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Parental Education, Resilience Investment, Social Support, and Parenting Self-efficacy: Key Determinants of Family Wellbeing among Families with Children with Disabilities

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Abstract

The presence of children with disabilities significantly influences families' subjective well-being across physical, economic, social, and psychological dimensions. This study aimed to examine the effects of resilience investment, social support, and parenting self-efficacy on the subjective well-being of families raising children with disabilities, as well as the role of parental education. A cross-sectional survey design with random sampling was employed, involving 128 families with children with disabilities enrolled in Special Schools (SLB) in Cimahi City, West Java. Data were collected through offline questionnaires measuring resilience investment, social support, parenting self-efficacy, and family subjective well-being. The data were analyzed using inferential statistics, including correlation analysis (Spearman and Pearson tests) and Structural Equation Modeling-Partial Least Squares (SEM-PLS). Descriptive statistics and inferential analyses were used to examine variable levels and relationships. Results indicated moderate levels across all variables, with resilience investment, social support, and parenting self-efficacy each showing significant positive effects on families' subjective well-being. Parental education was positively associated with resilience investment and well-being, suggesting that higher education supports adaptive coping and psychological resources. Social support also strengthened both resilience investment and parenting self-efficacy, leading to greater family well-being. These findings highlight the importance of enhancing resilience, social support, and parenting efficacy, while emphasizing parental education as a critical factor. Interventions that build social networks and caregiving confidence may substantially improve family well-being.

Keywords: children with disabilities, resilience investment, social support, subjective well-being, parenting self-efficacy, parental education

Abstrak

Kehadiran anak dengan disabilitas secara signifikan memengaruhi kesejahteraan subjektif keluarga dalam aspek fisik, ekonomi, sosial, dan psikologis. Penelitian ini bertujuan untuk menguji pengaruh investasi resiliensi, dukungan sosial, dan *parenting self-efficacy* terhadap kesejahteraan subjektif keluarga yang memiliki anak disabilitas, serta mengeksplorasi peran pendidikan orang tua. Penelitian ini menggunakan desain survei *cross sectional* dengan teknik pengambilan sampel acak, melibatkan 128 keluarga yang memiliki anak disabilitas dan bersekolah di Sekolah Luar Biasa (SLB) di Kota Cimahi, Jawa Barat. Data dikumpulkan melalui kuesioner yang mengukur investasi resiliensi, dukungan sosial, *parenting self-efficacy*, dan kesejahteraan subjektif keluarga. Data dianalisis menggunakan statistik inferensial, termasuk analisis korelasi *(Spearman* dan *Pearson*) dan *Structural Equation Modeling–Partial Least Squares* (SEM-PLS). Statistik deskriptif dan analisis inferensial digunakan untuk menguji tingkat variabel dan hubungan antar variabel. Hasil menunjukkan bahwa seluruh variabel berada pada

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tingkat sedang, dan memiliki pengaruh positif dan signifikan terhadap kesejahteraan subjektif keluarga. Pendidikan orang tua berhubungan positif dengan investasi resiliensi dan kesejahteraan, menunjukkan bahwa tingkat pendidikan yang lebih tinggi mendukung kemampuan koping adaptif dan sumber daya psikologis. Dukungan sosial juga memperkuat investasi resiliensi dan *parenting self-efficacy*, yang pada akhirnya meningkatkan kesejahteraan keluarga. Temuan ini menegaskan pentingnya peningkatan resiliensi, dukungan sosial, dan *parenting self-efficacy*, serta menyoroti pendidikan orang tua sebagai faktor penting. Intervensi yang berfokus pada penguatan jejaring sosial dan kepercayaan diri dalam pengasuhan berpotensi meningkatkan kesejahteraan keluarga.

Kata kunci: anak disabilitas, dukungan sosial, investasi resiliensi, kesejahteraan subjektif, *parenting self-efficacy*, pendidikan orangtua

Introduction

Children with disabilities have become a growing global concern, exerting significant influence on family life and overall wellbeing. According to the United Nations Children's Fund (UNICEF, 2020), approximately 10% of the world's children, equivalent to around 240-266 million individuals aged 0-19, are living with moderate to severe disabilities. In Indonesia, data from the Badan Pusat Statistik (BPS, 2024) the prevalence of disability in Indonesia reached 1.43% of the total population (around 3.8 million people). Among this population, 1.4% are children aged 7–18 years equivalent to approximately 926 thousand school-aged children (BPS, 2024). At the provincial level, West Java recorded a particularly high prevalence of individuals with disabilities, especially among children, which demands serious policy attention. For many households, raising a child with a disability poses enduring psychological, social, and economic challenges. Parents often face heavier caregiving demands, restricted access to essential services, and persistent exposure to social stigma (Luijkx et al., 2019). Over time, these pressures may lead to emotional strain, social withdrawal, and even heightened conflict within families (Priego-Ojeda & Rusu, 2023). In this concept, exploring family subjective wellbeing becomes particularly important. This concept captures both parents' sense of life satisfaction and their emotional stability, two dimensions fundamental to creating a supportive home environment where children with disabilities can develop and thrive.

Family wellbeing is dynamic and shaped by how families manage resources, solve problems, and regulate stress (Rabenu et al., 2017; Simanjuntak et al., 2024). Family subjective wellbeing refers to parents' perceived life satisfaction and emotional balance, reflecting their overall quality of family life. It serves as a protective factor for mental health, supports family productivity, and helps households adapt in the face of adversity (Noviani et al., 2025; Yang et al., 2024). According to Bronfenbrenner's Ecological Systems Theory, family wellbeing is influenced by multiple interconnected systems that include both internal and external factors shaping adaptive family functioning. From the parents' perspective, caregiving for a child with disabilities requires greater time, attention, and emotional investment compared to raising typically developing children. Unfortunately, this sense of wellbeing can be undermined by the heavy demands of

caregiving and insufficient support from the wider community (Perry et al., 2017). When family wellbeing deteriorates, it can reduce parenting quality, increase vulnerability to stress, and heighten the likelihood of conflict or neglect of the child's needs (Pachița & Gherguț, 2023).

