CHAPTER 4

FINDINGS AND DISCUSSION

This study used a descriptive correlational design to describe the family support and quality of life, and to examine the relationship between family support and quality of life of visual impaired persons. Sixty-five subjects were selected by purposive sampling technique. The data was analyzed by using statistical package for social sciences (SPSS) computer software. The findings from this study and the discussion regarding the findings were presented in this chapter.

Findings

Findings from this study were grouped and presented into four parts:

Part I   Demographic characteristic of subjects;

Part II   Family support;

Part III Quality of life; and

Part IV   The relationship between family support and quality of life.

Part I Demographic characteristic of subjects

A total of sixty-five visual impaired persons, age ranged between 21 to 75 years old, were selected as subjects in this study. The detailed demographic characteristics of the subjects were presented in tables 1 to 5.

Table 1

Frequency and percentage of subjects grouped by gender, age, and educational level

Variable	Frequency (n=65)	Percentage (%)
Gender		
Male	26	40.00
Female	39	60.00
Age in years ($\overline{X}$ = 51.52, SD = 15.55, range = 21-75)		
21-30	11	16.92
31-40	8	12.31
41-50	4	6.15
51-60	19	29.23
61-70	20	30.77
71-75	3	4.62
Educational level		
No formal education	7	10.76
Primary school	10	15.39
Middle school	10	15.39
High school	27	41.54
University or high	11	16.92

Table 1 showed that sixty percent of subjects was female. The age of subjects ranged from 21 to 75 years old with a mean score of 51.52 and standard deviation of 15.55. About one-third of subjects (30.77%) were between 51 to 60 years old and only three subjects (4.62%) were between 71 to 75 years old. Twenty-seven subjects (41.54%) received high school education and seven subjects (10.76%) had no formal education.

Table 2

Frequency and percentage of subjects grouped by marital status, family relationship, and family patterns

Variable	Frequency (n=65)	Percentage (%)
Marital status		
Married with spouse being alive	47	72.31
Widowed	7	10.76
Single	8	12.31
Divorced	3	4.62
Perceived family relationship		
Good	56	86.15
Fair	8	12.31
Poor	1	1.54
Family patterns		
Lived with parents	13	20.00
Lived with spouses	10	15.39
Lived with spouses and children	31	47.69
Lived with children	9	13.84
Lived with siblings	2	3.08

Table 2 indicated that majority of subjects (72.31%) was married with spouses being alive and only three subjects (4.62%) were divorced. Fifty-six subjects (86.15%) reported they had good relationship with their family members and only one subject reported he had poor family relationship. Almost half of subjects (47.69%) lived with their spouses and children and only two subjects (3.08%) lived with their siblings.

Table 3

Frequency and percentage of subjects grouped by occupation, family income, and type of medical payment

Variable	Frequency (n=65)	Percentage (%)
Occupation		
Worker	5	7.69
Government official	2	3.08
Health professional	4	6.15
Teacher	7	10.77
Farmer	11	16.92
Unemployed	3	4.62
Retired	33	50.77
Average family income (Yuan/person/month)		
< 300	12	18.46
300-600	21	32.31
601-900	21	32.31
> 900	11	16.92
Type of medical payment		
Total reimbursed	5	7.69
Partial reimbursed	43	66.16
Total self-paid	17	26.15

Table 3 showed that about half of subjects (50.77%) were retired and only two subjects (3.08%) were government officials. Regarding monthly family income, about one-third of subjects (32.31%) had 300 to 600 Yuan, and another 32.31% of them had 600 to 900 Yuan. Only eleven subjects' (16.92%) monthly average family income was over 900 Yuan. Two-third of subjects (66.16%) received partial reimbursed medical payment and only five subjects' (7.69%) payment being total reimbursed.

