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MUSLIM FAMILIES AND RELIGIOUS RESOURCES IN DEVELOPING PARENTAL ACCEPTANCE OF CHILDREN WITH DISABILITIES

Suharsiwi[1], Weny Savitry S. Pandia[2](✉)
[1]Universitas Muhammadiyah Jakarta, Banten, Indonesia
[2]Universitas Katolik Indonesia Atma Jaya, Jakarta, Indonesia

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(✉)**Correspondence to:**
weny.sembiring@atmajaya.ac.id

Abstract: This study aimed to examine the direct and indirect relationships among social support, religious attitude, parental understanding, and parental acceptance among parents of children with disabilities. Using a quantitative cross-sectional design, data were collected from 77 parents through self-report questionnaires and analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM). The findings revealed that religious attitude positively influenced parental understanding and parental acceptance, while parental understanding also had a significant positive effect on parental acceptance. Social support positively influenced religious attitude but did not directly affect parental acceptance. Further analysis showed that religious attitude significantly mediated the relationship between social support and parental acceptance, whereas parental understanding mediated the relationship between religious attitude and parental acceptance. These findings indicate that parental acceptance develops through an interconnected process involving social, religious, and cognitive factors. Religious attitude emerged as a central mechanism that transforms social support into greater parental acceptance and strengthens parents' understanding of their children's developmental needs. The findings imply that family support programs should combine psychosocial support, parent education, and culturally relevant religious resources to promote parental acceptance and family well-being.

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INTRODUCTION

Parental acceptance is a fundamental component of family adaptation and psychological well-being among families raising children with disabilities (Eden et al., 2024; Murtianingsih & Sujito, 2025; Embang, 2024; Zourou et al., 2025). Acceptance reflects parents' ability to acknowledge their child's condition, adjust expectations realistically, and provide consistent emotional and developmental support (Abidin et al., 2025; Ayar et al., 2024). Recent studies (Cheng & Lai, 2023;

Embang, 2024) have shown that parental acceptance is associated with healthier family functioning, improved parent–child relationships, and more adaptive caregiving practices among families of children with disabilities. Parents who demonstrate greater acceptance are more likely to create supportive developmental environments and maintain positive expectations regarding their children's growth and participation. Conversely, difficulties in accepting a child's disability may contribute to psychological distress, parenting stress, and challenges in family adjustment, potentially affecting both parental well-being and child development.

Despite increasing awareness of disability rights and inclusive education, many parents continue to experience significant challenges in accepting their child's condition. The initial diagnosis of a disability is often accompanied by feelings of shock, denial, sadness, guilt, uncertainty, and anxiety regarding the child's future. In many societies, including Indonesia, these challenges may be intensified by social stigma, limited access to disability-related information, and inadequate support services. Parents frequently encounter difficulties in understanding their child's developmental needs while simultaneously coping with social expectations and cultural perceptions surrounding disability. Such circumstances may hinder the development of positive parental acceptance and reduce family resilience in the long term.

Based on the authors' previous community-based studies involving families of children with disabilities in Indonesia, many parents reported difficulties in identifying developmental conditions, understanding their children's special needs, and accessing appropriate educational and intervention services. Parents frequently expressed uncertainty regarding developmental expectations and available support systems, indicating that parental acceptance remains a significant challenge for many families (Graça & Brandão, 2024; Hazan-Liran & Levkovich, 2025). The consequences of limited parental acceptance extend beyond the psychological well-being of parents. Studies indicate that parents who struggle to accept their child's disability are more likely to experience chronic stress, emotional exhaustion, and difficulties in establishing supportive parent-child relationships. These challenges may influence the child's participation in educational settings, social interactions, and developmental opportunities. In contrast, parents who demonstrate higher levels of acceptance tend to engage in more adaptive caregiving practices, maintain realistic developmental expectations, and actively seek resources that support their child's growth and inclusion (Jensen et al., 2025; A. Lee et al., 2025). Therefore, understanding the factors that contribute to parental acceptance remains an important issue in both disability studies and family research.

