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Assessing Family Quality of Life among Families of Children with Intellectual Disabilities in Chongqing, China: A Quantitative Study

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Abstract

Families raising children with intellectual disabilities (ID) face persistent challenges that may adversely affect their overall quality of life (QoL). Family Quality of Life (FQoL) reflects how families function and adapt across key domains including physical and mental health, family relationships, support access, and economic well-being. This study aimed to examine the perceived QoL among parents of children with ID in Chongqing, China, using a quantitative cross-sectional survey. A total of 177 parents participated, and data were collected using the Family Quality of Life Questionnaire for Children with Developmental Disabilities. Descriptive statistics, ANOVA, and t-tests were applied to explore group differences. Results showed a moderately high level of overall FQoL (M = 3.65, SD = 0.64), with the highest scores observed in Family Contacts (M = 3.91), Physical & Mental Health (M = 3.81) and Parent-Child Nurturing (M = 3.74), indicating strong intrafamilial cohesion. Conversely, the lowest score was found in the dimension of Other People's Support (M = 3.25), reflecting weak external support networks. Significant differences were found in QoL across disability severity levels ($p < .001$), with lower scores reported among families of children with more severe disabilities. However, no significant difference was observed between urban and rural families. These findings underscore the importance of addressing disparities in support access while acknowledging family resilience. The study is limited by its cross-sectional design and reliance on self-reported data, but offers practical implications for tailoring family-centered policies and community services that enhance FQoL in diverse caregiving contexts.

Keywords: Intellectual Disability, Family Quality of Life, Parents, Quantitative Study, China

Introduction

Intellectual disability (ID) is a prevalent neurodevelopmental condition that not only affects children's cognitive and adaptive functioning but also places considerable and enduring

demands on their families (American Association on Intellectual and Developmental Disabilities, 2022; Wang, 2012). The concept of Family Quality of Life (FQoL) encompasses the collective well-being of family members across multiple domains, including physical and mental health, economic stability, social connectedness, and access to support resources (Werner et al., 2009). Families raising children with ID often experience substantial challenges in maintaining a satisfactory quality of life due to caregiving burdens, financial strain, and systemic barriers to service access (Mestre et al., 2025).

In the Chinese context, FQoL among families of children with ID has gained increasing attention as both a social and policy concern. According to national statistics, over 1.4 million children aged 0–6 in China have disabilities, with a substantial proportion diagnosed with intellectual disabilities (National Bureau of Statistics, 2021). Chongqing, a key national central city, represents a socioeconomically diverse case where state policies such as the Special Education Enhancement Plan (2014) and municipal subsidies—up to 20,000 RMB annually for rehabilitation—have been implemented to support affected families. However, regional disparities remain evident. For instance, monthly subsidy amounts differ between districts such as Yubei and Jiulongpo (Chongqing Yubei District People's Government, 2020; Jiulongpo District People's Government, 2020), reflecting inconsistencies in service provision and economic relief.

Despite these policy efforts, many families continue to face compromised FQoL due to persistent stressors such as income instability, high caregiving intensity, and social stigma. Empirical studies indicate that families of children with ID report significantly lower levels of life satisfaction and higher risks of emotional distress compared to families of typically developing children (Totsika et al., 2017; Sun, 2014). Furthermore, the impact of caregiving extends beyond the individual parent, affecting family cohesion, employment patterns, and social participation.

Children with intellectual disabilities often require long-term rehabilitation and early intervention services, which can impose significant financial burdens and emotional strain on families (Zhu, Peng, & Zou, 2015; Xiong et al., 2010). Mothers, in particular, report elevated stress and depression due to caregiving intensity (Olsson & Hwang, 2001). In China, studies have shown that nearly one-third of such families face expenditure levels that exceed income, and over one-third of parents are unemployed due to caregiving demands (Hu & Wang, 2012; Yang & Du, 2021). In many cases, educational costs for these children constitute more than half of total household expenditures, exacerbating economic vulnerability and reducing subjective life satisfaction (Li & Jiang, 2016).

