International Journal of Innovative Research and Scientific Studies, 8(7) 2025, pages: 674-681

IJIRSS
International Journal of Innovative Research & Scientific Studies

ISSN: 2617-6548

URL: www.ijirss.com

Family relationships and daily life among Saudi mothers caring for children with down syndrome: A qualitative study

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Abstract

This study aims to investigate "Family Relationships and Daily Life" as the core theme that forms the central focus of understanding the experiences of Saudi mothers caring for children with Down syndrome within the local social and cultural context, thereby addressing a knowledge gap related to caregiving conditions and their familial, psychological, and social implications. A qualitative design was employed, using a purposive sample of fifteen Saudi mothers. Data were collected through semi-structured interviews that explored family interactions and daily experiences, and thematic analysis was conducted to identify recurring patterns and meanings. The findings confirmed the centrality of this core theme through the emergence of two sub-themes that illustrated its dimensions: "Social Interactions and Familial Emotional Influences" and "Family Stability and Pathways to Emotional Reassurance." The results also revealed that caregiving responsibilities led, on the one hand, to pressures and family tensions, while on the other hand they fostered closeness and mutual support. The study concludes that family relationships and daily routines constitute the foundation for mothers' adaptation to caregiving responsibilities. These findings provide a scientific basis for recommendations and interventions that are responsive to the cultural and social specificities of Saudi society, offering practical implications for the development of supportive programs and policies.

Keywords: Daily life, Down syndrome, Family relationships, Qualitative research, Saudi Arabia, Saudi mothers.

DOI: 10.53894/ijirss.v8i7.10518
Funding: This work was supported by the Deanship of Scientific Research, Vice Presidency for Graduate Studies and Scientific Research, King Faisal University, Saudi Arabia (Grant Number: KFU253402).
History: Received: 08 August 2025 / **Revised:** 15 September 2025 / **Accepted:** 19 September 2025 / **Published:** 6 October 2025

Competing Interests: The author declares that there are no conflicts of interests regarding the publication of this paper.
Transparency: The author confirms that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.
Institutional Review Board Statement: The Ethical Committee of King Faisal University, Saudi Arabia, approved this study (Ref. No: KFU-2025-ETHICS3583).
Acknowledgment: The author thanks Shumua Al-Amal for Special Education and Rehabilitation Center in Dammam, Saudi Arabia, for its cooperation and support in accessing the study sample. Gratitude is extended to all participating mothers for their valuable insights.
Publisher: Innovative Research Publishing.

1. Introduction

Down syndrome is the most common chromosomal disorder among live births and a leading cause of intellectual disability in children [1]. Its effects extend across systems, including nervous, muscular, and cardiac, and are often linked to congenital heart defects [2]. Children with Down syndrome experience problems such as sleep apnea, epilepsy, chronic infections, and hearing and vision impairment [3]. They have distinctive physical features attracting peer attention [4]. They face psychosocial challenges affecting daily adjustment [5]. Consequently, their slower developmental progress compared with their peers necessitates sustained, comprehensive care that addresses diverse needs [6].

Despite individual variation in physical and cognitive abilities, children with Down syndrome frequently experience persistent difficulties in sustaining regular participation in everyday activities, largely due to developmental disabilities and co-occurring health problems that compromise functional independence and social involvement Alqahtani, et al. [7]. Waugh, et al. [8] emphasized that the developmental trajectory of children with such conditions is strongly shaped by the nature and severity of these disorders across life stages, creating long-term challenges for families. Accordingly, children with Down syndrome require specialized care and continuous support, as their slower developmental progress substantially constrains independent performance of routine daily tasks and heightens reliance on parental assistance [9].

With respect to global prevalence, studies indicate that Down syndrome occurs at a rate of approximately 10 cases per 10,000 live births [10]. In Saudi Arabia, recent statistics estimate the prevalence to be about one case in every 554 live births [11]. This rate is influenced by several factors, most notably the religious prohibition of abortion [12]. In addition to cultural and social practices that encourage women to continue childbearing into their forties [13]. Furthermore, ongoing improvements in healthcare have contributed to a significant reduction in infant mortality rates, including among children with genetic disorders [14].