One factor consistently associated with parental acceptance is parental understanding of disability. Parental understanding refers to parents' knowledge and awareness of their child's developmental characteristics, strengths, limitations, and support needs. Adequate understanding enables parents to interpret their child's condition more accurately, develop realistic expectations, and make informed decisions regarding caregiving and

educational interventions (Mampaso Desbrow et al., 2024; Mbatha & Mokwena, 2023). Previous studies (Mukhlis et al., 2023; Salsabila & Adrian, 2025) have shown that parents who possess greater knowledge about disability are more likely to demonstrate adaptive coping strategies and positive attitudes toward their children. Increased understanding may therefore serve as an important cognitive resource that facilitates parental acceptance and promotes healthier family adjustment.

Social support and religious attitude have been widely recognized as important psychosocial resources that facilitate parental adaptation among families of children with disabilities. Parents who receive adequate support from family members, communities, professionals, and educational institutions tend to experience lower levels of parenting stress, better psychological well-being, and greater family resilience, enabling them to cope more effectively with caregiving demands and respond more positively to their children's conditions (Saxton et al., 2025; Suharsiwi et al., 2023). Likewise, religious beliefs and practices provide frameworks for meaning-making, emotional regulation, hope, and resilience when facing challenging life circumstances. Within Muslim family contexts, religious values may help parents interpret disability through perspectives emphasizing patience, gratitude, responsibility, and trust in divine wisdom, thereby supporting emotional adjustment and acceptance. Previous studies (Siahaan et al., 2023; Tan & Chan, 2026; Wnuk, 2024) have further demonstrated that religious coping contributes to psychological well-being and adaptive functioning by helping individuals manage emotional distress and develop positive interpretations of adversity. Together, social support and religious attitude may play significant roles in strengthening parental acceptance and promoting adaptive family functioning among parents of children with disabilities.

Although previous studies have identified parental understanding, social support, and religious factors as important contributors to family adaptation, most investigations have examined these variables separately. Existing research has predominantly focused on psychological or social dimensions of parental acceptance, while the role of religious attitude has often been treated as a background characteristic rather than an active factor influencing parental adaptation. Furthermore, limited empirical evidence is available regarding the combined influence of parental understanding, social support, and religious attitude on parental acceptance among families of children with disabilities in predominantly Muslim societies. This limitation is particularly relevant in Indonesia, where religious values play an important role in family life and social interactions.

The present study addresses this gap by proposing an integrative model that examines parental understanding, social support, and religious attitude simultaneously as predictors of parental acceptance among parents of children with disabilities. The study further extends existing literature by positioning religious attitude as an active psychosocial resource that may strengthen parental acceptance alongside parental understanding and social support.

Accordingly, this study aimed to examine the relationships between parental understanding, social support, religious attitude, and parental acceptance among parents of children with disabilities in Indonesia. Based on previous theoretical and empirical findings, the following hypotheses were proposed: (H1) parental understanding positively predicts parental acceptance; (H2) social support positively predicts parental acceptance; and (H3) religious attitude positively predicts parental acceptance. Through testing these relationships, the study seeks to provide empirical evidence that may inform family-centered interventions and culturally responsive support programs for families of children with disabilities.

RESEARCH METHOD

This study employed a quantitative correlational design to examine the relationships among parental understanding, social support, religious attitude, and parental acceptance among parents of children with disabilities. Participants consisted of 77 parents who had children with various types of disabilities and were actively involved in caregiving. Respondents were selected using purposive sampling based on the criteria of being a parent or primary caregiver of a child with a disability and willingness to participate in the study. Data were collected through a structured questionnaire after participants were informed about the purpose of the study and voluntarily provided consent. The study examined four constructs: parental understanding, social support, religious attitude, and parental acceptance. Parental understanding refers to parents' knowledge and awareness of their child's developmental characteristics and support needs, while social support encompasses emotional, informational, and instrumental assistance received from family members, communities, educational institutions, and professionals. Religious attitude reflects the extent to which religious beliefs, values, and practices influence parents' perspectives and coping processes, whereas parental acceptance refers to parents' ability to acknowledge, accept, and adapt positively to their child's condition.