Family Quality of Life (FQoL) has been defined as "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" (Zuna et al., 2010, p. 262). FQoL frameworks typically assess dimensions such as physical health, emotional well-being, social relationships, and access to services (Schalock, Bonham & Verdugo, 2008). In China, Huang et al. (2017) developed a localized FQoL scale encompassing eight key domains—ranging from economic status and career development to parent–child interaction and professional support—with demonstrated reliability and validity. These multidimensional frameworks are essential for capturing both the objective and subjective experiences of families living with disability.

However, much of the FQoL literature is grounded in Western cultural assumptions, often neglecting collectivist norms, intergenerational caregiving roles, and deep-rooted stigma prevalent in Chinese society (Su et al., 2018). Widely used QoL models such as that of Schalock et al. (2002) may fail to account for such culturally specific factors. Although recent attempts have been made to adapt Western instruments to the Chinese context (Liu et al., 2025), concerns regarding cultural equivalence and construct validity persist. These limitations highlight the need for localized, context-sensitive models of FQoL to better understand the lived realities of families raising children with intellectual disabilities in China.

The quality of life in such families is not solely determined by structural factors but is also closely related to parental mental health, family resilience, and positive perceptions of disability. In particular, the dynamic interplay between these internal and external factors remains underexplored in China's western regions. Understanding how families adapt, maintain functioning, and experience well-being under the demands of caregiving is essential for informing inclusive and sustainable social support systems. This study responds to that need by examining FQoL in families raising children with intellectual disabilities in Chongqing, with attention to psychological, economic, and policy-related determinants.

Methodology

Research Design

This study adopted a cross-sectional quantitative survey design to assess the perceived family quality of life (FQoL) among families raising children with intellectual disabilities in Chongqing, China. The objective was to provide empirical insights into the levels and characteristics of FQoL in this population and to identify contextual patterns that may inform future family-centered support policies and practices.

Participants and Sampling

The target population comprised parents of children with formally diagnosed intellectual disabilities who were residing in the Chongqing municipality. A purposive sampling strategy was used to recruit participants with relevant caregiving experience. Eligible participants were required to be the parent or primary caregiver of a child under 12 years old diagnosed with an intellectual disability based on DSM-5 criteria.

In order to capture a range of family situations, efforts were made to include respondents from different districts and families whose children exhibited varying levels of disability severity. A total of 177 parents completed the survey. This sample size was considered sufficient for descriptive statistical analysis and subgroup comparisons.

Measures

Family Quality of Life

Family quality of life was measured using the Family Quality of Life Questionnaire for Children with Developmental Disabilities, developed by Huang (2017). This instrument has been validated for use in Chinese populations and demonstrates strong internal consistency, with Cronbach's alpha coefficients ranging from 0.76 to 0.90 across subscales.

The scale includes multiple dimensions of family life, including physical and mental health, family interactions, financial stability, leisure and recreation, career development, parent-

child relationships, professional support, and informal support. Participants rated each item using a 5-point Likert scale, from 1 (Strongly Disagree) to 5 (Strongly Agree).

Data Collection Procedure

Data were collected between December 2024 through paper-based questionnaires distributed via rehabilitation centers, special education schools, and community organizations across various districts in Chongqing. Participants were provided with informed consent forms and briefed on the purpose of the study and their rights as participants. Anonymity and confidentiality were strictly maintained throughout the research process.

Data Analysis

Quantitative data were analyzed using SPSS software. Descriptive statistics (means, standard deviations, frequencies) were calculated to summarize participants' demographic characteristics and overall FQoL scores. Where appropriate, t-tests and ANOVA were used to examine differences in FQoL across subgroups (e.g., based on child's disability severity, district of residence).

Results

Descriptive Statistics Analysis

Demographic Profile of Respondents

Table 1
Distribution of Respondents' Demographic Characteristics (n=177)

Variable	Category	n	%
Primary Respondent	Mother	135	76.3
	Father	42	23.7
Education level	High school and below	76	43.0
	Associate degree	45	25.4
	Bachelor degree and above	56	31.6
Marital status	Married	155	87.6
	Divorced	19	10.7
	Widowed	3	1.7
Parent Age	≤35 years	85	48.0
	>35 years	92	52.0

A total of 177 parents of children with intellectual disabilities participated in the study. As shown in Table 1, the majority of primary respondents were mothers (n = 135, 76.3%), while fathers accounted for 23.7% (n = 42). Regarding educational attainment, 43.0% of the participants had completed high school or below (n = 76), 25.4% held an associate degree (n = 45), and 31.6% had attained a bachelor's degree or higher (n = 56).