Table 4

Frequency and percentage of subjects grouped by medical diagnosis, duration of low vision, visual acuity and visual fields

Variable	Frequency (n=65)	Percentage (%)
Medical diagnosis		
Cataract	22	33.85
Glaucoma	3	4.62
Diabetic retinopathy	15	23.08
Eales' disease	4	6.15
Injury	4	6.15
Retinal detachment	17	26.15
Duration of low vision		
($\bar{X}$= 1.55, SD = 0.98, range = 0.5-5 years)		
0.5-1 year	28	43.08
1-2 years	26	40.00
2-3 years	8	12.30
> 3 years	3	4.62
Visual acuity and visual fields		
< 0.05	11	16.92
0.05-0.30	51	78.46
Visual fields < 10^0	3	4.62

Table 4 showed that one-third of subjects (33.85%) with low vision resulted from cataract and only three subjects (4.62%) resulted from glaucoma. The duration of having low vision ranged from 0.5 to 5 years with the mean score of 1.55 and standard deviation of 0.98 year. Most subject's (78.46%) visual acuity were between 0.05 to 0.3 with eleven subjects' visual acuity being less than 0.05 and only three subjects (4.62%) had narrowed visual fields.

Table 5

Frequency and percentage of subjects grouped by the most helpful person in family, the person accompanying to the hospital, and number of family members

Variable	Frequency (n=65)	Percentage (%)
Most helpful person in family		
Parents	7	10.77
Spouses	36	55.39
Siblings	2	3.07
Children	20	30.77
Person accompanying to the hospital		
Parents	3	4.62
Spouses	33	50.77
Siblings	6	9.23
Children	22	33.85
No one	1	1.53
Number of family member		
2 - 3	29	44.62
4 - 6	32	49.23
7 - 10	4	6.15

Table 5 showed that more than half of subjects (55.39%) reported that their most helpful person was their spouses and only two subjects' (3.07%) most helpful person was their siblings. Thirty-three subjects (55.77) went to see ophthalmologist with their spouses and only one subject (1.53%) went to hospital by himself. Almost half of subjects (49.23%) had 4 to 6 persons in their family while only four subjects had between 7 to 10 members in the family.

Part II Family support

To describe family support of visual impaired persons, data were collected by using MPSS-Fa. The results from the statistical analysis were shown in tables 6 and 7.

Table 6

Perceived family support scores of subjects (n=65)

Variable	Possible range	Actual range	Mean	SD
Perceived family support	0-15	4-15	12.43	2.88

Table 6 showed that the actual range of perceived family support was from 4 to 15 with the mean score of 12.43 and standard deviation of 2.88.

Table 7

Level of perceived family support scores among subjects

Level of family support	Frequency (n=65)	Percentage (%)
Low (0.00 – 7.50)	4	6.15
High (7.51 – 15.00)	61	93.85

Table 7 showed the family support subjects perceived was classified into low and high level by mean score. Majority of subjects (93.85%) identified perceived high level while only 6.25% had low level of family support.

Part III Quality of life

To describe quality of life of visual impaired person, data were collected by using MQOLQ. The results from the statistical analysis were presented in tables 8 and 9.

Table 8

Quality of life scores of subjects (n=65)

Variable	Possible Range	Actual range	Mean	SD
Total quality of life	50 - 250	117-222	168.31	28.22
Life satisfaction	10 - 50	17 - 48	35.55	7.00
Self-concept	15 - 75	36 - 69	51.97	8.05
Health and function	15 - 75	23 - 36	45.45	9.65
Socioeconomic factors	10 - 50	19 - 48	35.34	7.70

Table 8 showed the scores of total quality of life ranged from 117 to 222 with the mean score of 168.31 and standard deviation of 28.22. In each subcategory, mean scores of life satisfaction, self-concept, health and function, and socioeconomic factors domains were 35.55, 51.97, 45.45, and 35.34 with standard deviation of 7.00, 8.05, 9.65, and 7.70, respectively.

Table 9

Level of quality of life among subjects

Level of quality of life	Frequency (n=65)	Percentage (%)
Low (50.00 - 150.00)	18	27.69
High (151.00 - 250.00)	47	72.31

Table 9 indicated that level of quality of life of subjects in this study was categorized into low and high group. Majority of subjects (72.31%) perceived high level of quality of life.

Part IV   Relationship between family support and quality of life of the subjects

To examine the relationship between family support and quality of life of visual impaired persons, after testing the normal distribution of data, the Pearson product-moment correlation coefficient was used and the results of statistical analysis were shown in table 10.

