

Satisfaction of a Family which has an Individual with Intellectual Disabilities in Relation to Family Quality of Life

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HOW TO CITE:

S.Aldehami (2026). Satisfaction of a Family which has an Individual with Intellectual Disabilities in Relation to Family Quality of Life. International Journal of Special Education, 41(10s), 761-774

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ABSTRACT:

The purpose of this study was to assess family satisfaction with two domains of family quality of life (FQOL): emotional well-being and disability-related support among families of persons with intellectual disability (ID) living in Saudi Arabia. This study also sought to determine whether families differed in their level of satisfaction by geographic region and family income, as well as whether families who were satisfied with emotional well-being were also satisfied with disability-related support. Using a quantitative survey design, family satisfaction was assessed with 74 families. Results revealed that families were moderately satisfied with emotional well-being and significantly less satisfied with disability-related support, with family provider relationship quality being rated the lowest. There were no significant differences in satisfaction by geographic region for either domain. Family income was a significant predictor of satisfaction with disability-related support, $F(2, 71) = 9.98, p = .001$. Post hoc tests revealed that families with high incomes were the most satisfied with disability support and families with middle incomes were the least satisfied. Satisfaction with emotional well-being and disability-related support were not significantly correlated ($r = -.130, p = .27$). Results highlight the need for income-sensitive, domain-specific interventions to enhance FQOL for families of individuals with ID.

Keywords: family quality of life, intellectual disability, emotional well-being, disability-related support.

Introduction

Family Quality of Life (FQOL) gained substantial attention among researchers in recent years and has become a construct that families raising someone with intellectual disabilities (ID) are most focused on (Alnahdi et al., 2021; Summers et al., 2005; Zuna, Turnbull, & Summers, 2009). With recent policy emphasizing family centered planning, researchers shifted focus to families rather than the outcomes of individuals with disabilities separately (Summers et al., 2005).

FQOL expands on quality of life by focusing specifically on families who have someone with a disability in their family (Hastings, Beck, Daley, & Hill, 2005). Quality of life outcomes for families raising someone with an ID can be impacted by access to services and support needed to care for their loved one (Alnahdi & Schwab, 2024). Satisfaction in five domains make up FQOL: family interaction, parenting, emotional well-being, physical /material well-

being, and disability-related support (Alnahdi et al., 2021; Hoffman et al., 2006).

Parents of children with disabilities report greater levels of stress, sadness and worry due to parenting challenges and less access to support (Hoffman et al., 2006). ID is defined by impaired intellectual functioning and deficiencies in adaptive behaviors that begin before the age of 18 (Schalock et al., 20 21). ID can affect the family dynamics not only on a day-to-day level but on emotional and psychosocial levels as well (Samuel, Marsack-Topolewski, & Chan, 20 25; Schlebusch, Dada & Samuels, 2017; Lahaije et al., 2023). Geography and income are variables that affect many families raising a child with a disability. Access to services, income levels, values, cultural differences, and social networks all affect FQOL and can vary by geography (Fortney, & Tassé, 20 21; Parish, Rose, & Andrews, 2009). Family income affects what services families can receive as families who lived under the poverty line were less likely to be able to afford quality services (Emerson et al., 20 21; Fortney, & Tassé, 20 21). Lower income levels have also been shown in families who have a child with an ID when compared to families without ID care.

Income is another area that ties into the geography that a family lives. The stress of raising a child with an ID can cause financial strain on families. Families experience an increase in out-of-pocket expenses when it comes to therapies and doctor's appointments, as well as loss of income if one or both parents decide to stop working to care for their child (Wang et al., 2004). Costanzo and Reilly (20 24) found that families with disabled children have more financial strain due to disability related expenses. If families live in rural areas or areas where there are limited publicly funded services, there are fewer private services available for families which can cause more burden on the family (Katumba et al., 2023). A study was conducted across 3 countries in the Arab world including Saudi Arabia, Egypt, and Qatar to measure FQOL. They found that though the overall mean scores were similar between countries, family interaction scored significantly higher than emotional well-being

(Al- Tami, Al- Malki, & Mohammed, 2025). Family income and maternal education predicted family satisfaction in the emotional well-being and physical well-being domains (Schlebusch, Samuels, & Dada, 2017).