Children with Down syndrome are often considered unique cases requiring individualized care to address their particular needs [9]. The distinctive characteristics of the condition limit their capacity for independence, necessitating continuous caregiver support [3]. Their care demands also become more complex with age [8]. Family circumstances play a critical role, as MacDonald, et al. [15] observed that opportunities for participation in daily and social activities may decline over time. Consequently, raising a child with Down syndrome presents significant and escalating challenges for families, especially mothers, making caregiving a demanding and sustained responsibility [2].

Parents of children with Down syndrome frequently encounter confusion and negative emotions, including sadness, anger, and psychological stress following the birth [10]. Such experiences can significantly influence family life, particularly for mothers [6]. Research suggests that difficulty in accepting a child's disability may weaken marital cohesion Darla and Bhat [16]. Carrada, et al. [17] similarly found that parents of children without disabilities often report more stable and affectionate marital relationships than those raising children with Down syndrome. However, this is not always the case, as Easler, et al. [18] noted that some parents adapt positively, perceiving their child as a source of joy and motivation, which ultimately strengthens marital bonds.

Moreover, the reduced functional abilities of children with Down syndrome compel mothers to dedicate substantial amounts of time to caregiving, which in turn limits their opportunities for social interaction [19]. Mothers bear the primary responsibility for this role, as they are expected to provide continuous physical, psychological, and medical support [3]. This is largely because these children generally require higher levels of care compared to children without disabilities [19]. However, Darla and Bhat [16] emphasized that the involvement of siblings in caregiving can help ease the burden on mothers and lessen the demands associated with these responsibilities.

Since raising a child with Down syndrome involves increased demands, mothers often find it difficult to balance caregiving with other responsibilities [4]. Moreover, the behaviors associated with these children can directly affect mothers and add to their daily burdens [6]. Consequently, mothers face numerous physical, psychological, and social challenges and frequently experience negative emotions such as stress, anxiety, and sadness [10]. Therefore, providing sufficient leisure time is essential to help mothers relieve pressure and restore balance [20]. Interestingly, Turda [21] observed that mothers of children with Down syndrome may sometimes report better health compared with mothers of children who have other developmental disabilities.

Mothers carry the primary responsibility for caring for children with Down syndrome, meeting daily needs and supporting their integration into society [9]. Socially unacceptable behaviors may cause mothers to feel embarrassed in their communities [19]. In Islamic contexts, although Down syndrome is often viewed as part of God's will, parents still face stress, stigma, and social burden Mahmood and Gul [2]. Alabri [14] noted that many mothers hesitate to involve their children in public life because of stigma and fear of judgment. Strengthening family and community support is essential to help mothers provide effective care and ensure better living standards for children with Down syndrome [16].

When examining parental experiences, it becomes evident that raising a child with Down syndrome differs significantly from other family contexts [4]. Mothers, more than fathers, often bear the greater burden due to the daily responsibilities of caregiving Mahmood and Gul [2]. Gashmard, et al. [5] highlighted that mothers' ability to adapt to such circumstances enhances their motivation to cope with daily demands, strengthens their sense of self-worth, helps maintain psychological stability, and fosters the development of stronger social relationships. Furthermore, connecting with other mothers who face similar circumstances provides a space for mutual understanding and support, which can help alleviate psychological strain and promote greater emotional and social stability [22].

Based on the above, there is a clear need for studies that examine the family dimensions and daily lives of mothers caring for children with Down syndrome within the Saudi social and cultural context. Despite the growing attention to this topic, the data available in Saudi Arabia remain limited, highlighting a knowledge gap that warrants further investigation. Accordingly, this study seeks to explore the family perspectives and lived realities of Saudi mothers, providing insights that can inform the development of psychological, social, and rehabilitative support programs, as well as the formulation of social policies that prioritize maternal well-being.

2. Materials and Methods

2.1. Research Design

Qualitative research is regarded as an appropriate approach for studies that seek in-depth understanding of human experiences, explore perceptions, and provide contextualized interpretations of phenomena within natural settings [23].

Building on this orientation, the present study adopted a qualitative design to examine family relationships and daily life among Saudi mothers caring for children with Down syndrome, within familial, social, and cultural contexts shaping everyday lives and patterns of family interaction [24].