Within this framework, resilience investment represents an internal psychological resource that enables families to adapt positively to challenges (Wu et al., 2023). In this study, resilience investment refers to the proactive efforts of families to strengthen their adaptive capacity through mobilizing internal strengths, applying coping strategies, and allocating resources to maintain stability amid challenges. Families with higher resilience are typically more effective in managing stress, maintaining harmonious relationships, and approaching difficulties constructively (Sunarti et al., 2024, 2025). Resilience investment, in the family context, refers to parents' intentional actions to enhance adaptability, emotional strength, and resource management in facing their child's disability. Evidence further shows that resilience can buffer families against risks such as divorce, domestic violence, and financial crises (Taylor et al., 2017). However, most studies on family resilience have been conducted in Western contexts, with limited research examining how cultural and socioeconomic factors shape resilience among Indonesian families.

At the same time, social support functions as an external protective factor that facilitates coping, enhances parenting efficacy, and strengthens emotional stability (Flores-Builes & Andrés-Roqueta, 2022; Yang et al., 2024). Social support refers to the emotional, informational, and practical assistance that families receive from extended family members, peers, community networks, and formal institutions. Such support can reduce parenting stress and improve caregiving quality (Hassanein et al., 2021; Priego-Ojeda & Rusu, 2023). In addition, social support is closely linked to resilience and plays a central role in shaping subjective wellbeing (Arzeen 2023; Fatima & Suhail 2020; Halstead et al. 2018). Moreover, social support fosters optimism, self-esteem, and problem-solving skills, thereby promoting family subjective wellbeing (Barnová et al., 2019; Lasota & Mróz, 2024; Yang et al., 2024). Nevertheless, many families still face barriers in accessing support due to entrenched stigma surrounding disability (Gilson et al., 2018). Moreover, most studies have emphasized the psychological effects of social support, leaving its broader implications for adaptation and educational involvement underexplored, particularly in Indonesia.

Another important factor influencing family wellbeing is parenting self-efficacy, defined as parents' confidence in their ability to care for and raise their children (Ashori et al., 2019). Grounded in Bandura's Social Cognitive Theory, this concept highlights how belief in one's competence influences emotion, thought, and behavior (Dai et al., 2024). Parents with high self-efficacy generally manage stress more effectively and engage in more responsive and adaptive parenting, while low self-efficacy can make caregiving more burdensome and increase emotional exhaustion (Eltanamly et al., 2023). However, little is known about how parenting self-efficacy interacts with resilience and social support in shaping family wellbeing within collectivist societies such as Indonesia, where interdependence and community ties may affect parental confidence differently from Western contexts.

Parental education further contributes to family wellbeing. Research shows that better educated parents are often more capable of handling stress associated with childrearing (McConnell et al., 2014). Education and incomes, as socioeconomic factors, are also known to improve wellbeing outcomes (Xia et al., 2024). Some studies suggest that education may even moderate the relationship between social support and resilience, where higher education tends to strengthen adaptive capacity (Brajša-Žganec et al., 2024). Conversely, parents with lower educational background and income often struggle to establish strong parenting self-efficacy (Gessulat et al., 2023), whereas those with higher educational backgrounds are typically more confident in their parenting capacities (Weitlauf et al., 2014). Despite these findings, studies integrating socioeconomic dimensions with psychological protective factors remain limited in the Indonesian context.

Importantly, these factors are not only relevant for family resilience but also directly connected to the educational development of children with disabilities. Previous studies have shown that parental self efficacy and resilience investment play a critical role in shaping parents engagement in their children's learning. Rakap et al. (2022) found that parents with higher self-efficacy were more consistent in providing home based learning support for children with developmental delays, while Yusiana et al. (2024) reported that resilience oriented families tended to collaborate more effectively with teachers in inclusive classroom settings. Similarly, Dai et al. (2024) emphasize that social support from schools and peer parents strengthens families' motivation and capacity to participate in their children's educational progress. However, most of these studies have focused on the psychological mechanisms of family functioning rather than the educational outcomes of children with disabilities, and few have been conducted in the Indonesian context. Therefore, the present study aims to fill this gap by integrating psychological and educational perspectives to provide a more comprehensive understanding of family wellbeing and child development outcomes.

Building upon the identified research gap, this study aims to examine family subjective wellbeing among families raising children with disabilities by focusing on four key factors: resilience investment, social support, parenting self-efficacy, and parental education. The study emphasizes how these protective factors interact to enhance family wellbeing and contribute to the educational development of children with disabilities. The urgency of this research lies in its potential contribution to education, as understanding the determinants of family wellbeing provides valuable insights for designing parent education programs, fostering school family collaboration and developing inclusive education policies that empower both parents and children. Through this approach, the study contributes not only to the field of family science but also to broader national and global efforts supporting inclusive education and the Sustainable Development Goals (United Nations, 2015). Therefore, the general objective of this study is to analyze the effects of resilience investment, social support, parenting self-efficacy, and parental education on the subjective wellbeing of families raising children with disabilities, particularly within the context of inclusive education and child development.