While there have been studies conducted to evaluate these domains individually, not much research has been done to look at these domains together specifically from the perspective of parents who have an individual with ID in their family. There is a need to explore how income and geographic location intersect to affect family resilience and perceptions towards these domains of FQOL.

Literature Review

FQOL has historically been defined as multidimensional assessment of satisfaction with major life-domains that affect families' daily lives when they have an individual with a disability (Schalock et al., 2021; Zuna et al., 2009). Researchers more recently have conceptualized FQOL in terms of both collective (vs individual family member) experiences/outcomes and access to resources, capturing both quality of life domains as well as financial stability (Zuna et al., 2010). The leading FQOL measure, the BC-FQOL Scale conceptualizes FQOL within these bounds, featuring five major domains that demonstrate sound psychometric fidelity across cultures and income levels (Alnahdi & Schwab, 2025; Liu et al., 2025). Confirmatory factor analyses have repeatedly supported the scale's factor structure across differing socioeconomic positions and countries/geographies, though global family satisfaction with FQOL is lower among lower-income families and those in rural settings (Alnahdi et al., 2021; Jenaro et al., 2020; Liu et al., 2025). Emotions, mood, and feelings of support were all shown to have lower ratings in families where a child has ID compared to the entire FQOL Scale.

Parent/caregiver mental health difficulties related to decreased FQOL have been consistently documented. Parents report higher levels of stress, depression and anxiety, as well as lower levels of social support when their child has an ID (Aksamit & Wehmeyer 2022; Barratt et al.,

2025). Lower-income parents have also reported heightened levels of emotional distress when they have a child with an ID due to heightened financial insecurity, the inability to access supports their family needs and lack of breaks from caring for their child (Wang et al., 2004; Costanzo & Reilly, 2024). Rural parents reported they had lower emotional health and well-being compared to urban parents, and those emotions and mood were the most cited domain that affected their quality of life. Researchers have concluded this is due to decreased access to mental health professionals and lack of support groups for rural parents of children with ID. Urban parents, while they may have more access to mental health services than their rural counterparts, are not immune to emotional well-being difficulties. Lower-income urban parents reported emotions and mood were the domain that most affected their quality of life because although they have access to mental health services, there are more barriers such as cost of transportation, long waitlists for services, and lack of clinicians who may match them in terms of race or culture (Al- Tami et al., 2025).

Families who live in countries with more robust disability policies and social safety net programs report higher levels of emotional well-being within this domain regardless of income, highlighting how families are impacted by structural factors outside of their individual control (Alnahdi & Schwab, 2024; Schalock et al., 2021). Support related to disability is one of the domains that showed the greatest differences based on families' geography. Families who live in urban areas have more access to disability related services for their family member with a disability compared to their rural counterparts. Both service accessibility and financial resources have been shown to predict families satisfaction with support services for their family member with ID (Alnahdi & Schwab, 2024; Schalock et al., 2021). Families reported higher satisfaction with their FQOL when services were available, collaborative, and took their culture into consideration. (Al- Tami et al., 2025). Rural families reported the lowest levels of satisfaction with support services for their family member

with ID. Experts believe this is because there are fewer services offered in rural areas. These services include, but are not limited to speech therapy, physical therapy, special education services, and respite care.

Low-income rural families are at a unique disadvantage because they do not have the financial means to travel to urban areas to receive services or pay for private services. Higher-income rural families who need services for their family members with ID have the option of traveling to services in urban areas and/or paying for private services. (Costanzo & Reilly, 2024; Katumba et al., 2023; Smith, & Caudill, 2024) During the COVID-19 pandemic, telehealth became a widely used option for many families. Researchers believe telehealth could be a method for helping provide services to families in rural areas; however, low-income families were less likely to use telehealth because they did not have access to the necessary devices, Wi-Fi, and were unfamiliar with the technology. (Willner et al., 2020) Although families who live in urban areas have more access to disability services there is still income-based disparities within this population. Families who have a higher income still report using private services outside of public support their family member with ID receives.

