

Exploration of Subjective Well-Being in Parents of Children with Special Needs in Inclusive School MIM X Surakarta

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Abstract

One of the blessings given by God is the gift of offspring, which is a manifestation of His divine will. Therefore, becoming a parent requires a sincere heart to accept the path that has been chosen, including the role of being a parent to a child with special needs (CWSN). This study aims to explore the Subjective Well-Being (SWB) of parents of CWSN by understanding the depiction of SWB, the influencing factors, and the parents' lived experiences in caring for their children. This research employs a qualitative method with a phenomenological approach. The study involved three informants who are parents of CWSN over the age of three and who serve as the child's primary caregivers. Data collection was conducted through interviews. The data were analyzed using the Miles and Huberman model, and data validity was ensured through data triangulation. The findings indicate that the depiction of SWB varied among informants but tended to be influenced by external protective and risk factors. Protective factors include education, employment, family functioning, income, number of children, and social support. Risk factors include challenges related to the severity of the child's condition, financial limitations, and negative perceptions of the child. Preparation. This study can contribute to society, policymakers and professionals by encouraging the maximization of protective factors that can be provided to parents, thereby helping to improve the Subjective Well-Being of parents of children with special needs.

Introduction

Having children is a blessing from God; therefore, parents need to sincerely accept every decree of His will. Parents' happiness should not diminish even if they are blessed with a child with special needs, as it is an additional responsibility. Parents are required to prepare both economic and psychological well-being from the moment the child is born. A happy child is born from a happy mother, as the family serves as the complete environment for a child's growth and development (Agustiani et al., 2022). The future of children, including those with special needs, must also be prepared with parental readiness in educating and caring for them.

Children with Special Needs (CWSN) are children who experience developmental barriers, either in one or more aspects, and require special treatment due to disorders or abnormalities (Kristiana & Widayanti, 2021). According to Rezieka et al. (2021), CWSN are also referred to as having disabilities or limitations in certain abilities caused by atypical development. They are classified into physical, mental, and social-behavioral disorders, such as difficulties in adapting to the environment. Categories include visual impairments, hearing impairments, physical disabilities, intellectual disabilities, and other physical conditions (Rezieka et al., 2021). One type of physical disability is cerebral palsy, caused by brain nerve damage (Siaahan et al., 2022). Mental disabilities involve disturbances in thought, emotions, and behavior, such as autism. Autism is a pervasive developmental disorder characterized by impairments and delays in cognition, language, communication, social interaction, and behavior (Yahya et al., 2023).

According to the Central Bureau of Statistics in 2023, a survey conducted in the city of Surakarta recorded a total of 2,111 people with disabilities: 332 with physical disabilities, 115 with hearing or speech impairments, 311 with speech disorders, 1,040 with mental disabilities, 81 with both physical and mental disabilities, and 232 with other types of disabilities. Based on these data, it is appropriate for society to view CWSN as equal to other children. This perspective is supported by a passage from the Qur'an, Surah An-Nur verse 61, which states:

"There is no restriction upon the blind, nor upon the lame, nor upon the sick, nor upon yourselves, that you eat [together] in your houses, or the houses of your fathers, your mothers, your brothers, your sisters..."

This verse aligns with Artistia et al. (2024), who explained that CWSN are just like other children; they also have the ability to interact with their families, society, and the surrounding environment.

The struggles of parents in caring for and educating CWSN vary. One option chosen by some parents is enrolling their children in inclusive schools, which are considered the best choice (Idhartono & Hidayati, 2024). In an initial observation at one inclusive school in Surakarta, there was a parent of a child with cerebral palsy (CP) who consistently

dropped off and picked up the child with affection despite challenges, showing a positive attitude. Initial interviews with parents of CWSN indicated that they had a positive outlook on life after having a CWSN. Observations of the children also showed that they displayed positive behaviors, marked by good academic performance and active participation during lessons.