Methods

Participants

The study population consisted of families raising children with disabilities enrolled in Special Schools (SLB) across Cimahi City, totaling 679 families according to the 2024 Dapodik database. A simple random sampling technique was applied to ensure that each family had an equal probability of being selected. Using the Slovin formula with an 8% margin of error, the minimum required sample size was calculated to be 128 families, which was then used as the final number of respondents. The primary respondents were the parents or main caregivers, as they had direct caregiving experience and knowledge of their children's needs. In cases where a selected respondent declined to participate, another respondent was randomly chosen from the remaining population using the same simple random procedure to maintain representativeness. This design was considered appropriate for identifying relationships between family protective factors and family subjective wellbeing at a single point in time. This study applied a cross-sectional survey design and was conducted over a period of two months, from December 2024 to January 2025. Data collection began by obtaining student enrollment records from the official Dapodik database and verifying them with SLB administrators to ensure accuracy. Once the records were confirmed, a random sampling procedure was used to select 128 participants. Selected respondents were contacted through letters sent by the schools, followed by home visits from the researchers to explain the study objectives and obtain informed consent. Participants were informed of the voluntary nature of their involvement and their right to withdraw at any time. Primary data were collected through offline (paper-based) questionnaires, which took approximately 20 minutes for each respondent to complete. The questionnaires gathered information on family characteristics (age, education, employment status, family size, and per capita income), resilience investment, social support, parenting self-efficacy, and family subjective wellbeing. Ethical approval for this study was granted by the Human Research Ethics Committee of IPB University (Approval No. 1578/IT3.KEPMSM-IPB/SK/2025). All participants provided informed consent prior to participation, ensuring compliance with ethical research standards.

Measurement

Family subjective wellbeing is defined as families' perceptions of their overall subjective wellbeing, encompassing economic, social, and psychological aspects while raising a child with disabilities (Sunarti, 2021). This variable was measured using the Tera-Ga instrument developed by Sunarti (2021) consisting of 30 items rated on a seven-point Likert-type satisfaction scale (1 = very dissatisfied to 7 = very satisfied). This instrument was originally developed in Indonesian context and demonstrated excellent internal consistency (Cronbach's $\alpha = 0.944$).

Resilience investment refers to families' abilities to build and utilize internal resources to manage stress and crises, reflected in their values, beliefs, rules, organizational capacity, and family atmosphere (Sunarti, 2021). This construct was measured using the Liensi-Ga instrument, also developed by Sunarti (2021), comprising 30 items evaluating family values, beliefs and rules, organizational capacity, and the

overall family atmosphere. Responses were scored on the same seven point scale, with high reliability (α = 0.936).

Perceived social support is defined as families' perceptions of being supported by others (family, friends, and significant others) in the process of caring for a child with disabilities (Zimet et al. 1988). This variable was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al., (1988). The instrument comprises a 12 item scale that evaluates support from family, friends, and significant others, using a five-point Likert scale (1 = strongly disagree to 5 = strongly agree). The MSPSS was adapted and translated into Bahasa Indonesia using a standard forward–back translation procedure to ensure linguistic and cultural equivalence. The reliability coefficient was α = 0.849.

Parenting self-efficacy is defined as parents' confidence in their ability to effectively care for, guide, and educate their child with disabilities (Hamilton et al., 2015). This construct was assessed using the Me as a Parent Scale (MaaPs) developed by Hamilton et al. (2015), which includes 16 item tool measure self-efficacy, personal agency, self-sufficiency, and self management, rated on a five-point Likert scale. The MaaPs instrument was adapted into Bahasa Indonesia through forward–back translation and content validation to ensure contextual relevance. The reliability coefficient obtained in this study was satisfactory (α = 0.859).

Parental education was also measured in this study. It was assessed by asking respondents to report the total number of years of formal education they had completed (e.g., 6 years = elementary school, 9 years = junior high school, 12 years = senior high school, 16 years = bachelor's degree). This variable was treated as a ratio-scale measure, with higher scores reflecting greater educational attainment. All instruments used in this study were translated and culturally adapted into Bahasa Indonesia following established guidelines for cross-cultural adaptation of psychological measures. A pilot test involving 35 parents of children with disabilities was conducted prior to data collection to assess item clarity, comprehension, and internal consistency. The results confirmed that all instruments were reliable and appropriate for use in the Indonesian cultural context.

Analysis

Data analysis was conducted in two stages: descriptive and inferential. The data were edited, coded, scored, and entered into Microsoft Excel and then analyzed using SPSS for Windows. Descriptive statistics were employed to examine resilience investment, social support, parenting self-efficacy, and family subjective wellbeing. Each instrument was scored according to its original manual. The Multidimensional Scale of Perceived Social Support (MSPSS) consists of 12 items rated on a 5-point Likert scale (1 = strongly disagree to 5 = strongly agree). The total score was calculated by summing all item responses, with possible scores ranging from 12 to 60. Higher scores indicated higher perceived social support.

Parenting self-efficacy was measured using a 5-point Likert scale for all items. Negatively worded items were reverse-scored prior to computing the total score, so that higher scores consistently reflected higher levels of parenting self-efficacy. Resilience investment and family subjective wellbeing were also scored by summing all item

responses according to their respective scoring guidelines. For all variables, higher scores represented higher levels of each construct.

Parental education was measured as the total number of years of formal schooling completed. This operationalization is widely used in social science research and is treated as ratio-scale data because it has a true zero point (no schooling) and equal intervals, with each additional year representing a comparable unit of educational exposure. Although some researchers classify education level as an ordinal variable, using years of schooling as ratio data is appropriate for this study because the variable was analyzed descriptively and through Pearson correlation, which aligns with ratio-level measurement assumptions. Parental education was not included as a latent construct in the PLS-SEM model because it was not part of the study's theoretical framework but was instead examined as a demographic characteristic to provide supporting information.

Following scoring, total scores were transformed into index values using the formula by Sunarti (2021) to allow comparison across scales. These index scores were categorized into four levels: very low (0-19), low (20-39), moderate (40-69), and high (70-100). Inferential analysis included Pearson correlation to examine relationships between variables. Partial Least Squares Structural Equation Modeling (PLS-SEM) was applied to analyze the influence of resilience investment, social support, and parenting self-efficacy on family subjective wellbeing. The analysis included measurement model evaluation (outer model) for validity and reliability using Composite Reliability (CR > 0.7) and Average Variance Extracted (AVE > 0.5), as well as structural model evaluation (inner model) using R-squared (R^2) and path coefficients.