Researchers have found that countries that offer disability services to families through public funding have smaller income-based disparities when it comes to accessing support services for their family member with ID compared to countries that offer means-tested services or have a market-based approach for determining who gets services (Alnahdi & Schwab, 2024; Liu et al., 2025; Schalock et al., 2021). Countries with a centralized approach to disability service provision had smaller geographic disparities when families were asked about their satisfaction with support services for their family members with ID.

Definitions of Terms

Intellectual disability (ID) is disability that is characterized by significant limitations of intellectual functioning and adaptive behavior. Intellectual disability covers a condition in which

there is mental performance much below the general average. Also, ID occurs when one experiences limited skills and two less adaptive social skills prior to 18 years old (Ministry of Education of Saudi Arabia, 2018).

Family Quality of Life (FQOL). Family Quality of Life is what families with disabilities feel about their overall well-being, satisfaction, and function within society. FQOL includes subjective perceptions and objective indicators of family well-being, such as social and physical environments that support families (access to resources) as well as economic security (Alnahdi, Alwadei & Schwab, 2024; Zuna et al., 2019).

Emotional Well-Being. Refers to family's mental health and emotional aspect including levels of stress and life satisfaction as well as absence of psychological distress (Al-Tami et al., 2025; Lahaije et al., 2025). Families financial security and ability to access services have been shown to positively impact emotional well-being.

Disability-Related Support. Support services/resources that are needed to support not only the individual with ID but their family as well. Whether these services are affordable and in close proximity to them is also an influence (Alnahdi & Schwab, 2024; Schalock et al., 2021).

Problem Statement

FQOL can be affected by various contextual factors and structures in addition to functioning of the individual with ID (Al-Tami et al., 2025; Samuel et al., 2025). While previous studies have identified associations between FQOL and socioeconomic status, level of disability, or access to needed services (Al-Tami et al., 2025; Alnahdi & Schwab, 2024; Hu, Wang, & Fei, 2021), few national datasets explore differences in satisfaction with both of the two domains measured by the BC-FQOL: emotional wellbeing and disability-related support services, by family income level and geographic location.

Lower socioeconomic status is consistently identified as a source of financial vulnerability among families who have an individual with ID. Families are more likely to live in poverty and experience material hardship if they have a child

with a disability when compared to families without a disabled child (Emerson et al., 2021). Income effects may differ by domain of satisfaction as well as by geographic location. For example, families with lower incomes living in rural areas may have less access to services, may experience more geographic isolation, and have fewer financial means to pay for private services compared to their urban counterparts. Urban families with lower incomes may face stressors such higher costs of living, lack of affordable housing, and difficulties with balancing parental employment and providing care (Costanzo & Reilly, 2024; Katumba et al., 2023; Parish & Cloud, 2006). While research points to differences in challenges faced by families with varying incomes across geographic locations, few studies explore how family income level and geographic location may jointly impact satisfaction in all domains of FQOL.

Though various studies have examined satisfaction using the BC-FQOL Scale, few studies include both geographic location and income level as variables in their models to understand the combined impact of income and geography on families who have an individual with ID (Alnahdi & Schwab, 2024; Liu et al., 2025). Research exploring individual domains of the BC-FQOL has found that predictors like maternal education level, family income, and level of disability are related to specific outcomes in different domains (Al-Tami et al., 2025; Wang et al., 2004). However, few studies take it a step further to understand if the effects of family income level vary by geographic location (Schlebusch et al., 2017). By not understanding how income level impacts family satisfaction within geographic regions, professionals cannot know if there should be different approaches to helping families with lower incomes compared to higher incomes within the same region.

For example, during the COVID-19 pandemic, families with lower incomes who live with children with developmental disabilities experienced more difficulties, such as loss of services and decreased income, than families with higher incomes and these difficulties were exacerbated for families living in geographic areas

with fewer resources (Willner et al., 2020). The problem is that there is limited large-scale quantitative research exploring how families who have an individual with ID report satisfaction within these two domains (emotional support and disability-related support services) and how it may vary by geographic location and income level. Therefore, this may prevent development of targeted, inexpensive programs to improve FQOL for families living in different geographic areas and families with varying levels of income.

