contacts	5	0.872
Other people's support	5	0.899
Professional support	4	0.876
Career development	4	0.860
Economic status	3	0.880
Total scale	36	0.960

The reliability analyses demonstrated that all three scales used in this study — Support, Positive Contribution, and Quality of Life — exhibited strong internal consistency, supporting their appropriateness for subsequent analysis and application. Overall, these instruments proved to be highly reliable measures of their respective constructs among parents of children with intellectual disabilities.

3.6.4 Data Analysis

The data analysis procedure for this study involved analyzing the collected responses using the Statistical Package for the Social Sciences (SPSS) version 29. Both descriptive and inferential statistical methods were applied to interpret the data. Descriptive statistics included frequencies and percentages.

For inferential statistics, multiple regression analysis was employed to examine the relationships among the key variables. Specifically, it was used to determine whether support significantly predicted positive contribution, whether positive contribution significantly predicted quality of life, and whether support significantly predicted quality of life.

In addition, to test for moderation effects, the PROCESS macro for SPSS (Hayes, 2013) was used to assess whether positive contribution served as a significant moderator in the relationship between support and quality of life.

3.7 Quantitative Data Collection and Analysis

In this study, qualitative data were collected through semi-structured interviews conducted with 10 parents of children with intellectual disabilities in Chongqing. Considering both the research objectives and practical feasibility, a purposive sampling technique was employed to select the interview participants.

3.7.1 Interview Participants

In this study, a total of 10 parents of children with intellectual disabilities were selected for semi-structured interviews from among the 204 survey respondents. Purposive sampling was employed to ensure diversity in background and caregiving experiences.

To achieve maximum variation, several sampling criteria were predetermined, including family location (urban/rural), parental identity (mother/father), parental education level, the child’s age (within the preschool range), and the child’s gender. Each criterion included at least one category to ensure basic heterogeneity across the sample. Families meeting these criteria were purposefully approached and invited to participate.

The final interview sample included six parents from rural areas and four from urban areas. Although rural respondents made up approximately 31% of the total survey sample, they were intentionally overrepresented in the interview phase to reflect the unique challenges they face in accessing services and support. Additionally, the sample included seven mothers and three fathers, a distribution that mirrors the predominance of mothers in caregiving roles (77.9% in the survey), while also incorporating paternal perspectives.

To ensure confidentiality, all participants were assigned anonymized codes (P1 – P10) during data processing and reporting.

Table 3-7 Basic Information of Participants in Interview (N = 10)

Participants	Role	Age	Education	Area	Employment	Child's gender	Child's age
P1	father	30	college	Rural	Employed	male	2.5 years old
P2	father	28	bachelor	Town	Employed	male	2 years old
P3	mother	25	high school	Town	Employed	male	3 years old
P4	mother	27	college	Town	Employed	female	4 years old
P5	mother	29	bachelor	Town	Employed	female	5.5 years old
P6	father	34	college	Rural	Employed	male	5 years old
P7	mother	32	college	Rural	Employed	male	6.5 years old
P8	mother	30	high school	Rural	Employed	male	6 years old
P9	mother	26	high school	Rural	Unemployed	female	4 years old
P10	mother	35	high school	Rural	Unemployed	female	4 years old

The qualitative sample consisted of 10 parents (7 mothers and 3 fathers) of children with intellectual disabilities. Participants ranged in age from 25 to 35 years and had diverse educational backgrounds: 40% (n = 4) had completed high school, 40% (n = 4) held junior college diplomas, and 20% (n = 2) had obtained undergraduate degrees.

Geographically, 60% (n = 6) of participants lived in rural areas, while the remaining 40% (n = 4) resided in towns. In terms of employment status, 80% (n = 8) were employed—primarily in the informal sector—whereas 20% (n = 2) were unemployed mothers. The children of these participants (6 boys and 4 girls) were between 2 and 6.5 years old.

Overall, the sample was purposefully constructed to reflect key demographic and contextual diversity, thereby enhancing the depth, relevance, and potential transferability of the qualitative findings.

3.7.2 Instruments

The semi-structured interview protocol was developed to complement the quantitative data by providing deeper insights into the lived experiences of families raising young children with intellectual disabilities. Grounded in Family Systems Theory, the interview questions aligned with the study's core constructs — support (formal and informal), positive contribution, and family quality of life (QoL)—and also considered contextual factors such as urban – rural disparities in caregiving and service access.

Given the volume and complexity of qualitative data generated from the interviews, a systematic approach to data management and analysis was essential. Coding, a foundational practice in qualitative research, was used to organize and interpret the textual data (Charmaz, 2006). To enhance efficiency and analytical rigor, the study employed NVivo (version 15)—a computer-assisted qualitative data analysis software (CAQDAS) — to support the coding and thematic analysis process. NVivo enables multimodal data processing (e.g., text, audio, video, images) and provides structured workflows for tracking coding consistency and category development (Bazeley & Jackson, 2013; Creswell & Poth, 2018). It also allowed researchers to construct hierarchical node structures, query co-occurring codes, and visualize relationships among emerging concepts, thereby enhancing both the depth and transparency of the thematic analysis.

The analysis followed a three-stage grounded theory approach incorporating both constructivist and systematic grounded theory perspectives (Charmaz, 2006; Strauss & Corbin, 1990). The stages included open coding, axial coding, and selective coding, described as follows:

Open Coding

In the initial phase, interview transcripts were broken down into discrete units of meaning through line-by-line and segment-by-segment analysis. Drawing on Charmaz's (2006, p. 46) constructivist grounded theory approach, researchers interpreted participants' narratives while co-constructing emerging themes. Simultaneously, coding procedures followed the systematic guidelines of Strauss and Corbin (1990, p. 61) to ensure conceptual clarity. Key steps included:

- Iterative reading of transcripts to identify significant excerpts;
- Assigning provisional codes to meaningful data segments;
- Conducting constant comparative analysis to refine codes across interviews;
- Generating an initial list of conceptual categories.

Axial Coding

This stage involved reassembling the data by exploring relationships among the categories developed during open coding. Following Strauss and Corbin's (1990, p. 97) coding paradigm, the analysis focused on identifying a central phenomenon, causal conditions, contextual factors, intervening strategies, and consequences. Creswell (2013, p. 85) emphasized axial coding as a strategy for reconnecting data and forming coherent explanatory models. The process included:

- Identifying a core category that captured the central phenomenon;
- Grouping related codes into subcategories with shared properties;
- Mapping interrelations among categories (e.g., causal links, contextual influences);
- Structuring data into a logical coding framework.

Selective Coding

The final stage integrated all analytic categories into a unified theoretical framework. According to Strauss and Corbin (1990, p. 116), selective coding involves refining the central storyline by relating all other categories to the core. While Glaser (1978, p. 72) emphasized allowing theory to emerge inductively, this study adopted a more structured path to ensure consistency. Steps included:

- Selecting the core category as the analytical anchor;
- Systematically relating all subcategories to the core through logical connections;
- Validating the coherence and saturation of the coding structure;
- Synthesizing the findings into a grounded theoretical model relevant to the research questions.

3.7.3 Interview Implementation

During the questionnaire phase, parents were invited to indicate their willingness to participate in follow-up interviews. Based on a predetermined sampling framework, the researcher purposefully contacted families whose characteristics aligned with the targeted variation dimensions, including family location (urban/rural), parental identity (mother/father), education level, and the child’s age and gender. For each of these variables, at least one category were represented to ensure basic sample heterogeneity. In addition to individual consent, recommendations from staff at rehabilitation centers, kindergartens, and special education schools were also taken into account to identify families with distinctive caregiving experiences.

In total, ten parents were selected for face-to-face semi-structured interviews. Each interview lasted between 30 and 60 minutes. As interviews involve joint meaning-making between the interviewer and the participant, various factors—such as language preference, emotional expression, and contextual familiarity — were considered to ensure data quality.

Given the study’s setting in Chongqing, most interviews were conducted in the Chongqing dialect, with a few in Mandarin, depending on participant preference. Prior to each interview, the researcher introduced the purpose of the study, explained the procedures, and reassured participants about the confidentiality of their responses. Written informed consent was obtained before the interviews commenced. With participants’ permission, all ten interviews were audio-recorded for transcription and analysis.

3.7.4 Qualitative Data Analysis

In qualitative research, data analysis occurs not only after data collection but also concurrently with data organization and interpretation. To ensure data accuracy and completeness, participants’ demographic information and field notes were compiled immediately following each interview, while audio recordings were transcribed at the earliest opportunity. To safeguard confidentiality, each respondent was assigned an anonymized code. During transcription, content unrelated to the research questions was excluded to improve analytical focus.

Data from eight interviews were selected for formal coding, while the remaining two transcripts were retained to assess theoretical saturation.

Coding Procedures

Coding constitutes the foundational step in qualitative data analysis, involving the segmentation of textual data and the assignment of conceptual labels to each segment (Singh & Estefan, 2018). The primary purpose of coding is to capture the underlying meaning of each unit of text and to organize similar fragments into coherent categories. Prior to formal coding, the researchers read the full interview corpus three times to ensure deep familiarity with the content, while removing irrelevant information. This preparatory phase helped preserve the participants' original perspectives and minimize interpretive distortion.

Open coding served as the initial analytical stage. In this phase, transcripts from the eight selected participants were analyzed line by line. Each meaningful segment was assigned a descriptive code based on the nature of the observed phenomenon or event. Through constant comparative analysis, similar segments were grouped into concepts, and concepts with shared properties were synthesized into broader categories (Strauss & Corbin, 2008; Singh & Estefan, 2018). This granular approach reduced the likelihood of missing key themes and mitigated subjective bias, thereby contributing to the construction of a theoretically grounded framework.

In NVivo 15, coded segments were labeled as ″nodes.″ Each time a concept was referenced by one or more participants, NVivo recorded both the reference count and the number of unique sources, allowing researchers to assess the salience of emerging themes. Concepts with low frequency were considered less analytically significant, while high-frequency nodes were prioritized as central to the emerging theory.

As shown in Figure 3.2, a total of 131 concepts were identified from the eight interviews. These were further refined through comparative analysis into 12 distinct thematic categories.

1	Name	Files	References
2	Government economic support	8	23
3	Family support	4	21
4	Energy consumed by the child	7	15
5	Rehabilitation teacher support	7	15
6	Learning intervention skills	8	14
7	Ease of obtaining government support	8	12
8	Satisfaction with support	8	11
9	Urban-rural disparities in support availability	8	11
10	Increased economic pressure	5	10
11	Importance of informal support	6	10
12	Conflicts with family/spouse during childcare	6	9
13	Increased patience	5	9
14	Support from similar families	5	9
15	Specialized information from rehabilitation institution leaders, friends, the internet, ho	4	8
16	Child’ s rehabilitation progress	4	7
17	Uncertainty about the child’ s future	5	7
18	Urban-rural differences in societal attitudes toward children	6	7
19	Stress relief methods: confiding in friends/family, traveling	5	7
20	Happiness from the child’ s progress	6	7
21	Leisure activities: listening to music, watching variety shows, crafting, shopping, watchi	5	7
22	Suggestions for support improvements	4	7
23	Friends’ support	3	7
24	Insufficient service resources	3	7
25	Government informational support	5	6
26	Child’ s condition strengthening family cohesion	4	6
27	Calm mindset	4	6
28	Importance of community emotional support	5	6
29	Need for increased societal/cultural acceptance of intellectual disabilities	5	6
30	Community assistance in accessing resources	5	6
31	Clear family role division and proactive responsibility-taking	4	6
32	Conflict between childcare and work	5	6
33	Child’ s progress as motivation	5	6
34	Hard work ethic	3	5
35	Parental role commitment as driving force	3	5

Figure 3.2 Partial Nodes from Open Coding

Axial Coding

Axial coding represents the second stage of grounded theory analysis, wherein the fragmented concepts generated during open coding are reorganized into higher-order categories that reveal interrelationships among phenomena (Strauss & Corbin, 1990). This phase moves the analysis beyond isolated conceptual identification toward a more integrated understanding of how various aspects of participants’ experiences interact. The purpose is to explain the conditions, contexts, and consequences that structure the core themes.

Through iterative comparison and refinement, the 131 initial codes identified during open coding were clustered into 12 major categories, which were further synthesized into three overarching themes: Support, Positive Contribution, and Quality of Life (QoL). These themes align with the study’s conceptual framework and reflect systemic patterns across participants’ narratives.

Theme 1: Support

This theme captures emotional, informational, and tangible assistance received by families from various sources, enhancing their capacity to manage caregiving challenges. It includes three subcategories:

- Formal Support

Refers to institutional or governmental assistance. Codes such as "government economic support," "rehabilitation teacher guidance," and "institutions organizing parent-child activities" represent structured aid typically delivered by official agencies or programs.

- Informal Support

Denotes help from personal networks, such as relatives and friends. Codes include "family support," "friends' encouragement," and "spousal emotional support," highlighting the everyday relational and emotional backing caregivers receive.

- Support Efficacy and Disparities

Focuses on variations in the accessibility and effectiveness of support systems. Codes like "ease of obtaining government assistance," "satisfaction with services," and "support reducing stress and instilling hope" underscore both the impact and inconsistency of different support mechanisms.

Theme 2: Positive Contribution (PC)

This theme explores caregivers' affirmative evaluations of their child and the perceived benefits arising from the caregiving process. It comprises three interrelated dimensions:

- Self-Improvement and Proactive Coping

Codes such as "acquisition of intervention skills," "problem-solving abilities," and "stress management" reflect caregivers' personal growth and psychological adaptation through caregiving responsibilities.

- Positive Cognitive and Emotional Shifts Toward the Child and Family

Captures evolving attitudes toward the child and caregiving. Codes like "child's rehabilitation progress," "from denial to affection," and "hope for the child's future" illustrate how caregivers transition from initial distress to optimism and emotional connection.

- Positive Family Dynamics and Motivation

Includes codes such as "clear role division," "strengthened family bonds," and "child -centered decision-making." These reflect enhanced family cohesion and motivation as families navigate challenges together.

Theme 3: Quality of Life (QoL)

This theme reflects the multidimensional well-being of families, encompassing health, relationships, environment, and life satisfaction. It includes six subthemes:

- Physical and Mental Health

  Codes like "family members' overall health status," "emotional resilience," and "sense of security" emphasize the foundational role of physical and psychological stability in family QoL.

- Family Relationships and Parent-Child Nurturing

  Includes "quality interactions among family members," "mutual support and intimacy," and "practices to educate, meet needs, and foster child growth" highlighting the nurturing and relational dimensions of family life.

- Leisure Life

  Reflected in codes such as "participation in recreational activities" and "engagement in social events," this subtheme emphasizes the role of leisure in enhancing well-being and social inclusion.

- Sociocultural Environment:

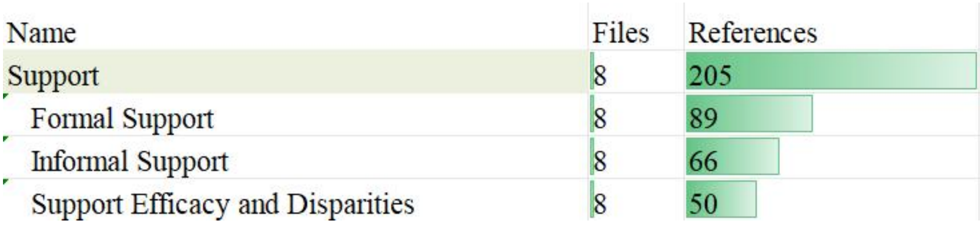
  Captures external influences like "societal perceptions of disability," "cultural stigma," and "community support," showing how broader norms shape families' daily lives.

- Economic Status

  Codes including "household income," "budget management," and "financial burden" indicate how economic pressures directly impact family functioning and stress levels.

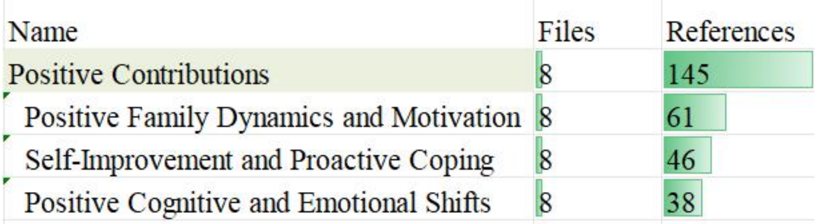
- Career Development and Time Allocation

  Codes like "work-life conflict," "career disruption due to caregiving," and "sacrificed job opportunities" illustrate how caregiving responsibilities affect parents' professional development and personal autonomy.



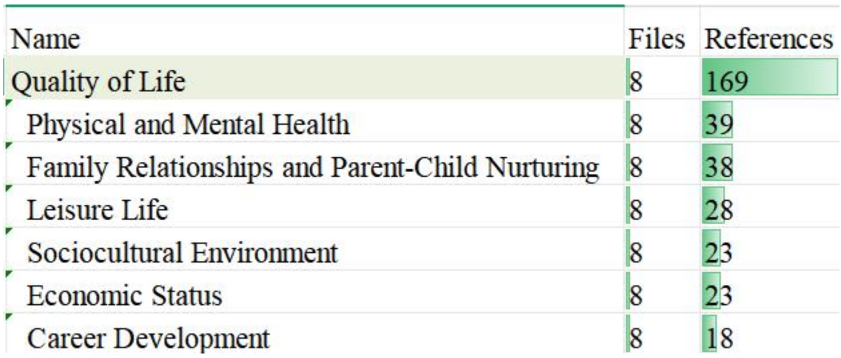
Name	Files	References
Support	8	205
Formal Support	8	89
Informal Support	8	66
Support Efficacy and Disparities	8	50

Figure 3.3 Main Categories (Support)



Name	Files	References
Positive Contributions	8	145
Positive Family Dynamics and Motivation	8	61
Self-Improvement and Proactive Coping	8	46
Positive Cognitive and Emotional Shifts	8	38

Figure 3.4 Main Categories (Positive Contributions)



Name	Files	References
Quality of Life	8	169
Physical and Mental Health	8	39
Family Relationships and Parent-Child Nurturing	8	38
Leisure Life	8	28
Sociocultural Environment	8	23
Economic Status	8	23
Career Development	8	18

Figure 3.5 Main Categories (Quality of Life)

The results of axial coding are visually presented in Figures 3.3 to 3.5, which depict the hierarchical structure of the three core themes and their associated subcategories.

Within the theme of Support, three primary categories were identified:

(1) Formal Support,
(2) Informal Support, and
(3) Support Efficacy and Disparities.

For Positive Contributions, three major categories emerged:

(1) Positive Family Dynamics and Motivation,
(2) Self-Improvement and Proactive Coping, and
(3) Positive Cognitive and Emotional Shifts.

The theme of Quality of Life consisted of six primary categories:

(1) Physical and Mental Health,
(2) Family Relationships and Parent－Child Nurturing,
(3) Leisure Life,
(4) Sociocultural Environment,
(5) Economic Status, and
(6) Career Development and Time Allocation.

These thematic structures serve as the analytical foundation for the integration of qualitative and quantitative findings in subsequent chapters.

Selective Coding

The final stage of grounded theory analysis, selective coding, entails the integration of major categories and their subcategories into a core theme that functions as the central explanatory concept of the study (Glaser, 1978; Strauss & Corbin, 1990). This process involves ongoing comparison and conceptual refinement to ensure that all identified themes contribute to a coherent and unified theoretical framework.

The core theme that emerged from the selective coding process is "Families’ Multidimensional Adaptation and Growth during the Rehabilitation Process of Children with Intellectual Disabilities." This integrative theme synthesizes three interrelated categories—Support, Positive Contributions, and Quality of Life (QoL)—to construct a coherent theoretical model that offers a comprehensive explanation of parental experiences.

Support

Support functions as the foundational pillar of family adaptation, encompassing formal and informal assistance, as well as perceived support effectiveness and disparities. Subcategories include:

- Formal Support: Structured assistance provided by governments, rehabilitation institutions, and professional services, offering informational, financial, and caregiving support.
- Informal Support: Emotional and practical aid from family, friends, and peer networks, which enhances caregivers’ resilience and daily functioning.
- Support Efficacy and Disparities: Caregivers’ perceived satisfaction and challenges in accessing support, highlighting gaps in service provision and urban－rural disparities.

Positive Contribution

This theme captures the adaptive and transformative changes experienced by parents, often driven by their positive reappraisal of their child’s condition and progress.. This category includes:

- Positive Family Dynamics and Motivation: Improvements in family cohesion, defined roles, and collective motivation arising from the child’s developmental progress.
- Self-Improvement and Proactive Coping: Growth in personal competencies such as emotional regulation, communication, and problem-solving, enabling effective stress management.
- Positive Cognitive and Emotional Shifts: A shift from initial emotional distress to acceptance, appreciation, and hopefulness, supporting long-term engagement with caregiving.

Quality of Life (QoL)

Quality of Life refers to the holistic well-being of families, shaped by diverse caregiving-related experiences and contextual influences. Its subcategories include:

- Physical and Mental Health: Emotional resilience and overall health conditions influencing daily functioning and caregiving stability.
- Family Relationships and Parent-Child Nurturing: Quality of interactions, mutual support, and effective caregiving practices fostering a nurturing home environment.

- Leisure Life: Opportunities for recreation and social participation that enhance satisfaction and reduce caregiver burden.
- Sociocultural Environment: Cultural attitudes, public perceptions of disability, and community inclusion affecting familial integration.
- Economic Status: Household income, financial burdens, and economic coping strategies impacting living conditions.
- Career Development and Time Allocation: Constraints on employment, time conflicts, and sacrifices made in balancing caregiving and professional development.

Integrative Model

The resulting grounded theory model illustrates a reciprocal and dynamic interplay among Support, Positive Contributions, and Quality of Life. Robust support systems strengthen caregivers’ coping abilities, facilitating positive emotional, cognitive, and relational transformations. These positive adaptations, in turn, enhance overall family well-being. Improved Quality of Life reinforces ongoing engagement with support networks and fosters continued resilience. Together, these elements form a cyclical process of adaptation, growth, and systemic transformation.

3.8 Ethical Considerations

Ethical considerations were of paramount importance in the design and implementation of this research, given the involvement of human participants and the sensitive context of families raising children with intellectual disabilities. As a vulnerable population, these families required particular attention to ensure ethical transparency, respect, and psychological safety across all stages of the study. All research procedures adhered to the ethical principles outlined in the Declaration of Helsinki and relevant national guidelines, with emphasis on respect for persons, beneficence, and justice.

3.8.1 Informed Consent

All participants received clear and accessible information about the study in Chinese. This was typically provided via an information sheet accompanying the questionnaire or introduced verbally before the interview. The content covered the study's aims, procedures, time commitments, potential risks and benefits, and the voluntary nature of participation. In rural areas or among participants with limited literacy, the information was conveyed orally using plain language or local dialects, as appropriate.

Written informed consent was obtained from all participants prior to completing the questionnaire and again before participating in any interview. For interview participants, additional consent was obtained for audio recording. Participants were explicitly informed of their right to decline participation or withdraw at any time without any adverse consequences for themselves or their child's access to services.

3.8.2 Voluntary Participation and Emotional Support

Although no participants chose to withdraw, the research team remained attentive to the emotional sensitivity of certain interview topics. Throughout the qualitative phase, a supportive and empathetic approach was maintained. If participants became distressed, they were reminded that they could skip any question or pause or terminate the interview at their discretion. In two cases, interviews were briefly paused at the participant's request.

Following each session, participants were thanked, given the opportunity to debrief, and provided with contact information for local counseling or family support services in Chongqing, should they wish to seek further assistance.

3.8.3 Anonymity and Data Protection

To protect participants' privacy, all data were anonymized. Questionnaire responses and interview transcripts were assigned unique identification codes instead of personal names. Personally identifiable information (e.g., contact details) was stored securely and separately from the research data.

For rural participants—whose identities could be more easily inferred due to small community contexts — indirect identifiers (e.g., village names or specific family circumstances) were generalized or omitted to minimize the risk of identification.

All interviews were conducted in private settings selected by participants, such as quiet rooms in community centers or their own homes. Audio recordings and transcripts were stored in encrypted files on password-protected devices, with access limited to the research team. When reporting qualitative findings, pseudonyms were used, and identifying details were modified or removed to preserve confidentiality.

3.8.4 Data Retention and Dissemination

All data collected during the study will be securely stored for the period specified by the university's data retention policy (typically five years), after which it will be permanently and responsibly destroyed. Findings will be reported in aggregate form, and no individual participant will be identifiable in any publication or public presentation resulting from this research.

By adhering to these ethical standards throughout both the quantitative and qualitative phases, the study ensured that participants' rights, dignity, and well-being were consistently protected.

3.9 Trustworthiness of Qualitative Data

In qualitative research, trustworthiness refers to the extent to which findings are credible, transferable, confirmable, and dependable. In this study, trustworthiness was ensured through theoretical saturation testing and purposeful, appropriate sample selection.

First, theoretical saturation was assessed using interview data from two additional participants (P9 - P10). Their transcripts were examined to determine whether any new initial codes, subcategories, or core categories would emerge. The analysis revealed no novel conceptual elements, indicating that the grounded theory model — "Multidimensional Adaptation and Growth" in families of children with intellectual disabilities during rehabilitation—had reached theoretical saturation.

Second, sample adequacy was examined through a cluster analysis based on coding similarity across the eight main interviews. The analysis showed no significant clustering trends, suggesting heterogeneity in participant perspectives. The Jaccard similarity coefficients ranged from 0.157 to 0.406 (see Appendix D), indicating low to moderate levels of code overlap. Combined with the saturation results, these findings support the appropriateness of the sample and its capacity to represent diverse viewpoints within the target population.

Interview data were analyzed using NVivo software, which facilitated systematic thematic analysis. This process enabled the identification of core themes and patterns in parental experiences and perceptions regarding caregiving for children with intellectual disabilities.

3.10 Summary

This chapter presented a comprehensive account of the research methodology employed in this study, which adopted an explanatory sequential mixed-methods design to examine the relationships among support, positive contributions, and family quality of life in families raising young children with intellectual disabilities in both urban and rural areas of Chongqing, China.

The chapter detailed the research design, participant recruitment strategies, measurement instruments, and procedures for both quantitative and qualitative data collection and analysis. The quantitative phase involved the administration of validated survey instruments and statistical modeling, while the qualitative phase comprised in-depth semi-structured interviews analyzed using grounded theory methodology. To enhance the study’s methodological rigor, steps were taken to ensure the reliability, validity, and ethical soundness of both phases.

By integrating quantitative and qualitative approaches, the study offers a nuanced understanding of family adaptation processes and well-being outcomes. The following chapter will report the quantitative results, providing empirical evidence to evaluate the study’s hypotheses and laying the groundwork for subsequent integration with qualitative insights.

Chapter 4 Quantitative Research Results

This chapter presents a comprehensive analysis of the quantitative data using both descriptive and inferential statistical methods. The analysis is organized into three main sections.

Section 4.1 provides descriptive statistics outlining the levels of support, positive contributions, and quality of life reported by the participants. This section offers a foundational understanding of the sample's characteristics and general trends in their lived experiences.

Section 4.2 focuses on comparative statistics, examining differences in support, positive contributions, and quality of life—including their respective subdimensions—across demographic variables. Particular attention is given to the differences between urban and rural families, as well as parent and child characteristics.

Section 4.3 presents the inferential analysis, exploring the relationships among the study's key constructs. It investigates the associations between: Support and positive contributions, Positive contributions and quality of life, and Support and quality of life.

In addition, mediation analysis is employed to examine the role of positive contributions as a mediating variable between support and quality of life, providing deeper insight into the mechanisms that affect family well-being in the context of raising a child with intellectual disabilities.

To summarize, the quantitative phase was designed to address the following research questions:

I. What are the current levels of formal and informal support, positive contributions, and quality of life among families of children aged 1－6 with intellectual disabilities in Chongqing, China?

II. Are there significant differences in formal and informal support, positive contributions, and quality of life between urban and rural families?

III. How do formal and informal types of support contribute to specific dimensions of positive contributions and overall family quality of life?

Ⅳ . What are the key influencing factors associated with the quality of life among families of young children with intellectual disabilities in Chongqing?

4.1 Analysis of Descriptive Statistics

4.1.1 Current Status of Support

Support in this study was assessed across two dimensions: sources of support and types of support. The sources of support included formal and informal support, rated on a scale from 1 (lowest) to 5 (highest). In this study, the scores were classified into four levels: low support (below 2.0), moderate support (2.1-3.0), moderately high support (3.1-4.0), and high support (4.1-5.0).

Types of support included emotional support, instrumental support, and informational support, each rated on a scale from 1 (lowest) to 4 (highest). These were classified into three levels: low support (below 2.0), moderate support (2.1 – 3.0), and high support (3.1 – 4.0).

Higher scores indicate greater levels of received support.

Table 4-1 Descriptive Analysis of Overall Support Status (N = 204)

Dimension	M	SD	95% CI (Lower—Upper)
Formal Support	2.89	0.88	2.58-2.78
Informal Support	2.68	0.74	2.77-3.01
Source of Support	2.75	0.71	2.65-2.84
Emotional Support	2.40	0.66	2.30-2.49
Instrumental Support	2.14	0.69	2.04-2.24
Informational Support	2.19	0.71	2.09-2.29
Type of Support	2.22	0.62	2.14-2.31

Table 4-1 presents a descriptive analysis of the overall support status reported by parents (N = 204). It includes multiple dimensions of support, with the mean and standard deviation (SD) reported for each.

Among the measured dimensions, the highest level of support was reported for formal support (M = 2.89, SD = 0.88, 95% CI [2.58, 2.78]), followed by informal support (M = 2.68, SD = 0.74), and source of support (M = 2.75, SD = 0.71, 95% CI [2.65, 2.84]). The non-overlapping confidence intervals between formal and informal support suggest a statistically meaningful difference.

In contrast, relatively lower levels of support were reported for instrumental support (M = 2.14, SD = 0.69, 95% CI [2.04, 2.24]) and informational support (M = 2.19, SD = 0.71, 95% CI [2.09, 2.29]).

Overall, parents perceived a moderate level of support across all dimensions. Formal support scored the highest, while instrumental and informational support were reported at lower levels. This indicates that although families receive a certain degree of support, there is notable room for improvement in the provision of practical and information-based assistance.

4.1.2 Current Status of Positive Contributions

To assess the current status of positive contributions among parents of children with intellectual disabilities, the Positive Contributions Questionnaire for Families of Children with Intellectual Disabilities was administered to 204 parents. Respondents rated each item based on their caregiving experiences, using a scale from 1 (lowest) to 5 (highest).

Higher scores reflect a greater presence of positive contributions within the family, indicating more favorable family outcomes. For interpretive clarity, the results were categorized into four outcome levels: Low (below 2.0), Moderate (2.1 – 3.0), Moderately high (3.1 – 4.0), and High (4.1 – 5.0).

Table 4-2 Overall Descriptive Analysis of Positive Contributions (N = 204)

	M	SD	95% CI (Lower—Upper)
Coping Ability	3.63	0.66	3.61-3.78
Willingness to Give	3.82	0.51	4.02-4.14
Social Expansion	3.62	0.68	3.47-3.68
Intimacy and Happiness	3.77	0.68	3.67-3.86
Rational and Fair	3.93	0.53	3.86-4.01

Active Life and Work	3.70	0.56	3.53-3.72
Love and Responsibility	4.08	0.45	3.75-3.89
Value and Meaning	3.58	0.77	3.54-3.72
Positive Contribution	3.79	0.47	3.72-3.85

Table 4-2 presents the overall descriptive analysis of positive contributions among participants (N = 204). The table reports the mean scores and standard deviations (SD) across multiple dimensions reflecting positive contributions.

Among these dimensions, the highest mean score was observed in Love and Responsibility (M = 4.08, SD = 0.45, 95% CI [3.75, 3.89]), followed by Rational and Fair (M = 3.93, SD = 0.53, 95% CI [3.86, 4.01]), and Willingness to Give (M = 3.82, SD = 0.51, 95% CI [4.02, 4.14]).

Conversely, the lowest mean scores were found in Value and Meaning (M = 3.58, SD = 0.77, 95% CI [3.54, 3.72]), Social Expansion (M = 3.62, SD = 0.68, 95% CI [3.47, 3.68]), and Coping Ability (M = 3.63, SD = 0.66, 95% CI [3.61, 3.78]).

Overall, the aggregate score of positive contributions was moderately high (M = 3.79, SD = 0.47, 95% CI [3.72, 3.85]), indicating generally strong positive perceptions and attitudes among the surveyed parents.

Participants reported relatively higher scores in dimensions related to emotional and interpersonal qualities, such as love and responsibility, rationality and fairness, and willingness to give. In contrast, dimensions related to personal and social development, such as coping ability, social expansion, and perceived value and meaning, received somewhat lower scores. These findings highlight both the strengths and areas for potential growth in positive contributions among the respondent families.