The choice of semi-structured interviews as the method sought to balance methodological guidance with flexibility, giving participants freedom of expression. This approach allowed mothers to clarify perspectives and recount daily experiences, producing rich qualitative data that deepened understanding of their responsibilities in caring for children with Down syndrome [25].

2.2. Participant Selection

A purposive sampling strategy was employed to recruit mothers through a special education and rehabilitation center in Dammam, situated within the culturally diverse context of Saudi Arabia’s Eastern Province. This strategy focused on engaging participants most relevant to the study’s objectives, while also ensuring representation from different social backgrounds reflecting varied family experiences.

Selection criteria were established in coordination with the center supervisor. Eligible mothers had children with Down syndrome aged 6–16, ensuring sufficient caregiving experience, and were required to consent to individual interviews. In line with Saudi cultural norms, the husband’s approval was also necessary; otherwise, mothers were excluded. Participants were carefully chosen to ensure relevant, rich qualitative data.

Mothers were selected as the study’s central focus due to their crucial roles in caregiving and household responsibilities within Islamic societies [26]. Field research with women in Saudi Arabia is challenging, often limited by cultural and social norms. However, the researcher’s professional ties with the center supervisor and prior familiarity with some mothers facilitated access and trust.

Ultimately, fifteen mothers agreed to participate, providing qualitative data that reflects authentic and contextually relevant experiences. The agreement with the center allowed recruitment of additional participants if needed. However, data saturation was achieved at the fifteenth interview, aligning with Guest, et al. [27] who noted that the main themes emerge within the first six, with saturation often reached by the twelfth.

2.3. Ethical Considerations

The study began after obtaining ethical approval from King Faisal University and formal approval from the Center for Special Education and Rehabilitation. To minimize barriers, the researcher collaborated with the center’s administration, which already held the mothers’ contact details. Phone calls and preliminary meetings were arranged to explain the study’s aims and clarify participation. All participants provided informed verbal consent, as written signatures were considered culturally inappropriate, given sensitivities associated with official documentation.

Confidentiality and privacy were protected through a coding system assigning each mother a unique identifier without personal details. Participants were informed that all data would be used exclusively for research, with strict assurances against disclosure of identity. Participation was voluntary, introduced through preliminary meetings that clarified the study’s aims and potential benefits for families and the community. Mothers were encouraged to raise questions at any stage, and the researcher committed to transparent responses. Each participant was reminded of her right to withdraw without consequence.

2.4. Data Collection

Interviews were conducted directly with mothers from diverse social backgrounds whose children with Down syndrome varied in health, psychological status, and gender, including both boys and girls. A semi-structured interview approach was adopted for its capacity to capture personal perspectives and detailed family experiences. This method offered participants freedom of expression, producing rich and insightful accounts that formed the basis for understanding family relationships and daily life within the local familial, social, and cultural contexts [28].

While semi-structured interviews allow flexibility, the researcher maintained a clear framework and used culturally sensitive language that encouraged openness. Guiding questions addressed extended family interactions, spousal support, and their influence on maternal reassurance and family stability. Additional probing questions—such as whether participants had further information, aspects not covered, or points requiring elaboration—helped expand responses and enrich the data. Shared cultural background further enabled the researcher to recognize and respectfully accommodate moments of hesitation.

From an organizational perspective, the interviews were carefully structured, with none exceeding 35 minutes. Only three mothers agreed to audio recording, while the others declined for cultural or personal reasons. As Patton [28] notes, avoiding electronic devices can foster comfort and openness. Accordingly, the researcher documented the responses manually in a systematic manner, and mothers were given the opportunity to review their transcripts to ensure accuracy and clarify ambiguities [29]. Participants were also informed that selected excerpts would be translated into English and included in the study, reinforcing transparency and trust.

2.5. Data Analysis

All interviews, whether audio-recorded or documented manually, were conducted in Arabic and later transcribed electronically using Microsoft Word. To ensure confidentiality, each mother was assigned a unique code combining a letter and number (e.g., “Mother 1” through “Mother 15”). Data were securely stored on the researcher’s password-protected computer, with a protected backup on OneDrive.