In terms of marital status, the overwhelming majority were married (n = 155, 87.6%), followed by divorced individuals (n = 19, 10.7%) and a small proportion who were widowed (n = 3, 1.7%). Concerning age, nearly half of the parents (48.0%) were under 35 years old (n = 85), while 52.0% (n = 92) were above 35 years old.

These findings suggest that caregiving responsibilities are predominantly undertaken by mothers and that the sample includes a broad range of educational backgrounds and family

circumstances. The age and marital status distributions also reflect a relatively stable caregiving demographic, which may have implications for the perceived quality of life within these families.

Table 2
Child's Basic Information （n=177）

Variable	Category	n	%
Gender	Male	134	75.7
	Female	43	24.3
Degree of disability	Mild	51	28.8
	Moderate	68	38.4
	Severe	58	32.8
Age	Preschool(0-6)	95	53.7
	School age(7-12)	82	46.3

Table 2 presents the basic demographic and diagnostic characteristics of the children whose parents participated in the study. Among the 177 children, a majority were male (n = 134, 75.7%), while females accounted for only 24.3% (n = 43), reflecting a gender imbalance commonly observed in the prevalence of intellectual disabilities.

Regarding the severity of intellectual disability, 28.8% (n = 51) were reported as having mild disabilities, 38.4% (n = 68) had moderate disabilities, and 32.8% (n = 58) had severe disabilities. This distribution suggests a diverse sample in terms of caregiving intensity and functional challenges, which may differentially impact family quality of life.

In terms of age, slightly more than half of the children (n = 95, 53.7%) were in the preschool stage (ages 0–6), while the remaining 46.3% (n = 82) were of school age (7–12 years). This balance provides a developmental range appropriate for examining variations in family quality of life related to the child's age and associated care demands.

This demographic profile supports the representativeness of the sample in exploring quality of life among families raising children with intellectual disabilities in Chongqing.

Overview of Quality of Life

Reliability Test

The reliability of the Quality of Life Questionnaire was evaluated using Cronbach's alpha (α) coefficients, as presented in Table 3. The internal consistency of the eight subscales demonstrated high reliability, with Cronbach's alpha values ranging from 0.816 ("Economic Status") to 0.915 ("Physical and Mental Health"). The overall reliability of the Quality of Life scale was exceptionally high at 0.972, indicating excellent internal consistency across the instrument. These findings confirm that the scale items consistently measure the intended dimensions of family quality of life among families of children with intellectual disabilities.

Table 3
Reliability of the Quality of Life Questionnaire

Dimension	Cronbach's Alpha (α)
Physical and mental health	0.915
Parent-child nurturing	0.888
Leisure life	0.892
Family contacts	0.875
Other people's support	0.899
Professional support	0.851
Career development	0.901
Economic status	0.816
Overall quality of life	0.972

Current Status of Quality of Life

To investigate the current quality of life status among families of children with intellectual disabilities, the Family Quality of Life Questionnaire was administered to a sample of 177 parents. Participants responded using a five-point Likert scale, with higher scores indicating a better quality of life. Scores were categorized into four levels: Low (≤ 2.0), Moderate (2.1–3.0), Moderately High (3.1–4.0), and High (4.1–5.0).

Table 4
Analysis of Overall Quality of Life (n=177)

Dimension	Mean	Standard Deviation
Physical and mental health	3.81	0.733
Parent-child nurturing	3.74	0.746
Leisure life	3.56	0.769
Family contacts	3.91	0.624
Other people's support	3.25	0.905
Professional support	3.60	0.818
Career development	3.65	0.745
Economic status	3.58	0.777
Overall quality of life	3.65	0.644