4.1.3 Current Status of Quality of Life

To assess the quality of life of parents raising children with intellectual disabilities, the researcher administered the Family Quality of Life Questionnaire for Families of Children with Intellectual Disabilities to a sample of 204 parents.

Participants responded to each item based on their caregiving experiences, using a scale ranging from 1 (lowest) to 5 (highest). Higher scores reflect a greater perceived family quality of life.

For interpretive purposes, the results were categorized into four levels: Low (below 2.0), Moderate (2.1 – 3.0), Moderately high (3.1 – 4.0), and High (4.1 – 5.0).

Table 4-3 Analysis of Overall Quality of Life (N = 204)

Dimension	M	SD	95% CI (Lower—Upper)
Physical and Mental Health	3.71	0.72	3.61-3.81
Parent-Child Nurturing	3.80	0.68	3.71-3.90
Leisure Life	3.10	0.97	2.97-3.23
Family Contacts	3.86	0.66	3.76-3.95
Other People's Support	2.88	0.92	2.75-3.01
Professional Support	3.18	1.02	3.04-3.32
Career Development	3.36	0.77	3.25-3.46
Economic Status	3.24	0.96	3.11-3.38
Quality of Life	3.42	0.63	3.34-3.51

Table 4-3 presents a descriptive analysis of the overall family quality of life among participants (N = 204), including the mean scores, standard deviations, and 95% confidence intervals for each dimension.

The highest mean score was observed for Family Contacts (M = 3.86, SD = 0.66, 95% CI [3.76, 3.95]), followed by Parent – Child Nurturing (M = 3.80, SD = 0.68, 95% CI [3.71, 3.90]) and Physical and Mental Health (M = 3.71, SD = 0.72, 95% CI [3.61, 3.81]).

By contrast, lower mean scores were found in Economic Status (M = 3.24, SD = 0.96, 95% CI [3.11, 3.38]), Career Development (M = 3.36, SD = 0.77, 95% CI [3.25, 3.46]), and Other People's Support (M = 2.88, SD = 0.92, 95% CI [2.75, 3.01]), with the latter being the lowest among all measured dimensions.

Overall, the participants reported a moderately high level of family quality of life (M = 3.42, SD = 0.63, 95% CI [3.34, 3.51]).

Participants expressed relatively high satisfaction in family-related and interpersonal dimensions, such as family contact and parent – child nurturing, reflecting strong relational well-being. In contrast, they reported notably lower satisfaction in external support, economic conditions, and career development, suggesting these are critical areas where targeted interventions or additional support may be needed to enhance their overall family quality of life.

4.1.4 Distribution of Scores on Key Variables (Proportion Above Cut-Off Scores)

Table 4-4 presents the distribution of participants whose scores on key variables exceeded the predefined cut-off thresholds. For formal support and informal support, a score of 2 or higher was considered indicative of having received at least some support, even if the frequency or quality was limited (i.e., "somewhat helped").

For all other variables—including positive contribution dimensions, quality of life (QoL), and its subdomains—a score of 3 or higher was interpreted as reflecting at least a moderate level of satisfaction or agreement (i.e., "somewhat agree" or "somewhat satisfied").

Table 4-4 Distribution of Scores on Key Variables

(Proportion Above Cut-Off Scores)

Variables	Number of person	Percentage (%)
Formal Support	165	80.9
Informal Support	164	80.4
Active Life and Work	176	86.3
Love and Responsibility	201	98.5
Value and Meaning	154	75.5
Intimacy and Happiness	173	84.8
Rational and Fair	191	93.6
Social Expansion	163	79.9
Willingness to Give	186	91.2
Coping Ability	160	78.4

Overall Positive Contribution	196	96.1
Physical and Mental Health	158	77.5
Parent-child Nurturing	173	84.8
Leisure Life	106	52.0
Family Contacts	179	87.7
Other People’s Support	84	41.2
Professional Support	118	57.8
Career Development	119	58.3
Economic Status	110	53.9
Overall Quality of Life	146	71.6

The findings indicate that 80.9% of participants reported receiving formal support, and 80.4% reported receiving informal support. Within the domain of positive contribution, the most frequently endorsed subdimensions were "Love and Responsibility" (98.5%), "Rational and Fair" (93.6%), and "Willingness to Give"(91.2%), while the lowest was "Value and Meaning" (75.5%).

Regarding quality of life, the highest proportions were observed in "Family Contacts" (87.7%) and "Parent – Child Nurturing" (84.8%), whereas "Leisure Life" (52.0%) and "Other People’s Support" (41.2%) received the lowest ratings. Overall, 71.6% of participants reported total quality of life scores above the designated cut-off.

These results suggest that while most families perceived moderate to high levels of support and positive contribution, certain aspects of quality of life—particularly leisure opportunities and external social support — remain notably limited and may require targeted intervention.

4.2 Analysis of Differences Statistics

To examine differences in support, positive contribution, and quality of life across different family groups, independent samples t-tests and one-way analyses of variance (ANOVA) were conducted. The t-tests were applied to compare family groups with two categories, while ANOVA was used for comparisons involving three or more categories.

Group comparisons were made based on the following variables: parental identity, family location (urban/rural), employment status, family structure, educational level, marital status, monthly income, child's gender, severity of intellectual disability, child's health condition, and child's age.

4.2.1 Differences by Family Location

An independent samples t-test was conducted to examine differences in support, positive contributions, and quality of life between urban and rural families, including their respective subscales. The specific results are summarized in Table 4-5, as detailed below:

Support:

Most support dimensions did not show statistically significant differences between urban and rural families, with the exception of Instrumental Support and Type of Support. Specifically, rural families scored significantly lower in Instrumental Support *(t = 2.51, p = .01)* and Type of Support *(t = 2.046, p = 0.03)*, indicating that urban families received more instrumental and varied types of support.

Positive Contribution:

Most dimensions of positive contributions did not differ significantly between the two groups, except for Value and Meaning, where urban families scored significantly higher *(t = 2.591, p = .01)* than rural families.

Quality of Life:

Significant differences were observed in several QoL dimensions: Leisure Life *(t = 4.229, p < .001)*, Family Contacts *(t = 2.537, p = .012)*, Other People's Support *(t = 2.09, p = .038)*, Professional Support *(t = 2.584, p = .01)*, Career Development *(t = 2.737, p = .007)*, and Economic Status *(t = 4.343, p < .001)*. In all these areas, urban families scored significantly higher, suggesting better perceived quality of life conditions.

Summary:

Overall, urban families reported significantly greater access to instrumental support, a wider range of support types, stronger perceptions of value and meaning, and higher quality of life — particularly in domains related to leisure, social relationships, career development, and financial well-being. These findings underscore urban–rural disparities and highlight the urgent need for context-sensitive policy measures and targeted interventions to support rural families raising children with intellectual disabilities.

Table 4-5 Differences in Support, Positive Contributions and Quality of Life by Family Location (N = 204)

	Urban (N = 140) (M ± SD)	Rural (N = 64) (M ± SD)	t	p	95% CI (Lower —Upper)
Formal Support	2.85±0.85	2.98±0.93	-1.048	.296	-2.41-0.74
Informal Support	2.68±0.73	2.68±0.77	0.01	.992	-2.84-2.87
Source of Support	2.73±0.71	2.78±0.73	-0.4	.69	-4.87-3.23
Emotional Support	2.43±0.67	2.31±0.65	1.257	.21	-0.28-1.29
Instrumental Support	2.22±0.69	1.96±0.67	2.585	.01*	0.44-3.28
Informational Support	2.24±0.73	2.09±0.67	1.417	.158	-0.18-1.09
Type of Support	2.29±0.62	2.09±0.59	2.184	.03*	0.27-5.36
Overall Support	2.54±0.59	2.48±0.63	0.666	.506	-3.92-7.91
Active Life and Work	3.74±0.58	3.61±0.63	1.428	.155	-0.39-2.44
Love and Responsibility	4.06±0.46	4.12±0.43	-0.762	.447	-1.30-0.58
Value and Meaning	3.67±0.72	3.37±0.83	2.591	.01*	0.35-2.61
Intimacy and Happiness	3.76±0.64	3.77±0.77	-0.064	.949	-0.63-5.89
Rational and Fair	3.95±0.56	3.89±0.46	0.784	.434	-0.38-0.88
Social Expansion	3.66±0.68	3.54±0.68	1.169	.244	-0.25-0.97
Willingness to Give	3.86±0.48	3.72±0.54	1.836	.068	-0.06-1.73
Coping Ability	3.68±0.65	3.52±0.67	1.642	.102	-0.09-1.08
Overall Positive Contribution	3.82±0.47	3.72±0.47	1.461	.146	-1.42-9.55
Physical and Mental Health	3.77±0.70	3.59±0.75	1.653	.1	-0.21-2.40
Parent-child Nurturing	3.82±0.66	3.76±0.71	0.567	.571	-0.72-1.30
Leisure Life	3.29±0.88	2.69±1.04	4.229	<.001***	1.27-3.45
Family Contacts	3.93±0.64	3.68±0.67	2.537	.012*	0.28-2.21

Other People’s Support	2.97±0.89	2.68±0.94	2.09	.038*	0.08-2.79
Professional Support	3.31±1.00	2.91±1.00	2.584	.01*	0.37-2.76
Career Development	3.45±0.75	3.14±0.78	2.737	.007**	0.35-2.15
Economic Status	3.43±0.89	2.83±0.98	4.35	<.001***	0.99-2.64
Overall Quality of Life	3.52±0.61	3.21±0.63	3.293	.001**	4.43-17.67

Note:*p<.05 ,**p<.01, ***p<.001

4.2.2 Differences by Parental Identity

An independent samples t-test was conducted to examine differences in support, positive contributions, and quality of life between mothers and fathers. The detailed results are presented in Table 4-6.

Support:

A significant difference was found only in formal support *(t = －2.361, p = .019)*, with fathers *(M = 3.16)* reporting significantly higher levels of formal support compared to mothers *(M = 2.81)*. No other dimensions of support showed statistically significant gender differences.

Positive Contribution:

Significant differences emerged in Active Life and Work *(t = －2.791, p = .006)*, Coping Ability *(t = －2.263, p = .025)*, and the total positive contribution score *(t = －2.128, p = .035)*. In each case, fathers reported higher scores than mothers, suggesting that fathers perceived themselves as more actively engaged in life, better at coping, and more positively oriented overall.

Quality of Life:

A significant difference was identified in the Family Contacts subscale *(t = －2.640, p = .009)*, with fathers *(M = 4.00)* reporting higher satisfaction than mothers *(M = 3.79)*. No other quality-of-life dimensions exhibited statistically significant differences between the two groups.

Table 4-6 Differences in Support, Positive Contribution and Quality of Life by

Parental Identity (N = 204)

	Mother (N = 159) (M ± SD)	Father (N = 45) (M ± SD)	t	p	95% CI (Lower — Upper)
Informal Support	2.65±0.71	2.80±0.82	-1.222	.223	-5.16-1.21
Formal Support	2.81±0.84	3.16±0.98	-2.361	.019*	-3.82-(-0.34)
Source of Support	2.70±0.68	2.91±0.82	-1.78	.077	-8.55-0.44
Emotional Support	2.39±0.66	2.39±0.68	0.002	.999	-0.88-0.88
Instrumental Support	2.14±0.69	2.15±0.69	-0.066	.948	-1.67-1.56
Informational Support	2.18±0.72	2.25±0.71	-0.629	.530	-0.94-0.49
Type of Support	2.22±0.62	2.24±0.63	-0.192	.848	-3.16-2.60
Overall Support	2.50±0.58	2.63±0.67	-1.296	.196	-10.93-2.26
Active Life and Work	3.63±0.61	3.91±0.50	-2.791	.006**	-3.78-0.65
Love and Responsibility	4.06±0.46	4.15±0.42	-1.215	.226	-1.69-0.40
Value and Meaning	3.53±0.79	3.72±0.68	-1.475	.142	-2.23-0.32
Intimacy and Happiness	3.73±0.67	3.90±0.71	-1.456	.147	-1.18-0.18
Rational and Fair	3.90±0.51	4.06±0.58	-1.749	.082	-1.39-0.14
Social Expansion	3.64±0.69	3.59±0.67	0.433	.665	-0.53-0.83
Willingness to Give	3.78±0.51	3.96±0.47	-2.063	.040*	-2.05-(-0.05)
Coping Ability	3.57±0.67	3.82±0.60	-2.263	.025*	-1.40-(-0.09)
Overall Positive Contribution	3.75±0.47	3.92±0.46	-2.128	.035*	-12.69-(-0.48)
Physical and Mental Health	3.68±0.73	3.81±0.68	-1.087	.278	-2.19-0.60
Parent-child Nurturing	3.78±0.68	3.88±0.66	-0.870	.385	-1.63-0.63
Leisure Life	3.07±0.97	3.21±0.99	-0.829	.408	-1.83-0.75
Family Contacts	3.79±0.67	4.08±0.55	-2.640	.009**	-2.52-(-0.37)
Other People's Support	2.88±0.89	2.89±1.02	-0.099	.921	-1.61-1.45
Professional Support	3.17±1.00	3.24±1.07	-0.420	.675	-1.65-1.07
Career Development	3.32±0.73	3.49±0.87	-1.387	.167	-1.74-0.30
Economic Status	3.23±0.91	3.30±1.13	-0.417	.677	-1.17-0.76
Overall Quality of Life	3.40±0.62	3.52±0.67	-1.189	.236	-12.14-3.01

Note:*p<.05 , **p<.01, ***p<.001

Summary:

The analysis revealed that fathers reported higher levels of formal support, stronger coping abilities, greater engagement in life and work, and higher satisfaction with family contacts compared to mothers. These findings indicate that parental identity plays a role in shaping experiences of support, positive contribution, and quality of life, suggesting that mothers may benefit from more targeted support and intervention in specific areas.

4.2.3 Differences by Marital Status

Table 4-7 Differences in Support, Positive Contribution and Quality of Life by Marital Status (N = 204)

	Married (N = 193) (M ± SD)	Other (N = 11) (M ± SD)	t	p	95% CI (Lower — Upper)
Informal Support	2.71±0.73	2.21±0.69	2.195	.029*	0.66-12.26
Formal Support	2.89±0.89	2.82±0.63	0.273	.785	-2.79-3.68
Source of Support	2.77±0.72	2.40±0.63	1.649	.101	-1.35-15.17
Emotional Support	2.39±0.66	2.41±0.67	-0.074	.941	-1.68-1.56
Instrumental Support	2.15±0.70	1.96±0.62	0.883	.378	-1.63-4.28
Informational Support	2.20±0.71	2.06±0.77	0.632	.528	-0.89-1.73
Type of Support	2.23±0.62	2.11±0.63	0.628	.531	-3.60-6.97
Overall Support	2.54±0.60	2.28±0.57	1.399	.163	-3.51-20.69
Active Life and Work	3.69±0.60	3.76±0.45	-0.376	.707	-3.48-2.37
Love and Responsibility	4.08±0.45	4.05±0.45	0.216	.829	-1.72-2.14
Value and Meaning	3.59±0.78	3.35±0.63	1.019	.309	-1.14-3.57
Intimacy and Happiness	3.76±0.67	3.91±0.79	-0.715	.475	-1.70-0.80
Rational and Fair	3.94±0.53	3.86±0.49	0.449	.654	-1.01-1.60
Social Expansion	3.64±0.66	3.36±0.97	1.304	.194	-0.42-2.08
Willingness to Give	3.83±0.50	3.71±0.63	0.723	.47	-1.17-2.54

Coping Ability	3.65±0.64	3.15±0.81	2.488	.014*	0.31-2.71
Overall Positive Contribution	3.79±0.48	3.70±0.43	0.65	.517	-7.59-15.05
Physical and Mental Health	3.70±0.73	3.85±0.59	-0.645	.519	-3.52-1.78
Parent-child Nurturing	3.82±0.67	3.45±0.68	1.759	.08	-0.22-3.90
Leisure Life	3.12±0.97	2.8±1.02	1.07	.286	-1.08-3.66
Family Contacts	3.87±0.67	3.65±0.36	1.039	.3	-0.95-3.07
Other People's Support	2.89±0.93	2.67±0.53	1.27	.225	-0.76-2.97
Professional Support	3.18±1.04	3.23±0.65	-0.149	.881	-2.68-2.30
Career Development	3.36±0.76	3.25±0.84	0.464	.643	-1.44-2.32
Economic Status	3.26±0.96	3.03±0.95	0.755	.451	-1.09-2.44
Overall Quality of Life	3.43±0.64	3.28±0.43	0.757	.45	-8.59-19.28

Note: *p<.05 , **p<.01, ***p<.001

An independent samples t-test was conducted to examine differences in support, positive contribution, and quality of life scores between married participants and those with other marital statuses. As shown in Table 4-7, the results are as follows:

Support:

A significant difference emerged only in informal support *(t = 2.195, p = .029)*, with married parents *(M = 2.71)* reporting significantly higher levels of informal support than those with other marital statuses *(M = 2.21)*. Other dimensions of support showed no significant differences.

Positive Contribution:

A statistically significant difference was found in coping ability *(t = 2.488, p = .014)*, where married parents *(M = 3.65)* reported stronger coping abilities than their non-married counterparts *(M = 3.15)*. No other dimensions exhibited significant differences.

Quality of Life:

No statistically significant differences were identified across any quality-of-life dimensions between married and non-married groups.

Summary:

Overall, married parents reported significantly greater informal support and coping abilities than parents with other marital statuses. However, no significant differences were observed in total positive contribution scores or quality-of-life dimensions, suggesting that marital status plays a limited yet specific role in influencing support and coping capacities.

4.2.4 Differences by Children's Age

An independent samples t-test was conducted to examine differences in support, positive contribution, and quality of life between parents of younger children (aged 1–3 years) and older children (aged 3–6 years). The results are presented in Table 4-8 and summarized as follows:

Support:

No statistically significant differences were found between the two age groups across any dimensions of support. Parents of both younger and older children reported similar levels of formal and informal support, as well as emotional, instrumental, and informational support.

Positive Contribution:

Likewise, no significant differences were observed across any dimensions of positive contribution. This indicates that parents perceived similar levels of positive contribution regardless of the child's age.

Quality of Life:

There were also no significant differences in any quality-of-life dimensions between the two groups, suggesting that children's age had minimal impact on parents' perceptions of family well-being.

Summary:

In summary, the findings suggest that the child's age (within the 1 – 6-year range) does not significantly influence parents' perceptions of received support, positive contributions, or overall family quality of life.

Table 4-8 Differences in Support, Positive Contribution and Quality of Life by Children's Age (N = 204)

	Aged 1-3 years (N = 38) (M ± SD)	Aged 3-6 years (N = 166) (M ± SD)	t	p	95% CI (Lower — Upper)
Informal Support	2.67±0.67	2.68±0.75	-0.128	.898	-3.63-3.18
Formal Support	2.95±0.96	2.87±0.86	0.487	.627	-1.41-2.34
Source of Support	2.76±0.69	2.74±0.72	0.099	.921	-4.58-5.07
Emotional Support	2.47±0.60	2.38±0.68	0.816	.415	-0.55-1.33
Instrumental Support	2.22±0.73	2.12±0.68	0.77	.442	-1.05-2.39
Informational Support	2.27±0.67	2.17±0.72	0.758	.449	-0.47-1.05
Type of Support	2.30±0.62	2.21±0.62	0.870	.385	-1.71-4.41
Overall Support	2.56±0.61	2.52±0.60	0.445	.656	-5.46-8.65
Active Life and Work	3.66±0.54	3.70±0.61	-0.429	.668	-2.07-1.33
Love and Responsibility	4.13±0.49	4.07±0.44	0.718	.474	-0.71-1.52
Value and Meaning	3.66±0.76	3.56±0.77	0.731	.466	-0.86-1.87
Intimacy and Happiness	3.84±0.69	3.75±0.68	0.761	.448	-0.44-1.00
Rational and Fair	3.99±0.48	3.92±0.54	0.681	.497	-0.49-1.02
Social Expansion	3.72±0.60	3.60±0.70	0.952	.342	-0.38-1.08
Willingness to Give	3.82±0.56	3.82±0.49	0.069	.945	-1.04-1.12
Coping Ability	3.72±0.56	3.61±0.68	0.95	.343	-0.36-1.04
Overall Positive Contribution	3.83±0.44	3.78±0.48	0.544	.587	-4.76-8.38
Physical and Mental Health	3.58±0.61	3.74±0.74	-1.257	.210	-2.51-0.56
Parent-child Nurturing	3.80±0.71	3.80±0.67	-0.024	.981	-1.22-1.19
Leisure Life	2.99±1.08	3.13±0.95	-0.794	.428	-1.93-0.82
Family Contacts	3.72±0.80	3.89±0.62	-1.393	.165	1.99-0.34
Other People's Support	2.99±1.04	2.86±0.89	0.804	.422	-0.96-2.29
Professional Support	3.22±0.89	3.17±1.05	0.275	.783	-1.24-1.65
Career Development	3.31±0.74	3.37±0.77	-0.404	.686	-1.31-0.87
Economic Status	3.07±1.05	3.28±0.94	-1.233	.219	-1.66-0.38
Overall Quality of Life	3.37±0.65	3.44±0.63	-0.577	.565	-10.45-5.72

Note: *p<.05 , **p<.01, ***p<.001

4.2.5 Differences by Children's Gender

An independent samples t-test was conducted to examine differences in support, positive contributions, and quality of life between parents of boys and girls. The results are presented in Table 4-9.

Table 4-9 Differences in Support, Positive Contribution and Quality of Life by Children's Gender (N = 204)

	Boy (N = 144) (M ± SD)	Girl (N = 60) (M ± SD)	t	p	95% CI (Lower — Upper)
Informal Support	2.68±0.73	2.68±0.77	-0.027	.979	-2.95-2.87
Formal Support	2.84±0.86	3.01±0.92	-1.312	.191	-2.66-0.53
Source of Support	2.73±0.71	2.79±0.74	-0.519	.605	-5.22-3.02
Emotional Support	2.35±0.63	2.50±0.73	-1.473	.142	-1.40-0.20
Instrumental Support	2.07±0.66	2.30±0.74	-2.186	.030*	-3.06-(-0.16)
Informational Support	2.16±0.71	2.28±0.71	-1.1	.273	-1.01-0.29
Type of Support	2.17±0.59	2.35±0.67	-1.95	.053	-5.17-0.03
Overall Support	2.49±0.59	2.60±0.62	-1.205	.23	-9.68-2.34
Active Life and Work	3.68±0.57	3.73±0.65	-0.455	.649	-1.78-1.11
Love and Responsibility	4.09±0.45	4.07±0.46	0.235	.815	-0.84-1.07
Value and Meaning	3.55±0.75	3.63±0.81	-0.652	.515	-1.55-0.78
Intimacy and Happiness	3.78±0.67	3.74±0.70	0.296	.767	-0.53-0.71
Rational and Fair	3.92±0.51	3.97±0.59	-0.569	.570	-0.83-0.46
Social Expansion	3.59±0.71	3.71±0.61	-1.100	.273	-0.97-0.27
Willingness to Give	3.83±0.48	3.80±0.57	0.303	.762	-0.78-1.06
Coping Ability	3.63±0.64	3.63±0.71	-0.082	.935	-0.63-0.58
Overall Positive Contribution	3.78±0.47	3.80±0.49	-0.326	.745	-6.54-4.69
Physical and Mental Health	3.69±0.75	3.76±0.64	-0.560	.576	-1.69-0.94
Parent-child Nurturing	3.81±0.66	3.78±0.72	0.240	.811	-0.90-1.15

Leisure Life	3.08±0.93	3.15±1.07	-0.450	.654	-1.45-0.91
Family Contacts	3.85±0.67	3.86±0.64	-0.116	.908	-1.06-0.94
Other People’s Support	2.84±0.94	2.97±0.87	-0.923	.357	-2.04-0.74
Professional Support	3.11±1.04	3.35±0.94	-1.522	.130	-2.18-0.28
Career Development	3.35±0.77	3.37±0.78	-0.215	.830	-1.03-0.83
Economic Status	3.21±0.98	3.32±0.92	-0.701	.484	-1.19-0.56
Overall Quality of Life	3.40±0.63	3.47±0.63	-0.739	.461	-9.50-4.32

Note:*p<.05 ,**p<.01, ***p<.001

Support:

Significant differences were found in emotional support *(t = -2.186, p = .030)* and instrumental support *(t = -2.186, p = .030)*. Specifically, parents of girls reported higher levels of emotional support *(M = 2.60)* and instrumental support *(M = 2.30)* compared to parents of boys *(M = 2.35 and 2.07, respectively)*. No statistically significant differences were observed in other support dimensions.

Positive Contribution:

No statistically significant differences emerged between the parents of boys and girls across any dimensions of positive contributions, suggesting similar parental perceptions regardless of the child’s gender.

Quality of Life:

Similarly, no statistically significant differences were found in any quality-of-life dimensions between parents of boys and girls.

Summary:

Overall, the findings suggest that while parents of girls perceived significantly higher emotional and instrumental support, the child’s gender did not significantly influence parental perceptions of positive contributions or overall quality of life.

4.2.6 Differences by Employment Status

A one-way ANOVA was conducted to examine whether levels of support, positive contribution, and quality of life differed across groups with different employment statuses. Post hoc analyses were performed using the Least Significant Difference (LSD) test. Tables 4-10 and 4-11 present the detailed results.

Support:

- Informal support and Formal support: Unemployed parents reported significantly lower levels of both informal and formal support than those employed in enterprises/institutions or engaged in farming.
- Source of support: Unemployed parents also reported significantly fewer sources of support compared to all other employment categories.
- Emotional and instrumental support: These dimensions were significantly lower for unemployed parents compared to parents in the "other" employment category.
- Informational support: Both unemployed and "other" categories scored significantly lower than the enterprise/institution group.
- Type of support: Scores were significantly lower among unemployed parents than among any of the employed groups.
- Overall support: Unemployed parents consistently reported the lowest overall levels of support across all sub-dimensions.

Positive Contribution

- Active life and work: Unemployed parents scored significantly lower in this domain compared to all other employment groups *(MD = -3.17, p < .001)*.
- Love and responsibility: Significantly lower scores were reported by unemployed parents compared to those employed in enterprises/institutions or engaged in farming.
- Rational and fair: This dimension was rated lower by unemployed parents relative to enterprise/institution-employed parents.
- Willingness to give: Unemployed parents showed significantly lower scores than those working in enterprises/institutions and farming.

- Coping ability: Lower coping ability was observed among unemployed parents in comparison to all other groups.

- Overall positive contribution: Unemployed parents scored significantly lower on the overall scale than all other employment groups.

Quality of Life

- Leisure life: Unemployed parents reported significantly lower satisfaction with leisure life than those employed in enterprises/institutions.

- Family contacts: This dimension was rated significantly lower by unemployed parents compared to enterprise/institution employees and those in other job categories.

- Other people's support: Unemployed parents perceived significantly less external support compared to enterprise/institution employees *(MD = -2.05, p = .042)*.

- Career development: Lower satisfaction with career development was reported by unemployed parents.

- Economic status: Significantly lower financial stability was reported by unemployed parents relative to enterprise/institution-employed parents.

- Overall quality of life: Parents who were unemployed or employed in "other" categories reported significantly lower overall quality of life compared to those in more stable employment groups.

Summary

These findings reveal that parental employment status significantly affects perceived support, positive contributions, and family quality of life. In particular, unemployed parents consistently reported the lowest levels across nearly all dimensions, including support access, adaptive functioning, and life satisfaction. In contrast, parents employed in enterprises/institutions or engaged in farming reported significantly better outcomes. These disparities highlight the urgent need for targeted support measures and policy interventions to address the unique challenges faced by unemployed families raising children with intellectual disabilities.

Table 4-10 Differences in Support, Positive Contribution and Quality of Life by Employment Status (N = 204)

	Unemployment (N = 109)	Farming (N = 17)	Other (N=38)	Enterprises and institutions (N = 40)	F	p
	M ± SD					
Informal Support	2.54±0.68	2.93±0.81	2.69±0.76	2.94±0.77	3.666	.013*
Formal Support	2.73±0.84	3.25±0.77	2.98±0.86	3.09±0.98	3.157	.026*
Source of Support	2.60±0.66	3.03±0.76	2.78±0.71	2.99±0.77	4.125	.007**
Emotional Support	2.26±0.60	2.56±0.63	2.53±0.73	2.58±0.70	3.545	.016*
Instrumental Support	1.98±0.63	2.20±0.79	2.34±0.72	2.36±0.68	4.710	.003**
Informational Support	2.07±0.65	2.37±0.80	2.15±0.73	2.49±0.75	3.996	.009**
Type of Support	2.08±0.56	2.34±0.69	2.35±0.65	2.45±0.62	4.846	.003**
Overall Support	2.38±0.54	2.74±0.69	2.60±0.62	2.76±0.60	5.393	.001**
Active Life and Work	3.53±0.60	4.02±0.45	3.92±0.42	3.81±0.66	7.6	<.001***
Love and Responsibility	3.98±0.44	4.27±0.43	4.14±0.35	4.22±0.50	4.517	.004**
Value and Meaning	3.44±0.78	3.80±0.52	3.64±0.79	3.80±0.74	2.924	.035*
Intimacy and Happiness	3.72±0.71	3.61±0.69	3.86±0.59	3.88±0.67	1.146	.332
Rational and Fair	3.83±0.51	4.09±0.47	3.99±0.48	4.11±0.61	3.685	.013*
Social Expansion	3.62±0.63	3.82±0.61	3.56±0.61	3.62±0.89	0.592	.621
Willingness to Give	3.70±0.49	4.06±0.45	3.88±0.53	4.00±0.48	5.535	.001**
Coping Ability	3.47±0.62	3.92±0.64	3.77±0.67	3.80±0.67	5.044	.002**
Overall Positive Contribution	3.67±0.46	4.00±0.39	3.88±0.42	3.93±0.53	5.330	.001**
Physical and Mental Health	3.63±0.69	3.75±0.96	3.74±0.68	3.89±0.72	1.303	.275
Parent-child Nurturing	3.71±0.66	3.93±0.59	3.86±0.68	3.95±0.75	1.549	.203
Leisure Life	2.92±0.98	3.21±0.95	3.22±0.75	3.41±1.06	2.921	.035*
Family Contacts	3.70±0.68	3.87±0.54	4.05±0.51	4.08±0.66	4.984	.002**

Other People's Support	2.72±0.85	3.08±1.02	3.01±0.82	3.13±1.08	2.714	.046*
Professional Support	3.14±0.97	3.63±0.79	3.17±0.83	3.13±1.33	1.227	.301
Career Development	3.23±0.69	3.46±0.83	3.41±0.59	3.59±1.01	2.369	.072
Economic Status	3.06±0.92	3.27±0.97	3.42±0.79	3.57±1.12	3.41	.019*
Overall Quality of Life	3.30±0.59	3.55±0.63	3.52±0.50	3.62±0.78	3.289	.022*

Note: *p<.05 , **p<.01, ***p<.001

Table 4-11 Multiple Comparisons of Support, Positive Contribution, and Quality of Life Across Employment Status Groups (N = 204)

	Unemployment/Farming		Unemployment/Enterprises and institutions		Unemployment/Other		Enterprises and institutions/Other	
	MD	P	MD	P	MD	P	MD	P
Informal Support	-5.05*	.041	-5.11*	.004	/	/	/	/
Formal Support	-3.17*	.020	-2.19*	.024	/	/	/	/
Source of Support	-8.23*	.018	-7.30*	.003	/	/	/	/
Emotional Support	/	/	-1.27*	.009	-1.08*	.029	/	/
Instrumental Support	/	/	-2.70*	.002	-2.52*	.005	/	/
Informational Support	/	/	-1.26*	.001	/	/	1.03*	.031
Type of Support	/	/	-5.23*	<.001	-3.83*	.016	/	/
Overall Support	-11.90*	.019	-12.54*	<.001	-7.22*	.048	/	/
Active Life and Work	-3.97*	<.001	-2.25*	.008	-3.17*	<.001	/	/
Love and Responsibility	-2.02*	.012	-1.69*	.003	/	/	/	/
Value and Meaning	/	/	-1.79*	.011	/	/	/	/
Intimacy and Happiness	/	/	/	/	/	/	/	/
Rational and Fair	/	/	-1.12*	.004	/	/	/	/
Social Expansion	/	/	/	/	/	/	/	/

Willingness to Give	-2.17*	.005	-1.79*	.001	/	/	/	/
Coping Ability	-1.36*	.007	-1*	.006	-.91*	.013	/	/
Overall Positive Contribution	-12.69*	.007	-10.14*	.003	-8.20*	.016	/	/
Physical and Mental Health	/	/	/	/	/	/	/	/
Parent-child Nurturing	/	/	/	/	/	/	/	/
Leisure Life	/	/	-1.95*	.006	/	/	/	/
Family Contacts	/	/	-1.90*	.002	-1.76*	.004	/	/
Other People’s Support	/	/	-2.05*	.015	/	/	/	/
Professional Support	/	/	/	/	/	/	/	/
Career Development	/	/	-1.42*	.012	/	/	/	/
Economic Status	/	/	-1.53*	.004	-1.09*	.043	/	/
Overall Quality of Life	/	/	-11.50*	.006	/	/	/	/

Note: *p<.05 , MD refers to mean differences.