Purpose of the Study

The purpose of conducting this study was to take the opportunity to do an original research project on a topic that was important to me. Family satisfaction who has an ID across two FQOL domains: emotional well-being and disability-related support based on geographic location and family income. Thus, the study was determined what levels of satisfaction of quality of life does the family who has an individual with ID rate their FQOL as based on emotional well-being and disability-related support. Furthermore, what are the differences in FQOL satisfaction scores regarding emotional well-being and disability-related support based on geographic location and income. In addition, the study sought to identify whether a statistically significant relationship exists between emotional well-being and disability-related support among families of individuals with ID. The researchers hope that their findings can be used to inhibits development to generate actionable evidence for policymakers, educators, and service providers about which families experience the most significant satisfaction gaps across domains and can be used to develop economically responsive and geographically equitable interventions so that all families no matter where they live or how much they earn can access the supports they need to enjoy a high quality of life.

Research Questions and Analyses

This study was guided by the following overarching research question:

How satisfied is a family which has an individual with ID in relation to family's quality of life?

1. What are the levels of satisfaction of a family which has an individual with ID based on emotional well-being and disability-related support?
2. What are the differences in FQOL satisfaction of a family which has an individual with ID related to emotional well-being and disability-related support based on both geographic location and income?
3. What is the relationship between emotional well-being and disability-related support in FQOL satisfaction?

Method

Research Design and Sampling Methods

This study utilized a non-experimental cross-sectional survey design to assess satisfaction of a family which has an individual with ID with FQOL. Non-experimental studies were used when the study was designed to describe or compare groups without manipulation of variables or controlling causality (Creswell & Creswell, 2023). The researchers used cross-sectional strategy because the data for each participant was collected at the same time allowing them to collect data from families recruited from various geographic locations as well as income levels which allowed the researchers to easily identify differences between groups' satisfaction with FQOL (Levin, 2006). Population of this study was primary caregivers who most often are parents of ID living in different geographic areas. Geographic region was determined by three categories: (1) small, large, and suburban cities. Level of family income was measured as low income, middle income, and higher income. The division between low middle and high income was made based on Household Income and Expenditure Survey published by General Authority for Statistics (2024). Study authors reported that average monthly disposable income for Saudi household was SAR 18,056.

Referring to the data published by General Authority for Statistics (2024), study authors divided participants household income into three categories: low-income families who earns $\leq$ SAR 9,000 per month, middle-income families who earns SAR 9,001-SAR18,000 and high-income families who earns $>$ SAR 18,000 per month. Authors did this division to able to analyze difference in FQOL between the three income groups. The questionnaire was made up of 10 question divided into two sections with first section targeting emotions wellbeing and second targeting disability support. There were different questions within each section that were asked to parents of child with ID regarding BC-FQOL. Sample random was used to recruit participants that are adequately distributed by geographic location and income (Creswell & Creswell, 2023). Prior to distributing the questionnaire, pilot study was conducted with fifteen family who are also from study community. The fifteen families were used to assess the validity of questionnaire. Contrary, sample size for this study consist of 74 family member of an individual with ID in Saudi Arabia and specifically from central region.

Instruments

Two measurement tools were used to obtain data from the sample students; these included demographic questionnaire and survey. The demographic questionnaire included questions related to caregivers geographic, age, and income. Whereas based on the study' objectives, research methodology, and target population survey questionnaire used was Beach Center Family

Quality of Life (BC- FQOL) Scale which has five domains: family interaction, parenting, emotional well-being, physical/material well-being, and disability-related support (BC- FQOL; Hoffman et al., 2006). For the purpose of this study, emotional well-being and disability-related support subscales were considered as primary outcome variables. Items are scored on a five-point Likert scale from 1 (very dissatisfied) to 5 (very satisfied), with higher scores indicating higher levels of satisfaction. BC- FQOL Scale has been shown to have excellent psychometric properties in a variety of language and cultural adaptations, such as Arabic (Alnahdi et al., 20 22), Chinese (Liu et al., 20 25), and Spanish (Jenaro et al., 20 20), which supports its use with geographically diverse populations.