Findings

Respondent Characteristics

The study revealed that the fathers average age was 46.7 ± 7.89 years, placing them in the middle adulthood stage, while mothers were younger with a mean age of 42.66 ± 8.37 years. Parental education ranged from 6 to 16 years, with an average of 10.9 years and a standard deviation of 2.70, indicating that most parents had a middle level of educational attainment. The categorical distribution showed that the largest proportion fell within the 10–12 years category (43.75%), followed by 7–9 years (28.90%) and 0–6 years (12.50%). Meanwhile, the groups with 13–15 years of education and more than 16 years accounted for 7.81% and 7.01% of the sample, respectively. Overall, a middle level of education was the predominant characteristic among the participants. Household income varied widely, from IDR 500,000 to IDR 15,000,000. In terms of occupation, more than half the fathers (51.53%) worked as daily laborers, followed by 32% employed in the private sector, while the rest were civil servants or retirees. Most mothers (81%) reported not being engaged in paid work.

Resilience Investment

The findings indicate that most families fell into the moderate to high range for resilience investment. Internal strengths such as family values, shared beliefs, and a supportive atmosphere, combined with organizational resources, were found to

contribute substantially to family resilience. This suggests that families raising children with disabilities possess a considerable capacity to adapt and mobilize internal and external resources when facing challenges. The overall mean score for resilience investment was 63.25, indicating a moderate level of family resilience. As shown in Table 1, among the three dimensions, family values, beliefs, and rules scored the highest mean (66.78), followed by family atmosphere (65.88) and organizational capacity (57.09).

Table 1. Descriptive Statistics of the Family Resilience Investment dimension

Aspect	Min	Max	Mean
Family values, beliefs, and rules	21.67	100	66.78
Organizational capacity	15	100	57.09
Family atmosphere	16.67	100	6.88
Total	25.56	100	63.25

These results highlight that the internal aspects of resilience, particularly the presence of shared values, mutual trust, and strong family norms are relatively well-developed among participating families. Such strengths reflect a cohesive belief system that guides families in coping with the unique demands of raising children with disabilities. The high score in the family atmosphere further suggests that emotional warmth, mutual respect, and open communication are key protective factors supporting family well-being.

However, the relatively lower score in organizational capacity indicates an area that requires further strengthening. Organizational capacity reflects the family's ability to plan, manage time and roles effectively, and access broader community and institutional support systems. The limited score in this dimension suggests that families may still struggle to coordinate household tasks, manage caregiving responsibilities efficiently, or engage with external support structures such as schools, health services, and community organizations.

These findings imply that while families demonstrate substantial internal resilience, there remains a need for interventions that enhance their organizational functioning. Training in family management skills, time allocation, and communication with service providers may help improve this capacity. Strengthening organizational aspects could further reinforce the family's overall resilience, enabling them to respond more effectively to both everyday stressors and long-term caregiving demands.

Social Support

Perceptions of social support among families raising children with disabilities were generally in the moderate range, with an average score of 67.15. This finding indicates that most families felt they received a fair amount of assistance and understanding from their social networks, including relatives, friends, and significant others. Such support is essential in helping parents manage the emotional, physical, and social demands associated with caregiving while maintaining overall family well-being.

As shown in Table 2, family support emerged as the strongest dimension, with a mean score of 71.19, suggesting that extended family members such as grandparents, siblings, or in-laws play a pivotal role in providing emotional comfort, practical help, and

moral encouragement. The relatively high perception of family-based support reflects the collectivist nature of Indonesian society, where kinship ties and interdependence are culturally valued.

Table 2. Descriptive Statistics of the Social Support dimension

Categories	Family Support		Friends Support		Significant Others	
	n	%	n	%	n	%
Very low	3	2.3	2	1.6	4	3.1
Low	5	3.9	9	7	3	2.3
Moderate	48	37.5	89	69.5	61	47.7
High	72	56.3	28	21.9	60	46.9
Min max	0-100		21.9 ± 100		15.6 ± 100	
Mean ± SD	71.2 ±18.3		61.1 ± 15.5		69.3 ± 19.5	

In this study, families demonstrated a relatively good level of social support, with 49.2% of respondents categorized as having a moderate level of social support, 43.8% as having a high level, and only 7.0% as having a low level. The family support domain had a mean score of 71.2, with scores ranging from 0 to 100, indicating that, overall, respondents perceived a relatively high level of family support despite considerable variability in scores. The friends support domain had a mean score of 61.1, while the significant others support domain had a mean score of 69.3.

In contrast, support from friends recorded the lowest mean (61.03), indicating that social assistance from peers or non-family members may be less accessible or less consistent. This could stem from limited opportunities for parents to engage in social activities outside the home due to intensive caregiving responsibilities, or from social stigma surrounding disability that discourages community interaction. Similarly, support from significant others (mean = 69.23) showed that spouses or close partners generally provided meaningful support, although variations in quality and consistency were evident.

These findings highlight that while families benefit from strong kin-based support, the broader social environment, especially friendship and community networks remains underutilized. Strengthening these external support systems is crucial, as peer and community engagement can reduce parental isolation and foster shared learning among families facing similar challenges. Programs that promote parent networking, peer mentoring, and inclusive community participation could therefore enhance both perceived and actual social support, leading to improved family resilience and subjective well-being.

Parenting Self-Efficacy

The overall mean score for parenting self-efficacy was 67.32, placing it in the moderate category. This result suggests that parents of children with disabilities generally perceived themselves as fairly capable in fulfilling their caregiving responsibilities. They reported a reasonable degree of confidence, personal control, and self-management in dealing with daily parenting challenges. However, the moderate

score also indicates that these capacities are not yet optimal, and there remains substantial potential for strengthening parents' belief in their own competence and effectiveness.

As shown in Table 3, the self-efficacy dimension recorded the highest mean score (71.77), implying that most parents felt confident in their ability to handle specific caregiving tasks and manage their children's behavior appropriately. This may reflect accumulated experience in caring for children with special needs, as well as emotional resilience developed through ongoing adaptation.