4.2.7 Differences by Family Form

A one-way ANOVA was conducted to examine differences in support, positive contribution, and quality of life (QoL) scores — including their subscales — across different family forms. To further explore group differences, post hoc multiple comparison tests were performed using the Least Significant Difference (LSD) method.

Table 4-12 Differences in Support, Positive Contribution and Quality of Life by Family Form (N = 204)

	Nuclear (N = 93)	Single-parent (N = 10)	Three-generation (N = 98)	Extend (N = 3)	F	P
			M ± SD			
Informal Support	2.69±0.78	2.42±0.69	2.70±0.71	2.82±0.31	0.481	.696
Formal Support	2.92±0.92	2.95±0.67	2.84±0.87	3.50±0.60	0.655	.581
Source of Support	2.76±0.76	2.58±0.64	2.74±0.69	3.04±0.06	0.344	.793

Emotional Support	2.38±0.65	2.48±0.72	2.40±0.68	2.25±0.66	0.113	.953
Instrumental Support	2.02±0.71	2.00±0.72	2.26±0.66	2.24±0.87	2.054	.108
Informational Support	2.18±0.71	2.30±0.82	2.20±0.70	2.00±1.00	0.154	.927
Type of Support	2.16±0.63	2.20±0.72	2.29±0.59	2.19±0.82	0.684	.563
Overall Support	2.51±0.63	2.42±0.64	2.55±0.58	2.68±0.35	0.243	.866
Active Life and Work	3.66±0.62	3.81±0.43	3.70±0.60	4.21±0.19	0.961	.412
Love and Responsibility	4.05±0.47	4.21±0.32	4.09±0.45	4.29±0.29	0.686	.561
Value and Meaning	3.58±0.73	3.52±0.73	3.55±0.81	4.47±0.31	1.415	.240
Intimacy and Happiness	3.72±0.68	3.67±0.82	3.81±0.68	3.89±0.51	0.374	.772
Rational and Fair	3.88±0.54	4.10±0.43	3.96±0.53	4.17±0.52	0.844	.471
Social Expansion	3.69±0.68	3.57±1.05	3.56±0.65	4.00±0.33	0.907	.438
Willingness to Give	3.81±0.52	3.93±0.42	3.81±0.51	4.11±0.35	0.527	.664
Coping Ability	3.63±0.64	3.60±0.72	3.61±0.68	4.00±0.00	0.341	.796
Overall Positive Contribution	3.77±0.50	3.85±0.37	3.78±0.47	4.18±0.18	0.774	.510
Physical and Mental Health	3.78±0.65	3.65±0.51	3.65±0.81	3.78±0.42	0.587	.624
Parent-child Nurturing	3.81±0.67	3.70±0.52	3.81±0.71	3.67±0.42	0.123	.946
Leisure Life	3.16±0.91	2.40±0.91	3.11±1.03	3.25±0.43	1.895	.132
Family Contacts	3.85±0.63	3.60±0.41	3.90±0.71	3.67±0.58	0.714	.545
Other People’s Support	2.80±0.93	2.84±0.58	2.96±0.93	2.93±0.90	0.523	.667
Professional Support	3.20±1.05	3.43±0.58	3.16±1.02	2.67±1.44	0.463	.708
Career Development	3.37±0.72	3.13±0.71	3.36±0.83	3.58±0.29	0.396	.756
Economic Status	3.24±0.86	2.87±0.72	3.27±1.08	3.56±0.19	0.642	.589
Overall Quality of Life	3.43±0.61	3.25±0.39	3.43±0.68	3.41±0.15	0.262	.853

Note: *p<.05 , **p<.01, ***p<.001

As shown in Table 4-12 and Table 4-13, the specific results are as follows:

Support

- Instrumental support: Parents from three-generation families reported significantly higher levels of instrumental support compared to those from nuclear families.

Positive Contribution

- Value and meaning: Parents from extended families scored significantly higher on the "value and meaning" dimension than those from three-generation families.

Quality of Life

- Leisure life: Parents from three-generation and nuclear families reported significantly greater satisfaction with leisure life than those from single-parent families.

Table 4-13 Multiple Comparisons of Support, Positive Contribution, and Quality of Life Across Different Family Forms (N = 204)

	Three-generation /nuclear		Three-generation /extend		Three-generation /single-parent		Nuclear/single -parent	
	MD	P	MD	P	MD	P	MD	P
Informal Support	/	/	/	/	/	/	/	/
Formal Support	/	/	/	/	/	/	/	/
Source of Support	/	/	/	/	/	/	/	/
Emotional Support	/	/	/	/	/	/	/	/
Instrumental Support	1.65*	.018	/	/	/	/	/	/
Informational Support	/	/	/	/	/	/	/	/
Type of Support	/	/	/	/	/	/	/	/
Overall Support	/	/	/	/	/	/	/	/
Active Life and Work	/	/	/	/	/	/	/	/
Love and Responsibility	/	/	/	/	/	/	/	/
Value and Meaning	/	/	-4.60*	.042	/	/	/	/
Intimacy and Happiness	/	/	/	/	/	/	/	/
Rational and Fair	/	/	/	/	/	/	/	/
Social Expansion	/	/	/	/	/	/	/	/
Willingness to Give	/	/	/	/	/	/	/	/
Coping Ability	/	/	/	/	/	/	/	/

Overall Positive Contribution	/	/	/	/	/	/	/	/
Physical and Mental Health	/	/	/	/	/	/	/	/
Parent-child Nurturing	/	/	/	/	/	/	/	/
Leisure Life	/	/	/	/	2.85*	.027	3.03*	.019
Family Contacts	/	/	/	/	/	/	/	/
Other People's Support	/	/	/	/	/	/	/	/
Professional Support	/	/	/	/	/	/	/	/
Career Development	/	/	/	/	/	/	/	/
Economic Status	/	/	/	/	/	/	/	/
Overall Quality of Life	/	/	/	/	/	/	/	/

Note: *p<.05 , MD refers to mean differences.

Table 4-13 further illustrates that family structure significantly influences specific dimensions of support, positive contributions, and quality of life. Three-generation families benefit from enhanced instrumental support and greater leisure satisfaction compared to nuclear and single-parent families. Extended families report a stronger sense of value and meaning than three-generation families. In contrast, single-parent families appear to be particularly disadvantaged in the leisure life domain, highlighting the need for targeted interventions and enhanced support mechanisms tailored to their unique challenges.

4.2.8 Differences by Educational Level

Table 4-14 Differences in Support, Positive Contribution and Quality of Life by Educational Level (N=204)

	High school or below (N = 100)	College (N = 47)	Bachelor or above (N = 57)	F	P
		M ± SD			
Informal Support	2.55±0.69	2.77±0.74	2.83±0.78	3.061	.049*
Formal Support	2.74±0.85	2.91±0.72	3.13±1.01	3.673	.027*

Source of Support	2.61±0.67	2.82±0.69	2.92±0.78	3.827	.023*
Emotional Support	2.28±0.61	2.57±0.74	2.44±0.66	3.403	.035*
Instrumental Support	2.04±0.66	2.36±0.76	2.14±0.66	3.515	.032*
Informational Support	2.12±0.67	2.26±0.71	2.26±0.78	0.932	.395
Type of Support	2.13±0.58	2.40±0.67	2.25±0.62	3.286	.039*
Overall Support	2.41±0.57	2.64±0.61	2.64±0.62	3.913	.022*
Active Life and Work	3.65±0.59	3.78±0.59	3.70±0.62	0.835	.435
Love and Responsibility	4.06±0.44	4.09±0.45	4.12±0.47	0.352	.703
Value and Meaning	3.48±0.83	3.68±0.72	3.66±0.68	1.587	.207
Intimacy and Happiness	3.71±0.70	3.84±0.65	3.81±0.66	0.770	.465
Rational and Fair	3.90±0.50	3.96±0.58	3.98±0.54	0.549	.578
Social Expansion	3.69±0.57	3.52±0.85	3.59±0.71	1.156	.317
Willingness to Give	3.76±0.53	3.88±0.51	3.88±0.44	1.524	.220
Coping Ability	3.54±0.69	3.65±0.65	3.77±0.59	2.261	.107
Overall Positive Contribution	3.74±0.47	3.83±0.50	3.83±0.47	0.940	.392
Physical and Mental Health	3.61±0.68	3.98±0.60	3.68±0.83	4.415	.013*
Parent-child Nurturing	3.79±0.66	3.89±0.62	3.75±0.76	0.601	.549
Leisure Life	2.84±0.99	3.46±0.86	3.26±0.90	8.086	<.001***
Family Contacts	3.73±0.67	4.05±0.56	3.92±0.66	4.428	.013*
Other People's Support	2.77±0.93	3.11±0.91	2.88±0.87	2.176	.116
Professional Support	3.05±0.99	3.25±1.05	3.37±1.01	1.987	.140
Career Development	3.18±0.76	3.59±0.66	3.47±0.79	5.611	.004**
Economic Status	2.96±0.90	3.53±1.01	3.51±0.89	9.455	<.001***
Overall Quality of Life	3.28±0.62	3.64±0.59	3.49±0.65	5.709	.004**

Note: *p<0.05 , **p<0.01, ***p<0.001

A one-way ANOVA was conducted to examine differences in support, positive contributions, and quality of life—along with their subscales—across groups defined by parents' educational levels. Post-hoc multiple comparisons were performed using the Least Significant Difference (LSD) test.

Table 4-15 Multiple Comparisons of Support, Positive Contribution, and Quality of Life Across Different Educational Levels (N = 204)

	High school or below/bachelor or above		High school or below/college		college/bachelor or above	
	MD	P	MD	P	MD	P
Informal Support	-3.56*	.025	/	/	/	/
Formal Support	-2.34*	.007	/	/	/	/
Source of Support	-5.90	.009	/	/	/	/
Emotional Support	/	/	-1.17*	.012	/	/
Instrumental Support	/	/	-2.24*	.009	/	/
Informational Support	/	/	/	/	/	/
Type of Support	/	/	-3.83*	.012	/	/
Overall Support	-7.64*	.020	-7.71*	.027	/	/
Active Life and Work	/	/	/	/	/	/
Love and Responsibility	/	/	/	/	/	/
Value and Meaning	/	/	/	/	/	/
Intimacy and Happiness	/	/	/	/	/	/
Rational and Fair	/	/	/	/	/	/
Social Expansion	/	/	/	/	/	/
Willingness to Give	/	/	/	/	/	/
Coping Ability	-0.69*	.036	/	/	/	/
Overall Positive Contribution	/	/	/	/	/	/
Physical and Mental Health	/	/	-2.22*	.004	1.76*	.037
Parent-child Nurturing	/	/	/	/	/	/
Leisure Life	-1.68*	.008	-2.47*	<.001	/	/
Family Contacts	/	/	-1.63*	.005	/	/
Other People's Support	/	/	-1.68*	.038	/	/
Professional Support	/	/	/	/	/	/
Career Development	-1.16*	.020	-1.62*	.003	/	/

Economic Status	-1.66*	<.001	-1.73*	<.001	/	/
Overall Quality of Life	-7.57*	.042	-12.69*	.001	/	/

Note: *p<0.05 , MD refers to mean differences.

As shown in Table 4-15, the following results were observed:

Support

- Informal support: Parents with high school education or below reported significantly lower levels of informal support compared to those with a bachelor’s degree or above *(MD = -3.56, p = .025).*
- Formal support: Parents with a high school education or below received significantly less formal support than those with a bachelor’s degree or above *(MD = -2.34, p = .007).*
- Source of support: Those with lower educational levels reported significantly fewer sources of support compared to parents with a bachelor’s degree or above *(MD = -5.90, p = .009).*
- Emotional support: Parents with a high school education or below reported significantly lower emotional support than those with a college education *(MD = -1.17, p = .012).*
- Instrumental support: Parents with lower education reported significantly lower instrumental support than those with a college education *(MD = -2.24, p = .009).*
- Type of support: Lower-educated parents experienced significantly less diversity in support types than parents with college education *(MD = -3.83, p = .012).*
- Overall support: Parents with a high school education or below scored significantly lower overall than those with a bachelor’s degree or above *(MD = -7.64, p = .020)* and college education *(MD = -7.71, p = .027).*

Positive Contribution

- Coping ability: Parents with a high school education or below showed significantly weaker coping abilities compared to those with a bachelor's degree or above *(MD = -0.69, p = .036)*.

Quality of Life

- Physical and mental health: Parents with high school education or below reported significantly poorer physical and mental health compared to those with college education *(MD = -2.22, p = .004)*. Additionally, parents with a bachelor's degree or above scored significantly higher than those with college education *(MD = 1.76, p = .037)*.

- Leisure life: Parents with lower education levels had significantly lower satisfaction with leisure life compared to those with a bachelor's degree or above *(MD = -1.68, p = .008)* and college education *(MD = -2.47, p < .001)*.

- Family contacts: Significantly lower scores were reported by parents with a high school education or below compared to those with college education *(MD = -1.63, p = .005)*.

- Other people's support: Those with lower education levels perceived significantly less support from others than those with college education *(MD = -1.68, p = .038)*.

- Career development: Parents with a high school education or below reported significantly lower satisfaction with career development compared to those with a bachelor's degree or above *(MD = -1.16, p = .020)* and college education *(MD = -1.62, p = .003)*.

- Economic status: Lower-educated parents reported significantly worse economic status compared to parents with a bachelor's degree or above *(MD = -1.66, p < .001)* and college education *(MD = -1.73, p = .001)*.

- Overall quality of life: Parents with a high school education or below reported significantly lower overall QoL than those with a bachelor's degree or above *(MD = -7.57, p = .042)* and college education *(MD = -12.69, p < .001)*.

Conclusion

Parental education level significantly influenced perceived support, coping ability, and quality of life. Parents with lower education (high school or below) consistently reported significantly lower levels of formal and informal support, fewer available support sources, reduced coping capacity, and diminished quality of life compared to those with higher educational attainment. These findings highlight education as a critical factor shaping parental experiences, suggesting that families with lower educational backgrounds may benefit from targeted interventions and enhanced service accessibility.

4.2.9 Differences by Monthly Household Income

One-way ANOVA was conducted to analyze the differences in support, positive contribution and quality of life scales and their subscales among groups based on parents' monthly household income. Post-hoc multiple comparisons were then performed using the LSD test.

Table 4-16 Differences in Support, Positive Contribution and Quality of Life by Monthly Household Income (N = 204)

	2T below (N=33)	2T-4T (N=45)	4T-6T (N=65)	6T-8T (N=32)	8T0-10T (N=18)	>10T (N=11)	F	P
	M ± SD							
Informal Support	2.37±0.55	2.64±0.80	2.73±0.68	2.85±0.82	2.66±0.76	3.02±0.83	2.122	.064
Formal Support	2.66±0.88	2.87±0.98	2.89±0.67	2.89±0.82	3.03±1.16	3.44±1.12	1.411	.222
Source of Support	2.46±0.57	2.71±0.78	2.78±0.62	2.86±0.77	2.78±0.82	3.15±0.83	2.035	.075
Emotional Support	2.02±0.65	2.34±0.58	2.51±0.58	2.41±0.69	2.43±0.87	2.93±0.51	4.443	<.001***
Instrumental Support	1.70±0.59	2.03±0.64	2.34±0.60	2.37±0.79	2.10±0.79	2.13±0.66	5.075	<.001***

Informational Support	1.66±0.54	2.19±0.69	2.34±0.65	2.49±0.82	2.06±0.64	2.33±0.61	6.350	<.001***
Type of Support	1.78±0.51	2.16±0.56	2.39±0.55	2.41±0.70	2.19±0.70	2.40±0.49	5.786	<.001***
Overall Support	2.17±0.49	2.47±0.64	2.61±0.52	2.67±0.64	2.53±0.68	2.83±0.61	3.792	.003**
Active Life and Work	3.48±0.53	3.65±0.68	3.78±0.54	3.73±0.61	3.72±0.64	3.92±0.56	1.516	.186
Love and Responsibility	4.04±0.43	4.17±0.44	3.99±0.43	4.09±0.51	4.08±0.46	4.36±0.35	1.849	.105
Value and Meaning	3.26±0.97	3.52±0.81	3.70±0.61	3.60±0.80	3.71±0.75	3.76±0.57	1.757	.123
Intimacy and Happiness	3.56±0.87	3.86±0.69	3.74±0.56	3.69±0.63	4.00±0.56	4.00±0.83	1.612	.159
Rational and Fair	3.90±0.59	3.97±0.40	3.87±0.50	4.01±0.58	3.83±0.71	4.20±0.46	1.089	.368
Social Expansion	3.66±0.67	3.64±0.69	3.58±0.63	3.80±0.74	3.35±0.87	3.64±0.41	1.073	.377
Willingness to Give	3.66±0.61	3.84±0.47	3.79±0.49	3.89±0.51	3.92±0.43	3.98±0.44	1.180	.320
Coping Ability	3.42±0.71	3.59±0.74	3.62±0.60	3.73±0.63	3.80±0.57	3.91±0.62	1.470	.201
Overall Positive Contribution	3.64±0.49	3.80±0.48	3.79±0.44	3.83±0.50	3.82±0.52	4.00±0.41	1.198	.311
Physical and Mental Health	3.47±0.70	3.68±0.85	3.76±0.66	3.66±0.57	3.88±0.81	4.18±0.61	2.019	.078
Parent-child Nurturing	3.80±0.53	3.80±0.80	3.72±0.64	3.84±0.71	3.70±0.71	4.33±0.46	1.620	.156
Leisure Life	2.42±1.08	2.89±1.04	3.26±0.73	3.37±0.90	3.32±0.80	3.89±0.82	7.017	<.001***
Family Contacts	3.66±0.54	3.84±0.82	3.85±0.52	3.83±0.70	4.00±0.76	4.36±0.43	2.143	.062
Other People’s Support	2.45±0.91	2.83±0.91	3.08±0.81	3.09±0.98	2.53±0.94	3.18±0.92	3.365	.006**
Professional Support	3.05±0.99	2.99±1.07	3.23±0.86	3.27±1.15	3.43±1.12	3.48±1.18	0.910	.476
Career Development	2.91±0.81	3.28±0.83	3.40±0.62	3.45±0.78	3.63±0.71	3.95±0.57	4.658	<.001***
Economic Status	2.57±0.93	2.96±0.95	3.34±0.68	3.59±0.95	3.52±1.16	4.36±0.48	10.193	<.001***
Overall Quality	3.10±0.59	3.33±0.70	3.48±0.53	3.52±0.65	3.52±0.65	3.97±0.46	4.212	.001**

of Life

Note: *p<.05 , **p<.01, ***p<.001; T means thousand

As shown in Table 4-16, the specific results are as follows:

Support

- Informal Support:Families earning below 2,000 Yuan reported significantly lower informal support compared to those earning 4,000-6,000 Yuan *(MD=-4.69, p=.021)*, 6,000-8,000 Yuan *(MD=-6.21, p=.009)*, and above 10,000 Yuan *(MD=-8.45, p=.01)*.
- Formal Support:Families earning below 2,000 Yuan also received significantly less formal support than those earning above 10,000 Yuan *(MD=-4.67, p=.01)*.
- Source of Support: Low-income families (< 2,000 Yuan) had significantly fewer sources of support compared to those earning 4,000-6,000 Yuan *(MD=-6.04, p=.036)*, 6,000-8,000 Yuan *(MD=-7.59, p=.024)* and above 10,000 Yuan *(MD=-13.12, p=.005)*.
- Emotional Support: Significant differences were observed between low- and high-income groups, including <2,000 Yuan vs. >10,000 Yuan *(MD = －3.67, p < .001)*, and 4,000－6,000 Yuan vs. >10,000 Yuan *(MD = －1.68, p = .044)*.
- Instrumental Support: Parents in the lowest income group (<2,000 Yuan) reported significantly less instrumental support compared to nearly all other groups (e.g., vs. 2,000－4,000 Yuan, *MD = －2.34, p = .028*; vs. 6,000－8,000 Yuan, *MD = －4.65, p < .001*). Similar differences were observed between the 2,000－4,000 Yuan group and the 4,000－6,000 *(MD = －2.11, p = .019)* and 6,000－8,000 Yuan *(MD = －2.32, p = .031)* groups.
- Informational Support: Parents earning <2,000 Yuan reported significantly lower informational support compared to those earning ⩾4,000 Yuan (e.g., vs. 6,000－8,000 Yuan, *MD = －2.50, p < .001*). Additional significant differences were also

found between 6,000 – 8,000 Yuan and 8,000 – 10,000 Yuan groups *(MD = 1.30, p = .029).*

- Type of Support: Families earning <2,000 Yuan received significantly less diverse support than all higher-income groups, including 4,000 – 6,000 Yuan *(MD = –8.48, p < .001)* and >10,000 Yuan *(MD = –8.70, p = .003)*. The 2,000 – 4,000 Yuan group also reported lower diversity than the 4,000 – 6,000 Yuan group *(MD = –3.24, p = .042).*
- Overall Support: The lowest-income group (<2,000 Yuan) reported significantly lower total support scores than nearly all higher-income groups, particularly those earning >10,000 Yuan *(MD = –21.82, p = .001).*

Positive Contribution

- Active Life and Work: Families earning below 2,000 Yuan reported significantly lower scores than those earning above 10,000 Yuan *(MD = –3.55, p = .030)* and 4,000 – 6,000 Yuan *(MD = –2.38, p = .020).*
- Love and Responsibility: Significant differences were observed between the lowest -income group (<2,000 Yuan) and the highest-income group (>10,000 Yuan; *MD = –2.27, p = .037*). Additionally, families earning 2,000 – 4,000 Yuan differed significantly from those earning 4,000 – 6,000 Yuan *(MD = 1.25, p = .039)*, and those earning 4,000 – 6,000 Yuan differed significantly from those earning more than 10,000 Yuan *(MD = –2.62, p = .011).*
- Value and Meaning: Families earning below 2,000 Yuan scored significantly lower than those earning 8,000 – 10,000 Yuan *(MD = –2.25, p = .045)*, above 10,000 Yuan *(MD = –1.33, p = .026)*, and 4,000 – 6,000 Yuan *(MD = –2.17, p = .008).*
- Social Expansion: Families earning 6,000 – 8,000 Yuan reported significantly higher scores compared to those earning 8,000 – 10,000 Yuan *(MD = 1.35, p = .026).*

- Coping Ability: Families earning below 2,000 Yuan reported significantly lower coping ability than those earning above 10,000 Yuan *(MD = －1.45, p = .035).*

- Overall Positive Contribution: Families earning below 2,000 Yuan scored significantly lower on overall positive contributions than those earning more than 10,000 Yuan *(MD = －14.21, p = .028).*

Quality of Life

- Physical and Mental Health: Significant differences were observed, with families earning less than 2,000 Yuan reporting lower scores than those earning over 10,000 Yuan *(MD = -4.24, p = .005)*. Similarly, families earning 6,000－8,000 Yuan *(MD = -3.12, p = .038)* and 2,000－4,000 Yuan *(MD = -3.02, p = .037)* also reported significantly lower physical and mental health than the highest income group.

- Parent-Child Nurturing: Families earning less than 2,000 Yuan reported significantly lower levels of parent－child nurturing compared to those earning over 10,000 Yuan *(MD = -2.64, p = .025)*. Additionally, families in the 2,000－4,000 Yuan *(MD = -2.64, p = .021)*, 4,000－6,000 Yuan *(MD = -3.02, p = .006)*, 6,000－8,000 Yuan *(MD = -2.42, p = .041)*, and 8,000－10,000 Yuan *(MD = -3.11, p = .016)* income brackets also reported significantly lower nurturing levels compared to the highest income group.

- Leisure Life: Families with monthly incomes below 2,000 Yuan reported significantly poorer leisure life compared to those in the 2,000－4,000 Yuan (MD = -1.86, p = .026), 4,000－6,000 Yuan *(MD = -3.35, p < .001)*, 6,000－8,000 Yuan *(MD = -3.77, p < .001)*, 8,000－10,000 Yuan *(MD = -3.60, p < .001)*, and above 10,000 Yuan *(MD = -5.85, p < .001)* brackets. Similar downward trends were observed for families earning 2,000－4,000 Yuan compared to higher-income groups, including significant differences with 4,000－6,000 Yuan *(MD = -1.49, p = .035)*, 6,000－8,000 Yuan *(MD = -1.91, p = .023)*, and above 10,000 Yuan *(MD = -3.99, p = .001)*. Families earning 4,000－6,000 Yuan also reported significantly poorer leisure life compared to those earning over 10,000 Yuan *(MD = -2.50, p = .036).*

- Family Contacts: Families with lower monthly incomes (i.e., below 2,000 Yuan, 2,000 – 4,000 Yuan, 4,000 – 6,000 Yuan, and 6,000 – 8,000 Yuan) reported significantly lower family contact scores than those earning over 10,000 Yuan *(MDs ranging from -2.56 to -3.52, ps < .05)*.

- Other People's Support: Families earning less than 2,000 Yuan reported significantly less support from others compared to those earning 4,000 – 6,000 Yuan *(MD = -3.16, p = .001)*, 6,000 – 8,000 Yuan (MD = -3.20, p = .040), and over 10,000 Yuan *(MD = -3.67, p = .019)*. Interestingly, families earning 4,000 – 6,000 Yuan and 6,000 – 8,000 Yuan reported significantly greater support from others than those earning 8,000 – 10,000 Yuan *(MDs = 2.73 and 2.77, ps < .05)*.

- Career Development: Families earning less than 2,000 Yuan reported significantly lower satisfaction with career development than all other income groups. Families earning 2,000 – 4,000 Yuan and 4,000 – 6,000 Yuan also reported significantly lower career development compared to those earning over 10,000 Yuan *(MDs = -2.68, p = .007; -2.20, p = .023*, respectively).

- Economic Status: Families in the lowest income group (<2,000 Yuan) reported significantly lower economic status than all other groups. Similarly, those earning 2,000 – 4,000 Yuan reported significantly lower scores than higher-income brackets (4,000 – 6,000 Yuan, 6,000 – 8,000 Yuan, 8,000 – 10,000 Yuan, and above 10,000 Yuan). Families in the 4,000 – 6,000 Yuan, 6,000 – 8,000 Yuan, and 8,000 – 10,000 Yuan groups also reported significantly lower scores compared to the highest-income group (>10,000 Yuan).

- Overall Quality of Life: Families earning less than 2,000 Yuan consistently reported significantly lower overall quality of life than those in higher-income brackets, particularly those earning above 10,000 Yuan *(MD = -31.24, p < .001)*. Similar significant differences were observed for the 2,000 – 4,000 Yuan, 4,000 – 6,000 Yuan, and 6,000 – 8,000 Yuan groups when compared to the highest-income group.

Conclusion

The findings reveal substantial income-related disparities in perceived support, positive contributions, and quality of life. Families in higher income brackets, particularly those earning over 10,000 Yuan per month, reported significantly greater access to support, stronger adaptive capacities, and better overall well-being. These results underscore the crucial role of economic resources in shaping the experiences of families raising children with intellectual disabilities, highlighting the urgent need for policy measures and targeted interventions to reduce inequality.

Table 4-17 Multiple comparisons of Differences in Support, Positive Contribution, and Quality of Life Across Monthly Income Groups (N = 204)

	2T below/2-4T		2T below/4-6T		2T below/6-8T		2T below/8-10T		2T below/10T above		2-4T/4-6T		2-4T/6-8T		2-4T/8-10T		2-4T/10T above		4-6T/10T above		4-6T/8-10T		6-8T/8-10T		6-8T/10T above		8-10T/10T above	
	MD	P	MD	P	MD	P	MD	P	MD	P	MD	P	MD	P	MD	P	MD	P	MD	P	MD	P	MD	P	MD	P	MD	P
Informal Support	/	/	4.69*	.021	6.21*	.009	/	/	-8.45*	.011	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Formal Support	/	/	/	/	/	/	/	/	-4.67*	.011	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Source of Support	/	/	-6.04*	.036	-7.59*	.024	/	/	-13.12*	.005	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Emotional Support	-1.32*	.025	-1.99*	<.001	-1.60*	.012	-1.66*	.027	-3.67*	<.001	/	/	/	/	/	/	-2.35*	.007	-1.68*	.044	/	/	/	/	-2.07*	.021	-2.01*	.041
Instrumental	-2.3	.028	-4.	<.001	-4.	<.00	-2.8	.039	/	/	-2.	.019	-2.	.03	/	/	/	/	/	/	/	/	/	/	/	/	/	/

support	4*		44*		65*	1	1*				11*		32*	1														
Informational Support	-1.59*	<.001	-2.05*	<.001	-2.50*	<.001	-1.20*	.043	-2.03*	.004	/	/	/	/	/	/	/	/	/	/	/	/	1.30*	.029	/	/	/	/
Type of Support	-5.24*	.006	-8.48*	<.001	-8.75*	<.001	-5.67*	.019	-8.70*	.003	-3.24*	.042	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Overall Support	-9.92*	.025	-14.52*	<.001	-16.34*	<.001	-11.66*	.039	-21.82*	.001	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Active Life and Work	/	/	-2.38*	.020	/	/	/	/	-3.55*	.033	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Love and Responsibility	/	/	/	/	/	/	/	/	-2.27*	.037	1.25*	.039	/	/	/	/	/	/	-2.62*	.011	/	/	/	/	/	/	/	/
Value and Meaning	/	/	-2.17*	.008	/	/	-2.25*	.045	-1.33*	.026	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Intimacy and Happiness	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Rational and Fair	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Social Expansion	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	1.35*	.026	/	/	/	/
Willingness to Give	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Coping Ability	/	/	/	/	/	/	/	/	-1.45*	.035	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Overall Positive Contribution	/	/	/	/	/	/	/	/	-14.21*	.028	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/
Physical and Mental Health	/	/	/	/	/	/	/	/	-4.24*	.005	/	/	/	/	/		-3.02*	.037	/	/	/	/	/	/	-3.12*	.038	/	/
Parent-child Nurturing	/	/	/	/	/	/	/	/	-2.64*	.025	/	/	/	/	/		-2.64*	.021	-3.02*	.006	/	/	/	/	-2.42*	.041	-3.11*	.016
Leisure Life	-1.86*	.026	-3.35*	<.001	-3.77*	<.001	-3.60*	<.001	-5.85*	<.001	-1.49*	.035	-1.91*	.023			-3.99*	.001	-2.50*	.036	/	/	/	/	/	/	/	/
Family Contacts	/	/	/	/	/	/	/	/	-3.52*	.002	/	/	/	/	/	/	-2.62*	.017	-2.56*	.016	/	/	/	/	-2.69*	.018	/	/
Other People’s Support	/	/	-3.16*	.001	-3.20*	.004	/	/	-3.67*	.019	/	/	/	/	/	/	/	/	/	/	2.73*	.022	2.77*	.036	/	/	/	/
Professional	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/

Support																												
Career Development	-1.50*	.027	-1.98*	.002	-2.18*	.003	-2.89*	<.001	-4.18*	<.001	/	/	/	/	/	/	-2.68*	.007	-2.20*	.023	/	/	/	/	/	/	/	/
Economic Status	-1.19*	.047	-2.33*	<.001	-3.08*	<.001	-2.86*	<.001	-5.39*	<.001	-1.14*	.025	-1.89*	.002	-1.67*	.023	-4.20*	<.001	-3.06*	<.001	/	/	/	/	-2.31*	.012	-2.54*	.012
Overall Quality of Life	/	/	-13.84*	.004	-15.30*	.005	-14.98*	.021	-31.24*	<.001	/	/	/	/	/		-22.86*	.002	-17.40*	.016	/	/	/	/	-15.94*	.039	/	/

Note: *p<.05 , MD refers to mean differences; T means thousand.

4.2.10 Differences by Severity of ID

A one-way ANOVA was conducted to examine differences in support, positive contribution, and quality of life — as well as their subscales — across groups categorized by the severity of children's intellectual disability (ID). Post hoc multiple comparisons were then performed using the Least Significant Difference (LSD) test.