Content Validity was done and measured by specialized professors in special education at Qassim University. Regarding the agreement rate of the panel it was (86%) which is considered high enough to approve the items content validity. Also, the researcher measured the Internal consistency of the instrument using Cronbach's Alpha coefficient (α). Table 1 illustrates the internal consistency validity of the instrument; Correlation Coefficient was conducted to ensure the validity of the internal consistency of the instrument. Pearson correlation between Items 1-20 and total score was statistically significant ($p < 0.05$). In other words, all items positively contributes to the scale and the instrument has a good internal consistency.

Table 1 Internal consistency of questionnaire items

Emotional Well-Being Tools	Consistency Coefficients	Disability-Related Support	Consistency Coefficients
1	.883**	1	.746**
2	.824**	2	.728**
3	.852**	3	.727**
4	.902**	4	.750**

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Reliability Data Collection

Table 2 displays the internal consistency/reliability of Cronbach' alpha performed on each of the major variables scales before any statistical analysis was run to answer the research questions.

As displayed, the emotional well-being scale had excellent internal consistency ($\alpha = .89$) and the disability-related support scale had good internal consistency ($\alpha = .72$), showing that both scales were acceptable in reliability.

Table 2 Internal Consistency Reliability Coefficients in Cronbach's Alpha

Subscales	No. of Items	Reliability Coefficient
		Current Study
Emotional Well-Being	4	.89
Disability-Related Support	4	.72

Data Analysis

Descriptive statistics were used for demographic information (frequencies, mean, SD). Percentages were calculated for all variables. Descriptive statistics including means, standard deviation (SD) were calculated to address RQ1 and rank the items based on the domains (emotional well-being and disability-related support). The researcher was also able to run a comparative analysis using ANOVA to meet RQ2 by comparing the geographic location and income variables to see if there were differences in FQOL satisfaction of a family which has an individual with ID in regard to emotional well-being and disability-related support. A Bivariate Correlation was conducted for RQ3. This test is used when measuring to relationship between two quantitative variables. The two variables were emotional well-being and disability-related

support in FQOL satisfaction among families of individual with ID.

Results

Descriptive Analysis Results

Table 3 represents the demographic characteristics of 74 family who has an individual with ID in the central region of Saudi Arabia. As concerning geographic location variable, majority of the family indicated that there were located in large cities (62.2%), over a quarter said there were located in small cities (31.1%), and 6.8% indicated that there were located in suburban regions. In terms of income, the majority of the family (74.3%) identified as middle income (9100 - 18000), 21.6% of the family identified as low income (< 9000), and 4.1% of the family identified as high income (> 18100).

Table3 Demographics of the Teacher Respondents

Variables	(N = 74)	
	Frequency	Percentage
Geographic Location		
Large City	46	62.2 %
Small City	23	31.1%
Suburban	5	6.8%
Income		
Low < 9000	16	21.6%
Medium 9100 - 18000	55	74.3%
High > 18100	3	4.1%

Results Related to RQ1:**Emotional Well-Being Results**

Table 4 present the means and SD of the emotional well-being scale, which reflect the level of family satisfaction with FQOL among families who has an individuals with ID. The item 4: My family has outside help available to us to take care of special needs of all family members yielded the highest mean score ($M = 3.47$) among all the items. In contrast, the item coded as 3: My family

members have some time to pursue their own interests indicated the lowest mean score ($M = 3.39$) among all other items. Furthermore, the item coded as 1: My family has the support we need to relieve stress showed the greatest dispersion ($SD = 1.183$) among all other items whereas the item coded as 2: My family members have friends or others who provide support indicated the least variation ($SD = 1.112$) among all items.

Table 4 Item Means and Standard Deviations (SD) of the Emotional Well-Being Scale.