Diener (1984) defined Subjective Well-Being (SWB) as individuals' personal assessments of their life satisfaction, either generally or specifically. He explained that life satisfaction and positive affect are the two main components of SWB. An individual's SWB involves a comprehensive evaluation of life aspects. SWB is closely related to happiness, where happiness is seen as the dominance of positive emotions over negative ones. Factors influencing subjective well-being include subjective satisfaction, income, and demographic factors such as beliefs, education, age, occupation, personality, marital status, and family.

Numerous studies have examined the correlation between SWB and mothers of CWSN, such as the positive correlation between family functioning and SWB (Shafanisa et al., 2017). There is also a positive correlation between mothers' acceptance of CWSN and their SWB. Additionally, family support and knowledge in child-rearing influence SWB (Andayani et al., 2021). Another study by Islamy & Setyawati (2024) found that mothers who accept their child under any condition tend to evaluate their lives more positively than those who cannot accept their child's condition. This aligns with the Qur'an in Surah Luqman verse 12, where Allah SWT instructs His servants to be grateful, as gratitude benefits themselves. Individuals who accept their lives tend to have a more positive outlook. This is consistent with preliminary data from informants in this study, who stated that mothers strive to reconcile with their circumstances and feel grateful when remembering their child's struggles to be born into the world.

The role of mothers in a child's life is crucial; the mother is the heart of the household. Therefore, mothers must have good SWB to optimize child-rearing. Research by Syahputra et al. (2022) found a relationship between maternal mental health and parenting. Fikri in Yuliani et al. (2024) stated that parenting stress, if left unaddressed, negatively impacts both parents and children, affecting behavior and conditions. Poor SWB can also create stress for parents, influencing parenting (Nancy et al., 2017).

Previous research on SWB has often used quantitative methods, focusing on single variables without addressing the comprehensive factors shaping SWB. Moreover, few studies have explored parents' lived experiences in raising CWSN. In contrast, this study employs a qualitative method to provide a deeper and contextual exploration of SWB factors. Additionally, this study uses a different institution compared to previous research, as MIM X employs a multiple intelligence curriculum, supporting each child's uniqueness. This policy benefits parents, making them feel supported by the institution.

The aim of this study is to understand the SWB of parents of CWSN, their meaning of life, factors that increase or decrease SWB, and their lived experiences in raising CWSN. This research is important to broaden awareness of SWB in parents of CWSN and its influencing factors. Without this understanding, parents and society may struggle to maintain or improve SWB, which affects parenting and daily life.

Research Questions:

1. How is SWB portrayed?
2. What factors influence the SWB of parents of CWSN?

Benefits of the Study:

1. Theoretical: Contributes to psychological knowledge, particularly in positive psychology.
2. Practical: Provides parents with insights into factors influencing SWB, helping them find ways to improve it. It also informs society about SWB, encouraging social environments to optimize support for parents and CWSN. For inclusive educational institutions, it serves as a reference for considering the well-being of parents of CWSN as part of the educational ecosystem

Method

No.	Informant	Age	Gender	Relationship to Child	Type of CWSN	Birth Order	Number of Siblings
1	DR	45 years	Female	Primary caregiver	Mild autism	2nd child	2 siblings
2	DA	36 years	Female	Primary caregiver	Cerebral palsy	1st child	2 siblings
3	NR	45 years	Female	Primary caregiver	Cerebral palsy	4th child	4 siblings

No.	Informant	Gender	Role	Supporting for
1	DWW	Female	Special Education Teacher	DR
2	NNA	Female	Special Education Teacher	DA
3	DRAT	Female	Special Education Teacher	NR

Design

This research employs a qualitative method with a phenomenological approach, aiming to produce descriptive data. Data collection was conducted through semi-structured interviews and participatory observation.

Participants

This research used purposive sampling with the following criteria for informants:

1. Parents of CWSN enrolled in Inclusive School X in Surakarta.
2. Primary caregivers who are most actively involved in child care.
3. Intact families.