Table 4-18 Differences in Support, Positive Contribution, and Quality of Life by Severity of Intellectual Disability (N = 204)

	Mild (N = 57)	Moderate (N = 82)	Severe (N = 42)	Very severe (N = 23)	F	P
	M ± SD					

Informal Support	2.90±0.68	2.70±0.77	2.43±0.74	2.52±0.58	3.888	.010*
Formal Support	3.10±0.84	2.96±0.86	2.48±0.81	2.86±0.97	4.615	.004**
Source of Support	2.97±0.66	2.78±0.73	2.44±0.69	2.63±0.64	4.825	.003**
Emotional Support	2.64±0.62	2.34±0.69	2.32±0.59	2.12±0.64	4.413	.005**
Instrumental Support	2.41±0.61	2.07±0.75	2.11±0.64	1.78±0.56	5.575	.001**
Informational Support	2.50±0.63	2.14±0.72	2.05±0.72	1.88±0.61	6.226	<.001***
Type of Support	2.49±0.53	2.16±0.66	2.16±0.56	1.90±0.51	6.703	<.001***
Overall Support	2.77±0.52	2.52±0.64	2.32±0.55	2.32±0.54	5.934	<.001***
Active Life and Work	3.85±0.62	3.69±0.56	3.61±0.61	3.50±0.61	2.397	.069
Love and Responsibility	4.19±0.43	4.02±0.46	4.04±0.43	4.12±0.48	1.744	.159
Value and Meaning	3.89±0.64	3.48±0.69	3.57±0.72	3.16±1.10	6.271	<.001***
Intimacy and Happiness	3.91±0.54	3.72±0.71	3.72±0.61	3.64±0.94	1.323	.268
Rational and Fair	4.10±0.59	3.91±0.52	3.82±0.44	3.84±0.50	2.811	.041*
Social Expansion	3.78±0.67	3.62±0.69	3.48±0.71	3.52±0.61	1.896	.132
Willingness to Give	3.97±0.41	3.80±0.50	3.69±0.55	3.74±0.58	2.950	.034*
Coping Ability	3.87±0.59	3.55±0.63	3.52±0.62	3.51±0.86	3.603	.014*
Overall Positive Contribution	3.96±0.44	3.75±0.46	3.71±0.44	3.65±0.56	3.900	.010*
Physical and Mental Health	3.87±0.73	3.71±0.63	3.55±0.85	3.64±0.73	1.633	.183
Parent-child Nurturing	3.92±0.64	3.78±0.61	3.71±0.75	3.74±0.85	0.965	.410
Leisure Life	3.42±0.84	3.14±0.92	2.95±1.05	2.43±0.96	6.507	<.001***
Family Contacts	3.90±0.74	3.87±0.56	3.79±0.72	3.79±0.68	0.319	.811
Other People’s Support	3.18±0.87	2.82±0.96	2.77±0.77	2.57±0.96	3.415	.018*
Professional Support	3.27±1.10	3.23±1.00	3.11±1.00	2.92±0.90	0.761	.517
Career Development	3.57±0.68	3.36±0.72	3.19±0.95	3.09±0.65	3.203	.024*
Economic Status	3.51±0.83	3.27±0.95	3.18±1.05	2.61±0.89	5.158	.002**
Overall Quality of Life	3.61±0.65	3.43±0.58	3.31±0.66	3.17±0.62	3.410	.019*

Note: *p<.05 , **p<.01, ***p<.001

As shown in Table 4-19, the specific results are as follows:

Support

- Informal Support: Parents of children with mild ID reported significantly higher levels of informal support than those with moderate *(MD=6.16, p=.001)* and very severe ID *(MD=4.97, p=.033)*.

- Formal Support: Parents of children with mild ID reported significantly higher levels of formal support compared to severe ID *(MD=3.76, p<.001)*. Similarly, parents of children with moderate ID reported significantly higher formal support than those with severe ID *(MD=2.90, p=.003)*.

- Source of Support: Parents of children with mild ID reported significantly more sources of support than those with severe ID *(MD = 9.92, p < .001)*. Additionally, parents of children with moderate ID had significantly more sources of support compared to those with severe ID *(MD = 6.35, p = .012)*.

- Emotional Support: Parents of children with mild ID reported significantly higher levels of emotional support compared to those with moderate *(MD = 1.18, p = .009)*, severe *(MD = 1.26, p = .017)*, and very severe ID *(MD = 2.07, p = .001)*.

- Instrumental Support: Parents of children with mild ID reported significantly higher levels of instrumental support compared to those with moderate *(MD = 2.33, p = .004)*, severe *(MD = 2.08, p = .030)*, and very severe ID *(MD = 4.41, p < .001)*.

- Informational Support: Parents of children with mild ID reported significantly higher levels of informational support compared to those with moderate *(MD = 1.09, p = .002)*, severe *(MD = 1.37, p = .001)*, and very severe ID *(MD = 1.86, p < .001)*.

- Type of Support: Parents of children with mild ID reported significantly greater diversity in types of support compared to those with moderate *(MD = 4.60, p = .001)*, severe *(MD = 4.70, p = .006)*, and very severe ID *(MD = 8.33, p < .001)*.

- Overall Support: Parents of children with mild ID reported significantly higher overall support compared to those with moderate *(MD = 8.17, p = .014)*, severe *(MD = 14.62, p < .001)*, and very severe ID *(MD = 14.74, p = .002)*.

Positive Contribution

- Active Life and Work: Parents of children with mild ID reported significantly higher scores on active life and work compared to those with severe *(MD = 1.91, p = .048)* and very severe ID *(MD = 2.77, p = .019)*.

- Love and Responsibility: Parents of children with mild ID reported significantly higher scores on love and responsibility than those with moderate ID *(MD = 1.16, p = .032)*.

- Value and Meaning: Parents of children with mild ID reported significantly higher scores on value and meaning than those with moderate *(MD = 2.04, p = .002)*, severe *(MD = 1.61, p = .034)*, and very severe ID *(MD = 3.66, p < .001)*. Additionally, parents of children with severe ID scored significantly higher than those with very severe ID *(MD = 2.05, p = .034)*.

- Rational and Fair: Parents of children with mild ID reported significantly higher scores on rational and fair compared to those with moderate *(MD = 0.76, p = .036)*, severe *(MD = 1.10, p = .011)*, and very severe ID *(MD = 1.04, p = .047)*.

- Willingness to Give: Parents of children with mild ID reported significantly higher willingness to give than those with moderate *(MD = 1.05, p = .043)* and severe ID *(MD = 1.68, p = .006)*.

- Coping Ability: Parents of children with mild ID reported significantly higher coping ability compared to those with moderate *(MD = 0.94, p = .006)*, severe *(MD = 1.05, p = .009)*, and very severe ID *(MD = 1.07, p = .026)*.

- Overall Positive Contribution: Parents of children with mild ID reported significantly higher overall positive contributions compared to those with moderate *(MD = 8.26, p = .009)*, severe *(MD = 9.87, p = .008)*, and very severe ID *(MD = 12.03, p = .008)*.

Quality of Life

- Physical and mental health: Parents of children with mild ID reported significantly better physical and mental health compared to those with severe ID *(MD = 1.88, p = .033)*.

- Leisure Life: Parents of children with mild ID experienced significantly higher leisure life quality compared to those with severe *(MD = 1.86, p = .015)* and very severe ID *(MD = 3.93, p < .001)*. In addition, parents of children with moderate and severe ID also reported significantly better leisure life quality compared to those with very severe ID *(MD = 2.82, p = .002; MD = 2.07, p = .034, respectively)*.

- Other People's Support: Parents of children with mild ID reported significantly greater levels of external support compared to those with moderate *(MD = 1.81, p = .021)*, severe *(MD = 2.08, p = .024)*, and very severe ID *(MD = 3.09, p = .006)*.

- Career Development: Parents of children with mild ID experienced significantly better career development compared to those with severe *(MD = 1.53, p = .014)* and very severe ID *(MD = 1.94, p = .010)*.

- Economic Status: Parents of children with moderate ID reported significantly higher economic status than those with severe *(MD = 1.98, p = .003)* and very severe ID *(MD = 1.72, p = .019)*. Additionally, parents of children with mild ID reported significantly higher economic status than those with very severe ID *(MD = 2.70, p < .001)*.

- Overall Quality of Life: Parents of children with mild ID reported significantly higher overall quality of life compared to those with severe *(MD = 10.59, p = .021)* and very severe ID *(MD = 15.85, p = .005)*.

Table 4-19 Multiple Comparisons of Support, Positive Contributions, and Quality of Life Across Different Levels of Intellectual Disability Severity (N = 204)

	Mild/moderate		Mild/severe		Mild/very severe		Moderate/severe		Moderate/very severe		Severe/very severe	
	MD	P	MD	P	MD	P	MD	P	MD	P	MD	P
Informal Support	/	/	6.16*	.001	4.97*	.033	/	/	/	/	/	/
Formal	/	/	3.76*	<.00	/	/	2.90*	.003	/	/	/	/

Support				1								
Source of Support	/	/	9.92*	<.001	/	/	6.35*	.012	/	/	/	/
Emotional Support	1.18*	.009	1.26*	.017	2.07*	.001	/	/	/	/	/	/
Instrumental Support	2.33*	.004	2.08*	.030	4.41*	<.001	/	/	/	/	/	/
Informational Support	1.09*	.002	1.37*	.001	1.86*	<.001	/	/	/	/	/	/
Type of Support	4.60*	.001	4.70*	.006	8.33*	<.001	/	/	/	/	/	/
Overall Support	8.17*	.014	14.62*	<.001	14.74*	.002	/	/	/	/	/	/
Active Life and Work	/	/	1.91*	.048	2.77*	.019	/	/	/	/	/	/
Love and Responsibility	1.16*	.032	/	/	/	/	/	/	/	/	/	/
Value and Meaning	2.04*	.002	1.61*	.034	3.66*	<.001	/	/	/	/	2.05*	.034
Intimacy and Happiness	/	/	/	/	/	/	/	/	/	/	/	/
Rational and Fair	0.76*	.036	1.10*	.011	1.04*	.047	/	/	/	/	/	/
Social Expansion	/	/	0.92*	.027	/	/	/	/	/	/	/	/
Willingness to Give	1.05*	.043	1.68*	.006	/	/	/	/	/	/	/	/
Coping	0.94*	.006	1.05*	.009	1.07*	.026	/	/	/	/	/	/
Overall Positive	8.26*	.009	9.87*	.008	12.03*	.008	/	/	/	/	/	/

Contribution												
Physical and Mental Health	/	/	1.88*	.033	/	/	/	/	/	/	/	/
Parent-child Nurturing	/	/	/	/	/	/	/	/	/	/	/	/
Leisure Life	/	/	1.86*	.015	3.93*	<.001	/	/	2.82*	.002	2.07*	.034
Family Contacts	/	/	/	/	/	/	/	/	/	/	/	/
Other People's Support	1.81*	.021	2.08*	.024	3.09*	.006	/	/	/	/	/	/
Professional Support	/	/	/	/	/	/	/	/	/	/	/	/
Career Development	/	/	1.53*	.014	1.94*	.010	/	/	/	/	/	/
Economic Status	/	/	/	/	2.70*	<.001	/	/	1.98*	.003	1.72*	.019
Overall Quality of Life	/	/	10.59*	.021	15.85*	.005	/	/	/	/	/	/

Note: *p<.05 , MD refers to mean differences.

Conclusion

Severity of intellectual disability significantly influenced parents' perceptions of support, positive family contributions, and quality of life. Parents of children with mild ID consistently reported higher scores across all measured dimensions. Conversely, parents of children with severe and very severe ID experienced substantial disadvantages in accessing support and maintaining quality of life, underscoring the urgent need for targeted interventions and systemic support mechanisms for families affected by higher levels of intellectual disability.

4.2.11 Differences by Children's Health Condition

A one-way ANOVA was conducted to examine the differences in the total scores and subscale scores of support, positive contributions, and quality of life across groups categorized by the children's health condition. Following the ANOVA, a post hoc multiple comparison test using the Least Significant Difference (LSD) method was performed to identify specific group differences.

As shown in Table 4-21, the detailed results are as follows:

Support

- Source of Support: Parents of children with very good health reported significantly more sources of support compared to those whose children had average health *(MD = 4.56, p = .045)*.
- Emotional Support: Parents of children with very good health reported significantly higher levels of emotional support than those with average health *(MD = 1.03, p = .020)*.
- Instrumental Support: Parents of children with very good health experienced significantly greater instrumental support compared to those whose children had average *(MD = 3.37, p < .001)* or poor health *(MD = 2.33, p = .012)*.
- Informational Support: Parents of children with very good health reported significantly higher levels of informational support compared to those with average *(MD = 1.09, p = .002)* and poor health *(MD = 1.41, p < .001)*.
- Type of Support: Parents of children with very good health received significantly more diverse types of support than those with children in average *(MD = 5.48, p < .001)* and poor health *(MD = 4.61, p = .006)* conditions.

- Overall Support: Parents of children with very good health experienced significantly higher overall support compared to those with children in average *(MD = 10.05, p = .002)* and poor health *(MD = 8.25, p = .033)* conditions.

Positive Contribution

- Active Life and Work: Parents of children with very good health reported significantly higher scores on active life and work compared to those whose children had average health *(MD = 2.75, p < .001)*.

- Value and Meaning: Parents of children with very good health reported significantly greater perceptions of value and meaning compared to those with children in average *(MD = 1.74, p = .006)* and poor health *(MD = 2.51, p < .001)*.

- Willingness to Give: Parents of children with very good health demonstrated significantly higher willingness to give than those with average health *(MD = 1.33, p = .009)*.

- Coping Ability: Parents of children with very good health reported significantly stronger coping abilities compared to those whose children had average health *(MD = 1.26, p < .001)*.

- Overall Positive Contribution: Parents of children with very good health reported significantly higher overall positive contribution scores than those with average health *(MD = 8.78, p = .004)*.

Quality of Life

- Physical and Mental Health: Parents of children with very good health reported significantly higher physical and mental health scores compared to those whose children had average *(MD = 3.15, p < .001)* and poor health *(MD = 2.98, p < .001)*.

- Parent-Child Nurturing: Parents of children with very good health experienced significantly stronger parent-child nurturing compared to those with poor health *(MD = 1.51, p = .025)*.

- Leisure Life: Parents of children with very good health reported significantly greater satisfaction with leisure life compared to those with average *(MD = 2.91, p < .001)* and poor health *(MD = 2.80, p < .001)*.

- Family Contacts: Parents of children with very good health reported significantly more frequent family contact compared to those with average *(MD = 1.66, p = .002)* and poor health *(MD = 1.40, p = .029)*.

- Other People’s Support: Parents of children with very good health received significantly higher levels of external support compared to those whose children had average *(MD = 2.10, p = .006)* and poor health *(MD = 2.17, p = .016)*.

- Professional Support: Parents of children with very good health reported significantly greater professional support than those with average health *(MD = 1.43, p = .036)*.

- Career Development: Parents of children with very good health experienced significantly better career development opportunities compared to those with average health *(MD = 1.96, p < .001)*.

- Economic Status: Parents of children with very good health reported significantly better economic status than those whose children had average *(MD = 2.26, p < .001)* and poor health *(MD = 1.74, p = .012)*.

- Overall Quality of Life: Parents of children with very good health reported significantly higher overall quality of life compared to those with average *(MD = 16.28, p < .001)* and poor health *(MD = 14.32, p < .001)*.

Conclusion

Children’s health conditions significantly influenced parental perceptions across all measured domains. Parents of children with very good health consistently reported higher levels of support, positive contributions, and quality of life compared to those whose children had average or poor health. These findings underscore the considerable burden that poorer child health imposes on families and highlight the critical need for targeted support services to mitigate these disparities and promote family well-being.

Table 4-20 Differences in Support, Positive Contribution, and Quality of Life by Children's Health Condition (N = 204)

	Very good (N = 122)	Average (N = 50) M ± SD	Poor (N = 32)	F	P
Informal Support	2.77±0.69	2.52±0.78	2.60±0.82	2.162	.118
Formal Support	2.98±0.80	2.75±0.91	2.74±1.08	1.825	.164
Source of Support	2.83±0.65	2.59±0.76	2.64±0.84	2.429	.091
Emotional Support	2.49±0.66	2.24±0.66	2.27±0.61	3.386*	.036
Instrumental Support	2.31±0.68	1.83±0.62	1.98±0.65	10.578*	<.001
Informational Support	2.36±0.66	1.99±0.65	1.89±0.81	8.720*	<.001
Type of Support	2.37±0.60	1.98±0.56	2.04±0.59	9.550*	<.001
Overall Support	2.64±0.55	2.33±0.60	2.39±0.71	5.776*	.004
Active Life and Work	3.80±0.54	3.46±0.65	3.68±0.63	6.225*	.002
Love and Responsibility	4.08±0.44	4.05±0.47	4.12±0.44	0.230	.795
Value and Meaning	3.74±0.65	3.39±0.85	3.24±0.90	7.756*	<.001
Intimacy and Happiness	3.84±0.63	3.65±0.75	3.66±0.73	1.872	.157
Rational and Fair	3.98±0.54	3.84±0.57	3.93±0.44	1.241	.291
Social Expansion	3.69±0.69	3.57±0.70	3.48±0.62	1.403	.248
Willingness to Give	3.89±0.44	3.67±0.60	3.78±0.54	3.659*	.027
Coping Ability	3.76±0.58	3.34±0.76	3.57±0.65	7.769*	<.001
Overall Positive Contribution	3.87±0.43	3.64±0.53	3.72±0.48	4.580*	.011
Physical and Mental Health	3.92±0.62	3.39±0.74	3.42±0.78	14.011*	<.001
Parent-child Nurturing	3.89±0.60	3.73±0.71	3.59±0.85	2.965	.054
Leisure Life	3.39±0.84	2.66±0.98	2.69±1.04	15.297*	<.001
Family Contacts	3.98±0.58	3.65±0.68	3.70±0.79	5.844*	.003
Other People's Support	3.05±0.89	2.63±0.85	2.62±1.00	5.509*	.005
Professional Support	3.29±1.02	2.94±1.01	3.15±0.97	2.244	.109
Career Development	3.52±0.67	3.03±0.81	3.23±0.89	8.223*	<.001

Economic Status	3.52±0.79	2.77±1.04	2.94±1.05	14.468*	<.001
Overall Quality of Life	3.60±0.56	3.14±0.62	3.20±0.71	12.778*	<.001

Note: *p<.05 .

Table 4-21 Multiple Comparisons of Support, Positive Contribution, and Quality of Life Across Different Child Health Conditions (N = 204)

	Very good/average		Very good /poor	
	MD	P	MD	P
Informal Support	/	/	/	/
Formal Support	/	/	/	/
Source of Support	4.56*	.045	/	/
Emotional Support	1.03*	.020	/	/
Instrumental Support	3.37*	<.001	2.33*	.012
Informational Support	1.09*	.002	1.41*	<.001
Type of Support	5.48*	<.001	4.61*	.006
Overall Support	10.05*	.002	8.25*	.033
Active Life and Work	2.75*	<.001	/	/
Love and Responsibility	/	/	/	/
Value and Meaning	1.74*	.006	2.51*	<.001
Intimacy and Happiness	/	/	/	/
Rational and Fair	/	/	/	/
Social Expansion	/	/	/	/
Willingness to Give	1.33*	.009	/	/
Coping Ability	1.26*	<.001	/	/
Overall Positive Contribution	8.78*	.004	/	/
Physical and Mental Health	3.15*	<.001	2.98*	<.001
Parent-child Nurturing	/	/	1.51*	.025
Leisure Life	2.91*	<.001	2.80*	<.001

Family Contacts	1.66*	.002	1.40*	.029
Other People's Support	2.10*	.006	2.17*	.016
Professional Support	1.43*	.036	/	/
Career Development	1.96*	<.001	/	/
Economic Status	2.26*	<.001	1.74*	.001
Overall Quality of Life	16.28*	<.001	14.32*	<.001

Note: *p<.05 , MD refers to mean differences.

4.3 Analysis of Inferential Statistics

4.3.1 Correlation Analysis

4.3.1.1 Correlation Between Support and Positive Contribution

Table 4-22 presents the Pearson correlation coefficients between the various dimensions of support and those of positive contributions. The results indicate the strength and direction of the relationships, all of which are positive. Statistically significant correlations are denoted by p < .05 or p < .001, indicating meaningful associations between the constructs.

Table 4-22 Pearson Correlation Coefficient Between Support and Positive Contribution

	Active Life and Work	Love and Responsibility	Value and Meaning	Intimacy and Happiness	Rational and Fair	Social Expansion	Willingness to Give	Coping Ability	Overall Positive Contribution
Informal Support	.420**	.309**	.438**	.155*	.333**	.385**	.487**	.463**	.480**
Formal Support	.454**	.452**	.435**	.304**	.435**	.457**	.484**	.482**	.550**
Source of Support	.473**	.394**	.478**	.228**	.405**	.450**	.532**	.514**	.553**
Emotional	.524**	.358**	.443**	.207**	.332**	.332**	.492**	.403**	.510**

Support									
Instrumental Support	.456**	.197**	.416**	.106	.251**	.223**	.421**	.366**	.411**
Informational Support	.412**	.319**	.360**	.093	.310**	.386**	.422**	.402**	.437**
Type of Support	.518**	.299**	.458**	.146*	.319**	.322**	.491**	.428**	.495**
Overall Support	.549**	.400**	.526**	.219**	.416**	.448**	.578**	.538**	.593**

Note: * p<.05; ** p<.01.

The table above clearly demonstrates strong and statistically significant positive correlations between various dimensions of support and dimensions of positive contributions. Across the board, higher levels of support are consistently associated with greater perceived positive contributions within families of children with intellectual disabilities. Notably, formal support, source of support, and overall support exhibit particularly strong correlations with overall positive contributions *(r = .550, .553, and .593, respectively; p < .01)*, suggesting that these dimensions play a critical role in fostering positive parental perceptions. These findings underscore the importance of comprehensive, accessible, and multi-source support systems in enhancing family resilience and positive meaning-making.

4.3.1.2 Correlation Between Support and Quality of Life

Table 4-23 presents the Pearson correlation coefficients between various types of parental support and different dimensions of quality of life among parents of children with intellectual disabilities (N = 204). These correlations indicate both the strength and direction of the relationships. All coefficients are positive and statistically significant.

The results reveal consistently strong and significant positive associations between all types of support and all dimensions of quality of life. The strongest correlations were observed between type of support, source of support, and overall support with overall quality of life *(r = .666, .601, and .701, respectively; p < .001)*. Additionally, external resources—such as other people’s support and economic status—were also strongly correlated, highlighting the crucial role of social and material resources in family well-being. These findings underscore the importance of establishing accessible, diversified, and integrated support systems to enhance parental life satisfaction and holistic family functioning.

Table 4-23 Pearson Correlation Coefficients Between Support and Quality of Life

	Physical and Mental Health	Parent-Child Nurturing	Leisure Life	Family Contacts	Other People's Support	Professional Support	Career Development	Economic Status	Overall Quality of Life
Informal Support	.420**	.421**	.493**	.389**	.626**	.398**	.408**	.447**	.592**
Formal Support	.317**	.308**	.402**	.186**	.457**	.446**	.354**	.395**	.471**
Source of Support	.420**	.417**	.505**	.347**	.620**	.455**	.426**	.469**	.601**
Emotional Support	.380**	.367**	.498**	.320**	.627**	.378**	.491**	.515**	.583**
Instrumental Support	.401**	.354**	.529**	.336**	.707**	.404**	.502**	.558**	.621**
Informational Support	.311**	.368**	.472**	.215**	.664**	.438**	.489**	.473**	.563**
Type of Support	.418**	.402**	.566**	.340**	.753**	.451**	.553**	.588**	.666**
Overall Support	.469**	.460**	.591**	.385**	.751**	.507**	.532**	.577**	.701**

Note: * p<.05; ** p<.01.

4.3.1.3 Correlation Analysis Between Positive Contribution and Quality of Life

Table 4-24 presents the Pearson correlation coefficients between various dimensions of positive contributions and different aspects of quality of life among parents of children with intellectual disabilities (N = 204). All correlations are positive and statistically significant.

The results demonstrate that positive contributions are significantly and positively associated with all domains of quality of life. Notably:

- Willingness to Give, Value and Meaning, and Active Life and Work exhibit the strongest associations with multiple dimensions of quality of life.
- Overall Positive Contribution consistently show high correlations with nearly all aspects of quality of life, particularly with overall quality of life *(r = .585, p < .01),* leisure life *(r = .503, p < .01)*, and economic status *(r = .499, p < .01).*

These findings suggest that fostering positive psychological resources and behaviors within families—such as meaning-making, generosity, and active engagement—may play a crucial role in enhancing parental quality of life. Promoting these strengths can be an effective avenue for family-centered interventions and resilience-building in families raising children with intellectual disabilities.

Table 4-24 Pearson Correlation Coefficients Between Positive Contribution and Quality of Life

	Physical and Mental Health	Parent-Child Nurturing	Leisure Life	Family Contacts	Other People's Support	Professional Support	Career Development	Economic Status	Overall Quality of Life
Active Life and Work	.431**	.418**	.540**	.452**	.509**	.331**	.524**	.499**	.597**
Love and Responsibility	.213**	.308**	.228**	.249**	.292**	.180*	.235**	.286**	.320**
Value and Meaning	.451**	.431**	.512**	.441**	.470**	.359**	.361**	.497**	.571**
Intimacy and Happiness	.253**	.247**	.247**	.267**	.083	.062	.073	.231**	.233**
Rational and Fair	.235**	.343**	.291**	.295**	.329**	.205**	.306**	.309**	.371**
Social Expansion	.273**	.328**	.302**	.181**	.364**	.308**	.261**	.304**	.381**
Willingness to Give	.415**	.468**	.500**	.513**	.476**	.314**	.431**	.476**	.578**
Coping Ability	.384**	.322**	.391**	.365**	.445**	.290**	.377**	.424**	.486**

Overall Positive Contributions	.436**	.464**	.503**	.458**	.492**	.338**	.434**	.499**	.585**

Note: * p<0.05; ** p<0.01.

4.3.2 Stepwise Multiple Regression

4.3.2.1 Stepwise Regression Analysis of Support on Overall Positive Contribution

A stepwise multiple regression analysis was conducted to examine how different dimensions of support — including formal, informal, emotional, instrumental, and informational support — predict overall positive contributions among families of children with intellectual disabilities. Two models emerged during the analysis: the first included only formal support, explaining 30.2% of the variance in positive contributions. The optimal model incorporated both formal support and emotional support, explaining a greater proportion of variance (38.6%). The results of the optimal model are presented in Table 4-25.

The final regression equation is:

Y (positive contribution) = 101.604 + 1.401X_1 (formal support) + 2.279X_2 (emotional support)

This indicates that both formal and emotional support significantly predict positive family contributions. The multiple correlation coefficient (R) for the model is .621, and the coefficient of determination (R^2) is .386, meaning that the two predictors jointly explain 38.6% of the total variance in positive contributions.

Specifically:

- A one-unit increase in formal support predicts a 1.401-point increase in positive contribution scores *(β = .400, p < .001),* indicating a strong and statistically significant effect.
- A one-unit increase in emotional support is associated with a 2.279-point increase in positive contribution scores *(β = .326, p < .001)*, also reflecting a significant effect.

Although both predictors are important, formal support demonstrates a relatively stronger standardized effect than emotional support.

Collinearity diagnostics confirm the validity of the model, with Tolerance values of .789 (well above the critical threshold of .10) and VIF scores of 1.268 (well below the upper limit of 10), suggesting no multicollinearity concerns between the predictors.

Table 4-25 Stepwise Regression Results Predicting Overall Positive Contribution

Input variable order	R	R^2	ΔR^2	F	ΔF	B	β	P	Col-linearity Statistics	
									Tolerance	VIF
Intercept						101.604				
Formal Support	.621	.386	.084	63.241	27.483	1.401	.400	<.001	.789	1.268
Emotional Support						2.279	.326	<.001	.789	1.268

4.3.2.2 Stepwise Regression Analysis of Support Predicting Overall Quality of Life

A stepwise multiple regression analysis was conducted to examine how different types of support — including formal, informal, emotional, instrumental, and informational support—predict the overall quality of life among families of children with intellectual disabilities. Three models emerged during the analysis:

- The first model included only instrumental support, accounting for 38.5% of the variance in quality of life.
- The second model added informal support, increasing the explained variance to 49.9%.
- The third and final model included instrumental, informal, and formal support, explaining 51.0% of the variance.

The results of the optimal model are presented in Table 4-26.

The final regression equation is:

Y (Quality of Life) = 57.780 + 2.038X_1 (Instrumental Support) + 0.710X_2 (Informal Support) + 0.587X_3 (Formal Support)

All three predictors significantly contributed to the prediction of overall quality of life. The multiple correlation coefficient (R) was .714, and the coefficient of determination (R^2) was .510, indicating that these three support dimensions together explain 51% of the total variance in family quality of life.

Breakdown of the effects:

- A one-unit increase in instrumental support predicts an average increase of 2.038 units in quality of life *($\beta = .433$, $p < .001$)*, indicating a strong and significant positive influence.
- A one-unit increase in informal support leads to an increase of 0.710 units *($\beta = .299$, $p < .001$).*
- A one-unit increase in formal support results in an increase of 0.587 units *($\beta = .136$, $p = .036$)*, also statistically significant.

Among the three predictors, instrumental support showed the strongest standardized effect, suggesting it is the most influential factor in predicting family quality of life.

Collinearity diagnostics confirmed the reliability of the model. Tolerance values ranged from .516 to .772 (above the critical threshold of .10), and VIF values ranged from 1.295 to 1.938 (well below the threshold of 10), indicating no significant multicollinearity among predictors.

Table 4-26 Stepwise Regression Results Predicting Overall Quality of Life

Input variable order	R	R2	ΔR2	F	ΔF	B	β	P	Col-linearity Statistics	
									Tolerance	VIF
Intercept						57.78				
Instrumental Support	.714	.510	.110	69.297	4.477	2.038	.433	<.001	.772	1.295
Informal Support						.710	.299	<.001	.516	1.938

Formal Support	.587	.136	.036	.593	1.688

4.3.2.3 Stepwise Regression Analysis of Positive Contributions Predicting Overall Quality of Life

A stepwise multiple regression analysis was conducted to examine how different dimensions of positive contributions — including active life and work, love and responsibility, value and meaning, intimacy and happiness, rational and fair attitudes, social expansion, willingness to give, and coping ability—predict the overall quality of life among families of children with intellectual disabilities.

Four models emerged during the analysis:

- The first model included only active life and work, explaining 35.7% of the variance in quality of life.
- The second model added value and meaning, increasing the explained variance to 41.4%.
- The third model included willingness to give, with the explained variance rising to 43.4%.
- The final model added love and responsibility, resulting in an explained variance of 48.1%.

The results of the optimal model are presented in Table 4-27.

The final regression equation is:

Y (Quality of Life) = 44.268 + 1.837X_1 (Active Life and Work) + 1.192X_2 (Value and Meaning) + 3.161X_3 (Willingness to Give) − 2.418X_4 (Love and Responsibility)

This indicates that these four predictors significantly influence overall quality of life. The multiple correlation coefficient (R) was .694, and the coefficient of determination (R^2) was .481, meaning that these four factors collectively explain 48.1% of the variance in family quality of life.

Detailed interpretation:

- A one-unit increase in active life and work predicts an increase of 1.837 units in quality of life (β = .385, $p < .001$).
- A one-unit increase in value and meaning predicts an increase of 1.192 units (β = .201, $p = .007$).
- A one-unit increase in willingness to give predicts an increase of 3.161 units (β = .421, $p < .001$).
- Interestingly, a one-unit increase in love and responsibility predicts a decrease of 2.418 units in quality of life (β = −.334, $p < .001$), suggesting a possible burden-related or role conflict effect.

Among these, willingness to give has the strongest standardized effect, followed by active life and work.

Collinearity diagnostics support the model's validity, with Tolerance values ranging from .310 to .480 (well above the .10 threshold) and VIF values ranging from 2.084 to 3.227 (well below the threshold of 10). These values indicate no serious multicollinearity issues among the predictors.