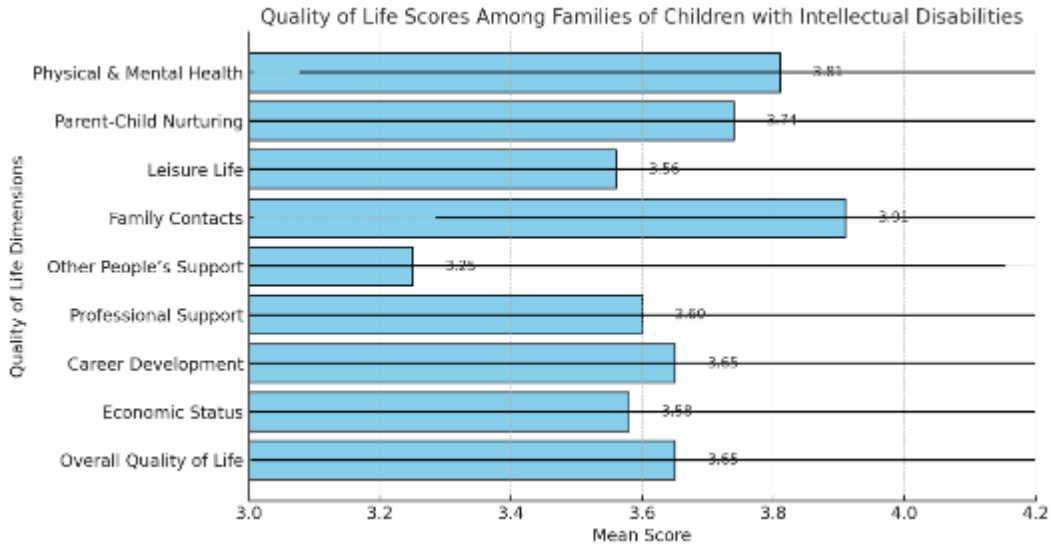

Figure 1 Bar Chart for Quality of Life Dimensions

As shown in Table 4 and Figure 1, the overall mean score for quality of life was 3.65, which falls within the "moderately high" category. Among the dimensions, "Family Contacts" received the highest mean score (M = 3.91), suggesting that strong familial relationships constitute a critical source of support for these families. Conversely, "Other People's Support" had the lowest mean score (M = 3.25), indicating that external social support networks are relatively limited for families in this sample.

These findings suggest that while families generally experience a moderately high level of quality of life and benefit significantly from close family connections, additional efforts are needed to strengthen external social and professional support systems to further enhance their overall well-being.

Background Variables Analysis

In order to know the differences of quality of life between different family groups, independent samples t-test and one-way analysis of variance (ANOVA) were conducted to compare the differences of perceived quality of life between family groups with two kinds of conditions and three or more kinds of conditions separately , such as family location, and severity of ID.

Difference on Children's Degree of Disability

To explore how the severity of intellectual disability affects perceived family quality of life (FQoL), one-way ANOVA was conducted across three disability groups: mild, moderate, and severe. As presented in Table 5, statistically significant differences were found across all domains of FQoL, including the overall quality of life score.

Families of children with mild disabilities reported significantly higher mean scores across all domains. For example, their perceived physical and mental health (M = 4.02) and parent–child nurturing (M = 3.99) were notably higher compared to those with severe disabilities (M = 3.61 and 3.44, respectively). Similarly, scores for leisure life, family contacts, external support, professional services, and economic status all declined with increasing disability severity. The overall FQoL score decreased from 3.86 (mild) to 3.39 (severe), with the F

statistic = 8.338, p < 0.001, indicating a robust and statistically significant trend.

Table 5
Difference of quality of life on children's disable degree (N=177)

	Mild (N=51) M	Moderate (N=68)	Severe (N=58)	F	P
Physical & mental health	4.02	3.83	3.61	4.320	0.015*
Parent-child nurturing	3.99	3.82	3.44	8.745	<0.001***
Leisure life	3.73	3.63	3.31	4.615	0.011*
Family contacts	4.09	3.91	3.74	4.311	0.015*
Other people's support	3.56	3.31	2.89	8.512	<0.001***
Professional support	3.75	3.74	3.31	5.720	0.004**
Career development	3.79	3.77	3.37	6.233	0.002**
Economic status	3.80	3.64	3.32	5.827	0.004**
Total scale of quality of life	3.86	3.71	3.39	8.338	<0.001***

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

To further identify where differences occurred, LSD post hoc tests were conducted (see Table 6). Significant differences were observed between the mild and severe groups across all dimensions, with the largest mean difference noted in other people's support (MD = 3.38, p < 0.001) and total FQoL score (MD = 16.82, p < 0.001).