Procedures

Before data collection, the researcher prepared instruments including an interview guide and an observation sheet. The interview guide consisted of 36 questions covering:

- Informant biodata (5 questions)
- Types of CWSN (6 questions)
- Parents' perspectives on life (10 questions)
- Parents' feelings (2 questions)
- Parents' hopes for their child (6 questions)
- Social support (4 questions)
- Spirituality (3 questions)

The observation sheet was used to record the informants' noticeable behaviors during interviews, including facial expressions, eye movements, and intonation, which served to strengthen their responses.

Data validation was ensured using source triangulation, where the researcher cross-checked information through observation, in-depth interviews, and documentation from other sources.

Before data collection, the researcher obtained formal permission from the institution by submitting a research request letter. Once approved, the researcher contacted three parents willing to participate as informants and three Special Education Teachers (SET) as supporting informants through WhatsApp. Agreements were made to provide informed consent, which included details of the data collection process, researcher identity, data confidentiality, and participants' willingness to serve as primary or supporting informants. The researcher also explained the interview process while building rapport to encourage openness.

Data Collection

Data collection was conducted over two weeks in March 2025. Semi-structured interviews followed the prepared guide, with probing techniques used to explore deeper questions. The researcher used a tablet device to record informants' responses. Two rounds of interviews were conducted: the first via WhatsApp chat for preliminary research, and the second face-to-face.

Data Analysis

Data were analyzed using the Miles and Huberman model:

1. Data Reduction – selecting and simplifying data obtained.
2. Data Display – organizing and structuring the data into simpler, more systematic forms.
3. Conclusion Drawing – the final stage, where the researcher identified relationships among the data.

Results

Based on the interviews conducted, the researcher obtained an overview of Subjective Well-Being (SWB) among the three main informants. SWB could be seen through internal and external aspects that influence it. The data analysis produced two main themes aligned with the research questions:

1. Overview of SWB – including cognitive aspects, positive affect, and negative affect.
2. Factors shaping SWB – including internal and external protective and risk factors.

Informant	Cognitive Aspects	Positive Affect	Negative Affect
DR	Ability to assess life changes positively; seeks knowledge and information	Positive emotions: feeling happy with the situation, relief due to the presence of a Special Education Teacher (SET), amazement and pride in child's development, gratitude for child's discipline, safety within the school environment, joy from family support	Negative emotions only when triggered by external causes, occasional sadness about child's autism, frustration with differing parenting styles of spouse/in-laws
DA	Ability to evaluate life and personal changes positively	Positive emotions: joy seeing child's progress, enthusiasm in caregiving, effort to accept the situation sincerely, calmness when learning about child's condition	Negative emotions arise only when triggered by certain situations
NR	Ability to evaluate life changes positively, but often struggles with dissatisfaction	Positive emotions: happiness when child obeys and shows affection, joy when fulfilling child's wishes, happiness seeing discipline, gratitude when comparing to children with more severe conditions	Negative emotions: fatigue due to financial problems, anxiety about child's condition, feelings of inferiority, worry about treatment needs