All constructs were measured using five-point Likert-scale items ranging from 1 (strongly disagree) to 5 (strongly agree), with higher scores indicating higher levels of each construct. Prior to the main study, the instrument underwent validity and reliability assessment to ensure the adequacy of the measurement model. Data were analyzed using Partial Least Squares Structural Equation Modeling (PLS-SEM), which is appropriate for examining complex relationships among latent variables and predictive models with relatively small sample sizes. The analysis consisted of two stages: evaluation of the measurement model through indicator loadings, composite reliability, Cronbach's alpha, and Average Variance Extracted (AVE), followed by evaluation of the structural model using collinearity statistics, path coefficients, indirect effects, and coefficients of determination (R^2) to assess the hypothesized relationships among variables.

RESULT AND DISCUSSION

Result

Respondent Characteristics

A description of the characteristics of the respondents in this study is presented in Table 1.

Table 1. Characteristics of Children with Disabilities

Disability Type	Frequency	Percentage
Mentally Impaired	24	31.2
Deaf	35	45.5
Physically Impaired	6	7.8
Autism	3	3.9
Down Syndrome	5	6.5
Blind	1	1.3
Hydrocephalus	3	3.9
Total	77	100.0
School Participation	**Frequency**	**Percent**
Not yet	2	2.6
No	2	2.6
Yes	73	94.8
Total	77	100.0
Length of Disability	**Frequency**	**Percent**
< 4 years	1	1.3
4-6 years	1	1.3
7-10 years	35	45.5
11-12 years	15	19.5
13-15 years	12	15.6
16-18 years	11	14.3
> 18 years	2	2.6
Total	77	100.0

Table 1 presents the characteristics of the children with disabilities whose parents participated in the study. Among the 77 respondents, the largest proportion of children had hearing impairments (45.5%), followed by intellectual disabilities (31.2%). Other disability categories included physical impairments (7.8%), Down syndrome (6.5%), autism (3.9%), hydrocephalus (3.9%), and blindness (1.3%). Regarding school participation, the majority of children were enrolled in educational settings (94.8%), while only a small proportion had not yet attended school or were not enrolled (5.2%). In terms of the duration of disability, most children had experienced their condition for 7–10 years (45.5%), followed by 11–12 years (19.5%), 13–15 years (15.6%), and 16–18 years (14.3%).

Table 1 presents the characteristics of the children with disabilities whose parents participated in the study. Hearing impairment was the most frequently reported disability category, followed by intellectual disability. Most children were enrolled in educational settings, indicating active participation in formal education. In addition, the majority had experienced their condition for seven to ten years, suggesting that many parents had substantial caregiving experience.

These characteristics provide important contextual information for understanding parental experiences and responses examined in this study.

Measurement Model Assessment (Outer Model)

The measurement model assessment included the evaluation of convergent validity and construct reliability. The results of the outer loading analysis are presented in Table 2.

Table 2. Outer Loading Values

	SS	RA	PU	PA
SS1	0.634	-0.051	-0.123	0.004
SS2	0.717	0.084	0.034	0.001
SS3	0.736	-0.408	0.294	0.149
SS4	0.48	-0.13	-0.531	0.208
SS5	0.726	0.042	-0.095	-0.207
SS6	0.732	-0.484	0.112	0.035
SS7	0.622	-0.162	0.059	-0.142
SS8	0.747	0.378	-0.098	-0.166
SS9	0.804	0.202	0.093	0.019
SS10	0.753	0.389	-0.188	0.042
SS11	0.793	0.029	0.231	0.097
RA1	0.076	0.718	-0.58	0.347
RA2	0.398	0.728	-0.134	-0.076
RA3	-0.283	0.832	-0.19	0.086
RA4	-0.033	0.809	-0.149	0.108
RA5	0.185	0.736	0.108	-0.441
RA6	-0.112	0.795	0.39	-0.221
RA7	0.064	0.824	0.152	0.143
RA8	0.004	0.875	0.051	0.047
RA9	-0.053	0.577	0.552	-0.488
RA10	-0.214	0.727	-0.117	0.371
PU1	-0.266	0.034	0.848	-0.144
PU2	-0.031	0.158	0.744	0.41
PU3	-0.107	-0.144	0.719	0.252
PU4	-0.004	-0.028	0.859	0.031
PU5	0.247	-0.081	0.771	-0.3
PU6	0.284	-0.285	0.734	-0.252
PU7	0.041	-0.024	0.741	-0.53
PU8	0.066	0.16	0.792	0.084
PU9	-0.012	0.35	0.704	0.251
PU10	-0.171	-0.123	0.841	0.208
PA1	-0.303	0.467	-0.259	0.738
PA2	-0.267	0.326	-0.3	0.705
PA3	-0.109	-0.089	0.099	0.796
PA4	0.012	-0.359	0.372	0.802
PA5	0.3	-0.139	0.073	0.758
PA6	0.198	0.024	-0.205	0.769
PA7	-0.118	0.198	-0.424	0.781
PA8	0.088	-0.087	0.439	0.679
PA9	0.076	-0.076	0.069	0.765
PA10	0.1	-0.197	0.127	0.845