Tabel 3. Descriptive Statistics of the Parenting Self-Efficacy dimension

Categories	Self Efficacy		Personal Agency		Self Sufficiency		Self Management	
	n	%	n	%	n	%	n	%
Very low	3	2.3	2	1.6	4	3.1	0	0
Low	5	3.9	9	7	3	2.3	3	2.3
Moderate	48	37.5	89	69.5	61	47.7	71	55.5
High	72	56.3	28	21.9	60	46.9	54	42.2
Min max	0-100		21.9 ± 100		15.6 ± 100		40.63 - 100	
Mean ± SD	71.2 ±18.3		61.1 ± 15.5		69.3 ± 19.5		67.6 ± 13.2	

The self-sufficiency and self-management dimensions also scored relatively moderate (68.99 and 67.63, respectively), suggesting that parents were able to maintain independence in decision-making and manage their time, energy, and emotions effectively in the caregiving context. These aspects are particularly significant in households where parents have limited external assistance and must rely primarily on internal motivation and problem-solving skills.

Conversely, personal agency obtained the lowest mean score (60.88), indicating that many parents still experience doubt about their capacity to influence outcomes or bring about desired changes in their children's development. This may be related to structural barriers such as limited access to educational and therapeutic resources, financial constraints, or social stigma, which can weaken parents' sense of control and confidence.

These findings align with Bandura's Social Cognitive Theory, which emphasizes that individuals' beliefs in their abilities influence how they think, feel, and act. In this context, stronger parental self-efficacy enhances motivation, persistence, and adaptive coping, ultimately contributing to more effective parenting and greater family well-being. Therefore, interventions that aim to increase parental confidence such as skill-based training, peer support groups, and collaborative school–family programs can help reinforce self-efficacy, leading to improved outcomes for both parents and children with disabilities.

Family Subjective Well-being

The analysis across the economic, social, and psychological dimensions revealed that overall family subjective well-being was within the moderate range, with an average index score of 54.59 (Table 4). This indicates that while families of children with disabilities generally maintain a reasonable level of life satisfaction and emotional

balance, there remain challenges that may hinder optimal well-being. The findings suggest that these families possess a degree of adaptive resilience, enabling them to sustain psychosocial stability despite the continuous demands of caregiving.

Table 4. Descriptive Statistics of the Family Subjective Wellbeing dimension

Categories	Physic economic		Social		Psychologist	
	n	%	n	%	n	%
Very low	11	8.6	2	1.6	0	0
Low	63	49.2	52	40.6	36	28.1
Moderate	45	35.7	66	51.6	65	50.8
High	9	7	8	6.3	27	21.1
Min max	0.39 - 0.94		0.41 - 0.98		0.23 - 1.00	
Mean ± SD	0.47 ± 0.20		0.53 ± 0.19		0.62 ± 0.19	

Among the three dimensions, psychological well-being obtained the moderate mean score (62.98), suggesting that most parents were able to regulate emotions, maintain hope, and find meaning in their caregiving roles. This psychological strength likely reflects the family's internal coping mechanisms and emotional bonds, which function as protective factors amid daily stressors.

The social dimension scored moderately (53.63), indicating that families experienced a fair level of social connection and participation but may still face barriers such as stigma or limited opportunities for community engagement. Social isolation and societal misperceptions about disability often constrain parents' involvement in broader social networks, thereby reducing their sense of social belonging and support.

In contrast, the economic dimension scored the lowest (47.16), reflecting ongoing financial strain among many families. Raising a child with a disability frequently involves increased expenditures for therapy, health care, and special education, while also limiting parents' work opportunities, particularly for mothers. This economic burden can negatively affect family well-being by generating stress and restricting access to supportive resources.

Taken together, these findings indicate that while psychological adaptation among parents remains relatively strong, economic and social vulnerabilities continue to challenge the overall well-being of families. Therefore, policy and program interventions should not only strengthen emotional resilience but also address the structural determinants of family well-being particularly through economic empowerment, inclusive social environments, and accessible community support systems for families raising children with disabilities.

The Relationship between Family Characteristic, Resilience Investment, Social Support, Parenting Self-Efficacy, and Subjective Wellbeing

Although parental education was not directly estimated in the structural model, the correlation results (Table 5) revealed significant positive associations with both resilience investment ($r = 0.193$, $p < 0.05$) and subjective well-being ($r = 0.210$, $p < 0.05$). This suggests that parents with higher educational attainment are better equipped with

knowledge, problem-solving skills, and adaptive coping strategies that enable them to respond more effectively to the challenges of raising children with disabilities. Education thus serves as a contextual moderator, reinforcing the strength of the relationships among the key protective factors in family well-being.

Furthermore, both family income and capita income showed significant correlations with resilience investment (r = 0.213*; r = 0.206*), social support (r = 0.222*; r = 0.233**), and subjective well-being (r = 0.310**; r = 0.304**). These findings indicate that financial stability facilitates access to supportive environments and resources that promote family resilience and overall well-being. In contrast, length of marriage and family size were not significantly correlated with any of the main variables, suggesting that family well-being in this context is more strongly influenced by socioeconomic and educational factors than by demographic characteristics alone.

Table 5. Results of family characteristics tests with resilience investment, social support, parenting self-efficacy and family welfare.

Aspect	IR	DS	PSE	KSK
Parents education	**0.193***	0,034	0,065	**0.210***
Family income	**0.213***	**0.222***	0,103	**0.310****
Capita income	**0.206***	**0.233****	0,082	**0.304****
Length of marriage	-0,040	-0,016	-0,088	-0,077
Family size	0,008	-0,101	0,055	0,001

**=significant p<0.01, *=p<0.05

IR= Resilient Investment; DS= Social Support;PSE= Parenting self-efficacy; KSK=Subjective Family Wellbeing

Overall, these results highlight that education and income function as enabling resources that strengthen family capacities to adapt and thrive. They not only improve material conditions but also contribute to psychological empowerment, allowing parents to invest more effectively in resilience, sustain social connections, and build confidence in caregiving. This finding underscores the need for integrated interventions that combine educational support, economic empowerment, and social inclusion to enhance the well-being of families raising children with disabilities in Indonesia.