Thematic analysis was adopted as the main analytical framework [30]. However, analysis began immediately after each interview, enabling the researcher to identify emerging issues and examine them further in subsequent sessions. This iterative approach allowed continuous review of participants’ accounts, facilitating the identification of initial themes that gradually evolved as data collection progressed [31].

As Hammersley and Atkinson [30] emphasize, qualitative analysis is not governed by rigid procedures but requires continuous movement between data and emerging ideas, allowing for the testing and refinement of concepts. Accordingly, the researcher conducted an iterative analysis of the transcripts, applying manual coding to organize the data into a core theme, related sub-themes, and associated codes derived from patterns of similarity and difference.

For instance, responses related to marital relationships were grouped under the sub-theme “Family Stability and Pathways to Emotional Reassurance,” which emerged from the core theme “Family Relationships and Daily Life.” Selected excerpts were translated into English and reviewed by a certified translator to ensure accuracy and clarity. The coding system is presented in Table 1.

Table 1.
Data analysis: coding the data.

Core Theme	Sub-themes	Mother
Family Relationships and Daily Life	First sub-theme: Social Interactions and Familial Emotional Influences	Mothers 2, 3, 4, 7, 8, 11, 13, 15,
	Second sub-theme: Family Stability and Pathways to Emotional Reassurance	Mothers 1, 5, 6, 7, 9, 10, 12, 14

2.6. Qualitative Trustworthiness

This study employed a single qualitative approach, namely “semi-structured interviews,” and to ensure the rigor of its findings, it was guided by the framework proposed by Lincoln and Guba [32] a well-established model for quality assurance in qualitative research. Four key criteria were emphasized: “credibility,” “dependability,” “confirmability,” and “transferability.”

“Credibility” relied on the use of “member checking,” allowing each participant to review, modify, add to, or delete from her interview transcript before it was included in the final analysis. “Purposeful diversity” guided sample selection by involving mothers from varied social, educational, and economic backgrounds, as well as mothers of both male and female children, ensuring the representation of multiple perspectives.

“Dependability” was enhanced by maintaining procedural consistency through a detailed “audit trail” that documented all stages of the research process, including the development of interview questions, data collection, and analysis. In line with the approach of “peer debriefing,” the interview guide was reviewed by the center supervisor along with advisors from similar centers to ensure its alignment with the study objectives.

“Confirmability” relied on “direct quotations” from the participating mothers, which supported transparency and trustworthiness. “Reflexivity” was applied by acknowledging the researcher’s position as a father of a daughter with Down syndrome, while taking deliberate steps to minimize the influence of this personal connection on data interpretation.

“Transferability” increased through the provision of a “rich description” of the Saudi context, including the unique role that “Aramco” plays in the region. The inclusion of a “diverse sample”—covering variations in children’s ages, gender, functional abilities, and enrollment duration—further supported the applicability of the findings to similar cultural settings.

3. Results

3.1. Core Theme: Family Relationships and Daily Life

The study presents its findings through the core theme: Family Relationships and Daily Life among Saudi mothers of children with Down syndrome. This overarching theme systematically organized the results, highlighting how emotional bonds intersect with daily caregiving responsibilities, shaping lived experiences and influencing mothers’ responses to psychological and social challenges within their familial environment.

The emotional environment within the family is a decisive factor shaping experiences, offering belonging and security despite pressures. Families that foster trust, mutual respect, and balanced interactions show stronger capacity to manage responsibilities positively. From this context, interrelated sub-themes emerged, which will be presented in detail below, supported by mothers’ narratives.

3.1.1. Sub-theme 1: Social Interactions and Familial Emotional Influences

At the outset, family relations may reveal a gap between words and actions, as verbal affection is meaningless without actual practices of support, leaving mothers disappointed within their extended families. “Our relatives say they love my son, yet I never see this in their actions. I asked his cousins to play with him, but it was clear they refused.” (Mother 3)

In this context, mothers’ concerns become evident when children lack the ability to protect themselves, leaving them vulnerable to exploitation, generating constant fears and highlighting maternal sensitivity toward surrounding risks and dangers. “I fear for my daughter in situations where her limited ability could be exploited. She lacks the means that others possess to defend themselves, and this remains one of my greatest fears.” (Mother 11)