Table 10

Relationships between family support and quality of life among subjects (N=65)

	PSS-Fa	QOL	D_1	D_2	D_3	D_4
PSS-Fa	1.000					
QOL	.705*	1.000				
D_1	.746*	.877*	1.000			
D_2	.653*	.903*	.755*	1.000		
D_3	.508*	.875*	.649*	.751*	1.000	
D_4	.584*	.827*	.701*	.638*	.579*	1.000

* $p < .05$

PSS-Fa = Perceived family support score

QOL = Total score quality of life

D_1 = Life satisfaction domain

D_2 = Self-concept domain

D_3 = Health and functioning domain

D_4 = Socioeconomic factors domain

Table 10 showed that family support was significantly and positively associated with the quality of life (r =.705, p <.05. There were significant and positive relationships between family support and each domain of quality of life.

Discussion

The discussion about the findings was organized into four parts according to the objectives of this study. The descriptive data related to demographic data and the two major variables in terms of family support and quality of life were discussed first, followed by the discussion of the relationship between these two variables.

Part I Demographic characteristics

There were sixty-five visual impaired persons in this study. More than half of subjects (60%) were female while 40% were male. The average age of subjects was 51.52 (SD = 15.55) years old which ranged from 21 to 75 years old. Generally, normal visual acuity begins to diminish around the age of 40 (Stabb & Hodges, 1996) and there is a strong relationship between aging and vision (Nancy & Wilson, 1996). Therefore, it is understandable that two-third of subjects were over 50 years old (table 1). Majority of the subjects received formal education varies from primary school through university level with only seven subjects (10.76%) having no formal education. Most subjects who had no formal education were the elderly and living in rural area. In China, before the liberation in 1949, there were few people having opportunity to receive formal education.

Majority of the subjects (72.31%) was married and only eight subjects (12.31%) were single. Nearly half of subjects (47.69%) lived with their spouses, parents and/or children. Therefore, there are usually two to six persons in

their family including parents, children, grandparents and/or siblings. For the older single persons, they reported that they lived with their siblings and/or nephews or nieces and for the younger single persons they usually lived with their parents. Five-sixth of the subjects (86.15%) reported that they had good relationship with their family members. These family and marriage modes conform the traditionally Chinese culture.

Since forty-two subjects were over fifty years old, most of them (50.77%) were retired. For Chinese policy, individuals should be retired over the age of 50 to 55 years old. Eleven subjects (16.92%) were farmers and three (4.62%) were unemployed. For people who are employed by government or company either private or national owned might have various percentage of medical assurance. Two-third of subjects (66.15%) reported that they are having partial reimbursement from 30% to 95% with only five subjects (7.69%) having total reimbursement.

As table 4 showen, cataract (33.90%) was the main cause of low visual acuity. It is congruent with the report that cataract is the leading cause of low vision and the incidence of cataract increases with advancing age (Zhang et al., 1992; Yan, 1995). The disease followed which cause visual impairment was retinal detachment (26.20%) and diabetic retinopathy (23.08%). Although the prevalence of retinal detachment is not too high among general population, the disease can lead to blindness. Many patients prefer being treated in the First Teaching Hospital of WCUMS to

others. They recognize it is the one of the most famous hospitals in ophthalmic fields in China. Hence, 26.15% of subjects with retinal detachment were recruited in this study. Among the general population, diabetic retinopathy is a frequent cause of visual impairment (Lawson, Alan, & Lawrence, 1987). For younger subjects, the leading cause of low vision was injury including traffic accident and chemical burns. Eales' disease is another main cause which usually occurs among 20 to 40 years old men (Yan, 1995). Majority of subjects (95.38%) in present study had low vision for less than three years. The possible reason might be that the eye condition becoming stable as time goes on, they did not think it is necessary to see ophthalmologist regularly.

According to the findings, the most helpful family members were spouse (55.38%) and child or children (30.77%). Half of the subjects (50.80%) reported that their spouses accompanied them to see the ophthalmologist, twenty-two subjects (33.85%) went to see the doctors with their children, and only one subject went to clinic alone.

Part II Family support of visual impaired persons

The family support of visual impaired persons was assessed by using the instrument of Modified Perceived Social Support from Family Scale (MPSS-Fa). The result of family support was discussed in this part.

The result of this study indicated that the score of perceived family support actually ranged from 4 to 15 with

the mean score of 12.43 and standard deviation of 2.88 (table 6) which the possible score ranging from 0 to 15. Majority of the subjects (93.85%) perceived a high level of family support while only four subjects (6.15%) reported they perceived family support within the low level (table 7). Comparing with previous studies of family support, the visual impaired persons in this study perceived higher level of support from their families than breast cancer patients (Zhang, 1997), hemodialysis patients (Zhang, 1998) and COPD patients (Jiang, 1999) using the same instrument. This result may be explained as follows.