Table 4-27 Stepwise Regression Results Predicting Overall Quality of Life

Input variable order	R	R2	ΔR2	F	ΔF	B	β	P	Col-linearity Statistics	
									Tolerance	VIF
Intercept						44.268				
Active Life and Work	.694	.481	.047	46.165	18.032	1.837	.385	<.001	.417	2.401
Value and Meaning						1.192	.201	.007	.480	2.084
Willingness to Give						3.161	.421	<.001	.310	3.227
Love and Responsibility						-2.418	-.334	<.001	.421	2.378

4.3.3 Mediation Analysis

Based on the preceding findings, the relationships among support, positive contribution, and quality of life indicate the possibility of a mediation effect. Specifically:

- Support and positive contribution are significantly correlated, with the highest Pearson correlation coefficient reaching .593.
- Positive contribution and quality of life are also strongly correlated, with a peak coefficient of .585.
- Stepwise regression analyses further demonstrated that support variables — particularly formal support and emotional support — significantly predict positive contribution.
- In turn, positive contribution variables significantly predict quality of life.
- Additionally, support variables also directly predict quality of life.

These findings suggest that positive contribution may serve as a mediator in the relationship between support and quality of life, as conceptually illustrated in Figure 4.1.

To empirically examine this mediation model, the following hypotheses are proposed:

- Support positively predicts positive contribution.
- Support positively predicts quality of life.
- Positive contribution positively predict quality of life.
- Positive contribution mediate the relationship between support and quality of life.

Subsequent mediation analysis will be conducted to test these hypotheses using appropriate statistical methods.

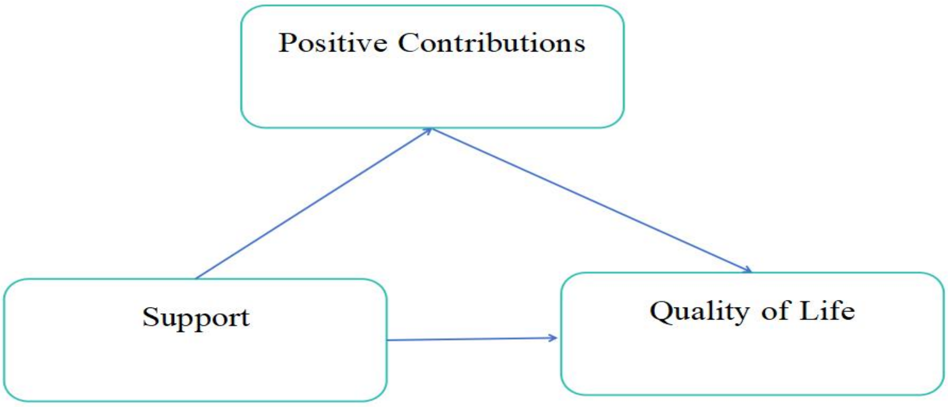


Figure 4.1 Association Between Independent and Dependent Variables

The mediation analysis was conducted using the PROCESS macro for SPSS (Model 4), with support (combined formal and emotional support) as the independent variable (X), quality of life as the dependent variable (Y), and positive contribution as the mediator (M). The results of the bootstrap analysis (5,000 resamples) are presented in Table 4-28.

Table 4-28 Bootstrap Mediation Analysis of the Effect of Support on Quality of Life (N = 204)

Path	Variable	Regression coefficient （B）	Standard error(SE)	t	p	95% CI LLCI	95% CI ULCI
Support(formal + emotional support)→PC	X→M	1.6478	.1484	11.1019	<.001	1.3551	1.9404
PC→QoL	M→Y	0.4478	.0833	5.3459	<.001	0.2826	0.6130
Direct effect	X→Y	1.1860	.2242	5.2895	<.001	0.7439	1.6281
Mediation effect	X→M→Y	0.7378	.1619(Boot)	-	-	0.4314	1.0658

Note: CI = confidence interval; LLCI = lower-level confidence interval; ULCI = upper-level confidence interval. The mediation effect is significant because the CI does not include zero.

As shown in the table, positive contribution significantly mediate the relationship between support and quality of life. The indirect effect of support on quality of life via positive contribution was 0.7378, with a 95% bootstrap confidence interval ranging from 0.4314 to 1.0658, which does not include zero — indicating a statistically significant mediation effect.

In addition, the direct effect of support on quality of life remained significant (B = 1.1860, 95% CI [0.7439, 1.6281]), suggesting that positive contribution partially mediate this relationship. These results indicate that support enhances family quality of life both directly and indirectly by increasing parents' perceptions of positive contribution.

4.4 Conclusion

4.4.1 Status of Formal/Informal Support, Positive Contribution, and Quality of Life

To address the first research question, the findings provide a comprehensive overview of the current status of formal and informal support, perceived positive contribution, and quality of life among parents of children with intellectual disabilities.

Formal and Informal Support: Formal support scored the highest among the support dimensions *(M = 2.89, SD = 0.88)*, indicating a moderate to moderately high level of perceived professional assistance. Informal support was slightly lower *(M = 2.68, SD = 0.74)*, yet still within the moderate range (see Table 4-1). These findings suggest that while parents rely primarily on structured, institutionalized forms of support, informal sources such as family and friends continue to play a meaningful role.

Positive Contribution: The overall level of perceived positive contribution was moderately high *(M = 3.79, SD = 0.47)*. Among the subdimensions, the highest scores were found in Love and Responsibility *(M = 4.08)* and Rationality and Fairness *(M = 3.93)*, reflecting parents' strong sense of commitment and fairness in caregiving (Table 4 -2). However, relatively lower scores were observed in Value and Meaning *(M = 3.58)* and Social Expansion *(M = 3.62)*, indicating potential challenges in deriving deeper meaning and broadening social roles from their parenting experiences.

Quality of Life: Participants reported a moderately high overall quality of life *(M = 3.42, SD = 0.63)*. The strongest domains were Family Contacts *(M = 3.86)* and Parent－Child Nurturing *(M = 3.80)*, suggesting close familial bonds and positive caregiving relationships (Table 4-3). In contrast, lower scores in Other People's Support *(M = 2.88)* and Economic Status *(M = 3.24)* highlight areas of concern, particularly in access to broader community support and financial stability.

4.4.2 Urban—Rural Disparities

In response to the second research question, Table 4-5 presents a comparison between urban and rural families in terms of support, positive contribution, and quality of life.

No statistically significant differences were observed in formal or informal support between urban and rural families, indicating relatively equal access to and utilization of both types of support services across settings. However, significant urban－rural disparities emerged in positive contribution—specifically in the dimension of Value and Meaning—as well as in overall quality of life.

Urban families reported significantly higher scores in both areas. More specifically, they demonstrated greater satisfaction in subdomains such as leisure life, social relationships, career development opportunities, and economic status. These results highlight the uneven distribution of contextual and structural resources between urban and rural environments.

The findings underscore the critical need for context-sensitive, regionally tailored interventions to support rural families. Enhancing access to recreational resources, social participation channels, and livelihood opportunities in rural areas may help mitigate these disparities and promote more equitable outcomes for families of children with intellectual disabilities.

4.4.3 The Role of Support in Shaping Positive Contributions and Quality of Life

To address the third research question, stepwise regression analyses (Tables 4-25 and 4-26) provide clear evidence regarding the predictive role of support.

Formal support was found to be a strong predictor of positive contributions *(β = .400, p < .001)*, indicating that access to structured, institutional support services significantly enhances parents' resilience, meaning-making, and adaptive engagement with caregiving responsibilities.

In relation to quality of life, both formal *(β = .136, p = .036)* and informal support *(β = .299, p < .001)* emerged as significant predictors. This highlights the complementary functions of professional services and informal social networks in promoting family well-being. While formal support offers technical and psychological assistance, informal support provides emotional comfort and a sense of belonging—both of which are essential for sustaining family functioning and improving quality of life.

These findings underscore the importance of integrated support systems that combine formal and informal elements to holistically meet the needs of families raising children with intellectual disabilities.

4.4.4 Key Factors Influencing Quality of Life

To answer the fourth research question, several demographic and contextual factors were found to significantly shape the quality of life among families of children with intellectual disabilities, as shown in Tables 4-10 to 4-21:

Geographic location: Urban families reported significantly higher quality of life compared to rural families *(t = 3.293, p = .001)*, reflecting disparities in access to resources, services, and opportunities.

Parental employment status: Parents who were unemployed scored lower in quality of life than those employed in enterprises or institutions *(F = 3.289, p = .022)*, suggesting the importance of economic stability and social inclusion through employment.

Educational level: Parents with a high school education or below reported significantly lower quality of life than those with college education or above *(F = 3.490, p = .004)*, emphasizing the role of parental education in navigating support systems and advocating for their children.

Household income: Higher monthly household income was positively associated with better quality of life *(F = 4.212, p = .001)*, consistent with previous findings that financial resources buffer against stress and enable access to services.

Severity of intellectual disability: Families of children with mild intellectual disabilities reported higher quality of life compared to those with children with more severe conditions *(F = 3.410, p = .019)*, suggesting that caregiving burden increases with disability severity.

Child's overall health condition: Families of children with better general health reported significantly higher quality of life *(F = 12.778, p < .001)*, highlighting health as a central determinant of family well-being.

In summary, while many families demonstrate resilience in emotional and relational domains, the findings reveal that systemic inequities—including urban – rural disparities, educational and economic disadvantage, and variation in child characteristics—continue to shape lived experiences. These results call for targeted, equity-focused policies and community-based interventions to reduce structural barriers and enhance the quality of life for all families, particularly those in more vulnerable contexts.

4.5 Hypothesis Testing Results

4.5.1 Child Characteristics (H0 1 – 4 vs. H1 1 – 4)

This section addresses Hypotheses 1 through 4 regarding the relationship between child characteristics and the three key variables: support (formal and informal), positive contribution, and quality of life.

H0 1 / H1 1: Formal Support and Child Characteristics

Decision: Reject H0 1, accept H1 1.

Justification: Table 4-18 shows a statistically significant difference in formal support based on the child's disability severity *(F = 4.615, p = .004).*

Limitation: No significant differences in formal support were found based on the child's age, gender, or health condition (Tables 4-8, 4-9, and 4-20).

H0 2 / H1 2: Informal Support and Child Characteristics

Decision: Reject H0 2, accept H1 2.

Justification: Table 4-18 reports a statistically significant difference in informal support across levels of disability severity *(F = 3.888, p = .010).*

Limitation: No significant differences were observed in informal support based on child's age, gender, or health condition (Tables 4-8, 4-9, and 4-20).

H0 3 / H1 3: Positive Contribution and Child Characteristics

Decision: Reject H0 3, accept H1 3.

Justification: Significant differences in positive contribution were found based on both the child's disability severity (*F = 3.900, p = .010*; Table 4-18) and health condition (*F = 4.580, p = .011*; Table 4-20).

Limitation: No significant differences were detected based on child age or gender (Tables 4-8 and 4-9).

H0 4 / H1 4: Quality of Life and Child Characteristics

Decision: Reject H0 4, accept H1 4.

Justification: Table 4-18 and 4-20 indicate significant differences in quality of life based on disability severity *(F = 3.410, p = .019)* and health condition *(F = 12.778, p < .001).*

Limitation: No significant variation in quality of life was observed based on child age or gender (Tables 4-8 and 4-9).

4.5.2 Family Characteristics (H0 5 – 8 vs. H1 5 – 8)

This section evaluates Hypotheses 5 through 8 concerning the influence of family demographic characteristics on formal/informal support, positive contributions, and quality of life.

H0 5 / H1 5: Formal Support and Family Characteristics

Decision: Reject H0 5, accept H1 5.

Justification: Significant differences in formal support were found based on:

- Parental identity (*t = −2.361, p = .019*; Table 4-6),
- Employment status (*F = 3.157, p = .026*; Table 4-10),
- Educational level (*F = 3.673, p = .027*; Table 4-14).

Limitation: No significant differences were found based on geographic location, marital status, family structure, or monthly household income (Tables 4-5, 4-7, 4-12, 4-16).

H0 6 / H1 6: Informal Support and Family Characteristics

Decision: Reject H0 6, accept H1 6.

Justification: Significant group differences in informal support were found based on:

- Parental marital status ($t = 2.195, p = .029$; Table 4-7),
- Employment status ($F = 3.666, p = .013$; Table 4-10),
- Educational level ($F = 3.061, p = .049$; Table 4-14).

Limitation: No significant differences were found based on geographic location, parental identity, family structure, or monthly income (Tables 4-5, 4-6, 4-12, 4-16).

H0 7 / H1 7: Positive Contributions and Family Characteristics

Decision: Reject H0 7, accept H1 7.

Justification: Significant differences in positive contributions were observed with respect to:

- Parental identity ($t = -2.128, p = .035$; Table 4-6),
- Employment status ($F = 5.330, p = .001$; Table 4-10).

Limitation: No significant differences were found based on geographic location, marital status, family structure, education level, or monthly income (Tables 4-5, 4-7, 4-12, 4-14, 4-16).

H0 8 / H1 8: Quality of Life and Family Characteristics

Decision: Reject H0 8, accept H1 8.

Justification: Quality of life varied significantly across the following family characteristics:

- Geographic location ($t = 3.293, p = .001$; Table 4-5),
- Parental employment status ($F = 3.289, p = .022$; Table 4-10),
- Educational level ($F = 5.709, p = .004$; Table 4-14),
- Monthly household income ($F = 4.212, p = .001$; Table 4-16).

Limitation: No significant differences were detected based on parental identity, marital status, or family structure (Tables 4-6, 4-7, 4-12).

4.5.3 Predictive Relationships (H0 9 – 13 vs. H1 9 – 13)

This section evaluates Hypotheses 9 through 13 regarding the predictive relationships among support, positive contributions, and quality of life.

H0 9 / H1 9: Formal Support → Positive Contribution

Decision: Reject H0 9, accept H1 9.

Justification: As shown in Table 4-25, formal support significantly predicts positive contributions *(β = 0.400, p < .001).*

Limitation: Other types of support (e.g., informal, instrumental) were not retained in the final model.

H0 10 / H1 10: Informal Support → Positive Contribution

Decision: Accept H0 10, reject H1 10.

Justification: Regression analysis (Table 4-25) indicates that informal support was not retained in the final model, implying that its effect on positive contribution did not reach statistical significance.

Limitation: While informal support may have indirect or contextual influence, it does not independently predict positive contributions in this model.

H0 11 / H1 11: Positive Contribution → Quality of Life

Decision: Reject H0 11, accept H1 11.

Justification: Mediation analysis (Table 4-28) shows a significant indirect effect of positive contributions on quality of life (indirect effect = 0.7378, 95% CI [0.4314, 1.0658], *p < .001*), indicating a significant mediating relationship.

Limitation: The effect is indirect and partial; other direct predictors (e.g., formal/informal support) also play a role.

H0 12 / H1 12: Formal Support → Quality of Life

Decision: Reject H0 12, accept H1 12.

Justification: Table 4-26 shows that formal support significantly predicts quality of life *(β = 0.136, p = .036).*

Limitation: The effect size is smaller compared to other predictors (e.g., instrumental or informal support).

H0 13 / H1 13: Informal Support → Quality of Life

Decision: Reject H0 13, accept H1 13.

Justification: Informal support was a significant predictor of quality of life (**$\beta = 0.299, p < .001$**; Table 4-26), confirming its importance in enhancing family well-being.

Limitation: Informal support did not significantly predict positive contributions, indicating its influence is domain-specific.

In conclusion, both family characteristics (e.g., parental employment, education, and household income) and child characteristics (e.g., disability severity and health status) exert significant influence on levels of formal and informal support, perceived positive contribution, and overall family quality of life.

Among support dimensions, formal support emerged as a robust predictor of both positive contribution and quality of life, emphasizing the importance of structured, institutional assistance in enhancing family adaptation. In contrast, informal support, while not predictive of positive contribution, played a key role in improving quality of life, particularly through emotional and relational resources.

Furthermore, urban – rural disparities in quality of life remain pronounced, with urban families reporting better outcomes across multiple dimensions. These findings point to persistent structural inequities and reinforce the need for targeted policy interventions and localized support strategies to address the unique challenges faced by rural families of children with intellectual disabilities.

4.6 Summary

This chapter presented the quantitative findings of the study, examining the relationships among positive contributions, parental mental health, support, and family quality of life in families raising young children with intellectual disabilities. The results demonstrated that both positive contributions and support were significantly associated with family quality of life, with parental mental health functioning as a partial mediator in this relationship. Significant variations were also identified across urban and rural settings and among families with differing socio-demographic characteristics, including household income, parental education, and the severity of the child’s disability. These findings underscore the multidimensional and contextual nature of family well-being and validate the hypothesized pathways established in the conceptual framework.

By offering a robust statistical foundation, this chapter sets the stage for the next phase of the study. The forthcoming chapter will delve into the qualitative data, exploring the lived experiences of participating families and providing in-depth interpretive insights into the mechanisms underlying the observed quantitative patterns.

Chapter 5 Qualitative Research Results

This chapter presents the qualitative findings derived from in-depth interviews with eight parents of young children with intellectual disabilities, focusing on their lived experiences throughout the rehabilitation process. The analysis integrates multiple qualitative approaches, including sentiment analysis, word frequency analysis, thematic coding, and comparative analysis, to uncover the complex, multidimensional nature of parental adaptation and growth. These findings not only enrich the understanding of families' psychosocial dynamics but also offer deeper theoretical insights into the underlying mechanisms of coping and transformation. Building on these insights, an integrative model is proposed to illustrate the trajectories of parental adaptation and personal development within the rehabilitation context.

5.1 Exploratory Sentiment Analysis

Using NVivo 15's automatic sentiment recognition tool, the interview transcripts were analyzed to identify parents' emotional expressions throughout the rehabilitation experience. Two primary sentiment categories emerged: Positive (53.37%) and Negative (46.63%). Although positive sentiments were slightly more prevalent overall, it is noteworthy that "Very negative" emotions (28.83%) far exceeded "Very positive" emotions (2.82%), suggesting the predominance of intense negative emotional experiences among many participants.

Figures 5.1, 5.2, and 5.3 visually present the distribution of sentiment across participants, illustrating notable variations among parents. For example, Parent P1 expressed 40 instances of "Very negative" emotions without any occurrence of "Very positive" expressions, indicating a predominantly negative emotional tone. In contrast, Parents P3 and P7 exhibited the highest frequency of "Very positive" sentiments (6 instances each). These inter-parental differences in emotional expression appear to be closely associated with variations in socioeconomic conditions and the availability of support resources, highlighting the contextual factors shaping parental emotional experiences.

Parent P1 is a father with a bachelor’s degree, currently working as a freelancer with an unstable income. He resides in a rural-to-urban transition area, living in a rental apartment near his youngest child’s rehabilitation center. His nuclear family consists of his wife, who is a full-time caregiver, and their four children, including his youngest son (2.5 years old) who has been diagnosed with an intellectual disability. Due to the geographical distance from extended family—his parents remain in their rural hometown — he receives minimal informal support from them. Parent P1 reported experiencing intense financial pressure, primarily driven by fixed monthly rehabilitation costs, which he described as a major source of anxiety regarding both current family functioning and future stability. His emotional responses throughout the interview were marked by repeated expressions of worry, frustration, and helplessness, reflecting the compounding effects of economic strain, caregiving demands, and limited social support.

Parent P3 is a mother with a high school diploma, employed as a salesperson with a stable income. She lives in an urban setting with her husband and the child’s grandparents, forming an intergenerational household. This is the couple’s first and only child, who has been diagnosed with an intellectual disability. Both she and her husband maintain regular employment, while the grandparents provide daily childcare support, creating a stable and cooperative caregiving environment. In addition to fulfilling work and caregiving responsibilities, Parent P3 actively engages in personal hobbies and leisure activities, which she described as essential to maintaining emotional balance and fostering a sense of personal agency. Her responses throughout the interview reflected a predominantly positive emotional tone, marked by expressions of gratitude, acceptance, and hope, likely supported by the presence of strong familial support and relatively favorable socioeconomic conditions.

Parent P7 is a mother with a college diploma, employed as a professional technician with a stable income. Her 6.5-year-old son has been diagnosed with an intellectual disability. Both she and her husband hold stable full-time jobs, and they receive consistent support from both sets of grandparents, who actively participate in daily childcare and household responsibilities. This multigenerational support system provides a strong foundation for balancing work and caregiving duties. Despite the demands of parenting a child with special needs, Parent P7 reported having regular opportunities for leisure, which she regarded as important for her psychological well-being and life satisfaction. Her interview responses reflected a generally positive emotional outlook, underscoring the benefits of socioeconomic stability, dual-parent employment, and robust intergenerational support in promoting adaptive coping and a higher perceived quality of life.

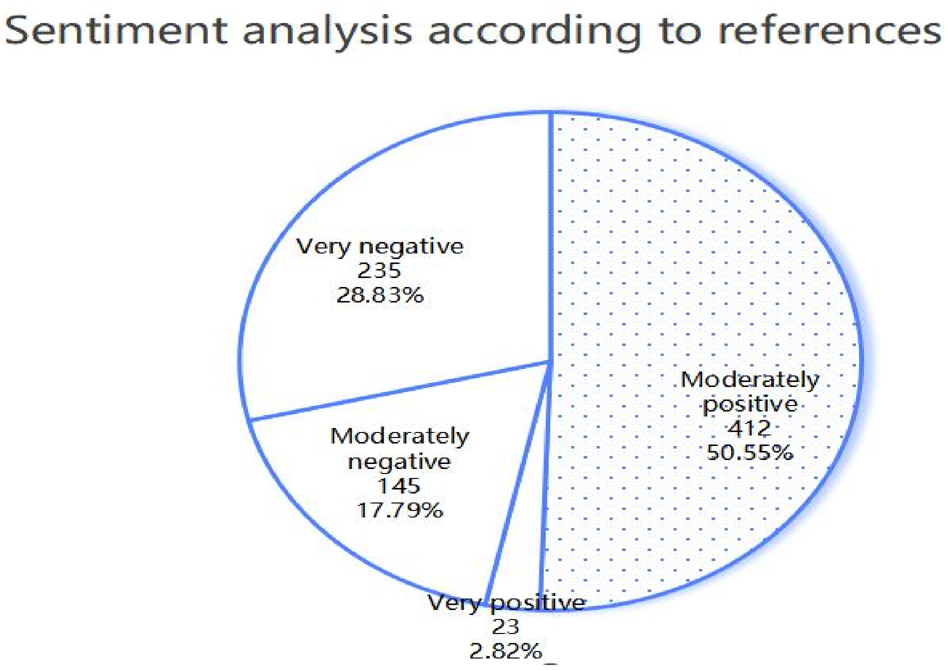


Figure 5.1 Sentiment Analysis

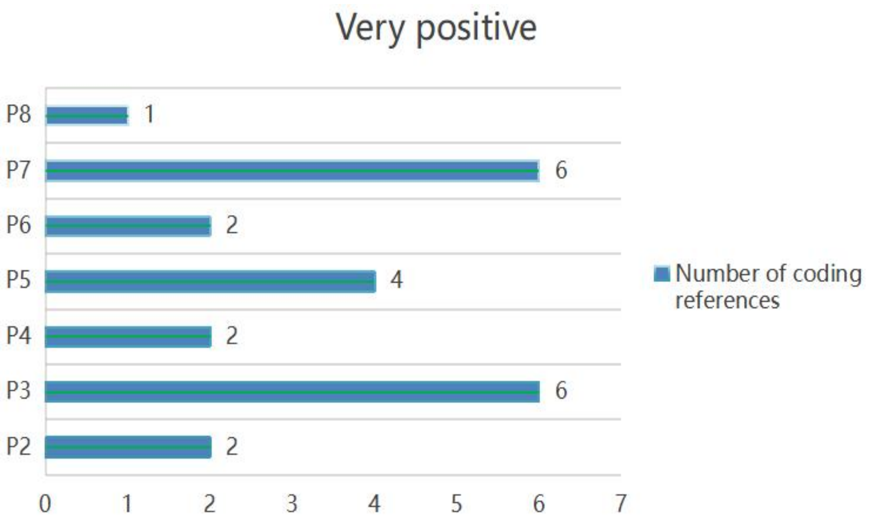


Figure 5.2 References of “Very Positive”

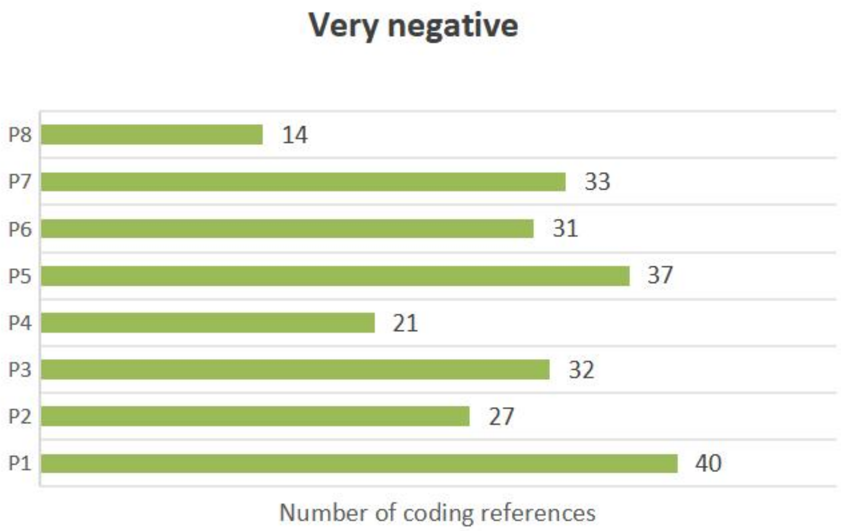


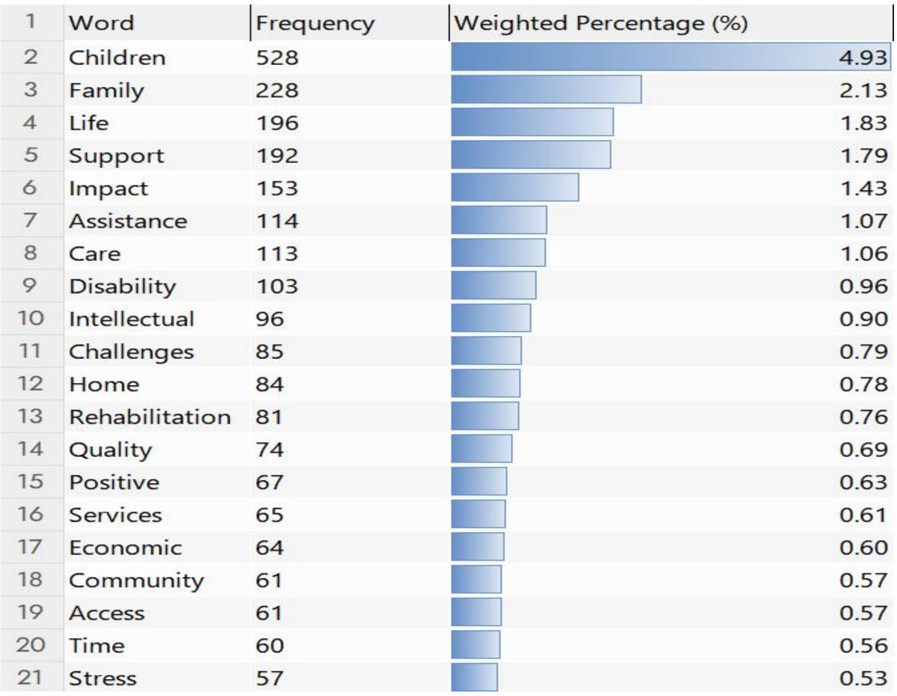
Figure 5.3 References of “Very Negative”

5.2 Word Frequency Analysis

A word frequency analysis conducted using NVivo 15 identified the 20 most frequently mentioned words across all interview transcripts. These included: children, family, life, support, impact, assistance, care, disability, intellectual, challenges, home, quality, rehabilitation, positive, services, economic, community, access, time, and stress.

As visualized in Figures 5.4 and 5.5 (word cloud and frequency chart), the results highlight a strong emphasis on themes related to family life, caregiving responsibilities, and external structural factors. The high frequency of terms such as support, stress, care, and rehabilitation indicates that parents’ narratives were predominantly shaped by adaptive efforts, resource constraints, and the daily realities of raising a child with intellectual disabilities. These patterns reflect the central domains of parental concern, adjustment, and coping, which lay the foundation for subsequent thematic coding and model development.

Figure 5.4 Word Cloud



1	Word	Frequency	Weighted Percentage (%)
2	Children	528	4.93
3	Family	228	2.13
4	Life	196	1.83
5	Support	192	1.79
6	Impact	153	1.43
7	Assistance	114	1.07
8	Care	113	1.06
9	Disability	103	0.96
10	Intellectual	96	0.90
11	Challenges	85	0.79
12	Home	84	0.78
13	Rehabilitation	81	0.76
14	Quality	74	0.69
15	Positive	67	0.63
16	Services	65	0.61
17	Economic	64	0.60
18	Community	61	0.57
19	Access	61	0.57
20	Time	60	0.56
21	Stress	57	0.53

Figure 5.5 The Top 20 Most Frequently Mentioned Words

5.3 Coding Analysis

The systematic coding of interview transcripts generated a total of 131 distinct concepts, which were subsequently organized into three overarching thematic categories: Support, Positive Contribution, and Quality of Life.

The Support category comprises three key domains: Formal Support, Informal Support, and Support Efficacy and Disparities.

Positive Contribution are represented by three major themes: Positive Family Dynamics and Motivation, Self-Improvement and Proactive Coping, and Positive Cognitive and Emotional Shifts.

The Quality of Life category encompasses six thematic areas: Physical and Mental Health, Family Relationships and Parent–Child Nurturing, Leisure Life, Sociocultural Environment, Economic Status, and Career Development.

Table 5-1 Coding Information

Categories	Subcategories	Concepts' Number	Sources	References
Support	Formal Support	12	8	89
	Informal Support	10	8	66
	Support Efficacy and Disparities	10	8	50
Positive Contributions	Positive Family Dynamics and Motivation	21	8	61
	Self-Improvement and Proactive Coping	13	8	46
	Positive Cognitive and Emotional Shifts	16	8	38
Quality of Life	Physical and Mental Health	8	8	39
	Family Relationships and Parent-Child Nurturing	14	8	38
	Leisure Life	9	8	28
	Sociocultural Environment	8	8	23
	Economic Status	5	8	23
	Career Development	5	8	18

Bowen’s Family Systems Theory (FST) (Bowen, 1978) conceptualizes the family as an interdependent emotional unit, in which the stress and coping responses of any one member reverberate throughout the entire system. Within this framework, a child with an intellectual disability (ID) is not an isolated individual, but rather an integral part of a dynamic, interconnected family system. Consequently, caregiving demands, stress, and the presence or absence of support impact not only the child but also the parents, siblings, and even extended kin.

As Chen and Wu (2018) observe, ″by Bowen’s family systems theory, family members’ emotions are transmitted through the family emotional system,″ such that a parent’s concern about a child’s challenges may be internalized by siblings, potentially triggering emotional vulnerability and anxiety. Drawing on this perspective, we interpret our qualitative themes — Support, Positive Contributions, and Quality of Life—as dynamic processes unfolding within a family system.

Each form of formal or informal support can function either as a protective buffer against stress or as a component within a recursive pattern of family strain or resilience, ultimately shaping the family’s capacity for adaptation and well-being (Kanthasamy et al., 2024; Jia & Lan, 2023). In the sections that follow, we further elaborate on each theme by interpreting caregivers’ experiences through the lens of Bowen’s core concepts: emotional triangles, family projection processes, differentiation of self, and family adaptation. Anonymized direct quotations from parents are provided to illustrate how these subthemes manifest as systemic family processes.

5.3.1 Support

Under FST, support resources — whether professional or personal — function as integral components of the family’s broader coping system. External support can regulate family stress; for example, by reducing a parent’s anxiety, it helps to lessen the emotional burden on spouses and children. Kanthasamy et al. (2024) found that caregivers coped by ″accessing resources and a support system″ — including faith, family members, NGOs, and influential community contacts — which helped them manage transitions for their relatives with ID. Similarly, our participants described how formal supports (e.g., schools, therapists, social services) and informal supports (e.g., relatives, friends, churches, support groups) each serve a unique role within the family system. One parent elaborated on the role of formal support in particular:

"Schools and institutions conduct educational training sessions to help parents better understand these children. Special education teachers regularly visit homes to provide basic educational guidance. Schools and the Disabled Persons' Federation periodically organize training activities for us ."(P6)

This quote illustrates how formal support providers become integrated into the family system: their guidance not only benefits the child but also supports the parents, thereby enhancing family communication and cohesion. Research has shown that families who establish strong partnerships with professionals often experience reduced stress and improved family quality of life (Hassanein et al., 2021).

Consistent with Family Systems Theory (FST), this can be understood as a positive feedback loop: effective professional support enhances parental confidence and emotional regulation, which in turn contributes to a calmer and more supportive home environment for the child — serving as a regulatory mechanism within family subsystems (Nucifora et al., 2022; Biggs et al., 2023).