On the social level, caregiving and employment pressures restrict daily activities, as mothers struggle to maintain friendships and visits, reporting that responsibilities reduce their opportunities for sustained contact with friends and family. “We do have friends, but they are not the same as before. I have not visited them since my daughter grew older. Some visit us, but I am always busy.” (Mother 15)

In another case, the birth of a child with Down syndrome may transform social life completely, as earlier friendships fade and opportunities for participation in social activities become increasingly rare and difficult. “I used to have friendships before my daughter was born, but giving birth to a child with Down syndrome changed everything. I can no longer do what I did, and outings disappeared.” (Mother 7)

Faith is considered a primary source of strength, providing mothers with resilience and satisfaction, while the presence of supportive friends and colleagues reinforces their ability to endure daily caregiving responsibilities. “I believe God is always with me, and even my son is a blessing. Wherever I go, I find supportive friends and colleagues who consistently stand with me and provide help.” (Mother 2)

Furthermore, the local community can ease caregiving burdens by providing a supportive environment through mosques and neighborhoods, which offer encouragement and promote social inclusion for families raising children with Down syndrome. “My son goes with his brothers to the mosque and receives support there. Living in this neighborhood creates a friendly and understanding environment for families with children who have Down syndrome.” (Mother 8)

During husbands’ long absences, some mothers must depend on others in emergencies, highlighting the variability of community responses ranging from genuine assistance to limited understanding or even complete neglect of family needs. “My husband works at Aramco and is away for long periods. Once, my neighbor heard my daughter screaming and took me immediately to the hospital. Some people help, while others never understand.” (Mother 4)

Similarly, friends’ support plays a central role in adaptation, with consistent assistance helping families manage responsibilities more effectively and reducing the daily pressures associated with raising a child with Down syndrome. “From the beginning, our friends surrounded us with support, which had a major impact. It enabled us to manage our daily lives with my son and adapt to caregiving responsibilities effectively.” (Mother 13)

3.1.2. Sub-theme 2: Family Stability and Pathways to Emotional Reassurance

Building on this, the birth of a child with Down syndrome may strengthen marital cohesion, as partnership and shared responsibility emerge, helping parents overcome negative assumptions and maintain stronger relationships over time. “I know wives who separated after giving birth to a child with Down syndrome due to fears of heredity or stigma, but my daughter brought us closer, uniting us in her care.” (Mother 1)

In this context, family pressures can strain marital relationships, but recognizing a child’s needs often encourages mothers to rebuild bonds, reinforcing stability and resilience within the family structure despite ongoing challenges. “I experienced many internal pressures and even considered divorce, especially since she was my first child. Yet knowing my daughter needed both parents encouraged me to return, improving our marriage.” (Mother 6)

From another perspective, continuous caregiving reduces leisure opportunities and limits social participation, as mothers dedicate most of their time to children’s needs, leaving little space for relaxation or shared family moments. “We do not go out socially, because we must stay with my son. Either his father stays or I do, and the only chance to go out together is when he goes to the daytime rehabilitation center.” (Mother 5)

In another situation, mothers indicated that caregiving imposed a rigid rhythm on family life, where daily routines centered exclusively around their daughters’ needs, reducing opportunities for relaxation and shared enjoyment. “The details of my daily life depend entirely on my daughter with Down syndrome. Considering our family circumstances, we rarely find sufficient time to relax, rest, or enjoy meaningful moments together.” (Mother 10)

Social engagement often presents challenges, as lack of acceptance forces families into withdrawal, creating isolation and reinforcing the difficulties of maintaining meaningful connections with other parents and wider community groups. “When I go with my son to places where families with healthy children gather, he is not accepted as he should be. We withdraw and create our own world, ending up isolated.” (Mother 12)

Within this framework, marital stability is considered a foundation for reassurance, as strong spousal relationships foster family cohesion, provide balance, and generate emotional security essential for sustaining caregiving responsibilities. “I feel that a good relationship with my husband positively affects my daughter. The strength of our marital bond ensures family stability and provides me with a deep sense of reassurance.” (Mother 14)