External and Internal Factors

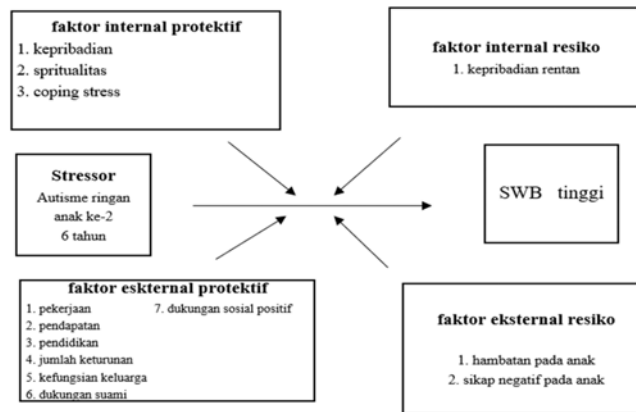


Figure 1. External and Internal Factors DR

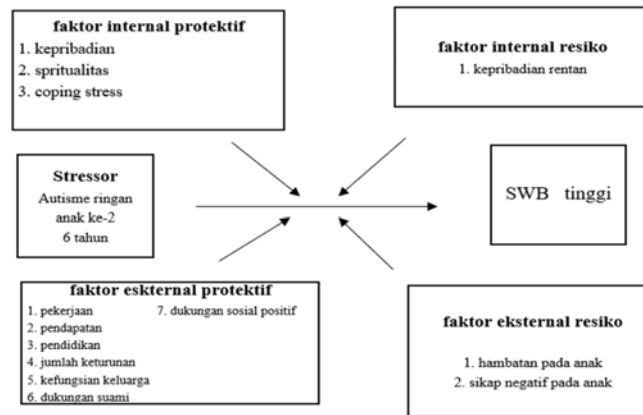


Figure 2. External and Internal Factors DA

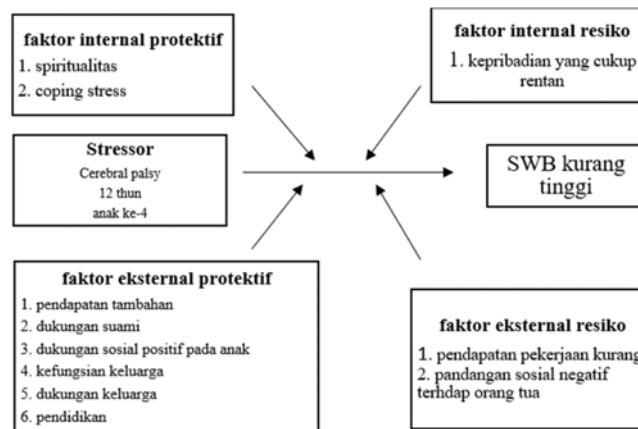


Figure 2. External and Internal Factors NR

Discussion

Subjective Well-being

Subjective Well-Being (SWB) is an individual's evaluation of life, which includes two aspects: cognitive and emotional (Yudhianto et al., 2023). According to Tov & Diener (2013), the tripartite model of SWB is divided into cognitive well-being and emotional well-being (positive emotions and negative emotions). These three components are interrelated, meaning that individuals who are satisfied with their lives tend to experience more positive emotions and less negative emotions. The overall depiction of SWB obtained from the informants consists of cognitive aspects, positive affect, and negative affect.

The cognitive aspect includes subjective evaluation and life evaluation, where the informants were able to assess changes in themselves as well as their perspective on life. The affect reported by informants illustrates both positive and negative feelings they experienced. These three aspects play a significant role in understanding a person's SWB. A person is said to have high SWB when positive affect is felt more frequently than negative affect. This aligns with Proctor (2020), who stated that individuals with high SWB often experience positive affect (such as happiness or optimism) and also life satisfaction.

From the analysis conducted, the three informants displayed varying levels of positive affect. Informants DR and DA tended to experience more positive affect compared to NR. Informant DR felt happiness and gratitude due to the child's consistent sleep schedule: *"sometimes I hear from friends who also have children with special needs that their kids can stay up until 11 or 12 at night. Thankfully, A is disciplined because I always discipline him..."* (DR/613–617). DR also felt calm when the child was treated positively at school and expressed gratitude for the presence of a Special Education Companion Teacher (GPK): *"Right now, honestly, it is a blessing that A has a GPK..."* (DR/924–925). This finding is

consistent with Winastuti & Maula (2021), who found that the presence of GPK is very helpful for children in carrying out school activities.