5.3.1.1 Formal Support

Parents consistently described formal support as encompassing professional guidance, structured interventions, and advocacy mechanisms. For example, one parent noted:

"The community also delivers supplies to us. We communicate with teachers to address issues when the child shows no progress." (P4)

Another parent emphasized institutional involvement:

"We looked for the government aid, and rehabilitation centers provide certain therapies for the children ."(P8)

These accounts highlight how government agencies, rehabilitation centers, and educational institutions function as key pillars of formal support, assisting families in managing both material demands and developmental challenges. Within the framework of Family Systems Theory (FST), such professional interventions not only support the child directly but also serve as regulatory mechanisms within the broader family system — mitigating stress, fostering adaptation, and promoting systemic stability.

In one case, a father’s persistent advocacy within bureaucratic structures became a systemic coping mechanism: his success in navigating the school system alleviated household anxiety, thereby easing tensions across family subsystems. As Kanthasamy et al. (2024) note, caregivers often report being in a constant ″battling mode″ when engaging with adult services; however, gaining access to these systems — and achieving even small victories — constitutes a central component of caregiver resilience.

Under FST, each negotiated interaction with service providers can be understood as a co-regulatory process, one that directly influences the emotional and functional equilibrium of the family (Nucifora et al., 2022). Empirical research supports this theoretical view: Hassanein et al. (2021) found that social support — including professional services—accounted for over 60% of the variance in family quality of life. Similarly, Biggs et al. (2023) concluded that adequate formal support not only reduces parental stress but also enhances systemic family resilience. These findings align with Bowen’s conceptualization of the family as an emotional unit, where external stressors are buffered by strong, reliable support structures.

5.3.1.2 Informal Support

Likewise, informal support networks constitute a vital subsystem within the family structure. Grandparents, extended relatives, neighbors, and peer groups frequently absorb part of the family’s emotional load. As one parent described:

"The child’s grandparents and grandparents will help take care of the child or share some daily life tasks. For example, help the child wash, dress, prepare breakfast, etc. We will meet many families with children with intellectual disabilities, and through communication and interaction with them, we can learn the experience and methods of taking care of children, and then we can also expand our network of relationships. The company and listening of family members will comfort me and make me more peaceful".(P5)

This resonates with Bowen’s concept of multigenerational transmission: the involvement of extended family members (e.g., an aunt or sister-in-law) can buffer the emotional projection of parental stress onto the child. By sharing responsibilities, these relatives help diffuse emotional intensity across the system, thereby promoting greater stability. In the Chinese context, Jia and Lan (2023) emphasize that many parents of children with disabilities face “greater psychological pressure and parenting burden” in the absence of such informal supports.

In our data, families who were able to rely on relatives or community members reported feeling more emotionally balanced. As another parent shared:

"I took my child to play in the community. At first, other children didn’t play with her, so we left. Later, other children also played with her, and then we felt very happy".(P4)

From an FST perspective, this illustrates how community integration becomes part of the family’s adaptive system. Engagement in such social settings benefits both the child and the parents by providing emotional affirmation and social modeling. Similarly, Kanthasamy et al. (2024) found that caregivers often rely on "families, organizations, and influential people in the community" as key resources, particularly during times of transition.

Thus, both formal and informal supports act as subsystems that families draw on to regulate emotional stress. FST reminds us that these supports do not operate in isolation: their effectiveness often depends on the family’s systemic openness and level of differentiation. For instance, families experiencing high anxiety may resist outside help, while those with stronger internal functioning are more likely to mobilize available resources, resulting in enhanced systemic resilience.

5.3.1.3 Support Efficacy and Disparities

This refers to the disparities in the availability and effectiveness of support systems. Bowen’s Family Systems Theory (1978) conceptualizes the family as an emotionally interdependent system, in which the functioning or distress of one member reverberates throughout the entire family unit. From this perspective, differences in the efficacy and accessibility of support systems—both formal and informal—affect not only the well-being of the child with intellectual disability (ID), but the emotional climate, role functioning, and adaptive capacity of the whole family.

Thematic analysis of interview data revealed distinct contrasts between families living in rural versus urban settings in terms of support availability, emotional burden, and systemic adaptation. The following section explores these differences using direct quotations from participants and relevant literature.

- **Rural Families: High Reliance on Informal Support and Limited Access to Formal Systems**

In rural settings, families often rely heavily on kinship networks and neighborly assistance to navigate caregiving challenges. While this informal support can offer emotional comfort, it lacks the specialized structure and stability found in institutional systems.

"We live in an underdeveloped area. Compared to big cities, rehabilitation services here are minimal. We rely mostly on family and local rehabilitation centers, but even those are limited. Still, these supports give us hope and help us continue with the intervention."(P6)

This quote illustrates the emotional buffering function of limited rural resources—what Bowen (1978) would view as an attempt to maintain homeostasis under resource constraints. The father's perception of "hope" from sparse supports suggests resilience, but the systemic stress persists due to structural limitations.

Rural caregivers often face disproportionately high caregiving roles and reduced service access, which may strain emotional regulation across family members. Research by Yang, Feldman, and Li (2021) highlights how rural Chinese families depend on informal livelihood networks, but when formal supports are inadequate, household functioning becomes vulnerable to breakdowns in physical, emotional, and financial stability. As one parent noted:

"Government funding in our county is limited, and we lack enough professional therapists. Some children don't even get one-on-one sessions. I wish there were more special education teachers who could come home regularly."(P7)

This quote reflects how the lack of professional support creates systemic strain, compelling primary caregivers to compensate for service gaps. From an FST lens, this creates a feedback loop of emotional intensity and role overload, increasing the risk of internal family conflict or collapse of caregiving capacity.

Wu, Lu, and Kang (2015) found that rural families' reliance on interpersonal trust and social capital can mitigate short-term emotional distress, but without institutional reinforcement, this model is insufficient for long-term adaptive functioning. In families of children with ID, where caregiving is prolonged and intensive, the mismatch between needs and available supports can compound stress, which then spreads across subsystems (e.g., between spouses, parent-child, or siblings).

- **Urban Families: Greater Access to Resources, but Increased Emotional Isolation and Systemic Dependence**

Urban families benefit from more structured and professional services—including therapy centers, educational institutions, and financial subsidies. However, interviews also revealed an emotional trade-off: while service availability was higher, interpersonal support (from neighbors or extended kin) was often weaker.

"In the city, there are more rehab institutions and special education schools. People are more understanding. But life is so busy and individualistic. Even though services are better, sometimes I feel alone."(P5)

This quote illustrates a paradox: access to formal systems improves care quality, but emotional support from informal networks is lacking. In Bowenian terms, the family becomes increasingly dependent on external systems to regulate stress—meaning if these supports are disrupted (e.g., policy changes, service delays), the family may struggle to maintain emotional balance internally.

Hardy et al. (2024) found that urban caregivers report more satisfaction with available services but also more emotional isolation, highlighting a shift from horizontal emotional ties (relatives, neighbors) to vertical institutional dependencies (government, professionals). While potentially efficient, this pattern may reduce the family's internal emotional resilience.

"We receive government subsidies and our child has access to special education, but the procedures are complex. Sometimes it feels like we spend all our energy on paperwork instead of parenting."(P2)

This reflects a different kind of systemic pressure—bureaucratic burden—which, although situated within a supportive infrastructure, still depletes emotional and cognitive resources of the caregivers. According to Bowen (1978), this can heighten family anxiety, especially when families are not well-differentiated—i.e., when personal emotions and identities are enmeshed within family roles and external demands.

Urban families may exhibit a more "institutionalized" family system, wherein reliance on state support supplants relational support. If not balanced with internal emotional communication and shared responsibility, this could lead to emotional cutoff or intergenerational distance—both of which weaken systemic resilience.

- **Comparative Summary: Family Systems Under Stress and Patterns of Adaptation**

The comparison between rural and urban families reveals a fundamental trade-off between quantity and quality of support:

Table 5-2 Comparative Patterns of Support, Regulation, and Systemic Vulnerability in Rural and Urban Families

Dimension	Rural Families	Urban Families
Informal Support	Strong kinship & neighbor networks	Weak interpersonal ties, more isolation
Formal Service Access	Limited, inconsistent, often distant	Broad, professionalized, but bureaucratic
Emotional Regulation	Shared within extended family	Relies on external help, less internal sharing
Systemic Vulnerability	Service scarcity & role overload	Institutional dependence, emotional cutoff

From a family systems perspective, these differences are not simply about resources, but about how emotional and caregiving responsibilities are distributed across family subsystems. In rural areas, caregiving stress circulates within tight family units, while in urban areas, it is partially externalized to institutions—but this can create vulnerability if emotional communication within the family is weak.

In both cases, support efficacy shapes the emotional tone of the family system: it either buffers stress and fosters adaptive change (e.g., proactive caregiving, strengthened bonds), or amplifies anxiety and leads to systemic rigidity or dysfunction. Bowen (1978) emphasized that systemic adaptation is possible even under stress — especially when families develop differentiation of self, shared caregiving roles, and access appropriate external resources without emotional over-dependence.

5.3.2 Positive Contribution

Parents described their affirmative evaluations of their child with intellectual disabilities and the constructive changes arising from caregiving.

5.3.2.1 Positive Family Dynamics and Motivation

Under a Family Systems Theory (FST) lens, raising a child with intellectual disability often reorganizes and strengthens family relationships. Family members report greater cohesion, mutual support, and shared purpose as they adjust roles to meet caregiving demands. For example, one mother described how decision-making became democratic:

"In the past, the children's father and grandfather used to make all the decisions... Now...we discuss it together and then make decisions".(P5)

This shift toward inclusive decision patterns reflects an adaptive family subsystem change: rather than rigid hierarchies, couples and even grandparents collaborate on school or therapy plans, enhancing family cohesion (Han & Gao, 2025). In FST terms, such flexibility in roles and boundaries increases family motivation and resilience. Families also draw on each other for emotional support and purpose. As one mother noted, caring for her daughter gave her ″a great sense of calm and satisfaction… I feel grateful to have been given the opportunity to be a mother″ (Bahador et al., 2023). This satisfaction and sense of meaning often motivates parents to persevere.

At the subsystem level, siblings and other relatives often rally around the child's needs. For instance, some families leverage grandparents or extended kin for extra help, effectively expanding the family subsystem's resources (Han & Gao, 2025). In one example, a father joined a parents' organization and reported, *"I joined an organization full of parents of children with ID. We learned about government subsidies. Many families wouldn't know about if it wasn't for the sharing" . (P6)*

Mobilizing external supports through collective action is another form of positive family dynamics: it not only provides practical aid (financial, informational) but also creates social cohesion and shared identity among caregivers. These processes illustrate FST's idea of interconnected subsystems – parents, extended family, and community networks – working together to meet challenges. As emotional support flows between family members and outside groups, overall family motivation and well-being improve (Kyzar et al., 2012; Hu, 2020).

5.3.2.2 Self-Improvement and Proactive Coping

Many caregivers describe personal growth and proactive coping as positive outcomes of their caregiving experience, consistent with FST's emphasis on subsystem interactions. Under stress, parents often develop new skills or habits that benefit the entire family system. For example, several parents reported actively seeking intervention and management strategies online. One parent said,

"I learned some family intervention methods online and, by now, have been sticking to family intervention for 3 years... As a parent of a child with ID, I think it's the right thing to do. As long as he can stay healthy, I will be satisfied". (P7)

This quote illustrates a parent's self-empowerment: acquiring expertise not only improves the child's outcomes but also reshapes the family's internal organization. In FST terms, when one member (here a parent) improves competencies, it has ripple effects: the family's overall coping capacity grows and stress is redistributed in healthier ways.

Similarly, caregivers often describe adopting positive coping styles and resilience. Research on Chinese families with developmental disabilities shows that positive coping and self-efficacy mediate the relationship between resilience and growth (Lu et al., 2022). In practice, this means families consciously choose adaptive strategies. As one mother put it, exchanging experiences with other parents helped her "gradually develop the positive belief that 'children can grow through effort and support'," strengthening her resilience and reducing stress. FST suggests that such cognitive shifts in one caregiver can influence the emotional climate of the whole family – for example, a parent who learns effective behavior management may model calmness, thereby improving spousal and sibling responses. In short, self-improvement (learning new skills or attitudes) often becomes a family-wide resource. Families report that overcoming challenges together (e.g. mastering therapy routines or coping strategies) becomes part of their shared identity and strengthens system adaptability (Lu et al., 2022; Han & Gao, 2025).

5.3.2.3 Positive Cognitive and Emotional Shifts

Caregiving also fosters deeper psychological and emotional transformations. Interviewed parents frequently described a reframing of personal values and strengthened emotional resilience. As one father reflected,

"When I see my child's condition, I think that health is the most valuable property."(P2)

Such reflections indicate a cognitive shift toward valuing intangible, intrinsic priorities—such as health, family bonds, or spiritual meaning. Within Family Systems Theory (FST), this can be understood as a realignment of the family's shared belief system: members begin to center around appreciation, acceptance, and gratitude. These shared cognitive anchors help buffer stress and enhance systemic unity.

Another parent offered an account of emotional change through acceptance:

"Before, I can't accept that my child has some problems. But now when he got some efforts, I saw that he is still trying to do his best. I'm proud of him." (P3)

Here, acceptance reduced her internal emotional conflict—likely easing relational tension with other family members. According to FST, reduced anxiety in one member can help regulate emotional responses throughout the system, decreasing the frequency of conflict and blame.

Families also reported increased empathy, patience, and emotional regulation. One parent shared:

"I used to be an impatient person. Since I had this child, I felt that I had become very patient." "Learn some methods and methods to educate him yourself."(P6)

This emotional transition—from frustration to composure—enhances the overall emotional tone of family interactions. In FST terms, it reflects a down-regulation of systemic anxiety, contributing to greater emotional homeostasis. As families move from denial or helplessness to acceptance and peace, they develop a stronger adaptive capacity.

These positive cognitive-emotional shifts align with findings in post-traumatic growth research. In Chinese contexts, Li et al. (2025) report that parents of children with disabilities often go through phases of distress followed by psychological growth, gaining self-regulation, patience, and a deeper sense of responsibility.

In sum, as families reframe disability as an opportunity for growth, their collective resilience and well-being are strengthened (Li et al., 2025; Lu et al., 2022).

5.3.3 Quality of life

Parents described their family's holistic well-being—their ability to meet needs, maintain stability, and share fulfilling lives — as deeply shaped by caregiving experiences. Among the various dimensions, Physical and Mental Health and Family Relationships and Parent-Child Nurturing emerged as the most frequently referenced factors, cited 39 and 38 times, respectively.

Family systems adapt not only in beliefs and attitudes but also in the practical domains of daily life. According to Family Systems Theory (FST), a change in one domain—such as caregiving demands—can ripple across others, affecting health, employment, and social relationships. Both interview data and existing literature suggest that caregiving impacts six key aspects of family quality of life. Importantly, supportive internal processes can buffer against these stressors.

5.3.3.1 Physical and Mental Health

This dimension encompasses the physical well-being, emotional stability, and psychological resilience of family members under caregiving strain.

While caregiving can compromise parental health, strong family functioning often serves as a protective buffer. As one father shared:

"Basically, one of the family's living centers is that he is the main focus and all the energy is on this child." "At present, I think I am a less successful father."(P1)

Another parent explained:

"Nowadays, life revolves around children. Every day, I am busy taking care of his food, drinking, defecation and urinating, and taking him to do various rehabilitation training. Although he is busy, he is also fulfilling." "I will be under a lot of pressure and I will be anxious. Try to adjust my mentality by talking to my families, take care of my children more patiently, and then get along more harmoniously with my family."(P3)

Many parents reported fatigue, anxiety, or depressive symptoms (Barratt et al., 2025; Hu, 2020). For instance, Huang et al. (2014) found that Chinese fathers of children with intellectual disabilities had significantly poorer physical and mental health compared to fathers of typically developing children. In FST terms, stress experienced by one member often reverberates through the entire family system — through emotional contagion, role redistribution, or reduced communication.

However, families with cohesive support networks tend to demonstrate better health outcomes. Joung (2022) found that while perceived physical health and depression were important predictors of caregiver quality of life, family strength was the most influential positive factor.

In practice, parents employ a combination of internal coping strategies (e.g., emotional communication, shared rest) and external resources (e.g., support groups, counseling) to protect their health. For example, sharing caregiving responsibilities between spouses allows each to rest; turning to peer support groups can ease emotional burdens (Kyzar et al., 2012; Barratt et al., 2025).

As one parent reflected, reframing daily problems by comparing them to earlier challenges made the current difficulties "less daunting" and left her feeling "better equipped to handle them and more at peace." This cognitive-emotional coping mechanism not only reduced her stress but likely improved overall family functioning.

5.3.3.2 Family Relationships and Parent-Child Nurturing

This dimension refers to the quality of interpersonal relationships, including mutual respect, trust, and effective parent - child educational practices.

Family relationships often improve even under strain. From a Family Systems Theory (FST) perspective, both the marital subsystem and the parent - child subsystem may grow stronger as families adapt to caregiving demands. Many couples report enhanced partnership and emotional collaboration. As one mother shared:

"We discuss it together and then make decisions. We feel better." (P8)

This reflects a shift toward mutual support and shared decision-making, which enhances marital cohesion and, in turn, provides a more stable and emotionally secure environment for the child.

At the parent – child level, caregivers frequently describe deeper emotional bonds. For example, witnessing her child become more independent made one mother feel ″very happy″ and ″comfortable,″ reflecting pride rather than burden — findings consistent with Bahador et al. (2023). In FST terms, as a child's functional skills improve (e.g., through therapy or early intervention), positive feedback loops enhance the family's sense of efficacy and collective satisfaction.

Siblings and extended family members also undergo role adjustments. Although not directly quoted here, research indicates that siblings often take on supportive or mentoring roles (Krueger & Otty, 2024). Across interviews and the literature, parents emphasize becoming more patient, affectionate, and reflective. One father explained that accepting his child's difference gave him ″a sense of relief,″ suggesting a more peaceful emotional climate.

These emotional and cognitive shifts improve intra-family communication and foster nurturing behavior. When parents embrace the belief that "children can grow through effort and support," this mindset tends to permeate the family system, encouraging greater empathy, cohesion, and adaptive parenting practices.

5.3.3.3 Leisure Life

This dimension refers to the availability of and engagement in recreational and social activities, which contribute to overall family satisfaction.

Families often need to restructure their leisure routines to accommodate caregiving responsibilities. Although their available free time typically decreases, many families report discovering new, shared forms of recreation. For instance, some caregivers participate in parent groups or online forums, which serve both as advocacy platforms and informal leisure spaces that offer community and emotional support. As one parent noted:

"When I am free, I will listen to music to relax my tense nerves, or watch some variety shows. Occasionally, after my child is asleep, I will do some simple handicrafts just to find some fun for myself." "Socialization restricts many activities that cannot be participated in, for fear that the children will not be taken care of."(P3)

This quote illustrates how parents' leisure activities are often curtailed. Many caregivers choose passive forms of relaxation—such as listening to music, watching variety shows, or browsing short videos—during the rare moments when their child is asleep. These adaptive behaviors represent a shift in leisure preferences as families adjust to caregiving demands.

From an FST perspective, such leisure activities function as system-level buffers that help replenish family morale. For example, the couple subsystem may carve out brief moments to relax together, knowing that their child is being cared for safely. Even modest leisure practices—such as brief family outings or hobbies adapted to the child's abilities—can restore systemic balance.

Although long interview excerpts explicitly on recreation were limited, prior qualitative research suggests that families often make deliberate efforts to preserve enjoyable family time (e.g., relaxing together after therapy sessions, celebrating developmental milestones). These intentional leisure adjustments serve as emotional anchors and contribute to family resilience (Walsh, 2021).

5.3.3.4 Sociocultural Environment

This dimension includes social acceptance, cultural attitudes, and community support, all of which influence family integration and participation.

The broader community and cultural context has a profound impact on families' quality of life. While many families face stigma and resource limitations, supportive networks can help compensate for these challenges. As one mother noted:

"In the past, people laughed at such children, but now they have sympathy and concern. Now there are these public welfare organizations, which will help such families more, and then we can have better care and understanding. At the same time, we organized talent shows for these children in public places to let more people know and understand them, making them more acceptable to the public."(P3)

This quote illustrates how families can proactively engage and even transform their sociocultural environment. From the perspective of FST, when families activate their broader community subsystem—such as through schools, NGOs, or neighborhood initiatives—they gain external resources that feed back into the internal emotional climate and functioning of the family.

Research from China supports this view: Han and Gao (2025) observed that cultural stigma and restrictive policies posed significant barriers. However, families developed greater resilience through "compromise and patience," and by adopting more flexible expectations for their child. In essence, when families reframe cultural narratives—such as redefining success or capability—they buffer against negative societal attitudes.

These adaptive shifts reduce social isolation and enhance emotional well-being. Empirical studies further confirm that emotional support from extended family, peers, and community networks plays a critical role in reducing caregiver stress and enhancing quality of life (Hu, 2020).

5.3.3.5 Economic Status

This dimension refers to family economic conditions, financial stability, and the impacts of caregiving-related expenses on living standards. As parents described:

"We are facing economic problems. My child's mother and I are trying to make more money, work hard, and save a little money. Everything is in the hope that this child will have some money in the future, so that he will not live a sad life, and his material foundation will be a little better in the future."(P6)

"The financial pressure of the family has also increased because of the child's treatment costs, and the rhythm of life has also been disrupted."(P3)

These quotes illustrate that financial resources are a critical component of family quality of life. Income and access to subsidies directly affect daily well-being. In line with FST, when financial stress on one member is reduced, the entire family system benefits.

Quantitative studies show that monthly household income significantly predicts caregiver quality of life (Joung, 2022). In one interview, caregiving even became an economic asset: a family discovered the child's interest in weaving, supported it, and found that "he has made significant progress... and has been able to establish a reliable source of income for himself and his family" (Bahador et al., 2023). This not only improved material conditions but also gave the child a meaningful role and brought pride to the family.

Such examples demonstrate how families function as a unit. Parents may allocate time and money to support the child's abilities, and in return, the child contributes economically. FST describes this as a positive feedback loop across family subsystems: the child's emerging capabilities reinforce systemic stability.

When income is limited, families often respond creatively. In FST terms, role redistribution may involve extended family members contributing financially (e.g., grandparents working, or helping manage subsidies). One parent shared:

"In terms of economy, I will plan family expenses more reasonably and try to save unnecessary expenses. Well, after all, we must give priority to the rehabilitation and education costs of the child." (P5)

Parents may also seek flexible jobs or reduce work hours, while other relatives step in to help. Research shows that strong family functioning—through communication and cooperation—can partly buffer the negative effects of financial hardship (Joung, 2022).

In summary, while financial strain is common, adaptive family systems mitigate its effects through resource pooling, external support, and reframing the child's growth as a shared investment in future well-being.

5.3.3.6 Career Development

This dimension refers to the influence of caregiving responsibilities on employment stability, job satisfaction, and work-life balance. In our study, parents vividly described the challenges they faced:

"I used to have a relatively stable job, but now I have to find a job with more time for him so that I can spend more time with him."(P6)

"For the sake of the child, I try to reduce business trips as much as possible and miss many opportunities."(P7)

"I quit my busy job and found a lighter job where I can take care of him at any time."(P8)

These quotes illustrate that parents often make significant financial and career sacrifices to provide enhanced caregiving. Raising a child with an intellectual disability frequently requires adjustments to professional goals. However, some families successfully reframe these shifts as opportunities. In several cases, parents reported discovering new vocational paths — such as becoming advocates, peer mentors, or paraprofessionals—roles that leverage their caregiving experience while supporting others.

For example, one parent shared that she devoted time to learning family intervention techniques online. Such self-directed learning not only supported her child but could eventually lead to a role in special education or rehabilitation. From the Family Systems Theory (FST) perspective, when personal growth leads to professional development, the gains extend beyond the individual—improving income, self-worth, and the emotional functioning of the entire family system.

Even when a parent reduces work hours or quits a career to focus on caregiving, families often adapt through compensatory strategies: the other spouse may increase their work hours, or the family may rely on community programs that enable part-time employment. The positive family dynamics highlighted earlier—such as collaborative decision-making and emotional support — serve as a buffer, enabling role redistribution without systemic breakdown.

In short, while career trajectories may be altered, many caregivers report a renewed sense of purpose or the development of valuable skills, which enrich not only their lives but the resilience of the family as a whole. As one parent expressed:

"I won’t give up; I will do my best to support his rehabilitation… As long as he can get progress."

This perseverance often extends to parents’ own aspirations. Many reinterpret personal success in a way that aligns with caregiving responsibilities, maintaining growth and meaning within an adjusted but still fulfilling career path.

5.3.4 Summary

Across all these domains, Family Systems Theory (FST) provides a powerful lens through which to understand how strengths in one subsystem can reinforce and regulate others. Families that develop clear communication, mutual emotional support, and flexible caregiving roles consistently report greater resilience and overall improvements in quality of life (Kyzar et al., 2012; Hu, 2020).

By interpreting each theme—support, positive contributions, and quality of life—through the FST framework, it becomes evident that these elements are not isolated. Instead, they interact dynamically, circulating within and between family subsystems.

In this systemic view, the challenges of caregiving often catalyze adaptive changes—such as the restructuring of roles, the development of new coping strategies, and the redefinition of family meaning. These transformations, in turn, promote greater cohesion, emotional balance, and a renewed sense of purpose within the family unit.

5.4 Comparative Analysis

5.4.1 General Analysis

Using hierarchical charts generated in NVivo 15, Support emerged as the most prominent overarching theme, accounting for 39% of total references, followed by Quality of Life (33%) and Positive Contributions (23%) (see Figure 5.6).

Among the subcategories, Formal Support (80 references), Informal Support (66 references), and Positive Family Dynamics and Motivation (61 references) were the most frequently mentioned topics (see Figure 5.7).

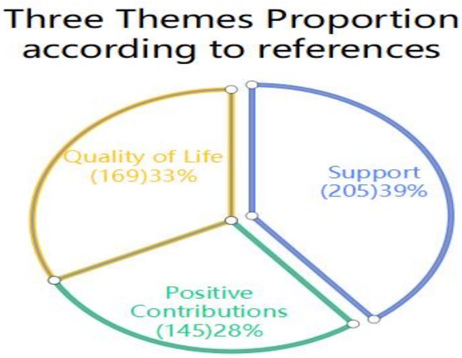


Figure 5.6 Three Themes Proportion

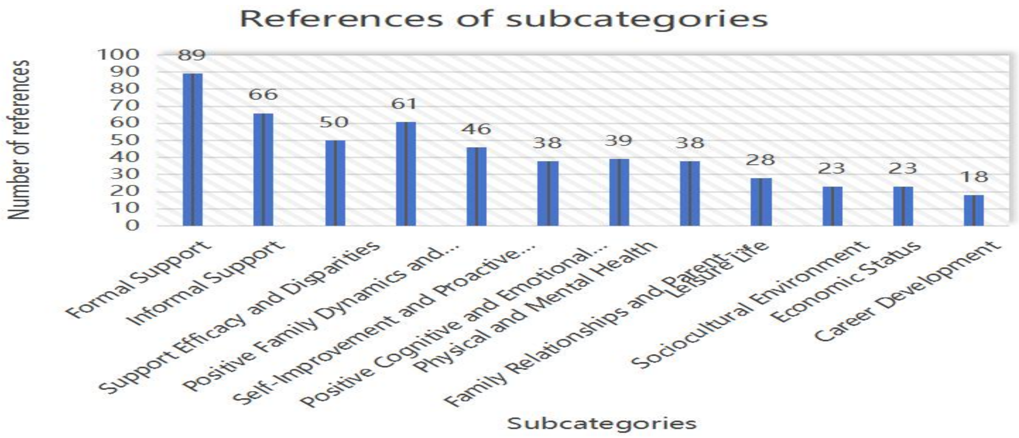


Figure 5.7 References of Subcategories

5.4.2 Comparative Analysis

A comparative analysis based on parental and child characteristics was conducted to explore differences in perspectives on support, positive contributions, and quality of life among families during the rehabilitation process of children with intellectual disabilities (see Figure 5.8). Key findings are summarized below:

Parental Gender Disparities

- Support: Mothers (86 mentions) emphasized support nearly twice as often as fathers (52), suggesting that mothers bear a greater share of caregiving responsibilities.
- Positive Contributions: Mothers (84 mentions) more frequently prioritized understanding their child’s perspective compared to fathers (68), reflecting deeper involvement in developmental monitoring.
- Quality of Life: Mothers (124 mentions) reported significantly more caregiving-related emotional reflection than fathers (62), highlighting their psychological investment.

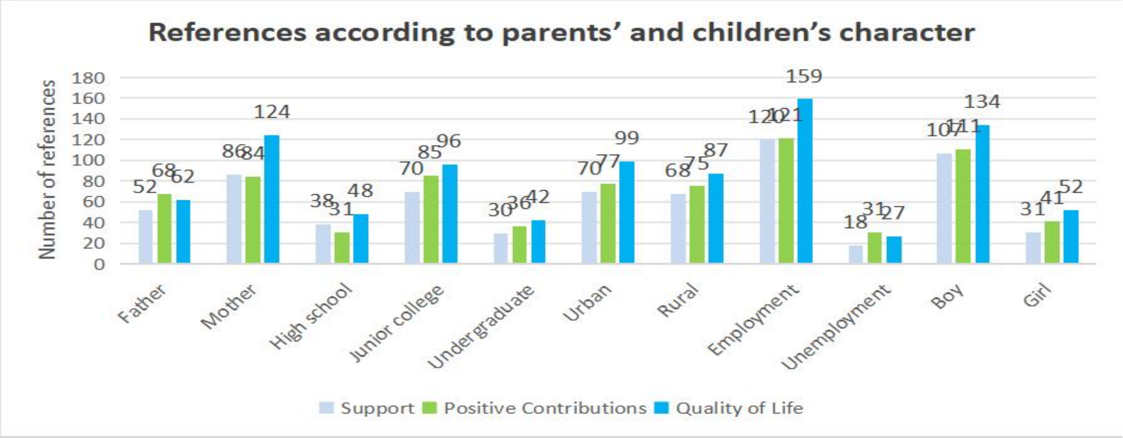


Figure 5.8 Number of References according to Parents' and Children's Character

Educational Background

- Parents with a junior college education consistently reported the highest engagement:

Support: 70 mentions vs. 38 (high school) and 30 (undergraduate).

Positive Contribution: 85 mentions vs. 31 (high school) and 36 (undergraduate).

Quality of Life: 96 mentions vs. 48 (high school) and 42 (undergraduate).

- This may be linked to increased awareness of child development or greater hands-on caregiving experience among vocationally educated parents.

Employment Status

- Working parents accounted for the majority of mentions:

Support: 120 (working) vs. 18 (non-working).

Positive Contribution: 121 vs. 31.

Quality of Life: 159 vs. 27.

- The stress of balancing work and caregiving may amplify their focus on challenges and promote more active self-reflection.

Child's Gender

- Families with boys reported significantly more engagement:

Support: 107 (boys) vs. 31 (girls).

Positive Contribution: 111 vs. 41.

Quality of Life: 134 vs. 52.

- This may reflect increased parental attention due to behavioral complexity or higher rehabilitation demands in boys.

Residence (Urban vs. Rural)

- Minimal differences were observed:

Urban-rural disparities were small (e.g., Support: 70 mentions in urban vs. 68 in rural families).

- Geographic background appears less influential than gender, education, or employment in shaping caregiving perspectives.

Conclusion

Mothers, vocationally educated parents, employed caregivers, and families raising boys demonstrated notably higher engagement across domains of support, developmental reflection, and quality-of-life awareness. These groups may face heightened caregiving burdens, requiring adaptive strategies. Urban-rural differences were negligible, suggesting that structural challenges (e.g., work – family conflict, gendered caregiving roles) transcend geographic location. These findings underscore intersectional disparities, with maternal roles and vocational education strongly associated with proactive caregiving behavior.

5.5 Summary

The lived experiences of families raising children with intellectual disabilities in China reveal a complex interplay of resilience, systemic support, and persistent challenges. Through multi-tiered interventions and adaptive strategies, these families navigate caregiving demands while striving to foster their children's development and sustain overall family well-being. The key insights from the thematic analysis are synthesized as follows:

5.5.1 Multi-Dimensional Support Systems

Families benefit from structured support networks that span financial assistance (e.g., government subsidies), skill-enhancing services (e.g., rehabilitation programs), and community engagement initiatives (e.g., parent training workshops). These systems help to alleviate immediate caregiving burdens and empower parents through professional guidance and peer-based resource sharing. However, stark disparities remain—particularly in rural areas—where limited service availability, inconsistent funding, and low awareness of legal entitlements persist. In contrast, urban families tend to have greater access to centralized and specialized resources, though often at the cost of navigating bureaucratic complexity.