Table 2 shows that most indicators achieved outer loading values above the recommended threshold of 0.70, indicating satisfactory indicator reliability. Within the Social Support (SS) construct, most indicators met the criterion, although SS4 showed a loading of 0.480. For Religious Attitude (RA), most

indicators exceeded the recommended value, with RA9 recording the lowest loading (0.577). All indicators measuring Parental Understanding (PU) exceeded 0.70. In the Parental Acceptance (PA) construct, all indicators met the recommended threshold except PA8, which obtained a loading value of 0.679. Overall, the results indicate acceptable convergent validity across the measurement model. The reliability assessment results are presented in Table 3.

Table 2 presents the outer loading values for all measurement indicators. Most indicators exceeded the recommended threshold of 0.70, indicating satisfactory indicator reliability and adequate representation of their respective constructs. Although a small number of indicators showed lower loading values, the overall pattern suggests that the measurement model demonstrates acceptable convergent validity. Therefore, the indicators were considered appropriate for inclusion in the subsequent analysis.

Table 3. Construct Reliability Assessment

Construct	Composite Reliability	Cronbach's Alpha
SS	0.917	0.899
RA	0.934	0.920
PU	0.938	0.926
PA	0.934	0.921

Table 3 demonstrates that all constructs achieved Composite Reliability values ranging from 0.917 to 0.938 and Cronbach's Alpha values ranging from 0.899 to 0.926. All values exceeded the recommended threshold of 0.70, indicating satisfactory internal consistency and construct reliability. The convergent validity of the constructs was further assessed using the Average Variance Extracted (AVE), as presented in Table 4.

Table 3 presents the reliability assessment results for all constructs. The Composite Reliability and Cronbach's Alpha values exceeded the recommended threshold of 0.70, indicating satisfactory internal consistency. These findings demonstrate that the measurement instruments consistently captured the intended constructs. Overall, the reliability results support the adequacy of the measurement model.

Table 4. Average Variance Extracted (AVE)

Construct	AVE
SS	0.504
RA	0.587
PU	0.604
PA	0.585

As shown in Table 4, all constructs obtained AVE values above the recommended threshold of 0.50. The AVE values ranged from 0.504 for Social Support to 0.604 for Parental Understanding, indicating adequate convergent validity for all constructs included in the model. Table 4 shows the Average Variance Extracted (AVE) values for all constructs. All AVE values exceeded the recommended threshold of 0.50, indicating that each construct explained more than half of the variance of its indicators. These findings confirm adequate

convergent validity and demonstrate that the indicators appropriately represent their respective latent variables.

Structural Model Assessment (Inner Model)

Prior to evaluating the structural relationships among variables, a collinearity assessment was conducted using Full Collinearity Variance Inflation Factor (VIF) values. The results are presented in Table 5.

Table 5. Collinearity Assessment (VIF)

Construct	VIF
SS	2.221
RA	2.581
PU	3.180
PA	2.398

Table 5 indicates that all VIF values ranged from 2.221 to 3.180, which are below the recommended threshold of 5.00. These findings suggest that multicollinearity was not present among the predictor variables, confirming the suitability of the structural model for further analysis. Table 5 presents the collinearity assessment results using Variance Inflation Factor (VIF) values. All VIF values were below the recommended threshold of 5.00, indicating the absence of multicollinearity among the predictor variables. This finding suggests that the relationships among constructs can be interpreted without concerns regarding overlapping predictor effects. Consequently, the structural model was considered suitable for further analysis.