In China, almost all families are tied by blood relation. Family members usually share a residence or live near one another and there is also an intimate relationship among family members. They consider that taking care of family members, especially the elderly, is their responsibility and accountability. Therefore, when one family member meets some problems, such as becoming ill or disabled including visual disability, the other family members will try their best to provide various assistance to help him or her in dealing with problem they encountered. This was supported by the study report of Brillhart (1988) which the disabled person often relies on family members for physical care, social contacts, emotional support, and financial aids. Additionally, although the number of nuclear family is increasing at present in some areas, the traditional Chinese extended family, which usually contains three generations including grandparent(s), parents and

children, is still common. In the present study, all
subjects reported that they lived with at least one family
member and there were at least two persons in their family.
Nearly half of the subjects (49.23%) reported that there
were four to six members while four subjects (6.15%)
identified that there were more than seven persons in their
families. Family members can share the responsibility of
support and also provide more assistance to their family
members. Therefore, it is understandable that many subjects
(60%) reported that they received a high level of family
support in this study.

Regarding the results of supporting sources
presented in table 5, spouse, children and parent were
identified as the most helpful persons by subjects. This
finding was in accordance with the statement of Lindsey
(1988) which was that social support is given and received
in the context of a network of relationship, especially
kinship network, such as spouse, children, and other family
members. With respect to the priority for the selection of
support sources within the family, for married people, they
select spouse first, followed by adult children and other
family members (Cantor, 1979, cited in Friedman, 1993).
Also, those who had children were less likely to choose
siblings and friends as network members (Chatters et al.,
1985, cited in Barron et al., 1994). These sequences of
selection are also similar to the traditional daily practice
in Chinese family. In present study, more than half of
subjects (55.38%) reported their spouses as their most

helpful persons, and a relatively large number of subjects (30.77%) considered their children as their most helpful persons (table 5). Majority of the subjects reported that they were accompanied by their spouses (50.80%) and children (33.85%) when going to see the ophthalmologist. This finding is congruent with the studies of Zhang (1997) in breast cancer patients and of Jiang (1999) among COPD patients. The result could be explained by the following reasons. Firstly, most subjects (72.31%) in this study were married with spouses being alive (table 2). For couples who have lived together for a number of years, they concerned and supported each other since starting their married lives. When one person has visual disability, he or she could meet some problems that related to vision used. His or her couple will provide support to meet his or her needs including physical, psychological and socioeconomic aspects. Barron and associates (1994) suggested that marital status was not directly related to loneliness but may be indirectly related through social support. Loneliness was associated with greater network dissatisfaction related to caring and relaxation. Non-lonely married persons more frequently cited their spouses as a support resource than did lonely married persons. Also, it is generally assumed that presence of a spouses may be equated with emotional support. This is similar to situation in Chinese family. The visual impaired person may share happiness in accepting support and help from their spouses.

Secondly, according to Chinese tradition, adult children have responsibilities to take care of their parents when they get older, sick and disable. The average age of the subjects in this study was relatively old with the mean age of 51.52 years. During this age group, some of them have more than one child and their children usually had already grown up and were comparatively ready for taking the responsibility of supporting and taking care of their old parents.

On the other hands, although the community care in China is fostered but it is still in the developing process. If the disabled or sick person is not hospitalized, he mainly relies on family members for caring firstly, followed by the close relatives and others. Therefore, we can easily understand why so many subjects identified their spouses as their most helpful persons and followed by their children.

For the single person, most of them identified their parents as their most supportive persons in this study. This is consistent with the study conducted by Brillhart (1988) in 143 disabled adults in which more than half of subjects were single and they reported parents as their supportive sources.

Because of the above reasons, generally speaking, individuals are more willing to ask and accept support from their family members. In this study, the most helpful persons identified by the subjects were their spouses and children. They were the closest and most intimate family members to the subjects. Therefore, the love, understanding,

care, concern and help from family members are more likely to make the subjects feel of being supported and feel happy.

Part III Quality of life of visual impaired persons

The quality of life of visual impaired persons was assessed by the Modified Quality of Life Questionnaire (MQOLQ). The results of overall quality of life and its domains were discussed in this part.