Item Code	Mean	SD
1: My family has the support we need to relieve stress.	3.43	1.183
2: My family members have friends or others who provide support.	3.45	1.112
3: My family members have some time to pursue their own interests.	3.39	1.180
4: My family has outside help available to us to take care of special needs of all family members.	3.47	1.161

Disability-Related Support Results

Table 5 present the means and SD of the disability-related support scale, which reflect the level of family satisfaction with FQOL among families of individuals with ID. The item coded as 2: My family member with special needs has support to make progress at home yielded the highest mean score ($M = 2.64$) among all the items. In contrast, the item coded as 4: My family has a good relationship with the service providers who work with our family member with a

disability indicated the lowest mean score ($M = 2.43$) among all other items. Furthermore, the item coded as 1: My family member with special needs has support to make progress at home showed the greatest dispersion ($SD = 1.154$) among all other items whereas the item coded as 1: My family member with special needs has support to make progress at school or workplace indicated the least variation ($SD = 1.088$) among all items.

Table 5 Item Means and Standard Deviations (SD) of the Disability-Related Support Scale.

Item Code	Mean	SD
1: My family member with special needs has support to make progress at school or workplace.	2.53	1.088
2: My family member with special needs has support to make progress at home.	2.64	1.154
3: My family member with special needs has support to make friends.	2.55	1.148
4: My family has a good relationship with the service providers who work with our family member with a disability.	2.43	1.148

Results Related to RQ2: Results of Analysis of Variance (ANOVA) of the Emotional Well-Being

Results of a one-way ANOVA indicated that family satisfaction with FQOL among families of individuals with ID regarding the emotional well-being was not statistically significantly different based on geographic location, $F(2, 71) = 2.69$, $p = .074$. As shown in Table 6, family satisfaction with FQOL were slightly different regarding the emotional well-being based on mean scores were nearly identical across groups: small cities ($M = 15.30$, $SD = 3.23$), suburban regions $M = 13.60$, $SD = 4.72$), and families located in large cities ($M = 12.97$, $SD = 4.14$). Given the non-significant result, post-hoc comparisons were not conducted.

Regarding the income variable, the findings revealed that family satisfaction with FQOL among families of individuals with ID regarding the emotional well-being was not statistically significantly different based on their income, $F(2, 71) = .91$, $p = .405$ (see Table 6). Therefore, family satisfaction with FQOL were somewhat different regarding the emotional well-being based on mean scores as follows: family identified as high income ($M = 14.66$, $SD = 2.51$), family identified as middle income ($M = 14.03$, $SD = 4.06$), and family identified as low income ($M = 12.56$, $SD = 3.99$). The results of the Bonferroni test analysis were not needed because they were not statistically significantly different based on the family income.

Table 6: Analysis of Variance (ANOVA) of the Emotional Well-Being

Variable		N	Mean	SD		Sum of Squares	df	F	Sig.
Geographic Location	Large City	46	12.97	4.14	Between G.	83.074	2	2.698	.074
	Small City	23	15.30	3.23	Within G.	1093.048	71		
	Suburban	5	13.60	4.72	Total	1176.122	73		
Income	Low < 9000	16	12.56	3.99	Between G.	29.590	2	.916	.405
	Medium 9100 - 18000	55	14.03	4.06	Within G.	1146.531	71		
	High >18100	3	14.66	2.51	Total	1176.122	73		

Results of Analysis of Variance (ANOVA) of the Disability-Related Support

Results of a one-way ANOVA indicated that family satisfaction with FQOL among families of individuals with ID regarding the disability-related support was not statistically significantly different based on geographic location, $F(2, 71) = 151$, $p = .860$. As shown in Table 7, family satisfaction with FQOL were slightly different regarding the disability-related support based on mean scores were comparable across groups: families located in large cities ($M = 10.30$, $SD = 3.37$), small cities ($M = 9.95$, $SD = 3.41$), and

suburban regions $M = 9.60$, $SD = 3.28$). The Bonferroni test was not needed.