The direct effects among the study variables are presented in Table 6.

Table 6. Direct Effects

Direct Effect	Coefficient	p-value
SS → RA	0.318	0.002
RA → PU	0.591	<0.001
SS → PA	-0.013	0.450
RA → PA	0.458	<0.001
PU → PA	0.376	<0.001

The results indicate that Social Support (SS) positively influenced Religious Attitude (RA) with a path coefficient of 0.318. Religious Attitude positively influenced Parental Understanding (PU) with a coefficient of 0.591 and Parental Acceptance (PA) with a coefficient of 0.458. Parental Understanding also demonstrated a positive effect on Parental Acceptance, with a coefficient of 0.376. In contrast, the direct effect of Social Support on Parental Acceptance was minimal, with a coefficient of −0.013. Table 6 presents the direct effects among the study variables. The results indicate that Social Support positively influenced Religious Attitude, while Religious Attitude positively affected both Parental Understanding and Parental Acceptance. Parental Understanding also demonstrated a positive contribution to Parental Acceptance. In contrast, the direct relationship between Social Support and Parental Acceptance was

negligible, suggesting that the influence of Social Support may operate through mediating variables rather than through a direct pathway. The indirect effects among the study variables are presented in Table 7.

Table 7. Indirect Effects among Variables

Path of Indirect Effect	Coefficient	p-value
SS → RA → PA	0.146	0.032 (*)
RA → PU → PA	0.271	<0.001 (**)

Table 7 shows that the indirect effect of Social Support on Parental Acceptance through Religious Attitude was significant (β = 0.146, p = 0.032). Similarly, Religious Attitude demonstrated a significant indirect effect on Parental Acceptance through Parental Understanding (β = 0.271, p < 0.001). Table 7 presents the indirect effects among the study variables. The findings indicate that Social Support significantly influenced Parental Acceptance through Religious Attitude. In addition, Religious Attitude exerted a significant indirect effect on Parental Acceptance through Parental Understanding. These results suggest that Religious Attitude and Parental Understanding function as important mediating mechanisms linking social resources to parental acceptance.

The coefficient of determination (R^2) values for the endogenous variables are presented in Table 8.

Table 8. Coefficients of Determination (R^2)

Endogenous Variables	R^2
RA	0.229
PU	0.478
PA	0.591*

The results indicate that Social Support explained 22.9% of the variance in Religious Attitude (R^2 = 0.229). Religious Attitude explained 47.8% of the variance in Parental Understanding (R^2 = 0.478). Furthermore, Social Support, Religious Attitude, and Parental Understanding collectively explained 59.1% of the variance in Parental Acceptance (R^2 = 0.591). Table 8 presents the coefficients of determination (R^2) for the endogenous variables. Social Support explained 22.9% of the variance in Religious Attitude, while Religious Attitude accounted for 47.8% of the variance in Parental Understanding. Furthermore, Social Support, Religious Attitude, and Parental Understanding collectively explained 59.1% of the variance in Parental Acceptance. These findings indicate that the proposed model demonstrates moderate explanatory power and provides substantial insight into the factors associated with parental acceptance among parents of children with disabilities.

Figure 1. Structural Equation Model of Social Support, Religious Attitude, Parental Understanding, and Parental Acceptance