Informant DA experienced positive affect such as enthusiasm in caring for the child, striving for acceptance of the child's condition, and remaining calm while seeking information about the child's diagnosis: "*I first looked up information about Cerebral Palsy. At first, I only knew a little, but later I learned that there are different categories—mild, moderate, severe. Q is mild because he is responsive and communicative...*" (DA/568–571). According to Andriani et al. (2023), it is important for parents to understand the classification of children with special needs, as this can influence their development and growth, enabling parents to identify and recognize their child's characteristics.

Informant NR experienced positive affect such as happiness when the child was obedient and affectionate, as well as joy in fulfilling the child's wishes: "*Yes, my children are generally obedient. My second child really loves A. For example, if at the boarding school he gets something special or food A has never tried, he always saves it for A...*" (NR/350–359). Although the sources of positive affect differed among informants, all three shared a similarity: they felt happiness when observing their child's progress. "*When I see A's progress—for example, before he couldn't call me 'mother' or 'father,' but now he says 'mother, mother.' If I'm cooking and he calls me, I feel so happy...*" (DR/775–780). This is supported by Wisesa (2021), who found that mothers feel happiness when they witness their child's developmental progress.

Regarding negative affect, informant DA only experienced negative emotional responses when triggered by specific causes. In contrast, DR and NR tended to have multiple sources of negative emotional responses. Informant NR, for example, experienced negative affect due to others' negative perceptions of the child and differences in parenting styles with in-laws living in the same household. This is consistent with Langi & Talibandang (2021), who found that parents living with grandparents often encounter differences in child-rearing practices. NR also frequently felt negative emotions such as insecurity, shame, and worry about the child's condition: "*...speaking ability is still lacking, and when given tasks at the mosque, many people can hear it. I feel, well, pity and embarrassed...*" (NR/306–309). This aligns with Nida (2021), who reported that parents of children with special needs often experience sadness, shame, disappointment, and low self-confidence.

In the cognitive aspect, particularly in terms of life satisfaction, all three informants noted personal growth (subjective evaluation) and a shift toward more positive interpretations of life (life evaluation). For example, informant DA stated that life is a learning process: "*...every day is a lesson, a test for me, so I learn every day...*" (DA/260–262). Compton in Tobing (2014) argued that life satisfaction is an overall evaluation of an individual's ability to accept their life. All three informants expressed gratitude and joy in their lives, despite being blessed with children with special needs. However, NR, although grateful for the child's presence, often complained about circumstances, felt insecure about the child's condition, and struggled with financial difficulties that influenced his life. Dissatisfaction can be influenced by unpleasant emotions or negative affect such as disappointment, fear, insecurity, or shame (Steven & Sawitri, 2016).

From both the cognitive and affective aspects, it appears that DR and DA have high SWB, while NR demonstrates relatively lower SWB.

Factors Influencing SWB

Many factors influence Subjective Well-Being (SWB). According to Diener (2009), factors influencing SWB include subjective satisfaction, demographic factors, the quality of social relationships, and life goals. Based on the analysis conducted, factors influencing the informants were categorized into two groups: internal and external. Internal factors are further divided into protective and risk factors, and the same applies to external factors. For the three informants, the researcher assumed that the main stressor came from having a child with special needs (ABK). However, this was not the sole determinant of their SWB, as many other factors could either increase or decrease SWB. These are referred to as protective factors and risk factors. Protective factors reduce or buffer risks, while risk factors increase risks (Fadzul et al., 2016).

The internal protective factors identified include extraversion personality, spirituality, and stress coping, while the internal risk factor was neuroticism personality. External protective factors included education, occupation, family functioning, income, number of children, and social support, while external risk factors involved the child's disability (severity), financial limitations, and negative social perceptions of the child.