Moreover, spousal support is vital in alleviating caregiving burdens, since the absence of such support makes adaptation harder, while its presence lightens pressures and strengthens mothers’ resilience in daily life. “I am grateful for my supportive husband, as dealing with these circumstances would have been much harder without him by my side, continuously helping me and sharing care for my daughter.” (Mother 9)

Finally, the emotional bond between spouses serves as a cornerstone of adaptation, with its absence making daily life significantly harder and caregiving responsibilities more exhausting for mothers raising children. “It is important to maintain a good emotional relationship with my husband, because caring for my daughter with Down syndrome requires joint support, and without it, life becomes much harder.” (Mother 7)

4. Discussion

4.1. Family Relationships and Daily Life

Family relationships and daily life emerged as the core theme shaping the experiences of mothers caring for children with Down syndrome. Within this domain, relationships shifted in emotions and communication, as mothers alternated between support and nurturance on one side, and psychological and emotional pressures on the other, influencing reassurance, marital stability, and overall balance.

From this perspective, family well-being is conceived as an interconnected system shaped by everyday emotional interactions rather than an isolated individual state. Building on this theme, the qualitative analysis identified two interrelated sub-themes, each of which will be examined in the subsequent discussion and interpreted in light of prior research and relevant literature.

4.1.1. Social Interactions and Familial Emotional Influences

At the outset, some mothers expressed frustration with the limited involvement of relatives in the lives of their children with Down syndrome, showing a gap between positive public discourse and the actual practices of extended families. This finding aligns with studies indicating that the restricted range of socially acceptable behaviors among children with Down syndrome contributes to caregivers’ embarrassment and stress [19]. The literature also notes that parents often experience social marginalization and psychological pressures because of inadequate familial and community support [33]. In contrast, other evidence underscores the role of compassionate family and community environments in supporting adjustment, as positive relationships and supportive interactions reduce burdens and strengthen resilience in meeting caregiving responsibilities [34].

In this context, mothers’ narratives revealed a noticeable decline in their social relationships with friends after the birth of their children with Down syndrome. This is consistent with AlAhmari, et al. [19] who noted that the lower social behavioral performance of children often compels mothers to devote more time to caregiving, thereby restricting social interactions and making withdrawal an outcome of caregiving pressures. Findings from another study support this trend, showing that mothers’ mental health can be affected by maladaptive behaviors in children with Down syndrome, which intensifies caregiving burdens [6]. At the same time, Chiracu, et al. [3] reported that family life, despite shifts in routines and priorities, is restructured to accommodate responsibilities, making successful adaptation crucial for sustaining relationships and promoting well-being.

From another perspective, within the cultural context that places caregiving responsibilities primarily on mothers, they face greater pressures when raising a child with Down syndrome alongside siblings. This burden intensifies in environments with demanding work conditions, such as oil fields in the Eastern Province, where caregiving intersects with emotional and physical strain. The literature notes that within the family, the presence of children without disabilities enhances collective responsibilities and gives parents a stronger sense of security [16]. Moreover, building social support networks with mothers in similar circumstances helps reduce stress and achieve psychological and social balance Desimpelaere, et al. [22]. Mahmood and Gul [2] further showed that while parents—especially fathers—often bear multiple burdens, mothers retain a deeper sense of responsibility, heightening psychological and physical exhaustion.

4.1.2. Family Stability and Pathways to Emotional Reassurance

Within the local social and cultural context, the birth of a child with Down syndrome can either strengthen family cohesion or precipitate marital strain, often driven by fears of recurrence, stigma, or perceived genetic risk. Darla and Bhat [16] note that difficulty accepting the disability, disruptions to routines, and limited support reduce cohesion and intensify marital stress. Consistent with this, several studies report that parents often experience an early period of disorientation after birth marked by grief, anger, and stress [10]. Nevertheless, outcomes are not deterministic: other work shows that many families gradually move beyond this stage, with the child becoming a source of joy and meaning that strengthens family bonds and deepens the marital relationship over time [18].