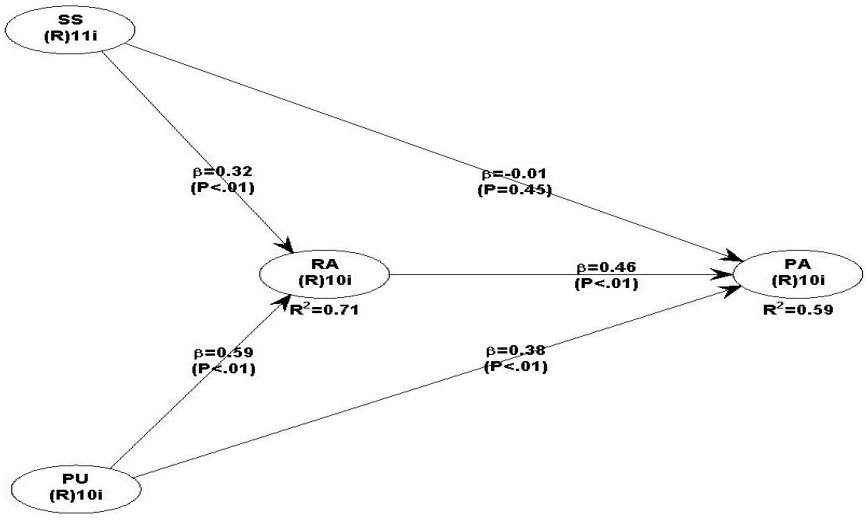

Figure 1 shows that Social Support positively influences Religious Attitude, while Religious Attitude contributes positively to both Parental Understanding and Parental Acceptance. Parental Understanding also demonstrates a positive effect on Parental Acceptance, indicating that parents who possess better understanding of their children's conditions are more likely to develop positive acceptance. In addition, the model suggests that the influence of Social Support on Parental Acceptance operates primarily through Religious Attitude rather than through a direct relationship. Overall, the findings support the proposed structural model and indicate that parental acceptance among parents of children with disabilities is shaped by both external and internal factors. Social Support contributes indirectly to Parental Acceptance through Religious Attitude, while Religious Attitude directly and indirectly strengthens Parental Acceptance through Parental Understanding. The model explains 59.1% of the variance in Parental Acceptance, suggesting that these factors collectively play a substantial role in fostering positive parental adaptation and acceptance.

Discussion

The present study examined the relationships among social support, religious attitude, parental understanding, and parental acceptance among parents of children with disabilities. The findings revealed that parental acceptance was influenced by a combination of psychosocial, cognitive, and religious factors. Religious attitude and parental understanding demonstrated direct positive effects on parental acceptance, while social support influenced parental acceptance indirectly through religious attitude. This finding is consistent with previous studies (Astutik et al., 2023; Faidah et al., 2024; Yuliansyah et al., 2025) showing that social support functions as a protective factor that strengthens psychological adaptation and resilience among parents of children with disabilities disabilities. Similar findings (Jensen et al., 2025; Mbatha & Mokwena, 2023; Saxton et al., 2025) have been reported among parents raising children with special needs, where social support was associated with stronger parental acceptance and family adjustment. These findings are further supported

by evidence indicating that social support contributes to parental acceptance and positive psychological functioning across diverse family contexts. Supportive relationships may help parents develop confidence, reduce emotional burden, and foster more adaptive responses to caregiving challenges.

The findings showed that social support did not directly influence parental acceptance. This result suggests that the availability of support alone may not automatically lead parents to accept their child's condition. Parental acceptance appears to involve a more complex psychological process that requires individuals to interpret and internalize their experiences before acceptance can develop. However, social support demonstrated a positive influence on religious attitude and indirectly contributed to parental acceptance through this pathway. Social support has also been linked to family resilience and psychological well-being among parents of children with disabilities, particularly during periods of prolonged caregiving stress and uncertainty. These findings suggest that supportive social environments may provide emotional stability and coping resources that help families adapt to the challenges associated with raising children with disabilities.

The results further indicated that religious attitude had a direct positive effect on parental acceptance. Parents who reported stronger religious attitudes tended to demonstrate higher levels of acceptance toward their children with disabilities. Religious beliefs often provide meaning-making frameworks that help individuals interpret challenging life experiences through perspectives that emphasize patience, gratitude, hope, and trust (Cheng & Lai, 2023; Embang, 2024; Hazan-Liran & Levkovich, 2025). These values may assist parents in managing emotional difficulties and developing more adaptive responses to their child's condition. This finding supports previous research (Fawaid et al., 2024; Mahfud, 2023) suggesting that religious coping contributes positively to psychological well-being and resilience among individuals facing difficult life circumstances. Religious beliefs have also been associated with greater meaning in life and lower levels of hopelessness, which may facilitate positive adaptation during stressful situations.