This study found that internal protective factors influencing SWB included personality. Hartadi in Yudhawati (2018) explained that personality results from the interaction between the environment and biological mechanisms. Many theories discuss personality, including the Big Five Personality Model, which consists of extraversion, neuroticism, openness, agreeableness, and conscientiousness. Extraversion is linked to being energetic; agreeableness to being kind; conscientiousness to being responsible and thoughtful; neuroticism to being anxious or prone to worry; and openness to being imaginative and curious (Costa & McCrae in Karim, 2018). Research by Ndayambaje (2020) showed a significant relationship between extraversion and SWB. This aligns with informants DR and DA, who displayed extraversion traits, as they were friendly, optimistic, and sociable. This finding is consistent with Weiten in Astiti & Valentina (2024), who noted that characteristics of extraversion include optimism, friendliness, sociability, self-confidence, and cheerfulness.

Another internal protective factor identified was spirituality. All three informants frequently expressed faith-based beliefs such as acceptance of destiny (tawakal) and gratitude in every situation. Informant DR believed that God never

gives challenges beyond human capacity: “...*God doesn't give us trials beyond our ability, that's what I think when I feel sad...*” (DR/757–760). Informant DA also expressed surrender to God's will: “...*whatever Allah gives, because I don't know what the future holds...*” (DA/915–917). Informant NR stated: “*We should just be grateful, because it is Allah's gift, and one day it will return to Allah...*” (NR/688–689). Spirituality serves as a strength to build a connection with God, find meaning in life, and respond to divine guidance (Imaduddin, 2017). This factor strongly influences SWB. Nuryanti et al. (2021) also reported a positive correlation between spirituality and SWB, while Elmaria & Raudatussalamah (2023) found that both tawakal and gratitude correlated positively with SWB among parents of children with special needs.

Coping stress is another important factor. Stress coping strategies refer to techniques to reduce or eliminate stress (Sihombing, 2021). Lazarus & Folkman in Wicaksono (2019) classified coping into problem-focused coping (actions, decision-making, problem-solving) and emotion-focused coping (regulating stress through emotions). Research suggests that virtue transcendence (gratitude, humor, spirituality, hope, and appreciation of beauty/excellence) and coping stress are significantly related to SWB. In this study, informant DR leaned toward emotion-focused coping, such as watching Korean dramas or meeting friends: “...*sometimes I watch dramas too...*” (DR/1044). In contrast, informant DA and NR used problem-focused coping, often seeking solutions such as borrowing money for school fees or reframing problems positively: “...*I had to borrow 10 million; until it was paid off, I couldn't get the exam card...*” (NR/174–176). All three informants also relied on spiritual coping, such as praying, reading the Qur'an, and listening to religious lectures: “...*the important thing is reading, sometimes I teach A to read Iqra too...*” (DR/1032–1034). Coping stress thus reduces stress and positively affects SWB (Tyas & Savira, 2017).

The internal risk factor influencing SWB was neuroticism personality. Informant NR often displayed traits of neuroticism, such as sadness, anxiety, and irritability. These feelings are understandable, as every parent hope for a child to be born healthy (Elmaria & Raudatussalamah, 2023). NR frequently expressed worry and insecurity, which was observed in her low vocal tone during the interview. Aqmar (2019) found a significant relationship between neuroticism and SWB, suggesting that higher neuroticism correlates with lower SWB.

External protective factors were also identified. Education emerged as a significant influence. While the three informants had different educational backgrounds—DR completed high school (SMA), DA obtained a D3 in midwifery, and NR completed a bachelor's degree (S1)—education alone did not determine SWB levels. Instead, what mattered was how informants applied their knowledge in parenting children with special needs. For example, DA's medical background helped her remain calm during her child's health crises, while DR educated herself on caring for a child with mild autism, adjusting dietary habits accordingly. NR often consulted relatives who were doctors regarding her child with cerebral palsy. Thus, ongoing efforts to seek knowledge about ABK proved to be protective.

Occupation also influenced SWB. DR and DA were full-time homemakers (IRT), while NR was a private school teacher. DR and DA did not report significant burdens from their daily responsibilities, while NR often expressed dissatisfaction with her work, particularly due to lower income and heavier responsibilities compared to public school teachers: “...*the salary is 350 [thousand] per month...*” (NR/95). This finding is consistent with Andriani et al. (2023), who found that SWB levels are generally higher among public school teachers compared to private school teachers.