Table 6
Multiple comparisons of the differences of quality of life among different disable degree (N=177)

	Mild/severe		Moderate/severe	
	MD	P	MD	P
Physical & mental health	2.43	0.004	/	/
Parent-child nurturing	2.77	<0.001	1.90	0.003
Leisure life	1.64	0.005	1.27	0.019
Family contacts	1.73	0.004	/	/
Other people's support	3.38	<0.001	2.11	0.007
Professional support	1.76	0.005	1.70	0.003
Career development	1.67	0.003	1.61	0.002
Economic status	1.44	0.001	0.96	0.019
Total scale of quality of life	16.82	<0.001	11.68	0.004

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

In the comparison between moderate and severe groups, families of moderately disabled children also reported higher levels of parent–child nurturing (MD = 1.90, p = 0.003), professional support (MD = 1.70, p = 0.003), and economic status (MD = 0.96, p = 0.019). These findings suggest that as the severity of the child's disability increases, the family's

perceived quality of life decreases significantly, particularly in domains related to interpersonal relationships, caregiving burden, and access to external support systems.

Overall, these results underscore the differentiated needs of families raising children with varying degrees of intellectual disabilities and point to the importance of tailored support services in improving family well-being.

Difference on Family Location

To examine whether family location influenced perceived family quality of life (FQoL), an independent samples t-test was conducted comparing families living in urban (n = 154) and rural (n = 23) areas (Table 7). Across all dimensions of FQoL, rural families consistently reported slightly higher mean scores than their urban counterparts; however, none of the differences reached statistical significance at the 0.05 level.

For instance, rural parents reported higher scores in physical and mental health (M = 4.01, SD = 0.56) than urban parents (M = 3.78, SD = 0.75), but the difference was not statistically significant (t = -1.369, p = 0.173). Similarly, rural families reported more positive perceptions of professional support (M = 3.80 vs. 3.57), other people's support (M = 3.54 vs. 3.20), and economic status (M = 3.68 vs. 3.56), though again without reaching conventional thresholds of significance.

The total FQoL score was also slightly higher in rural families (M = 3.80, SD = 0.43) than in urban families (M = 3.62, SD = 0.67), with a near-significant trend (t = -1.657, p = 0.053). This marginal difference suggests that, although rural families may face structural disadvantages, their perceived family cohesion and adaptation may be relatively stronger in some domains. These findings highlight that family location alone does not appear to be a decisive factor in shaping FQoL perceptions among caregivers of children with intellectual disabilities, though potential cultural, contextual, and service-related differences merit further exploration.

Table 7
Difference of quality of life on family location (N=177)

	Urban(N=154) (M±SD)	Rural(N=23) (M±SD)	T	P
Physical & Mental Health	3.78±0.75	4.01±0.56	-1.369	0.173
Parent-Child Nurturing	3.73±0.77	3.82±0.52	-0.680	0.500
Leisure life	3.55±0.79	3.61±0.63	-0.358	0.721
Family contacts	3.89±0.65	4.02±0.45	-0.906	0.366
Other people's support	3.20±0.92	3.54±0.74	-1.672	0.096
Professional support	3.57±0.84	3.80±0.59	-1.286	0.200
Career development	3.63±0.76	3.78±0.60	-0.947	0.345
Economic status	3.56±0.80	3.68±0.62	-0.825	0.415
Total scale of quality of life	3.62±0.67	3.80±0.43	-1.657	0.053

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

Discussion

This study investigated the perceived quality of life (QoL) among families raising children with intellectual disabilities in Chongqing, China. Overall, the quantitative findings revealed a moderately positive evaluation of family quality of life (M = 3.65, SD = 0.64), consistent with previous Chinese studies suggesting that families, while challenged, often demonstrate resilience in caregiving contexts (Huang et al., 2020; Hu et al., 2012).