Religious attitude has a direct positive effect on parental acceptance because religious beliefs function as a cognitive meaning-making framework that fundamentally alters how parents perceive challenging life experiences. When faced with the adversity of raising a child with disabilities, spiritual values such as patience, gratitude, hope, and trust provide a positive lens that reduces feelings of hopelessness and mitigates negative emotional distress. In a deeper sense, this value system guides parents to view their child's condition not as a disruptive burden, but rather as a sacred trust or a life test with an underlying spiritual purpose. This shift in perspective significantly lowers parenting stress and prevents the onset of despair that often hinders the adaptation process. Consequently, the reduction of psychological pressure, coupled with an increase in hope, fosters a stable emotional space that enables parents to successfully transition from denial toward full and supportive acceptance of their child's condition.

The study also found that parental understanding positively influenced parental acceptance. Parents who possessed greater understanding of their child's developmental characteristics, abilities, and support needs were more likely to demonstrate positive acceptance. Adequate understanding enables parents to develop realistic expectations, recognize their child's strengths, and identify appropriate forms of support and intervention (Abidin et al., 2025; Barongo et al., 2024). As parents become more knowledgeable about their child's condition, uncertainty and misconceptions may be reduced, thereby facilitating the acceptance process. This finding is consistent with previous studies (Fang et al., 2024; Hussain & Ashraf, 2023; E. Lee et al., 2024) indicating that increased parental knowledge is associated with more adaptive parenting practices and improved family adjustment. Previous research (Astutik et al., 2023; Baerecke et al., 2024; Chen & Rivera-Vernazza, 2023) had also demonstrated that parental attitudes, expectations, and involvement play important roles in supporting children's development and educational outcomes. These findings suggest that greater parental understanding may facilitate more positive responses toward children with disabilities and strengthen family adaptation.

Religious values that emphasize responsibility, compassion, and continuous learning may further encourage parents to seek information and better understand their child's developmental needs. Similar observations have been reported in studies highlighting the role of Islamic parenting and inclusive religious education in supporting families of children with disabilities. Consequently, religious attitude may contribute to parental acceptance not only directly but also indirectly by fostering greater parental understanding. Additional evidence suggests that better parental understanding is associated with more positive attitudes toward children with disabilities and stronger family adaptation. These findings reinforce the importance of providing parents with accessible information and educational resources that enhance their understanding of disability and child development.

An important contribution of this study is the identification of the mediating role of parental understanding in the relationship between religious attitude and parental acceptance. The findings revealed that religious attitude positively influenced parental understanding, which subsequently contributed to parental acceptance. This result suggests that religious beliefs not only affect acceptance directly but also encourage parents to develop greater awareness and understanding of their child's condition. Unlike previous studies that primarily examined the direct influence of social support, religiosity, or parental knowledge on parental adaptation, this study demonstrates that parental acceptance develops through an interconnected process involving social, religious, and cognitive factors. Social support contributes to parental acceptance indirectly through religious attitude, while religious attitude influences acceptance both directly and indirectly through parental understanding. These findings provide a more comprehensive explanation of how external support, religious values, and parental understanding interact to promote parental acceptance among parents of children with disabilities.

CONCLUSION

This study demonstrates that parental acceptance among parents of children with disabilities is shaped by an interconnected process involving religious attitude, parental understanding, and social support. The findings imply that parental acceptance is strengthened not merely through the availability of external support but through parents' ability to interpret, understand, and respond positively to their children's conditions. Religious attitude emerged as an important factor that directly and indirectly promotes parental acceptance through parental understanding, while social support contributes indirectly by strengthening religious attitudes. These findings suggest that efforts to enhance parental acceptance should focus on strengthening parents' understanding of disability, fostering adaptive religious coping, and providing supportive social environments. Therefore, family intervention programs, parent education initiatives, and community-based services should integrate psychosocial, educational, and religious resources to support positive parental adaptation.

This study has several limitations. The relatively small sample size and the use of purposive sampling may limit the generalizability of the findings to broader populations of parents of children with disabilities. In addition, the cross-sectional design does not allow examination of changes in parental acceptance over time. Future research is therefore encouraged to involve larger and more diverse samples, employ longitudinal approaches, and examine additional factors such as parenting stress, family resilience, self-efficacy, and cultural beliefs to obtain a more comprehensive understanding of parental acceptance among families of children with disabilities.

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