The Influence of Resilience Investment, Social Support, Parenting Self-Efficacy On Subjective Wellbeing of Families With Children with Disabilities

Taken together, all the relationships among the core variables were statistically significant (t>1.96), confirming that the proposed model is both valid and reliable in explaining the factors that shape the wellbeing of families raising children with disabilities. The results in Table 6 and Figure1 indicate that social support influences resilience investment (0.317*), subjective well-being (0.212*), and parenting self-efficacy (0.260*). This means that the more social support received, the stronger the resilience investment. Furthermore, these results confirm that social support functions as an external protective factor that strengthens the psychological well-being of families facing the demands of caring for children with disabilities. This further reinforces the finding that the higher the social support parents receive, the greater their confidence in their ability to effectively parent their children.

Further results also indicate that resilience investment has a significant positive effect on subjective well-being (0.682*). These findings emphasize that efforts to improve the subjective well-being of families with children with disabilities need to be directed at strengthening protective mechanisms within the family system, not solely at reducing parenting stress. Furthermore, parenting self-efficacy also had a significant positive effect on subjective well-being (0.146*). This result confirms that parents' confidence in their ability to effectively carry out their parenting role is an important factor determining their perception of well-being.

Table 6. The influence of resilience investment, social support, parenting self-efficacy on subjective wellbeing of families with children with disabilities

Direction	Path Coefficients	Standard Error	T-Statistic	P-Value	Significance
Social Support → Resilience Investment	0.371	0.079	4.709	0.000*	Significant
Social Support → Subjective Well-Being	0.212	0.069	2.870	0.015*	Significant
Social Support → Parenting Self-Efficacy	0.260	0.090	3.325	0.031*	Significant
Resilience Investment → Subjective Well-Being	0.682	0.054	12.779	0.000*	Significant
Parenting Self-Efficacy → Subjective Well-Being	0.146	0.074	2.365	0.015*	Significant

*significant <0.05

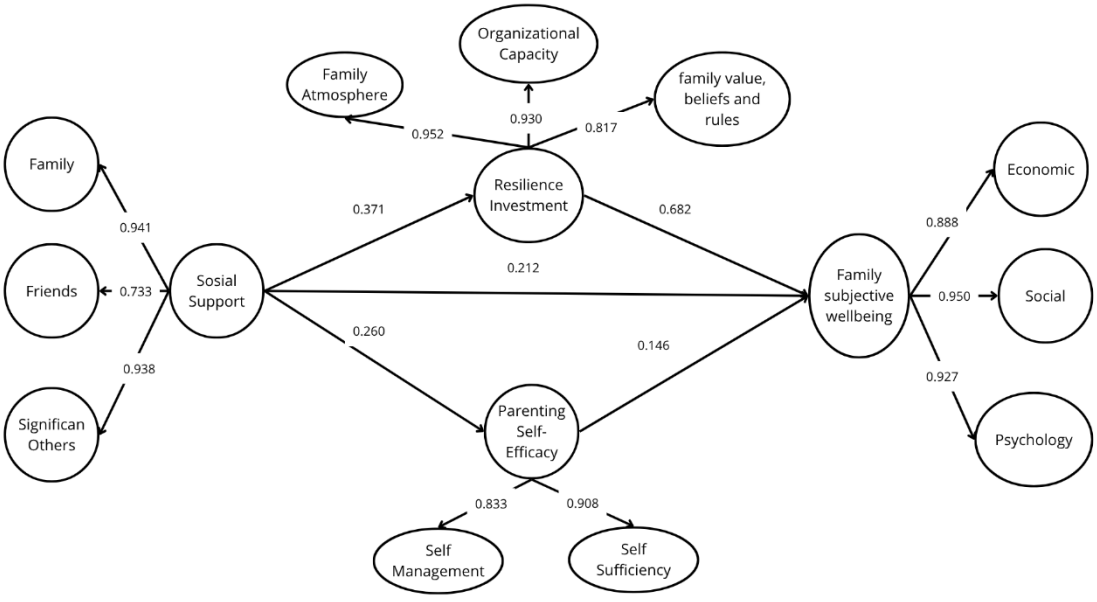


Figure 1. Structural Equation Modelling (SEM) results

Discussion

The findings of this study reinforce that parental education, resilience investment, social support, and parenting self-efficacy collectively shape the subjective well-being of families raising children with disabilities. These protective factors interact dynamically, forming a multidimensional support system that enables families to maintain stability and adapt to the challenges of caregiving. Within the ecological systems framework (Bronfenbrenner, 1979), this pattern reflects a set of interrelated processes occurring at the microsystem, mesosystem, and exosystem levels, where individual, familial, and environmental resources mutually influence family well-being.

Consistent with previous research, parental education emerged as a key contextual factor that enhances both resilience investment and subjective well-being. Parents with higher educational attainment tend to have greater access to knowledge, information, and support networks related to child development, health, and inclusive education (Dianti et al., 2024; Sunarti, 2021). Educational experience also strengthens cognitive and emotional capacities for problem-solving, planning, and communication skills essential for managing caregiving stress (Lakhani et al., 2025; Prickett & Augustine, 2016). Consequently, parental education not only promotes informed decision-making and optimism but also facilitates collaboration with schools and service providers. This underscores the moderating role of education as a contextual factor that amplifies the effectiveness of social support and resilience investment in shaping family well-being. In Cimahi, an urban area characterized by high population density and socioeconomic diversity, educational differences among parents significantly influence how families access and utilize available services for children with disabilities.