Examples shared by some mothers included the reduced opportunities for couples to go out together due to their reluctance to leave their child with Down syndrome unattended, which diminished their shared time away from caregiving responsibilities. This finding is consistent with Desimpelaere, et al. [22] who observed that family life often comprises a mixture of challenges and positive moments, combining feelings of frustration with growing satisfaction. Such evidence underscores the need for periods of respite and activities that promote caregiver well-being, given their role in reducing stress levels, improving mental and physical health, and reinforcing social integration within the family Diaz [20]. Darla and Bhat [16] further highlighted that a larger family size may help reduce daily pressures on mothers and foster greater overall family cohesion.

On another level, some mothers explained that a stable relationship with their husbands gave them reassurance amid daily caregiving demands. Studies emphasize the crucial role of spousal support in helping mothers cope with the psychological and physical burdens of raising a child with Down syndrome Mahmood and Gul [2]. Turda [21] similarly found that mothers of children with Down syndrome showed better health and lower stress compared with mothers of children with other developmental disabilities, suggesting that family support enhances well-being. Conversely, Carrada, et al. [17] offered another view, showing that parents of children without disabilities reported more cohesive marital relationships than parents of children with Down syndrome, indicating that marital quality is also shaped by factors beyond immediate family support.

5. Conclusion

5.1. Study Limitations and Future Directions

Addressing limitations and future directions is a vital part of academic research, as it clarifies key considerations connected to the study and points to future avenues. Accordingly, this section outlines the main limitations observed within the present work, alongside possible research directions that may advance understanding and promote further scholarly exploration:

First: The study relied on a small sample of mothers, limiting breadth of findings. Future research should involve larger and more diverse samples to strengthen credibility and applicability.

Second: The study was restricted to one geographic region, limiting reflection of diversity. Future research should conduct cross-regional comparisons to reveal similarities and differences across Saudi mothers' perspectives.

Third: Interviews were the sole data collection method, potentially restricting depth. Future studies should diversify methods by including direct observation and document analysis to enhance reliability and deepen interpretations.

Fourth: The study focused exclusively on mothers' perspectives, excluding fathers or siblings. Future investigations should include other family members to broaden understanding of family interactions and strengthen comprehensiveness.

Fifth: The study examined only current experiences, not mothers' future aspirations. Future research should emphasize forward-looking perspectives to address long-term needs and develop broader, more comprehensive insights.

Sixth: The study was limited to Saudi families, restricting cultural comparison. Future research could compare Saudi mothers' perspectives with mothers from different cultural backgrounds inside and outside Saudi Arabia.

Finally: As a qualitative study, findings highlight in-depth understanding rather than statistical generalization. Future research should integrate large-scale quantitative studies to support broader generalizability and complement qualitative insights.

5.2. Study Recommendations and Practical Implications

This study underscores the critical role of family relationships and daily interactions in shaping Saudi mothers' adaptation while caring for children with Down syndrome. The findings indicated that family cohesion and supportive community networks enhance maternal resilience, while persistent social and institutional barriers continue to challenge their well-being. In light of these findings, the following recommendations are presented to bridge the study's conclusions with their practical implications, offering actionable steps aimed at strengthening both maternal and family well-being:

1. The Ministry of Health must provide early counseling for parents of children with Down syndrome to raise awareness, strengthen adaptation, and support sustainable family stability.
2. Continuous psychological support services should be available within primary health care centers, offering preventive and therapeutic consultations that enhance family balance and parental resilience.
3. It is necessary to launch family counseling programs supervised by the Ministry of Human Resources, helping parents manage caregiving pressures, strengthen coping strategies, and achieve family well-being.
4. It is important to establish community initiatives through neighborhood centers to promote children's participation, support family integration, reduce isolation, and create inclusive environments that strengthen social cohesion.
5. Day rehabilitation centers must develop awareness programs protecting children from exploitation, strengthening life skills, enhancing independence, and raising societal awareness of rights.
6. Day rehabilitation centers should organize regular interactive activities to foster social acceptance, promote respect, correct misconceptions, and encourage inclusive participation for children and families.
7. Companies in demanding sectors must establish family-support initiatives providing temporary alternative care, reducing pressures on mothers, and strengthening family cohesion and community solidarity.
8. Other companies should benefit from the expertise of Aramco's Ithra Center by adopting its cultural and educational initiatives to expand inclusion and sustainable environments.

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