Concerning the income variable, the findings demonstrated that family satisfaction with FQOL among families of individuals with ID regarding the disability-related support was statistically significantly different based on their income, $F(2, 71) = 9.98$, $p = .001$ (see Table 7). Therefore, family satisfaction with FQOL were somewhat different regarding the disability-related support based on mean scores as follows: family identified as high income ($M = 16.66$, $SD = 2.30$), family identified as low income ($M = 11.37$, SD

= 3.77), and family identified as middle income ($M = 9.43$, $SD = 2.76$). As shown in table 8, Bonferroni test analysis indicating that there were statistically significant differences between family satisfaction with FQOL among families of individuals with ID regarding disability-related

support based on the family income. Family who had low income were different from family who had high income ($p = .019$). Also, Family who had middle income were different from family who had high income ($p = .001$).

Table 7: Analysis of Variance (ANOVA) of the Disability-Related Support

Variable		N	Mean	SD		Sum of Squares	df	F	Sig.
Geographic Location	Large City	46	10.30	3.37	Between G.	3.469	2	.151	.860
	Small City	23	9.95	3.41	Within G.	813.896	71		
	Suburban	5	9.60	3.28	Total	817.365	73		
Income	Low < 9000	16	11.37	3.77	Between G.	179.421	2	9.984	.000
	Medium 9100 - 18000	55	9.43	2.76	Within G.	637.944	71		
	High >18100	3	16.66	2.30	Total	817.365	73		

Table 8: Post Hoc Analysis (Bonferroni Test)

Variables		Mean Difference	Std. Error	Sig.
Income				
Low < 9000	Medium 9100 - 18000	1.93864	.85143	.077
	High >18100	-5.29167*	1.88590	.019
Medium 9100 - 18000	Low < 9000	-1.93864	.85143	.077
	High >18100	-7.23030*	1.77719	.000
High >18100	Low < 9000	5.29167*	1.88590	.019
	Medium 9100 - 18000	7.23030*	1.77719	.000

*. The mean difference is significant at the 0.05 level.

Results Related to RQ3:

Results of Correlation Test

A Pearson correlation analysis was conducted to examine the relationship between emotional well-

being and disability-related support in FQOL satisfaction. The results revealed no statistically significant relationship between the two variables, ($r = -.130$, $p = .27$).

Table 7: Correlations between variables of interest.

	Emotional Well-Being	Disability-Related Support
Emotional Well-Being	.	
Disability-Related Support	.27	.

Discussion

This section of the paper tackles the discussion of the results obtained throughout the study. For the ease of presentation, research questions were the leading themes of the discussion through which the results of each question is presented, then followed by a discussion of such results and the support from the literature review.

First Question:

The current study demonstrated moderate levels of satisfaction with emotional well-being, and lower satisfaction with disability-related support. All ratings for disability-related support items were below the midpoint of the scale. Satisfaction ratings for emotional well-being ranged from highest for having someone outside the home to help ($M = 3.47$) to lowest for opportunities to do what you want to do ($M = 3.39$). Consistent with previous research, emotional well-being was rated moderately but is frequently the domain that families rate lowest when asked about their FQOL (Al-Tami et al., 2025; Jenaro et al., 2020). Similarly, response variability was seen in the current study, particularly for items related to relieving stress. This variability has also been reported when families were asked about their access to psychosocial support services (Barratt et al., 2025; Schlebusch, Dada & Samuels, 2017).

Disability-related support ratings ranged from highest for getting the support that they need at home ($M = 2.64$) to lowest for having a good relationship with service providers ($M = 2.43$). Similar to previous research, families have also reported difficulty forming partnerships with professional supports (Al-Tami et al., 2025; Schalock et al., 2021). Furthermore, social systems with structural inequities can negatively impact satisfaction with professional supports (

Alnahdi and Schwab, 2024). The moderate satisfaction ratings across both subscales can be attributed to feelings of emotional distress, service inadequacies, and other factors (Emerson et al., 2021; Costanzo & Reilly, 2024).