Education also provides access to wider social networks and resources that are crucial for building resilience and support systems. For families raising children with disabilities, higher educational attainment supports the development of problem-solving abilities and fosters a positive outlook in facing adversity. Brajša-Žganec et al. (2024) found that greater problem-solving skills are linked to higher life satisfaction among children. Similarly, education indirectly improves family well-being through the reinforcement of resilience, which plays a key role in mental health and life satisfaction (Bukhori et al., 2022). Parents with higher education levels also tend to interpret health services better, understand educational programs for their children, and communicate more effectively with teachers and communities. These findings align with previous studies emphasizing the role of education in strengthening family capacity to cope with challenges (Prickett & Augustine, 2016). It broadens access to information, resources, and adaptive coping strategies that help parents respond to the demands of raising a child with disabilities (Lakhani et al., 2025; Prickett & Augustine, 2016).

Conversely, parents with lower educational backgrounds may not fully optimize the benefits of resilience investment and family subjective well-being due to limited access to or difficulty processing relevant information (Fakkel et al., 2024). Interestingly, although most parents in this study had only completed high school, many demonstrated a willingness to learn by actively seeking information from their communities. This indicates that both formal and informal educational experiences can enhance family capacities to adapt and persevere through caregiving, optimism, and

effective communication traits that contribute to greater resilience and improved family routines (Aivalioti & Pezirkianidis, 2020). This condition illustrates the moderating function of education in the relationship between resilience and family well-being.

Education also influences the way parents engage with healthcare and child development services. Previous studies have shown that better-educated parents are more likely to access pediatric resources, adopt improved nutritional practices, and reduce risks such as stunting (Xia et al., 2024). Similarly, Awofala & Bilikis (2024) noted that informed parenting decisions shaped by education support healthier learning environments for children. Parents with higher education levels are generally more proactive in seeking interventions and health services, indicating that education not only enhances knowledge but also increases agency in caregiving.

While education is a key enabler, it does not act alone. Social support emerged as another important protective factor, helping families compensate for lower levels of formal schooling. Ortiz-Calvo et al. (2022) emphasized that strong networks whether from relatives, peers, communities, or service institutions provide practical help and emotional encouragement that reinforce resilience. For families of children with disabilities, such external connections often make the difference between feeling isolated and feeling supported. Thus, although parental education was examined in this study primarily through correlation analysis, it can still be interpreted as a contextual moderator that either amplifies or weakens the association between protective factors and subjective family well-being.

Economic stability also serves as a critical foundation for resilience. Stable financial conditions provide a sense of security and enable households to cope with unexpected economic shocks. Families with consistent income and access to financial resources are better positioned to engage in financial planning, prioritize savings, and allocate resources for long-term resilience strategies. Financial literacy plays a pivotal role in reinforcing this stability. Families with higher levels of financial literacy make more informed decisions, manage debt responsibly, and maintain healthier saving behaviors, all of which strengthen their financial resilience in times of crisis (Katnic et al., 2024). Moreover, stable economic conditions encourage a shift from unorganized to organized savings, fostering trust in financial institutions and promoting more effective financial planning (Zaiats, 2024). Community-based and Islamic finance programs can further empower families to manage their finances, improve crisis preparedness, and reduce vulnerability to stress (Abbas et al., 2024). Conversely, under economic instability, families are more likely to prioritize immediate survival over long-term resilience, heightening their susceptibility to future shocks. Thus, economic stability enables families to build coping mechanisms, emergency savings, and financial preparedness especially critical among families of children with disabilities, whose ability to access therapies and services depends heavily on family finances.

This study found that household income was positively correlated with resilience investment, social support, and subjective well-being (Table 5). Financially secure families are better able to afford healthcare, education, therapy, and other essential resources. This pattern aligns with findings from Lavenda & Kestler-Peleg (2017); Liu et al. (2024); and Wu et al. (2023), who observed that financial stability reduces stress, widens social networks, and strengthens environments that foster well-being. Similarly,

Brajša-Žganec et al. (2024) identified economic security as one of the strongest determinants of parental subjective well-being.

Although various services for persons with disabilities exist in Cimahi, the predominance of privately managed providers creates large cost disparities depending on therapy type and frequency. Families with greater financial means can access advanced services, while those with limited resources must rely on government or community programs, which are often inadequate. Community organizations and NGOs thus play crucial roles as sources of support and change. Collaborative initiatives such as between the Cimahi City Department of Social Affairs, Manpower, and Transmigration (Dinsosnakertransos) and NGOs like Save the Children have provided parents with childcare and therapy training, showing that innovation can emerge despite limited resources. However, families still face challenges: complex administration, fragmented systems, and high therapy costs create practical barriers, while stigma and social exclusion deepen psychological strain. Together, these findings suggest that parental education, social support, and economic stability operate complementarily to build family resilience and well-being.

Among the predictors examined, resilience investment emerged as the most influential. Resilient families adapt, endure, and grow through adversity (Sunarti et al., 2024; Walsh, 2016b). Resilience is not a fixed trait but a dynamic process of meaning-making, adaptability, and competence building (Walsh, 2016a). Families who invest in resilience through emotional strength, open communication, problem-solving, and shared belief systems maintain psychological balance under stress. This aligns with Sunarti (2021) conceptualization of resilience as the integration of physical, material, psychosocial, and spiritual capacities that sustain family functioning even under pressure.Spirituality emerged as an important cultural dimension of resilience among Indonesian families. Many parents reported relying on faith and collective prayer to sustain hope, strengthen endurance, and find meaning in caregiving. Spirituality thus becomes both a psychological and social resource that helps families reinterpret challenges positively (Dey et al., 2021). Families who internalize spiritual values demonstrate greater emotional regulation, patience, and optimism all of which contribute to higher well-being. Hence, resilience investment not only buffers families against stress but also enables positive transformation through shared meaning and stronger bonds.