5.5.2 Family Dynamics and Coping Mechanisms

Caregiving responsibilities profoundly reshape family roles, often fostering collaborative routines (e.g., shared caregiving among relatives) and promoting emotional resilience. Over time, many parents evolve from initial distress to proactive adaptation — seeking professional guidance, developing emotional regulation strategies, and engaging creatively with their children. Nonetheless, this transformation entails significant trade-offs: career sacrifices (e.g., shifting to part-time or flexible work), reduced personal leisure, and chronic stress. Marital strain, anxieties regarding the child's future independence, and the challenge of balancing attention across multiple children further underscore the need for targeted mental health support and family counseling services.

5.5.3 Sociocultural Shifts and Ongoing Stigma

Although public awareness and inclusive policies have gradually improved societal attitudes toward intellectual disabilities, stigma and entrenched misconceptions remain. Rural families often face a dual burden of limited infrastructure and prevailing cultural prejudices. While urban environments tend to be more inclusive and progressive, families there encounter other barriers — such as complex administrative procedures and uneven resource distribution—which can still hinder full participation and acceptance.

5.5.4 Economic and Occupational Trade-Offs

Financial instability is a dominant concern across narratives. The costs associated with rehabilitation and specialized care often require families to adopt strict budgeting, accept reduced income, or pursue secondary sources of revenue. Many parents prioritize caregiving over career advancement, opting for flexible but less stable employment. In some cases, these pressures are intensified by fears of relocation or job loss, especially in rural areas with limited labor markets.

In essence, the caregiving journey of these families reveals both remarkable resilience and enduring systemic inequities. Their experiences highlight the urgent need for balanced interventions—those that strengthen family capacities, enhance community solidarity, and promote incremental developmental progress—while also addressing structural gaps through inclusive, culturally responsive policies. Bridging urban–rural divides and prioritizing caregiver well-being are essential to building a more equitable support system in which families raising children with intellectual disabilities can thrive, rather than merely survive. This chapter thus provides a rich contextual foundation for integrating qualitative and quantitative results in the final discussion.

Chapter 6 Discussions

This chapter integrates the findings from the quantitative analysis (Chapter 4) and the qualitative exploration (Chapter 5) through the lens of Family Systems Theory (FST). The three central themes identified in the qualitative phase—Support, Positive Contribution, and Quality of Life — along with their respective subthemes, are examined in relation to the corresponding quantitative dimensions. Each theme is interpreted through core FST constructs—such as the emotional system, differentiation of self, and the family projection process—in order to enrich theoretical understanding and facilitate cross-validation with the survey results.

Where alignment between qualitative and quantitative data exists, findings are triangulated to reinforce key insights. In cases where such alignment is limited or absent, theoretical interpretation offers plausible explanatory pathways grounded in systemic family dynamics. This mixed-methods integration provides a nuanced account of how family systems either adapt or struggle under the demands of caregiving for a child with intellectual disability.

6.1 Support: Systemic Buffering and Differentiation

This section interprets the theme of Support using Bowen's Family Systems Theory (FST), emphasizing how both formal and informal supports contribute to emotional regulation, systemic differentiation, and overall family adaptation. Based on integrated analysis, support is organized into three subthemes: formal support, informal support, and support efficacy and disparities. Each subtheme is analyzed with reference to empirical evidence and theoretical constructs, thereby strengthening the coherence between data interpretation and the conceptual framework.

6.1.1 Formal Support

Quantitative findings indicate that 80.4% of respondents reported having access to at least some formal support services, while 82.4% expressed satisfaction with professional assistance, as reflected in the item "I am satisfied with the disability-related professional support services my family receives." The mean satisfaction score was 3.18 *(SD = 1.02)* on a five-point Likert scale (see Table 4-3), suggesting moderate to high perceived adequacy of available professional support.

Qualitatively, parents emphasized the pivotal role that structured services play in alleviating caregiving-related stress. One mother described this succinctly: ″Formal services like respite care and medical guidance gave us relief.″ Interview data revealed that families utilized various forms of formal support, including medical treatment, specialized education, rehabilitation training, government subsidies, and assistance from disability-related organizations.

From the perspective of Family Systems Theory (FST), formal support functions as part of the family's interaction with suprasystems—external institutional entities that can either buffer or exacerbate systemic stress (Wright & Leahey, 2007). Effective professional interventions serve as emotional regulators: by reducing parental anxiety, they help stabilize emotional functioning across the family system. This enables greater differentiation of self, where individuals are less emotionally reactive and more capable of autonomous functioning within relational networks (Bowen, 1978).

This interpretation is supported by Kanthasamy et al. (2024), who found that external resources — such as professional guidance and structured care — help caregivers manage developmental transitions more effectively and with reduced emotional volatility. In line with FST, such support not only enhances individual well-being but recalibrates the emotional equilibrium of the broader family system, promoting adaptability and resilience.

6.1.2 Informal Support

Survey data reveal that 80.9% of participants depend on informal support networks — comprising family members, friends, neighbors, and local communities — for routine caregiving responsibilities. Although informal support received a slightly lower mean satisfaction score than formal services *(M = 2.88, SD = 0.92)*, its emotional and practical significance was consistently underscored in interviews. As one mother shared: ″The grandparents take turns watching the child, so I can rest. Without them, I couldn't manage.″

Within the framework of Family Systems Theory (FST), informal support represents an extension of the family's internal emotional subsystems. Relationships with grandparents, siblings, and extended kin form emotional triangles, distributing caregiving tension and preserving balance among core members. In collectivist societies such as China, the extended family often remains central to caregiving processes — a pattern that aligns with findings from Pan and Ye (2015). From an FST perspective, families with higher differentiation of self are better able to utilize these relationships flexibly, thereby reducing emotional overload in nuclear family units (Bowen, 1978).

Qualitative data in this study further illustrated the stabilizing function of informal support through shared rituals, mutual caregiving, and emotional anchoring. For instance, families in urban areas described relying more heavily on professional services due to geographic dispersion or time constraints, whereas rural families drew resilience primarily from kinship and neighborly ties. These patterns reflect not only enduring cultural norms but also variations in structural access to formal systems — a theme further explored in the discussion of support disparities.

6.1.3 Support Efficacy and Disparities

While most participants reported moderate satisfaction with available support services, clear disparities emerged across geographic and structural lines. Families in urban areas typically accessed more formalized services—such as rehabilitation centers, subsidies, and special education programs—while rural caregivers relied more heavily on kinship networks and local community ties. As one rural father explained: ″We rely mostly on family and the local rehab center, but even those are limited.″

According to Family Systems Theory (FST), such disparities in support access have profound implications for family functioning. Bowen (1978) argues that families deprived of sufficient external resources often experience heightened fusion — marked by enmeshment, emotional reactivity, and poor role differentiation. This was evident in several rural cases where one caregiver simultaneously served as parent, educator, nurse, and advocate—an unsustainable arrangement that led to emotional burnout and systemic rigidity.

Data from Chapter 5 reinforced this divide: urban caregivers benefited from a broader institutional safety net but reported greater emotional isolation; in contrast, rural families described stronger familial ties but struggled with limited access to professional services. These findings are echoed in Hardy et al. (2024), who documented that urban caregivers reported higher satisfaction with formal services but lower levels of horizontal support (e.g., assistance from relatives, friends, or neighbors).

In both settings, support efficacy—or its absence—had systemic consequences. Effective support, whether formal or informal, contributed to adaptive feedback loops: stress reduction facilitated clearer communication, more consistent caregiving roles, and a balanced emotional climate. In contrast, ineffective or absent support systems intensified parental role strain, heightened intergenerational tension, and limited the family's ability to regulate anxiety collectively.

FST underscores that families are dynamic and self-regulating emotional systems. When external stressors accumulate and differentiation of self is low, families may enter maladaptive cycles. Conversely, when support systems strengthen role clarity, interdependence without fusion, and emotional resilience, the family system can move toward homeostasis and growth (Bowen, 1978; Milberg et al., 2020).

In summary, support efficacy is not merely a matter of access, but of systemic impact. The presence of reliable, responsive support — whether from professionals or kin — can determine whether families raising children with intellectual disabilities adapt with resilience or spiral into dysfunction. The integration of quantitative satisfaction ratings and qualitative narratives confirms this theoretical model: emotional regulation and systemic coherence are co-constructed by family dynamics and the broader support environment.

6.2 Positive Contribution as Systemic Growth

The Positive Contribution theme captured how caregiving for a child with intellectual disabilities prompted growth, strengthened relational dynamics, and led to deeper shifts in perspective. Three interrelated subthemes emerged: (1) positive family dynamics and motivation, (2) self-improvement and proactive coping, and (3) positive cognitive and emotional shifts.

6.2.1 Positive Family Dynamics and Motivation

Caregivers frequently described strengthened emotional bonds, increased patience, and a sense of shared purpose. Statements such as "We became closer and more patient with each other" reflect this transformation. Quantitatively, this is strongly supported: 84.8% of respondents agreed that their family became more cohesive in the caregiving role. This convergence of data sources underscores a key insight — caregiving often serves as a unifying force.

Through the lens of Family Systems Theory (FST), such cohesion represents an adaptive reorganization in response to systemic stress. Bowen (1978) posited that when families face external stressors, they often seek a new equilibrium by strengthening internal relationships.

This aligns with research showing that high family support and cohesion are protective against psychological distress and associated with more effective family adjustment (Milberg et al., 2020). In our data, both qualitative narratives and survey findings illustrate how solidarity became a protective factor, helping families buffer emotional strain. Within FST, this trend can be interpreted as evidence of increased differentiation—that is, family members were able to maintain emotional balance and offer mutual support, rather than being swept into reactive anxiety.

6.2.2 Self-Improvement and Proactive Coping

Another salient subtheme was the personal growth reported by caregivers. Many described developing new skills, adopting healthier routines, and becoming more resilient through active problem-solving. This was mirrored by survey findings: 78.4% of participants indicated that their coping abilities had improved as a result of caregiving (Table 4-4). In FST terms, such development reflects the intrapersonal dimension of differentiation of self—the ability to remain calm, thoughtful, and proactive under stress.

Rather than succumbing to emotional overwhelm, many caregivers engaged their intellect and values to manage challenges. This finding is consistent with resilience research, which shows that positive coping strategies and self-efficacy are closely linked to caregiver well-being and improved quality of life (McKenna et al., 2022). For example, when a caregiver learned stress-reduction techniques, not only did it improve her own mental health, but it also created a calming ripple effect throughout the family system—a hallmark of systemic adaptation. In short, families were actively mobilizing internal resources to maintain balance and direction.

6.2.3 Positive Cognitive and Emotional Shifts

The third subtheme reflects changes in values, outlook, and emotional priorities—such as increased empathy, gratitude, and reframing of life goals. These internal transformations were supported by the quantitative data: 75.5% of caregivers reported that caregiving had changed their understanding of life’s meaning and values (Table 4-4).

FST interprets these shifts as a form of systemic emotional realignment. Rather than remaining mired in fear or hopelessness, families appeared to reframe the caregiving experience as meaningful. This reframing may signal a transformation in the family projection process: instead of projecting unresolved anxiety onto the child or one another, family members began to project hope, purpose, or acceptance. Bowen (1978) asserted that this form of emotional regulation through reflective thought—a hallmark of differentiation—can protect families from chronic stress and facilitate healthier functioning. In practical terms, such positive beliefs reinforced previously discussed strengths: enhanced cohesion, better coping, and proactive adaptation.

6.2.4 Summary

In sum, the positive contributions theme reveals that for many families, caregiving did not simply represent a source of burden—it catalyzed emotional growth and systemic resilience. Triangulated data—84.8% reported increased family cohesion, 78.4% reported improved coping, and 75.5% reported shifts in life values—confirm this pattern of adaptation.

Family Systems Theory helps explain these developments: under stress, families naturally strive toward homeostasis and meaning. By reorganizing their relationships, thoughts, and coping strategies, they construct a new equilibrium—one marked not by dysfunction, but by purposeful resilience.

6.3 Quality of Life: Systemic Adaptation across Domains

The Quality of Life (QoL) theme was the broadest in scope, encompassing six interrelated dimensions: physical and mental health, family relationships and parent–child nurturing, leisure life, sociocultural environment, economic status, and career development. Qualitative findings indicated that caregiving had a profound impact across all these domains. To deepen the analysis, we align these findings with the corresponding quantitative data and interpret the results through the lens of Family Systems Theory (FST).

According to Bowen's Family Systems Theory (1978), the family operates as an interconnected emotional unit in which change or stress in one member reverberates through the entire system. Caregiving, in this context, is not simply an individual or logistical burden, but a systemic stressor that activates adaptive responses across multiple subsystems—emotional, relational, and economic.

For example, Bowen (1978) noted that families under stress tend to shift their interactional patterns — modifying emotional closeness, communication, or roles — to manage anxiety. When one parent assumes a disproportionately intensive caregiving role, the resulting emotional intensity can trigger compensatory behaviors in spouses, siblings, or grandparents. These adaptations reflect the systemic nature of family functioning, where the well-being of any individual (physical, psychological, or financial) must be interpreted within the broader network of support, conflict, and interdependence.

This interpretation is supported by Milberg et al. (2020), who observed that ″the family is greater than the sum of its parts″—implying that the outcomes of caregiving cannot be evaluated without considering family-level dynamics and relational processes.

To synthesize findings, we employ a joint-display framework (Fetters, Curry, & Creswell, 2013), aligning each QoL subdimension’s quantitative data (Table 4-4) with the corresponding qualitative themes. This facilitates an integrated interpretation based on whether the datasets confirm, expand, or diverge from each other. For each domain, we identify:

- The quantitative mean score and response pattern,
- The key qualitative subthemes,
- The FST-based interpretation regarding systemic functioning and adaptation.

This approach allows us to evaluate the depth and coherence of systemic adaptation across different QoL domains and to assess how caregiving-related strain or growth is distributed through the family system.

6.3.1 Physical and Mental Health

Qualitatively, many caregivers described chronic fatigue, disrupted sleep, and emotional strain—but also reported deliberate efforts to engage in self-care, regulate emotions, and seek internal or external support. These patterns align with existing research showing that caregiving responsibilities are consistently associated with deteriorated physical and mental health. For example, Pearlin et al. (1990) found that caregivers tend to report worse physical well-being and heightened psychological distress compared to non-caregivers. Our qualitative subthemes—such as exhaustion, sleep deprivation, and anxiety—reinforce this established understanding.

From a Family Systems Theory (FST) perspective, health-related strain should not be interpreted solely at the individual level. As Bowen (1978) emphasized, physical and emotional distress in one family member raises the emotional temperature of the entire system. For instance, a caregiver suffering from fatigue or burnout may become less emotionally available or more reactive, prompting compensatory behaviors from spouses or other relatives (e.g., increased vigilance, emotional overinvolvement). These ripple effects intensify systemic anxiety, disrupting relational balance.

In our quantitative data, 77.5% of respondents indicated they felt a need to maintain their physical and mental health due to caregiving responsibilities. This aligns with the positive coping strategies frequently mentioned in interviews, where caregivers reported adapting routines, seeking rest, or leaning on family support. This convergence suggests that cohesive family systems—characterized by shared responsibilities and open communication—may buffer some of the negative health impacts of caregiving. As Milberg et al. (2020) argue, ″the family cannot be fully understood by the examination of individual members in isolation″; rather, health outcomes reflect the functionality of the system as a whole.

Where divergence occurred, it was usually in the form of caregivers rating their overall health as "moderate to good" on surveys, while simultaneously describing emotional strain or somatic complaints in interviews. We interpret this discrepancy as a measurement limitation: quantitative items (e.g., ″general health status″) may fail to detect acute or episodic anxiety, which surfaced more vividly in qualitative narratives. Such divergences highlight the importance of mixed-method inquiry: only through narrative data could we access the nuanced emotional cost masked by broad Likert-scale health indicators.

In summary, physical and mental health among caregivers is both a personal and systemic variable. While caregiving increases health vulnerabilities, family cohesion, role flexibility, and emotional support appear to mitigate its severity. These dynamics confirm FST’s proposition that caregiving strain is systemically distributed—and that health, like stress, is co-regulated through the family’s emotional and relational processes.

6.3.2 Family Relationships and Parent–Child Nurturing

Caregivers also reported noticeable shifts in family relationships. While many described strengthened bonds — such as spouses collaborating more closely or extended family members becoming more involved — others acknowledged instances of strain, including sibling anxiety or emotional neglect of other children. Quantitatively, 87.7% of respondents indicated increased family contact, and 84.8% reported enhanced parent–child nurturing as part of their positive caregiving experience (see Chapter 4, Table 4-4). These findings show a high degree of convergence between survey trends and interview narratives.

Many parents emphasized that caregiving responsibilities brought them closer to their children and relatives, fostering deeper mutual understanding and emotional warmth. This reflects Bowen's (1978) concept of the family projection process, wherein caregivers project emotional energy — both anxiety and affection — onto their children. In adaptive systems, this projection may reinforce the parent–child bond and increase emotional investment, even as it raises internal tension. In our interviews, parents frequently framed caregiving as both a source of stress and a source of meaning, suggesting the presence of fusion (emotional overinvolvement) alongside conscious nurturing efforts.

From a Family Systems Theory (FST) lens, such dynamics represent a reorganization of the family homeostasis: the system shifts to prioritize the needs of the child with intellectual disability, and caregiving becomes a central organizing principle. This reorientation often enhances motivation, cohesion, and resilience — a pattern evident in the positive family dynamics subtheme. High levels of reported nurturing across both data sets thus reflect an underlying systemic adaptation.

Where divergences occurred, they tended to involve emotional nuance. For example, while quantitative ratings indicated high perceived adequacy of nurturing (scores of 3–4 on Likert scales), qualitative interviews revealed underlying ambivalence—such as guilt, worry about the child's future, or fear of inadequacy. These subtle tensions are consistent with Bowenian theory: caregivers may appear competent and emotionally connected outwardly, while internally experiencing role overload or fused identity (difficulty separating personal needs from the caregiving role). Thus, high scores on nurturing likely reflect behavioral commitment rather than emotional ease.

In sum, both qualitative and quantitative data affirm that caregiving fosters stronger parent–child bonds and more frequent family interactions. FST explains these outcomes as system-wide responses to chronic stress: when a child's needs dominate the emotional field, families recalibrate their roles, communication, and priorities. These findings also highlight the importance of distinguishing observable caregiving behaviors from underlying emotional processes, particularly in future interventions that aim to support caregiver mental health.

6.3.3 Leisure Life

Quantitative findings showed that only 52% of participants reported their leisure life positively, indicating a significant compromise in recreational and social engagement. Qualitative interviews strongly corroborated this result. Caregivers frequently described sacrificing hobbies, social outings, and vacation opportunities. Many referenced a sense of ″life pause″, marked by cancelled trips, curtailed exercise routines, and infrequent contact with friends or community groups.

This convergence between data sets is consistent with existing literature. For example, Berg, Fiebig, and Hall (2014) found that caregiving parents often experienced significant restrictions in their ″social life and leisure″ due to caregiving demands and chronic time pressure. Within the Family Systems Theory (FST) framework, Bowen (1978) would interpret such losses as a manifestation of reduced differentiation of self: caregivers forego personal interests to meet perceived family obligations. This reflects a state of fusion, where the caregiver's identity and needs are subsumed by the caregiving role.

The low quantitative satisfaction rates and rich qualitative accounts of forfeiture collectively illustrate how systemic stress constrains individual autonomy. When a family member assumes a primary caregiving role without sufficient support or role flexibility, personal domains—such as leisure—are often the first to be sacrificed. FST conceptualizes this as part of a systemic imbalance: to preserve the family's functioning, one member absorbs disproportionate stress, leading to emotional overfunctioning and burnout.

Any minor divergences between data sources (e.g., a small number of caregivers reporting moderate leisure satisfaction) may reflect contextual or interpretative variation. For instance, some caregivers described creating adaptive forms of leisure at home, such as listening to music or engaging in light crafts after the child went to sleep. Others may have benefited from temporary relief via a third party — such as grandparents, neighbors, or respite workers—creating emotional triangles that temporarily buffered system pressure and enabled brief leisure engagement.

In summary, both data sets affirm that leisure is a highly compromised domain for most caregiving families. From a systemic perspective, this reflects how role rigidity and emotional fusion limit caregivers' autonomy. However, moments of regained leisure—often made possible through informal supports—also illustrate the family's potential for adaptive functioning, especially when internal or external resources create temporary rebalancing mechanisms within the system.

6.3.4 Sociocultural Environment:

Participants highlighted the significant influence of cultural norms and community attitudes on their family's quality of life (QoL). Some families reported receiving social validation and encouragement from communities that culturally value family caregiving, while others encountered stigmatization, especially around intellectual disabilities and mental health. Although this domain was not directly quantified in Chapter 4, the qualitative narratives are consistent with Family Systems Theory's (FST) concept of suprasystems— external cultural, societal, and institutional forces that shape the family's emotional functioning (Bowen, 1978; Milberg, 2020).

In FST terms, a supportive sociocultural context can act as an anxiety-buffering mechanism, while a stigmatizing environment may heighten emotional reactivity and trigger maladaptive feedback loops within the family. One mother reflected: ″Now there are more organizations helping, and people are more understanding… In the past, people laughed at such children.″ Such comments illustrate the dynamic interplay between cultural evolution and family resilience.

Contextualized within Chinese cultural norms, these experiences gain further depth. Traditional values such as filial piety (孝) and familial duty, rooted in Confucian ideology, were reflected in participants' framing of caregiving as a moral responsibility rather than a burden. This aligns with Li and Lamb's (2013) observation that Chinese parenting is strongly shaped by collectivist ethics and intergenerational obligations. Many families perceived caregiving not only as a duty, but as a means of preserving family honor and continuity.

The multi-generational household—a common structural feature in Chinese families— emerged as both a source of support and complexity. Participants frequently mentioned grandparents playing active caregiving and emotional roles. As described by one parent: ″If we argue, my mother-in-law steps in to calm us.″ This reflects triangulation dynamics in Bowenian terms: the grandparental subsystem often functions as a stabilizer, diffusing tension between parents. While this can foster equilibrium, it may also inhibit direct communication if over-relied upon.

These findings resonate with Liu et al. (2025), who observed that Chinese fathers often delegate or share caregiving with grandparents, particularly in rural or lower-income households. At the same time, the concept of maternal gatekeeping—explored by Zhang and

Hwang (2023) — was evident in varying degrees. While some mothers in our study encouraged father-child bonding and co-parenting, others unconsciously limited paternal involvement, believing they were better suited for caregiving. This divergence influences family strength, as maternal encouragement of father involvement has been shown to correlate positively with family resilience.

In sum, the sociocultural environment operates as both an external influence and an internalized belief system. Through the lens of FST, these narratives demonstrate how cultural scripts, generational roles, and community norms shape family adaptability. When sociocultural messages are affirming, they contribute to differentiation and resilience; when stigmatizing, they magnify fusion and emotional volatility. The findings underscore the context-specific utility of FST: in collectivist societies like China, extended family dynamics and cultural obligations are not peripheral, but central to understanding how families manage disability-related stress.

6.3.5 Economic Status:

Quantitatively, 53.9% of respondents rated their economic status positively. However, qualitative narratives revealed more complex realities — parents frequently reported employment disruptions, elevated expenses (e.g., medical fees, transportation), and ongoing anxiety over financial stability. Many caregivers described transitioning to part-time employment, foregoing promotions, or reducing work hours to accommodate caregiving duties. These themes corroborate prior research showing that caregiving imposes significant economic burdens and diminishes long-term employment participation (Berg, Fiebig, & Hall, 2014).

From a Family Systems Theory (FST) perspective, financial strain functions as a systemic stressor. Economic anxiety rarely remains confined to one individual — it spills across subsystems, elevating emotional reactivity and requiring relational adaptations. For instance, one parent's career sacrifice may be offset by another's increased workload, or by extended family stepping in with financial or practical support. These adjustments embody Bowen's principle that families are emotionally interdependent units, constantly reorganizing roles to maintain balance in response to external demands (Wright & Leahey, 2007; Bowen, 1978).

The quantitative rating of 53.9%—while low—was slightly higher than scores in domains such as leisure, possibly because some families succeeded in preserving a basic level of economic functionality. However, qualitative data expanded on this: while income may not have declined dramatically, families faced hidden financial pressures—including depleted savings, accumulating debt, and limited upward mobility. This divergence can be partly attributed to the focus of quantitative instruments on current material status, whereas interviews captured latent economic strain and anticipated long-term insecurity.

Bowenian theory helps interpret this discrepancy: families often downplay individual aspirations to stabilize the system as a whole. For example, caregivers may defer career advancement or personal goals, channeling resources toward immediate needs (rehabilitation, therapies, education). These compromises reflect an adaptive rebalancing strategy, aimed at restoring homeostasis despite chronic financial stress.

In summary, while survey data offers a static snapshot of economic status, qualitative findings illuminate dynamic adjustments families make in real time—such as restructuring work roles, reallocating expenses, or forming intergenerational financial strategies. These patterns affirm FST’s view of the family as a self-regulating emotional system, one that continuously reorganizes itself in response to financial and caregiving demands.

6.3.6 Career Development:

Survey items likely asked about the ability to pursue personal goals or professional advancement. A total of 58.3% of respondents reported experiencing some degree of career development.

Qualitatively, however, many caregivers spoke of career stagnation, reduced ambitions, or the need to retrain for more flexible occupations. Some described a sense of pride in mastering new skills (self-improvement subtheme), whereas others expressed feelings of regret or loss. Here, the qualitative narrative expands upon the quantitative findings: a caregiver might rate career satisfaction relatively high (i.e., above the midpoint), yet in interviews reveal that this satisfaction is resigned or qualified—an acceptance of diminished expectations rather than genuine fulfillment.

From the perspective of FST, Bowen’s framework interprets such career sacrifices as part of role redefinition within the family system. This is reflected in Bowen’s concept of emotional cutoff (Bowen, 1978), where individuals reduce external engagement to manage internal family stress. This discrepancy between the moderate score and poignant qualitative accounts may reflect sampling factors: the survey likely included non-working caregivers (e.g., stay-at-home parents) whose career development trajectories are paused indefinitely, thereby affecting the overall mean.

Bowenian theory would suggest that such career dynamics are absorbed into the family's systemic patterns—e.g., one spouse assuming greater financial responsibility—reflecting the interdependence and hierarchy of family subsystems (Milberg, 2020).

Overall, the joint analysis confirms some patterns and reveals nuances in others. For instance, both methods indicate that family-centric domains (parent‑child nurturing, family relationships) are relatively strong, whereas external domains (leisure, outside support) are strained. This is coherent with Family Systems Theory: the family system has insulated itself internally to buffer external stress. In terms of Fetters et al.'s framework, most findings are confirmatory or complementary (Fetters, Curry & Creswell, 2013). Low ″Other People's Support″ (41.2%) and limited leisure (52%) reflect a confirmation pattern: both quantitative and qualitative data agree caregivers lack external support. These dimensions expanded on one another, with qualitative data illustrating the emotional toll of isolation and the ways families compensate (e.g., increased reliance on kin). In contrast, some discordance arose in career outcomes and economic interpretation. Here, the qualitative emphasis on unseen sacrifices suggests that the quantitative survey may understate impacts. Theory provides explanation: Bowenian analysis would encourage examining intergenerational factors (e.g., beliefs about work and family inherited over generations) that might cause caregivers to underreport personal dissatisfaction while upholding a duty-bound narrative. Differences in focus also matter: the survey captures perceived current status, whereas interviews explore deeper aspirations and tensions.

In summary, integrating the data through the lens of Family Systems Theory offers a more nuanced and systemic understanding of caregiver quality of life. Quantitative percentages from Table 4-4 align well with the main qualitative subthemes identified (Table 5-1), especially in domains directly tied to family functioning (health, nurturing). Where they converge, we see robust family adaptations (e.g., tight bonds mitigating stress) (Milberg et al., 2020; Berg, Fiebig & Hall, 2014). Where they diverge, the qualitative narratives illuminate underlying complexities—such as hidden emotional strain or coping strategies—that numbers alone cannot convey. Throughout, Bowen's theory helps interpret these patterns: caregivers' experiences of health, social, and economic challenges are not just individual burdens but system-wide phenomena, with each family responding through its unique pattern of roles and relationships (Bowen, 1978, as cited in Brown, 1999; Fetters, Curry & Creswell, 2013). This integrated analysis thus enriches the discussion of QoL dimensions by linking empirical trends to the dynamics of caregiving families, affirming the mixed-methods findings in a unified theoretical framework.

6.4 Theoretical Integration via Family Systems Concepts

Bowen’s Family Systems Theory (FST) provides a coherent and explanatory framework for interpreting the integrated findings of this study. Central to FST is the notion that families function as emotional units, where anxiety or tension experienced by one member reverberates throughout the entire system (Bowen, 1978). In the context of caregiving for a child with intellectual disabilities, the child’s long-term needs operate as a chronic stressor that permeates the family’s emotional field. This study found that some families responded to this stress by increasing cohesion, mutual support, and shared purpose, while others exhibited signs of emotional spillover, including interpersonal conflict, caregiver burnout, and health deterioration.

A key construct within FST—differentiation of self—is especially pertinent. Families that reported personal growth, active problem-solving, and effective role-sharing often demonstrated higher levels of differentiation. These individuals could maintain their emotional autonomy while remaining meaningfully connected to others, allowing them to respond reflectively rather than reactively under pressure. In contrast, families marked by emotional enmeshment or role confusion appeared to have lower differentiation, leading to reactive coping, heightened anxiety, and limited adaptability.

The nuclear family emotional process—another FST concept—was evident across the data. For instance, several caregivers described improved spousal dynamics through cooperative parenting: ″My husband and I now take turns in caregiving, and that has brought us closer″ (P5). Conversely, other cases revealed deterioration in marital relations due to disagreements or lack of shared responsibility. These contrasting outcomes reflect differential adaptation within the spousal subsystem, shaped by pre-existing relational patterns and stress-regulation capacities.

FST’s concept of the family projection process—whereby parents transmit their anxieties, expectations, or hopes onto their children—also emerged in both qualitative narratives and survey responses. Some parents projected fear and overprotection onto their child, which potentially restricted the child’s independence or exacerbated family tension. Others, however, reported that accepting their child’s uniqueness and effort led to increased pride, patience, and emotional closeness. These differences in projection influenced the broader family emotional climate and the child's developmental trajectory.

Triangles, or triadic relationships that diffuse or redistribute family tension, were more implicit but nonetheless present. In some cases, grandparents served as tension buffers between spouses or between parent and child. For example, one mother noted, ″If we argue, my mother-in-law will step in to calm us down,″ illustrating the formation of stabilizing triangles. In other cases, friends, teachers, or professionals played auxiliary roles in caregiving, helping to re-balance the emotional system by introducing a third point of regulation.

Overall, the integration of qualitative themes and quantitative patterns points to a consistent conclusion: families who mobilized both internal strengths (e.g., communication, shared responsibilities, emotional regulation) and external resources (e.g., institutional support, peer networks) adapted more effectively to caregiving demands. This aligns with Bowen's assertion that emotional resilience stems not from avoiding anxiety, but from managing it systemically through differentiation, supportive structures, and adaptive feedback loops.

Where quantitative data were available—such as high reported cohesion (84.8%), growth in coping ability (78.4%), and emotional shifts (75.5%)—they confirmed the presence of adaptive patterns theorized by FST. In domains where quantitative coverage was limited (e.g., cultural norms, intergenerational dynamics), theoretical reasoning grounded in FST and supported by recent literature (e.g., McKenna et al., 2021; Milberg et al., 2020; Wright & Leahey, 2007) helped interpret the broader emotional mechanisms at play.

In conclusion, integrating these mixed-methods findings through the lens of Family Systems Theory reveals a multi-level process of adaptation. Caregiving challenges acted as catalysts for systemic reorganization: some families restructured roles and boundaries, developed new emotional coping strategies, and strengthened intergenerational ties. Others struggled with role strain and anxiety fusion, particularly in the absence of adequate external support. These systemic insights suggest that interventions should not only target individual caregivers but also aim to enhance whole-family functioning — through promoting differentiation, improving communication, and fostering multi-tiered support networks. This systemic orientation, grounded in both empirical evidence and Bowenian theory, offers a robust framework for understanding and supporting families of children with intellectual disabilities in the Chinese context and beyond.

6.5 Practical Implications

The findings of this study suggest several actionable strategies for enhancing the well-being of families raising children with intellectual disabilities. These strategies span individual, familial, community, and policy levels, and are consistent with Bowen's Family Systems Theory (FST), which emphasizes the systemic nature of family adaptation and stress regulation.