Second question:

Geographic location: ANOVA results suggest that geographic location was not significantly associated with satisfaction with either domain: emotional well-being, $F(2, 71) = 2.69$, $p = .074$; disability-related support, $F(2, 71) = 0.151$, $p = .860$. This somewhat conflicts with literature reviewed here which indicates that geographic location influences FQOL by mediating access to formal services and community support (Fortney & Tassé, 2021; Parish et al., 2009) and isolates rural caregivers from needed resources, thereby diminishing parental quality of life (Alberque & Matthews, 2024; Smith & Caudill, 2024). Two explanations are worth considering: first, the range of geographic locations captured here (large city, small city, suburban region) may not adequately differentiate between rural and urban differences driving findings from previous literature; second, with 74 total participants spread across 3 groups, the study may be underpowered to detect moderate effects. Not un-relatedly, the lack of significant difference between groups may indicate that this study's participants have relatively uniform access to psychosocial support(s) based on location.

Family Income: Income was significantly associated with satisfaction with disability-related support, $F(2, 71) = 9.98$, $p = .001$. Post-hoc tests show that families with higher incomes were significantly more satisfied than both low income and middle-income families. This finding aligns with Wang et al. (2004) and Costanzo and Reilly (2024), who found that financial resources allow families to access coordinated services and

privately procure supports when public resources are lacking. However, middle income families were also significantly less satisfied than low-income families, a result that is difficult to tie directly to past literature. A possible explanation supported by Alnahdi and Schwab (2024) and Liu et al. (2025) is that middle income families may be too wealthy to qualify for means-tested public programs, but not wealthy enough to easily access private services. Income was not a significant predictor of satisfaction with emotional well-being, $F(2, 71) = 0.91, p = .405$. This may be due to income being unevenly distributed in participants. (74.3%) of family income in this study was middle income.

Third Question

Pearson's correlation between emotional well-being and disability-related support was not statistically significant ($r = -.130, p = .27$). Therefore, results indicate disability-related support and emotional well-being may be independent from each other. While others have found support has overlapping domains (Schalock et al., 2021; Al-Tami et al., 2025), this lack of significant association could be due to limitations in receiving support still leaving individuals with low emotional well-being due to other psychosocial, cultural, or personal factors (Aksamit & Wehmeyer, 2022; Barratt et al., 2025).

Conclusion

The present study explored perceived family satisfaction with regards to emotional well-being and disability-related support provided to families of those with ID in Saudi Arabia while taking into account two potential moderating contextual factors: geographic location and family income. Briefly, three takeaways from our findings are worth highlighting. First, families experienced moderate levels of satisfaction with emotional well-being but significantly lower levels of satisfaction with disability-related support, with families indicating the quality of the relationship they have with providers to be the most salient barrier to meeting their needs. Second, geographic region as operationally defined did not predict families' disability satisfaction while family income did predict

satisfaction with disability-related support such that those with higher incomes were more satisfied with their disability-related support than those who indicated middle incomes were higher income families were more satisfied than middle income families who were more satisfied than low-income families. Finally, the lack of a significant relationship between our two FQOL factors suggests that they may operate independently of one another. Taken together, our results are consistent with past literature but help to clarify the nuanced and complex and sometimes context-dependent experiences families have related to disability.

Recommendations and Suggestions for further research

Recommendations based on our findings include Given the large income-based difference we found in satisfaction with disability-related support, policies governing service eligibility should be carefully considered. CSPs should work to improve and expand local peer and respite support to improve emotional well-being and instrumental support among families, specifically targeting low-income and underserved communities. Policies regarding evidence-based CSPs that have been shown to increase family satisfaction should be centered around service accessibility. Policy makers should consider if the means-tested eligibility requirements currently in place may create gaps in support for middle-income families. There is evidence that publicly funded universal service systems narrow income-based gaps better than marketized systems. Administrators in schools where the majority of disability-related supports are provided) should provide training to staff around family-centered communication and implement structural changes (i.e. family support liaisons, routine family consultation to improve the provider-families relationship, which was the domain with the lowest FQOL satisfaction in this study).

Based on the findings of this study, there are two areas future research should explore. First, the significant difference in satisfaction among middle-income families found in this study

should be explored further. Survey research that examines how families in different income brackets utilize and qualify for services would be beneficial. In particular, qualitative work could provide rich data on how families overcome barriers to accessing services. Secondly,

longitudinal work should be conducted to determine if there are long-term effects of improving satisfaction with disability-related support on emotional well-being. We found these domains to be independent of each other, but this may not be the case over time.

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