Intrafamilial Strengths and Social Deficits

Among the specific QoL domains, Family Contacts (M = 3.91) and Parent–Child Nurturing (M = 3.74) emerged as the strongest aspects of family life. These high scores suggest that families continue to find emotional closeness and cohesion amidst adversity. Such findings align with ecological models of family adaptation, which emphasize intrafamilial bonds as the primary protective factors during prolonged stress (Zuna et al., 2010; Patterson, 2002). These results also reflect the Chinese cultural emphasis on filial piety and interdependence within families.

Conversely, Other People's Support received the lowest mean score (M = 3.25), indicating widespread dissatisfaction with external sources of assistance. This was supported by qualitative evidence where families frequently reported weak social networks, service inaccessibility, and pervasive stigma (Feaster & Franzen, 2020). These findings reinforce existing literature identifying limited community engagement and stigma-related exclusion as persistent barriers for Chinese caregivers (Chiu et al., 2013).

The moderately high score in Professional Support (M = 3.60) further reveals uneven access to institutional resources. Despite ongoing policy initiatives in China aimed at expanding early intervention and rehabilitation services, their availability and effectiveness remain inconsistent across regions (Gu et al., 2023).

Impact of Disability Severity

A prominent finding was that child disability severity significantly influenced total FQoL, with families of severely disabled children reporting the lowest scores ($F = 8.338$, $p < .001$). These differences extended across physical health, nurturing, leisure, career development, and economic stability. Post hoc comparisons confirmed substantial mean differences between mild and severe groups in almost all domains (see Tables 5–6).

This pattern is consistent with global and Chinese research linking increased caregiving demands with declines in parental well-being and household functioning (Totsika et al., 2011; Tang & Luo, 2024). As caregiving burdens escalate, parents often experience emotional fatigue, social withdrawal, and economic constraints, which collectively erode their quality of life.

However, it is important to recognize that severity does not operate in isolation. In many cases, parents of severely disabled children reported resilient coping behaviors, albeit accompanied by significant life sacrifices. Such patterns reflect the paradoxical coexistence of burden and meaning, a concept supported by resilience-oriented frameworks in family research (Walsh, 2021).

Rural–Urban Disparities: Limited but Informative

Contrary to expectations, urban–rural location did not produce statistically significant differences in total FQoL scores (Table 7). While rural families reported slightly higher scores in family cohesion and life satisfaction, the differences were marginal ($p = .053$). These findings suggest that location alone may not be a decisive factor, but rather a moderating variable shaped by family culture, resource access, and social networks.

Existing literature has highlighted that rural families often benefit from tighter kinship ties and shared caregiving norms, which can buffer the impact of service scarcity (Tang & Luo, 2024). However, they may also face heightened stigma, transportation barriers, and limited access to professional support, which offset potential advantages.

These findings imply that geographic context modulates how families mobilize internal and external resources, and underscore the need for context-sensitive support models rather than uniform policy strategies.

Conclusion

This study sheds light on the complex, multi-dimensional nature of family quality of life among parents raising children with intellectual disabilities in Chongqing, China. The findings underscore three key insights:

- Strong intrafamilial relationships serve as a core protective factor and are a source of emotional resilience.
- Disability severity significantly moderates QoL outcomes, suggesting the need for differentiated service planning based on child functional needs.
- Geographic location plays a subtle but complex role, with rural families demonstrating both strengths (social cohesion) and vulnerabilities (service gaps).

Limitations and Future Research

This study has several limitations. First, the cross-sectional design limits causal interpretations regarding the relationship between child disability severity and family quality of life (FQoL). Second, the sample was drawn exclusively from Chongqing, which may restrict the generalizability of findings to other regions in China. Third, the rural subgroup was relatively small (N=23), reducing the power to detect location-based differences. Finally, the reliance on single-parent self-report data may introduce bias and limit the understanding of broader family dynamics.

Future studies should adopt longitudinal or mixed-methods designs to capture changes in FQoL over time and provide deeper contextual insights. Expanding geographic coverage and including multiple caregivers within the family would also strengthen the validity of findings. Additionally, future research could examine mediating factors such as coping strategies and support accessibility to better understand the mechanisms influencing family well-being.

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