As table 8 showed that the mean score of overall quality of life was 168.31 with the standard deviation of 28.22. Majority of the subjects (72.31%) reported their overall quality of life at high level while eighteen subjects (27.69%) reported it at low level (table 9). This finding was inconsistent with the results of other studies in which the patients suffering from age-related macular degeneration with low vision rated significantly lower scores of quality of life than those the community elderly adults of similar age (Fryback, Dasbach, & Klein, 1993; Kaplan, Bush, & Berry, 1976, cited in Williams, Brody, Thomas, Kaplan, & Brown, 1998) as well as other patients with disabling chronic diseases, such as chronic obstructive pulmonary disease (Ries, Limberg, & Prewitt, 1995, cited in Williams et al., 1998) and acquired immunodeficiency syndrome (Kaplan, Anderson, & Patternson, 1995, cited in Williams et al., 1998). For the study among Chinese patients, Zhu (1997) reported the overall quality of life in non-insulin dependent diabetes mellitus patients was high, using the same questionnaire. Another study conducted by

Zhang (1998) also using the same questionnaire showed the reverse result in which more than half of the subjects having hemodialysis perceived a low level of quality of life. Among study subjects with various diseases, almost all studies mentioned above indicated that quality of life of visual impaired persons seems to be at the lower level which is inconsistent with this study.

The subjects in this study identified their life satisfaction at a good level ($\bar{X}$ = 35.55, SD = 7.00). Some items in this domain relating family were rated higher score by most subjects, such as "receiving family's love and care", "having a warm family", "receiving family's care when she/he was sick", "joining family in some activities and feeling happiness with his/her family". Those could be considered that family plays an important role in enhancing life satisfaction. It indicated that the more the family support, the higher the life satisfaction. In Chinese culture, family members have the responsibility for taking care of their family members, especially when they are getting ill, disable or old. In present study, two-third of subjects (87.69%) were married and most of them reported of having the good relationship with family. However, because of the importance of vision, some of subjects reported of "having much suffering now, facing obstacle in his life and having not received everything he wish". This could affect the persons' perception of life satisfaction. However,

visual impaired person's life satisfaction was still at higher level in this study.

With regard to self-concept domain, the mean score ($\bar{X}$ = 51.59, SD = 8.05) was still at higher level. The item that "they were the important persons in their family" was rated higher score. This might be explained that more than half of subjects (64.62%, table 1) were older than fifty years. In Chinese culture, the old people are always respected in society. In their families, most of them still play the role of leaders who always received respect and well always treated from family members. Moreover, although about half of the subjects were retired, they had enough money from pension to live on themselves and even had partial amount of money to support their family members. Also most of them were not complete blind and still had some amount of useable vision. Therefore, they had not lost their ability of being independence completely yet and some of them can work for living although not as much as usual. Hence, most of them still considered themselves as useful persons in the family and society.

Among all domains of quality of life, health and functioning domain was identified at a lower level with the mean score of 45.45 and standard deviation of 9.65. This result was consistent with previous studies. One study showed that the persons having blurred vision had a detectable and significant impact on functional status and well-being, especially in role limitations (Lee, Spritzer, &

Hay, 1997). Another study conducted by Scott, Smiddy, Schiffman, Feuer, and Pappas (1999) in 156 low-vision patients showed that low-vision patients score lower in physical functioning and role limitations caused by physical and emotional health problems than normal population, patients with congestive heart failure, and clinically depressed patients. It demonstrated that low-vision patients perceived markedly impairment of functional status and qualify of life. Williams and associates (1998) found that visual acuity was related to ability to carry out daily activities. Those were supported by this study. In present study, the items relating to the ability to perform daily activities were rated with lower score, such as "being able to work or study as usual", "going out on my own", and "joining and meeting with friends as usual". This could be explained that although China is a developing country, the services and facilities for visual impaired person are not well developed. Therefore, the seriously visual impaired person is having difficulty to go out and live alone. A study also found that ophthalmic patients were at high risk for decreasing functional status/quality of life (Scott, Schein, West, Bandeen-Roche, Enger, & Folsten, 1994). The possible reason was that almost all of activities are related to vision. In this study, all subjects' visual acuity were of 0.3 or less or visual fields of less than 10 degrees in the better eye, with best correction. Most subjects complained that low vision or blindness made them difficult to manage daily living activities. From having

decreased visual acuity and narrowed visual fields, individual could encounter further injury which may interfere quality of life. Klein, Klein, Lee and Cruickshanks (1998) reported that falls were more commonly reported for all persons who had poorer visual acuity and indicated a consistent relationship between falls, fractures, and visual acuity.