Family functioning was another protective factor. All three informants demonstrated healthy family functioning through communication, role-sharing, and shared responsibility in childcare. Epstein in Viranda et al. (2023) identified six dimensions of family functioning: problem-solving, communication, roles, affective involvement, affective responsiveness, and behavioral control. Shafanisa et al. (2017) emphasized that high SWB is crucial for mothers of children with special needs, as it enhances resilience and enthusiasm in daily life.

Demographic factors such as income also played a significant role. DR and DA felt their income was sufficient, while NR expressed financial difficulties: “...*for me, expenses and income are about the same, maybe less...*” (NR/80–81). Kahneman et al. in Tov & Diener (2013) noted that cognitive evaluations are strongly influenced by income. Although “money can't buy happiness,” consistent income can improve SWB by meeting basic needs. Putra & Prasetya (2021) similarly found a positive correlation between economic factors and SWB.

Social support was another protective factor. For DR, DA, and NR, support came from family, social circles, and inclusive schools. NR mentioned that as the child of a village leader, her child was treated with respect by the community: “...*people respect A because he is the village head's grandchild...*” (NR/581–584). This aligns with Manik (2013), who argued that societal respect can be based on wealth, status, or lineage. Inclusive schools also provided emotional and educational support, which contributed positively to parental SWB (Hasan et al., 2024).

External risk factors included the child's disabilities as the main stressors. DA and NR's children had cerebral palsy, with DA's child unable to walk and requiring a wheelchair, and NR's child struggling with speech, stiff hands, and severe nearsightedness. Cerebral palsy is a neurological disorder caused by permanent, non-progressive brain damage occurring from birth (AHP, 2013). In contrast, DR's child had mild autism, characterized by repetitive behaviors and social difficulties (Kurniawansyah et al., 2021). The severity of a child's disability and parental perceptions strongly affect parental SWB (Idhartono & Hidayati, 2024).

Another external risk factor was negative social perceptions and stigma. Informants reported that when their children interacted socially, they were often stared at or treated differently, leading to distress: “...*they see A as different, sometimes they treat him like a toy, and he doesn't understand, so he screams...*” (DR/734–739). Andriani et al. (2024) noted that

children with special needs often face social exclusion due to lack of public awareness. Negative stigma impacts mothers' emotions, causing sadness, anger, disappointment, and insecurity (Utami, 2019).

Finally, the number of children and financial strain also influenced SWB. NR, with four children, faced heavier financial burdens, often resorting to loans to cover school expenses. Research shows that financial satisfaction strongly affects life satisfaction, with wealth, health, and education being the most influential factors (White in Halim & Astuti, 2015). Falahati in Qur'ani (2020) also linked financial satisfaction directly with happiness.

Conclusion

This study explores the Subjective Well-Being (SWB) of parents of children with special needs (CwSN), examined through the depiction of SWB, the factors influencing SWB, and parents' lived experiences in caring for their child. The analysis revealed that the depiction of SWB varies across informants. SWB can be observed from cognitive aspects as well as affective aspects, which are further divided into positive affect and negative affect.

The factors influencing SWB consist of internal and external factors, both of which are divided into protective factors that can enhance SWB and risk factors that may reduce SWB. In this study, parents' SWB was found to be more influenced by external protective and risk factors, such as education, occupation, family functioning, income, number of children, social support, child-related challenges, financial constraints, and negative perceptions toward the child.

Therefore, it is crucial for society, professionals, and policymakers to strengthen protective factors such as social support, spiritual training, increased incentives for working parents of children with special needs, and access to information and inclusive education. This study focused on mothers as the primary caregivers, thus future research is recommended to explore the SWB of fathers of children with special needs.

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