6.5.1 Enhancing Social Support Networks

Strengthening both formal and informal support networks is critical. The majority of participants emphasized the stress-relieving value of community and familial support. Accordingly, practitioners should facilitate opportunities for peer interaction and family engagement. Local governments, NGOs, or educational institutions could establish parent support groups, allowing caregivers to share experiences, exchange strategies, and foster emotional solidarity. As Lei and Kantor (2020) note, targeted interventions that promote social cohesion are associated with improved caregiver mental health. In line with this, multi-sector collaboration—such as coordinated support teams involving schools, hospitals, counselors, and parent volunteers—can ensure that families receive integrated care across systems.

The involvement of extended family members, particularly grandparents, should be more formally recognized. Given their active caregiving roles in many Chinese households, informational resources or workshops tailored to elder caregivers could improve intergenerational understanding and caregiving skills, thereby reducing intra-family tension.

6.5.2 Promoting Family Communication and Co-Parenting

Family and couples counseling can serve as a powerful tool to reduce chronic stress by improving intra-family communication and joint decision-making. A Bowenian framework encourages identifying maladaptive relational patterns — such as emotional cut-off, over-functioning/under-functioning dynamics, or avoidance — and replacing them with more adaptive behaviors. Therapists might guide families in establishing regular family meetings or reflective sessions where members express concerns constructively, thereby strengthening emotional differentiation and reducing systemic reactivity.

Our findings suggest that maternal gatekeeping can unintentionally limit paternal involvement. Educational programs targeting couples — offered in prenatal, pediatric, or community health settings — can challenge assumptions about caregiving competence and promote equitable co-parenting. Zhang and Hwang (2023) found that stronger mother–father communication significantly enhances family cohesion and resilience. Even brief couple workshops can yield substantial improvements in family functioning.

6.5.3 Implementing Family-Supportive Policy

At the macro level, policy interventions are essential for addressing structural inequities faced by caregiving families. The gendered pattern of caregiving — where mothers often leave the workforce — suggests a pressing need for family-friendly employment policies. Expanding parental leave for both mothers and fathers, offering flexible work schedules, and promoting employer accommodations can prevent caregiving burdens from falling disproportionately on women.

Participants in this study frequently cited economic stress related to lost income and treatment expenses. This echoes prior research indicating that income is a major predictor of Family Quality of Life (FQOL) (Hu et al., 2012). Therefore, financial subsidies for special-needs education, tax incentives, and childcare support would provide tangible relief. Additionally, schools and workplaces should adopt father-inclusive practices—for example, holding parent–teacher meetings during non-working hours—especially in cultures where fathers are expected to prioritize employment. As Zhao et al. (2024) argue, empowering fathers in the workplace can indirectly enhance their engagement at home.

6.5.4 Cultural Sensitization and Public Education

Cultural values and stigma remain influential factors shaping family experience. Although traditional Confucian ideals often inspire resilience by framing caregiving as a moral obligation, residual beliefs — such as disability being a sign of family failure — continue to marginalize families. Public campaigns and school-based education can help reshape perceptions of disability, normalize inclusion, and reduce shame.

Given that son preference persists in some communities (Zhao et al., 2024), outreach efforts should also promote gender equity, reduce pressure on families with sons, and encourage balanced caregiving expectations across genders. Culturally sensitive service design is critical: programs that affirm traditional values (e.g., family responsibility) while gradually challenging stigma (e.g., moral judgments around disability) are more likely to succeed in diverse Chinese contexts.

6.6 Reflections on the Study

6.6.1 Limitations of the Study

While this study provides critical insights into support, positive contributions, and quality of life in families raising children with intellectual disabilities, several limitations should be acknowledged:

Cross-sectional Design: The use of a cross-sectional design limits causal inference. Longitudinal research is needed to examine how family dynamics, perceptions, and coping strategies evolve over time.

Self-report Bias: Data were collected through self-report questionnaires and interviews, which may be subject to social desirability or recall bias. Future studies could triangulate self-reports with observational methods or objective health data to enhance validity.

Lack of Intervention Focus: This study primarily describes existing family experiences and adaptations. Future research should integrate and evaluate targeted interventions (e.g., mental health support, parenting skills training) to strengthen support systems.

Despite these limitations, the study lays an important foundation for understanding family adaptation processes. Addressing the above gaps will enhance empirical robustness and guide the development of more effective family-centered services for children with intellectual disabilities.

6.6.2 Pathways for Systemic Improvement

Based on our findings and the Family Systems Theory perspective, several practical strategies are recommended:

- Equitable Resource Allocation: Improve rural infrastructure by recruiting qualified professionals, increasing access to rehabilitation services, and extending service coverage to underserved areas.

- Mental Health Integration: Incorporate accessible mental health counseling and structured peer support groups into routine caregiving systems to reduce caregiver stress and prevent burnout.
- Policy Optimization: Streamline bureaucratic procedures for disability aid, increase transparency and accessibility of public services, and promote inclusive education and disability-friendly employment opportunities.
- Public Awareness and Stigma Reduction: Launch targeted campaigns through schools, media, and community platforms to normalize intellectual disability, challenge stigma, and promote positive social attitudes.

These strategies should be implemented in an integrated manner, recognizing the interdependence of formal systems and family dynamics. Structural improvements must reinforce internal family resilience rather than operate in isolation.

6.6.3 Future Research Directions

Further research is needed to build on these findings:

- Cross-Cultural Comparative Studies: Since this study reflects Chinese cultural norms (e.g., filial piety, son preference, and intergenerational caregiving), comparative research across East Asian (e.g., South Korea, Japan, Singapore) and Western countries would illuminate contextual influences. For instance, Zhao et al. (2024) highlighted China’s gender-based caregiving disparities; future studies could assess whether similar patterns exist elsewhere.
- Cultural Change and Generational Shifts: As China continues to urbanize, attitudes toward gender roles and disability may evolve. Research could examine whether younger parents express more egalitarian values or show reduced stigma compared to older generations.
- Mixed-Methods and Longitudinal Designs: Combining in-depth qualitative methods (e.g., ethnographic fieldwork) with longitudinal surveys would offer a nuanced view of how families adapt over time and how systemic reforms shape lived experiences.

By advancing this line of inquiry, future research can better inform theory, guide practice, and influence policy to improve life outcomes for children with intellectual disabilities and their families..

6.7 Summary

This chapter presented an in-depth discussion of how support systems, positive contributions, and quality of life (QoL) interact within families of children with intellectual disabilities in China, guided by Family Systems Theory (FST). Through the integration of quantitative survey data and qualitative interview narratives, the analysis confirmed key patterns—such as the resilience of intra-family cohesion and the fragility of external domains like social support and leisure — and revealed more nuanced processes, including intergenerational caregiving beliefs and gender-based role divisions.

Bowenian constructs such as differentiation of self, emotional triangles, and the nuclear family emotional process offered explanatory value by highlighting how families respond to chronic stress through both adaptive and maladaptive pathways. Joint displays and integrated analyses demonstrated that while formal support services are inconsistently accessed and often inadequate, informal family-based mechanisms frequently compensate—though often at the cost of emotional strain and economic compromise.

Theoretical triangulation revealed that caregiving is not merely an individual responsibility but a systemic process shaped by sociocultural expectations, structural access to resources, and the internal emotional functioning of the family unit. Practical implications were derived accordingly, emphasizing that intervention strategies should target the family system as a whole — enhancing communication, promoting shared caregiving roles, and expanding resource accessibility—rather than focusing solely on individual caregivers.

This chapter also outlined the study ' s methodological limitations and proposed future research pathways, including longitudinal, cross-cultural, and intervention-based inquiries. These directions aim to strengthen the theoretical grounding and real-world applicability of findings.

In sum, this chapter bridges empirical evidence and systems-based theory, establishing a conceptual and analytical foundation for the concluding chapter. Chapter 7 (Conclusion) will distill the study's core contributions, articulate theoretical and policy implications, and offer actionable recommendations for future research and practice.

Chapter 7 Conclusions

This study, based on questionnaire surveys and data analysis involving 204 families of children with intellectual disabilities in Chongqing Municipality, combined with in-depth interviews with eight parents, explores the characteristics of support, positive contributions, and quality of life in these families, as well as the interrelationships among these variables.

7.1 Status of Formal/Informal Support, Positive Contributions, and Quality of Life

7.1.1 Status of Formal/Informal Support

Families of children with intellectual disabilities reported receiving a higher level of formal support compared to informal support, though both remained at moderate levels. The findings underscore the critical role of formal services—such as rehabilitation programs and government aid — in safeguarding family quality of life, while informal networks (e.g., relatives, neighbors) continue to provide indispensable emotional and practical support.

7.1.2 Status of Positive Contribution

The overall level of perceived positive contributions among families was moderately high. Among the dimensions, ″Love and Responsibility″ ranked highest, followed by ″Rational and Fair,″ ″Willingness to Give,″ ″Intimacy and Happiness,″ ″Active Life and Work,″ ″Coping Ability,″ ″Social Expansion,″ and ″Value and Meaning.″ This pattern suggests that caregivers prioritize fulfilling family duties and responsibilities, often placing others' needs before their own. At the same time, the positive contributions reported reflect notable personal growth and family resilience, offering a more holistic understanding of caregiving beyond its burdens.

7.1.3 Status of Quality of Life

The overall quality of life among families was rated at a moderately high level. The ranking of dimensions was as follows: ″Family Contacts,″ ″Parent–Child Nurturing,″ ″Physical and Mental Health,″ ″Career Development,″ ″Economic Status,″ ″Professional Support,″ ″Leisure Life,″ and ″Other People's Support.″ This suggests that families derived greater well-being and satisfaction from close family interactions, especially nurturing relationships with their children. However, these interactions often came at the cost of reduced personal leisure and limited broader social engagement.

7.2 Urban vs. Rural Disparities

Urban – rural disparities significantly shape family experiences, with urban families benefiting from greater access to resources, higher levels of societal inclusion, and more economic opportunities. These inequities underscore the urgent need for targeted policy interventions to address systemic shortcomings in rural areas.

7.3 Role of Support in Shaping Positive Contributions and Quality of Life

Formal support emerged as a strong predictor of both positive contributions and improved quality of life, highlighting the importance of strengthening structured service systems. Informal support also plays a crucial role, particularly in fostering emotional resilience and promoting community integration. These findings call for the development of comprehensive support mechanisms that encompass both formal services and informal social networks.

7.4 Key Factors Influencing Quality of Life

Quality of life is profoundly shaped by interrelated socio-economic and systemic factors, including geographic location, parental employment status, educational level, household income, the severity of the child’s disability, and the child’s overall health. These six variables are not independent; rather, they interact with and influence one another. Addressing these determinants through inclusive policies, financial assistance, and shifts in societal attitudes can significantly enhance outcomes for these families and ensure equitable, sustainable support.

In sum, strategic interventions and inclusive policies must prioritize both formal and informal supports, redress systemic inequities, and promote social acceptance. Such efforts are essential to creating a more empowering and supportive environment for families of children with intellectual disabilities.

7.5 Policy Recommendations for Chongqing's Support Systems

7.5.1 Enhance rural transportation subsidies

Chongqing's existing assistance policy for children with disabilities includes extra living and transportation allowances for those in nationally designated poor counties and deeply impoverished townships (Chongqing Municipal People's Government, 2018). To reduce urban-rural disparities, the city should institutionalize this support by offering targeted transportation subsidies—such as travel reimbursements or free public transit passes—for low-income rural families raising children with disabilities. For instance, Shanghai provides a modest monthly subsidy (¥45) to eligible residents with disabilities to offset transportation costs (Shanghai Disabled Persons' Federation, 2022). A similar program in Chongqing could significantly ease the burden on families who must make long and costly trips to access urban therapy centers and hospitals.

7.5.2 Expand early intervention coverage

Early rehabilitation is critical for developmental outcomes. Chongqing's Gaoxin District currently subsidizes up to ¥20,000 per year for intensive training for children aged 0–6 with disabilities (Chongqing High-tech Zone Government Services and Social Affairs Center, 2023). This model should be scaled across the municipality, with particular investment in rural and underserved areas. Expansion could include new pediatric rehabilitation centers and mobile therapy teams. Lei (2022) points out that most service institutions in China are concentrated in large cities, leaving rural and western areas under-resourced. By increasing access to early screening, diagnosis, and continuous care, Chongqing can reduce disparities and improve long-term outcomes.

7.5.3 Strengthen community-based health and social outreach

Integrating children with intellectual disabilities into community-level services can enhance continuity of care. Chongqing's 2019 policy aimed for over 80% of individuals with rehabilitation needs to be enrolled in family doctor teams by 2020 (Chongqing Municipal Health Commission & Chongqing Disabled Persons' Federation, 2019). This model should be further extended to include routine developmental screening and coordinated care. For example, Jiangbei District has created 129 ″康复小屋″ (rehabilitation houses) and 12 specialized pediatric rehabilitation centers (Chongqing Municipal Human Resources and Social Security Bureau, 2025). These local innovations should be scaled across the city. Moreover, recent autism guidelines advocate for community care stations that host inclusive activities (Chongqing Municipal Civil Affairs Bureau & Chongqing Disabled Persons' Federation, 2025). Embedding such programs into village-level public health efforts—via home visits, school check-ups, or community-based workshops—will create an "early-warning" and follow-up system that promotes inclusion and proactive intervention.

7.5.4 Conclusion

Implementing these localized strategies—from transport subsidies to early intervention expansion and grassroots outreach — will directly address the urban – rural inequities identified in this study. These recommendations offer a pragmatic roadmap to ensure that all families of children with intellectual disabilities in Chongqing gain equitable access to critical support services.

7.6 Summary

This concluding chapter synthesized key findings from both the quantitative and qualitative investigations, revealing the complex interplay between support systems, positive contributions, and quality of life (QoL) in families of children with intellectual disabilities in Chongqing. It highlighted the moderate yet imbalanced levels of formal and informal support, underscoring the crucial role of systemic resources in enhancing family functioning.

While families reported notable positive contributions — particularly in love, responsibility, and personal growth—challenges persisted in areas such as leisure, career development, and social participation. Quality of life, though moderately high overall, exhibited significant variation across domains and was strongly influenced by socioeconomic factors, including geographic location, parental education, and household income.

Urban–rural disparities and structural inequities emerged as enduring barriers, reinforcing the need for regionally tailored interventions. In response, this chapter proposed targeted policy recommendations, including the expansion of early intervention services, improved rural transportation subsidies, and the strengthening of community-based rehabilitation networks. These proposals, grounded in empirical findings, aim to advance equity, accessibility, and systemic coordination within Chongqing’s family support framework.

In sum, this chapter not only consolidated the study’s major findings but also translated empirical insights into practical pathways for policy development, service delivery, and future research. By centering the voices and lived experiences of families, this study advocates for a more inclusive, responsive, and family-centered support system for children with intellectual disabilities in China.

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Appendix

Appendix A Household Questionnaires

Dear parents and friends:

Hello! This questionnaire is designed to collect information on positive contributions,support and quality of life. This research focuses on status of support, positive contributions and quality of life, and finding possible measures for improving the quality of life in these families and providing references for institutions and schools related to children with ID at young age between urban and rural area to better understand the actual difficulties and needs in their families.This questionnaire is anonymous and the results of the survey are only used for statistical analysis, so your responses will not affect your and your family's reputation. We will analyze the collected data, and then the survey results will be fed back to the relevant policy-making departments, which will help you obtain more rights and interests. Please fill in the questionnaire according to your real situation, let us work with you for the better development of your child!

Please fill in the relevant information on "_____", and tick "√" on the option that matches your family's real situation. For the information you provide, we will keep it strictly confidential, please feel free to fill it out. Please contact the researcher if you have any questions and suggestions(QQ: 499781205,499781205@qq.com).

Thank you very much for your support and cooperation.

The researcher： Zeng Shulan

2024/12

Part A Demographic Information

A.Parents' information

1.You are the child's: ①mother ②father

2.Your age:_____years old

3.Location of household registration: ①urban ②rural

4.Education level: ①high school or below ② junior college ③undergraduate or above

5.Employment status: ①unemployed ②farming ③self-employed ④enterprises and institutions

6. Monthly household income: ①below RMB2,000 ②RMB 2,000-4,000 ③RMB 4,000-6,000

④ RMB 6,000-8,000 ⑤RMB 8,000-10,000 ⑥Above RMB 10,000

7. Marriage status: ①married ②divorce ③other(widower/widow)

8.Family form: ①Husband and wife live with their children (corn family)

②Live with themselves and their children (single-parent family)

③Husband and wife, children live with grandparents or grandparents (three-generation family)

④Husband and wife, children, grandparents and other relatives live together (extended family)

B.Children's information

1.child' s gender: ①male ②female

2.Child's age:_____years old

3.Degree of disability of the child: ①mild ②moderate severe extremely severe

4.Health status: ①healthy ②general ③ frail and sickly

Part B Support

A.Source of support

The source of support scale (this scale is designed to understand the assistance of the following objects or groups to you during the past 3-6 months when you are taking care of your child, please refer to your actual experience and feelings , mark the relevant number with "/" , 5 means totally helpful, 4 means very helpful, 3 means helpful, 2 means somewhat helpful, 1 means hardly helpful.)

Description of the source of support (1=hardly helpful; 2=somewhat helpful;3=helpful;4=very helpful;5=totally helpful)	**Help**				
	1	**2**	**3**	**4**	**5**
1. Spouse or partner					
2.Siblings other than children of special children					
3. Your parents					
4. Parents of spouse or partner					
5. Your siblings					
6. Siblings of spouse or partner					
7. Other relatives (such as aunts, uncles, etc.)					
8. Friends					
9.Neighbors					
10. Colleagues					
11.Parents of other special children					
12. Community staff					
13.Members of religious groups					
14. Nanny, kindergarten or school personnel					
15.Doctor					
16.Therapist					
17.Nursing staff					
18.Personnel in early intervention programs					
19.Personnel from Disabled Persons' Federation or other departments					

B.Type of support

The purpose of this scale is to understand how you have received help in your life when you are taking care of your children. Please mark the relevant numbers with "/" according to your actual experience and feelings in life, 4 means very much , 3 means a lot, 2 means occasionally, 1 means no.

Description of the type of support (1=no; 2=occasionally;3=a lot;4=very much)	**Help**			
	1	**2**	**3**	**4**
1. Someone will encourage me when I encounter setbacks.				
2. Someone to talk to when I'm having a hard time.				
3. There is someone to teach me methods and techniques to relieve stress.				
4. Someone can affirm my sacrifice for my children.				
5. Someone will help take care of the young children at home.				
6. Someone can take care of my children in the event of an emergency or when I have to go out.				
7. When my child and I need transportation assistance, someone will help me.				
8. Someone assists me with trivial household chores.				
9.Food, clothing, and other financial support when I need it.				
10. Someone assists in taking the child to the doctor or to nursing services.				
11.When I encounter difficulties, I can always find someone to help me.				
12. Someone will provide me with knowledge about the medical treatment or upbringing of special children				
13.Someone will discuss raising a special child with me.				
14. Someone will assist me in obtaining services related to the parenting needs of children with special needs.				

Note:

The types of support include emotional support (questions 1-4), substantive support (questions 5-11), and information support (questions 12-14). The scale is divided into no, occasionally, a lot, and very much according to the degree of social support, and the scores are calculated separately. 1-4 points. The sources of support include informal support (questions 1-13) and formal support (questions 14-19).

Part C Positive Contribution

For each statement below, please indicate your agreement or disagreement. Please tick (/) in the space in front of each item according to the appropriate number from the following rating scale:1=very disagree; 2=disagree;3=not sure;4=agree;5=very agree

The changes after having this child are:

Descriptions (1=very disagree; 2=disagree;3=not sure;4= agree; 5=very agree)	**Agreement**				
	1	2	3	4	5
1. My child and I can develop a closer relationship.					
2. Make me more concerned about people's future.					
3.Children will bring me a lot of unexpected happiness.					
4. It can't make me feel happy in the process of getting along with children.					
5. Everyone's life has meaning.					
6. The birth of this child makes us more responsible for the family.					
7. I can plan my time better.					
8. I understand the needs of others better.					
9. I can take more.					
10. I took on the responsibilities that my family gave me.					
11. I can handle problems better .					
12. Updated my interest in participating in different activities.					
13. Let me learn to be patient.					
14. Social life expanded due to communicative connections with other parents.					
15.It gave me a new understanding of work.					
16. Children are what I have in common with other parents.					
17. I became more responsible.					
18. I understand the emotions of others better.					
19. I am more aware of the special problems of children.					
20. Kids are the motivation to improve my job skills.					
21.When I am in trouble, I will try to solve the problem.					
22. I pursue my goals with passion.					

23. I think what I do every day is meaningful.					
24. I have clear family goals.					
25.I am happy at home.					
26. I think family is worth it.					
27. My family is more aware of special issues.					
28. Children make me kinder.					
29. I can control the development of events.					
30. When something happens, I think I generally evaluate it correctly.					
31. I understand that human existence is different.					
32. Children make our lives better planned.					
33. I think children are a great help at home.					
34. Made me take my work more seriously.					
35. Children fill the home with joy.					
36. Because of the child I will have a lot of unexpected fun.					
37. My children are a legacy of family history.					
38. There is no doubt that my child is useful.					
39. People I trust will not disappoint me.					

Note:

Active life and work(22\23\24\34\20\7\32\15)

Love and responsibility(8\10\2\5\6\28\17)

Value and meaning(33\36\37\38\35)

Intimacy and happiness(4\3\1)

Rational and fair(30\31\18\19)

Social expansion(14\12\16)

Willingness to give(26\13\21\27\39\25)

Coping ability(9\11\29)

Item 4 is a reverse question

Part D Quality of Life

For each statement below, please indicate your agreement or disagreement. Please tick (/) in the space in front of each item according to the appropriate number from the following rating scale:1=very disagree; 2=disagree;3=not sure;4=agree;5=very agree

Descriptions (1=very disagree; 2=disagree;3=not sure;4= agree; 5=very agree)	**Agreement**				
	1	2	3	4	5
1. My family members respect each other's hobbies and personal space.					
2. In the past week, my family members have been healthy and have not experienced any discomfort.					
3.In the past week, my family's appetite has been very good.					
4. For the past week, my family has been optimistic about life.					
5. The family will help the child learn to be independent.					
6. Parents help their children finish school work.					
7. I am satisfied with the relationship between my family members.					
8.Friends will help the family with daily cooking, such as shopping, taking care of family members, etc.					
9. My family members will fight together for the family's future.					
10.Relatives provide emotional support to my family, such as encouragement, listening, etc.					
11. Families can obtain medical and rehabilitation support for their children from the government (eg. Civil Affairs Bureau, Disabled Persons' Federation) .					
12. My family is actively involved in leisure activities.					
13. My family is doing well at work.					
14. Families focus on thinking about their children's future.					
15.Families can obtain social support from foundations, public welfare organizations, volunteers, etc.					
16. Relatives will help the family with daily cooking, such as shopping, taking care of family members, etc.					
17. In the past week, my family has been emotionally stable.					
18. My family members help each other.					
19. I am satisfied with the level of leisure and relaxation of family members.					
20. My family members trust each other.					

21. My family is able to have fun at work.					
22. Families teach children how to get along with others.					
23. Neighbors will help the family with daily cooking, such as shopping, taking care of the family, etc.					
24. Families can obtain financial support for their children from the government (eg Civil Affairs Bureau, Disabled Persons' Federation).					
25.My family is able to make ends meet.					
26. All family members can participate in leisure activities.					
27. For the past week, my family has felt safe.					
28. In the past week, my family has been sleeping very well.					
29. Friends provide emotional support to my family, such as encouragement, listening, etc.					
30. My family is satisfied with the current financial conditions.					
31. My family pursues jobs they love.					
32. Family members are satisfied with their current jobs.					
33.Families develop children's skills for future life					
34. My family has ample opportunities to engage in leisure activities.					
35. I am satisfied with the disability-related professional support services my family receives.					
36. My family members have convenient transportation to get where they want to go.					

Note:

Physical and mental health（2/17/4/27/28/3）

Parent-child nurturing（33/14/5/22/6）

Leisure life（26/12/34/19）

Family contacts（18/1/9/20/7）

Other people’s support（16/10/23/8/29）

Professional support（15/24/11/35）

Career development（31/13/32/21）

Economic status（25/36/30）

Appendix B Informed consent of interview participation

Dear parent:

Hello! Thank you very much for your participation in the interview part of the research project entitled Support, Positive Contributions and Quality of Life in Families of 1-6 aged Children with Intellectual Disability. The purpose of this study is to know the status support, positive contributions, quality of life and potential influencing factors of the family life quality in families of children with intellectual disability at young age. Your participation and contribution in this research are highly appreciated.

Your participation in this study is to do a one-to-one, semi-structured interview with the researcher. It will take about 30-60 minutes. During the interview, you are encouraged to freely express your opinions according to your actual situation. Your identity and the content of your conversation will be kept strictly confidential. You can also terminate the interview at any time. In order to ensure the completeness of the data collection, the conversation content will be recorded during the interview. Besides, the researcher will also take notes during the interview. The collected data will only be used for research after your consent, while the original recording will be destroyed.

I promise not to disclose any information of the interviewee, the interview materials will be used anonymously, and the original recording will be destroyed after the transcription.

________ （ signature of researcher） ________ (date)

I agree to participate in this interview. I fully understand that the interview will be recorded or taken notes, and I know that the recordings will be destroyed after the notes are sorted out, and personal information will be kept strictly confidential.

________ （ signature of interviewee） ________ (date)

Appendix C Interview outline

Section 1: General Background

- Can you tell me a little about your family and your child with an intellectual disability?
- How long have you been living in your current community? Is it in a rural or urban area?

Section 2: Family Support

- What kind of support do you receive for caring for your child with an intellectual disability? (e.g., government support, community programs, family members)
- How would you describe the level of support you receive from your extended family or friends?
- Are there any specific organizations or groups that provide support to your family? If yes, how effective do you find their support?
- What kinds of challenges do you face when seeking support for your child and your family?
- How does the support you receive differ between rural and urban areas (if you have experience of both)?

Section 3: Positive Contributions

- In your opinion, what are some of the positive contributions your child has brought to your family?
- How has caring for your child positively influenced your relationships with other family members or the community?
- Can you share a specific instance when caring for your child helped you learn or grow in a positive way?
- Do you think the support you receive has helped you better recognize the positive contributions of your child? If yes, how?

Section 4: Quality of Life

- How would you describe your family's quality of life overall?
- In what ways does the support you receive impact your family's quality of life?
- Are there particular aspects of support (e.g., financial, emotional, social) that you feel are most important to your quality of life?
- How does your child's presence contribute to your quality of life, both positively and negatively?

Section 5: Differences Between Rural and Urban Areas

- If you have experience living in both rural and urban areas, how would you compare the quality of support available in these areas?
- Do you feel that living in a rural or urban area influences the quality of life for your family? If so, how?
- Have you ever considered relocating to another area (rural/urban) due to differences in support availability?

Section 6: Recommendations and Reflections

- What changes or improvements would you suggest to better support families like yours in Chongqing?
- What advice would you give to other parents raising young children with intellectual disabilities?

- How do you think the support system can be improved to enhance the quality of life for families with children with intellectual disabilities, specifically in rural and urban areas?

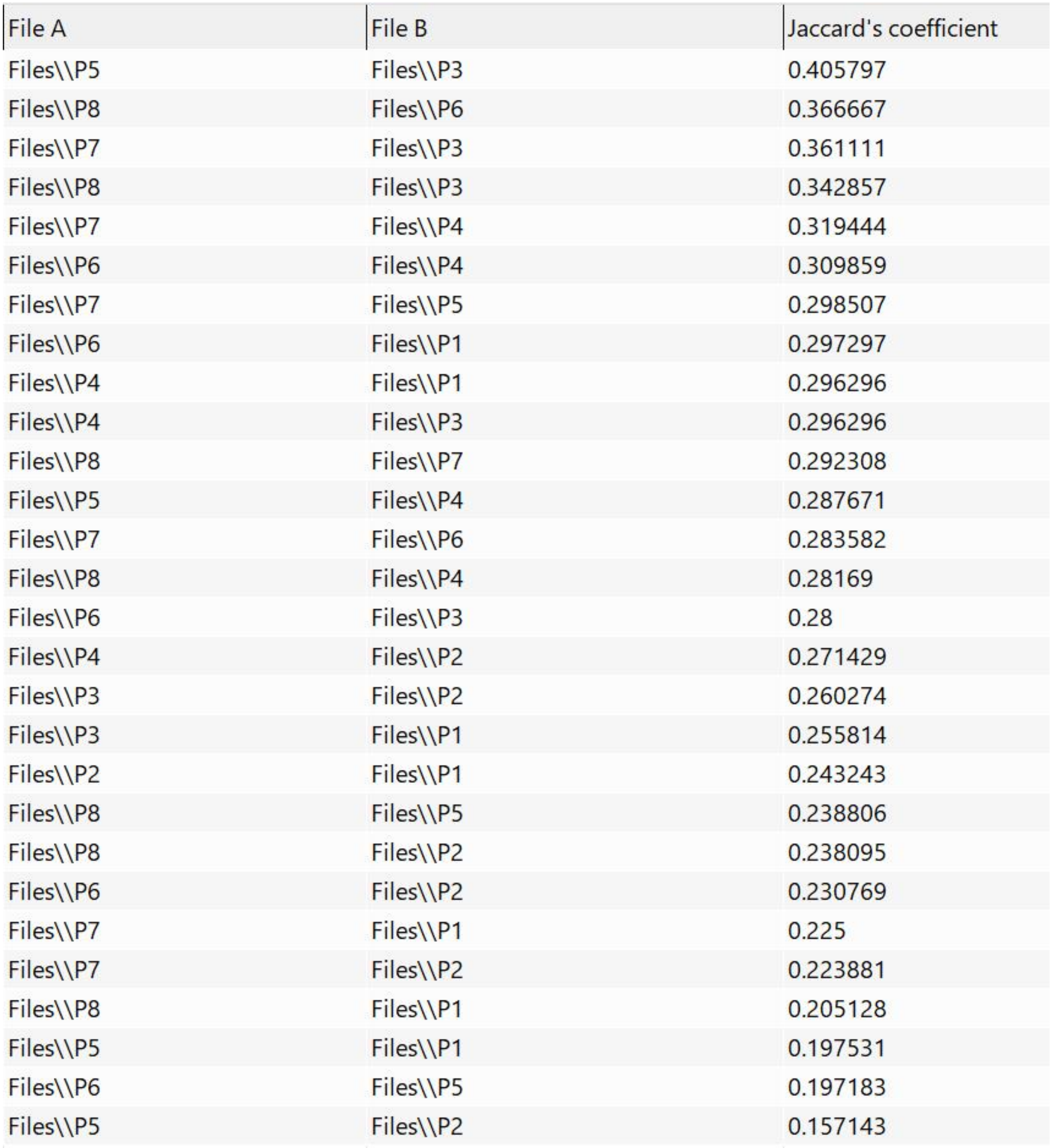
Closing Questions

- Is there anything else you would like to share about your experiences as a parent of a child with an intellectual disability?

- Do you have any additional comments or insights that you think would be helpful for this research?

Thank you very much for sharing your time and experiences with me.

Appendix D Cluster analysis based on coding similarity -jaccard coefficient



File A	File B	Jaccard's coefficient
Files\\P5	Files\\P3	0.405797
Files\\P8	Files\\P6	0.366667
Files\\P7	Files\\P3	0.361111
Files\\P8	Files\\P3	0.342857
Files\\P7	Files\\P4	0.319444
Files\\P6	Files\\P4	0.309859
Files\\P7	Files\\P5	0.298507
Files\\P6	Files\\P1	0.297297
Files\\P4	Files\\P1	0.296296
Files\\P4	Files\\P3	0.296296
Files\\P8	Files\\P7	0.292308
Files\\P5	Files\\P4	0.287671
Files\\P7	Files\\P6	0.283582
Files\\P8	Files\\P4	0.28169
Files\\P6	Files\\P3	0.28
Files\\P4	Files\\P2	0.271429
Files\\P3	Files\\P2	0.260274
Files\\P3	Files\\P1	0.255814
Files\\P2	Files\\P1	0.243243
Files\\P8	Files\\P5	0.238806
Files\\P8	Files\\P2	0.238095
Files\\P6	Files\\P2	0.230769
Files\\P7	Files\\P1	0.225
Files\\P7	Files\\P2	0.223881
Files\\P8	Files\\P1	0.205128
Files\\P5	Files\\P1	0.197531
Files\\P6	Files\\P5	0.197183
Files\\P5	Files\\P2	0.157143