Regarding socioeconomic factors domain, subjects rated it at a higher level with the mean score of 35.34 and standard deviation of 7.70. This study showed that approximately half of subjects were retired (50.77%) with monthly income from 300 to 600 (32.31%) or 601 to 900 Yuan (32.31%). Generally, income per capita of Chinese urban resident was 362 Yuan per month, while the mean of rural resident's per capita income was 151 Yuan per month (China Health Ministry Statistics, 1998). This study indicated that income of the subjects in this study was about at an average level compared to Chinese population. This amount of earned could meet the basic needs for daily life. Therefore, the item of "having enough income for living" was rated at a high level by most subjects in this study. Those of higher income had significantly higher quality of life score on the social and economic subscale than those who had lower income (Ferrans & Powers, 1992; Zhu, 1997). Followed by the item of "having family indebtedness because of my illness" was identified frequently at a high level. Since this one is the negative item, it means visual impairment did not make the person indebtedness. It could be explained that 66.15%

of subjects received different percentage of reimbursement.
Wang et al. (1995) reported that patients receiving
reimbursement had higher level of quality of life than those
who had to pay for the medical fee by themselves did. In
addition, for treatment of eye disease the medical fee is
relatively less than other chronic diseases when the disease
becoming stable.

**Part IV   Relationship between family support and quality of
life of visual impaired persons**

The hypothesis of this study was that there was a
relationship between family support and quality of life
among visual impaired persons. This hypothesis was tested by
using Pearson product-moment correlation coefficient
statistical method after testing the normal distribution of
data. As presented in table 10, there was a statistical
significant positive relationship between family support and
overall quality of life (r =.705, p <.05). Moreover, further
analysis indicated that there were significantly positive
relationships between family support and life satisfaction
domain (r =.746, p <.05), self-concept domain (r =.653, p
<.05), and health and functioning domain (r =.508, p
<.05), and socioeconomic factors domain (r =.584, p <.05).
This finding implied that visual impaired person with higher
level of family support would be more likely to have higher
level of quality of life and higher level in each domain of
quality of life in terms of life satisfaction, self-concept,
health and functioning, and socioeconomic situation.

The finding of this study was in accordance with the previous study among sixty Chinese hemodialysis patients by Zhang (1998) in which there was a moderately positive relationship between family support as measured by using MPSS-Fa (Zhang, 1997) and quality of life(r =.4379, p <.001) measured by using MQOLQ (Zhang, 1998). She claimed that patients who perceived high level of family support would perceive a high level of quality of life. Friedman (1993) suggested that both emotional and tangible support from family members were related to more satisfaction with life than from non-family sources.

The finding about the positive relationship between family support and quality of life can be explained as follows. The two concepts in terms of family support and quality of life in this study were derived from Procidano and Heller's model of family support and Zhan (1992) quality of life conceptual framework. In Procidano and Heller's model of family support, the supportive dimensions of family support include moral support, emotional support, intimacy support, informational support, and feedback support (Procidano & Heller, 1983). The informational support from family members provides the persons with suggestion, advice and alternative means for solving problem they encountered. Emotional support received also makes the persons believe that they are respected, loved and valued by family members. It leads the individual to esteem himself and reaffirms his sense of personal worth. Tangible support provides assistance to help persons in dealing with daily living

activities and also provide financial support. In China at present, there are not existing perfectly made equipment for the visually disabled. It makes the visual impaired persons difficulty to manage their daily activities, especially outside the residence. Therefore, the visual impaired persons' ability of independence might be disturbed. Consequently, they had to depend on other people partially or completely. Zhan's (1992) conceptual model of quality of life includes four domains in terms of self perception of life satisfaction, self-concept, health and functioning, and socioeconomic factors. According to this author, one's personal background, social situation, culture, environment and age influence a person's perceptions of quality of life. Family support is considered as one of the major environmental factor that could affect quality of life. The finding of this study showed a significantly positive relationship between family support and overall quality of life as well as each domain of quality of life among visual impaired persons. This result supported the hypothesis and was consistent with the conceptual framework.