Social support plays a significant role in reinforcing resilience, confirming previous findings on the importance of supportive networks in family adaptation (Abbas et al., 2024; Flores-Builes & Andrés-Roqueta, 2022; Kim et al., 2020; Zhao et al., 2021). The more families feel connected to relatives, friends, or institutions the more capable they become of managing caregiving demands. Extended family, schools, and neighborhood communities were identified as key sources of support. As Walsh (2016a) explains, social support allows families to access both tangible resources and a collective spirit that reinforces endurance. Instrumental support, such as financial or childcare assistance, reduces everyday burdens (Zhong et al., 2020). Informational support, such as advice from teachers or therapists, reduces uncertainty (Caples et al., 2018). Emotional support, such as empathy and encouragement, builds belonging and optimism (Kim et

al., 2020; McConnell et al., 2014). Collectively, these forms of support meet core psychological needs essential to resilience development (Luthar, 2015).

Social support also exerts direct and indirect effects on subjective family well-being, confirming the stress-buffering model that posits support reduces the negative effects of chronic stress (Zhao et al., 2021). Schools, teachers, and communities function as mesosystem actors providing external support for inclusive education. When educators adapt curricula, maintain open communication, and engage parents, children's participation and achievement improve (Wu et al., 2023). This aligns with UNESCO (2021), emphasizing that the success of inclusion depends on both school access and family involvement. Resilient parenting enables children's sustained participation in learning, enhancing both academic and emotional outcomes (Wang et al., 2021).

Parenting self-efficacy also contributes significantly to family well-being , reflecting parents' confidence in managing caregiving and influencing their children's development (Fang et al., 2021). Parents with higher self-efficacy are more proactive, emotionally regulated, and communicative (Harpaz & Grinshtain, 2020). This belief encourages persistence, adaptive coping, and constructive problem-solving, strengthening both family harmony and subjective well-being (Hashemi et al., 2021; Liu et al., 2024). Parenting self-efficacy is especially vital for families of children with disabilities, where strong efficacy mitigates stress, sustains optimism, and enhances parenting quality (Dai et al., 2024; Eltanamly et al., 2023). Parents with higher confidence foster nurturing environments that benefit both their children's development and family satisfaction (Hamovitch et al., 2019).

Overall, this study confirms that education, social support, and economic stability work together to strengthen family resilience, parenting self-efficacy, and subjective well-being. These findings reinforce the ecological and dynamic nature of family resilience and highlight the importance of integrated interventions. Strengthening educational access, social networks, and financial literacy among families with children with disabilities will not only enhance resilience but also promote sustainable well-being within inclusive and resilient communities.

Many parents spent up to one hour completing the questionnaire, as they shared detailed stories about their children's conditions and family experiences. While this provided rich qualitative insights, this aspect also represents a potential limitation of the study, as the extended interaction may have affected the consistency of responses and introduced variability in how some questions were interpreted or answered. Another limitation lies in this study's cross-sectional design, which restricts the ability to observe changes in family protective factors over time.

Future research should consider longitudinal designs and more diverse populations to explore how these protective factors evolve over time and to identify additional mechanisms that can enhance family well-being and educational outcomes for children with disabilities. In particular, studies could integrate the perspective of teachers and schools to examine how family protective factors interact with inclusive education practice. Further research might also test intervention programs as a parenting education of school, family partnership models that can strengthen parental

involvement and children's learning experiences. These insights would be valuable for informing inclusive education policies at the local and national levels.

Conclusion and Recommendation

Conclusion

This study underscores the pivotal role of parental education and household income in shaping key protective factors resilience investment, social support, and parenting self-efficacy that together enhance the subjective well-being of families raising children with disabilities. Parents with higher educational attainment and stable economic resources demonstrated greater capacity to build resilient family systems, access social networks, and maintain adaptive functioning in the face of caregiving challenges. Among these factors, resilience investment emerged as the strongest predictor of family well-being, reflecting the importance of shared beliefs, emotional connectedness, and organized family functioning. Social support played both direct and indirect roles, not only improving family well-being but also reinforcing resilience and parenting confidence. Meanwhile, parenting self-efficacy contributes significantly to the emotional stability and positive interactions within families, indicating that confidence in caregiving serves as a psychological buffer against stress and promotes harmonious relationships.

These findings carry important implications for education, policy, and family empowerment. Strengthening family-centered approaches within inclusive education frameworks is crucial to ensure that children with disabilities receive comprehensive support both at school and at home. Collaborative partnerships among schools, families, and communities through parent education programs, teacher–parent communication, and psychosocial assistance can enhance family competence and resilience. The study's results align with the principles outlined in the National Education Regulation (Permendiknas) No. 70/2009 and the Minister of Education, Culture, Research, and Technology Regulation (Permendikbud) No. 48/2023, which institutionalize inclusive education and establish mechanisms such as Special Education Teachers (GPK) and Disability Service Units (ULD). Therefore, enhancing family resilience, social support, and parenting self-efficacy is essential not only to strengthen family well-being but also to advance inclusive educational success in line with Sustainable Development Goal 4 on equitable and quality education for all.

Recommendation

Developing empowerment-oriented educational programs for parents is essential to enhance their literacy, health awareness, and parenting competencies, as well as their understanding of the specific developmental and psychosocial needs of children with disabilities. Such programs should integrate training components on home-based learning support, children's rights, nutrition and health management, and positive parenting strategies for addressing behavioral challenges. Given that resilience investment emerged as the strongest predictor of family well-being, these initiatives should also emphasize stress management, collaborative problem-solving,

reinforcement of shared family values, and effective intra-family communication to strengthen adaptive functioning.

Equally important is the establishment of community-based parent support networks that facilitate experience sharing, peer mentoring, and collective empowerment. These platforms can reduce social isolation, enhance parental confidence, and sustain family resilience. Effective implementation requires cross-sectoral collaboration among local governments, educational institutions, and social service agencies to ensure integrated and accessible forms of support. Multisectoral policies that combine educational, therapeutic, and psychosocial interventions are therefore imperative to provide consistent, comprehensive, and sustainable assistance for families raising children with disabilities.

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