Berkala Ilmiah Pendidikan
Volume 6 Nomor 3, November 2026

scidac plus

Perceived Social Support and Parenting Stress Among Indonesian Family Caregivers of Persons with Disabilities: Do Sources of Support Matter?

Agustina Agustina*, Meiske Yunithee Suparman, Eduardus Adistira Imanuel Dastin, Rahiel Balha, Putu Tommy Yudha Sumatera Suyasa Olivia Aldisa
Universitas Tarumanagara, Indonesia
agustina@fpsi.untar.ac.id*

Abstract:
Family caregivers of persons with disabilities may experience substantial parenting demands, making perceived social support a potentially important resource for their adjustment. This study examined the association between perceived social support and parenting stress among Indonesian family caregivers of persons with disabilities and explored which source of support (family, friends, or a significant other) showed the strongest relationship with lower parenting stress. A cross-sectional correlational design was used. Participants were recruited through purposive sampling in a community-based program conducted by Universitas Tarumanagara and the Indonesian National Commission on Disabilities; eligible participants were family members or primary caregivers directly involved in the daily care of a person with a disability, able to understand Indonesian-language questionnaires, and willing to participate. Valid data from 152 caregivers (predominantly mothers) were analyzed using the Multidimensional Scale of Perceived Social Support and the Indonesian Parental Stress Scale. Perceived social support was negatively associated with parenting stress, $r_s = -.388$, $p < .001$, and significantly predicted parenting stress, $\beta = -.422$, $p < .001$, accounting for 17.8% of its variance. All three sources of support were negatively associated with parenting stress, but support from a significant other showed the strongest association and was the only significant unique predictor when the sources were examined simultaneously, $\beta = -.302$, $p = .010$. These findings imply that family-centered disability services should routinely assess caregivers' support networks and strengthen access to at least one dependable, personally meaningful source of support, alongside broader network-oriented interventions such as caregiver support groups and family psychoeducation.
Keywords: Perceived Social Support, Parenting Stress, Family Caregivers, Persons with Disabilities, Significant Other Support

INTRODUCTION

Caring for a family member with a disability can be both meaningful and demanding. Family caregivers may experience affection, closeness, personal growth, and a sense of purpose through their caregiving role, while simultaneously facing sustained demands associated with daily assistance, health care, education, behavioral management, financial needs, and concerns about the future. These demands may become particularly salient when the person with a disability requires continuing supervision or support in everyday functioning.

Artikel ini menggunakan lisensi Creative Commons Attribution 4.0 International License
© Agustina, A., Suparman, M. Y., Imanuel, D., Aldisa, O., Adistira, E., Balha, R., & Suyasa, P. T. Y. S. (2026)

Research involving parents of children with intellectual and developmental disabilities has consistently shown that caregiving demands can place considerable psychological pressure on families, particularly when care needs are intensive, behavioral difficulties are present, or appropriate services are limited (Hastings, 2002; Hayes & Watson, 2013; Kim et al., 2021; Staunton et al., 2023). Importantly, however, the presence of disability should not be assumed to result inevitably in poor parental or family adjustment. Families differ substantially in how they respond to caregiving demands, suggesting that the resources available to caregivers are important for understanding variation in parenting stress.

Parenting stress refers to psychological strain associated with the demands and responsibilities of the parenting role. It develops when the requirements of parenting are experienced as taxing or as exceeding the resources available to manage them (Abidin, 2012; Deater-Deckard, 2004; Lazarus & Folkman, 1984). The construct encompasses not only negative experiences such as feeling overwhelmed, restricted, or burdened by parenting responsibilities, but also the balance between these strains and the rewarding aspects of parenting (Berry & Jones, 1995).

For families caring for persons with disabilities, sources of stress may include the need to coordinate multiple responsibilities, restricted personal time, additional financial costs, concerns regarding the care recipient's independence and future, difficulties accessing appropriate services, and negative social responses toward disability. The original rationale for the present study particularly highlighted treatment demands, special educational needs, financial pressures, future-related concerns, social stigma, and limitations in available support as potential pressures experienced by families caring for children with intellectual disabilities. These demands are also relevant, although to varying degrees, across families supporting people with other developmental, sensory, physical, and psychosocial disabilities.

Identifying resources that may accompany lower parenting stress is therefore important for both research and family support. One potentially important interpersonal resource is perceived social support. Perceived social support refers to an individual's belief that supportive others are available when needed and that the individual is cared for, valued, and able to obtain emotional or practical assistance from his or her social environment (Sarafino & Smith, 2022; Zimet et al., 1988). The distinction between perceived and objectively received support is important (Uchino, 2009). Received support refers to assistance that has occurred, whereas perceived support reflects a person's appraisal that reliable sources of help are available. This appraisal may itself constitute a psychological resource because caregivers who believe they have people to rely on may perceive difficult circumstances as more manageable.

The potential protective role of social support can be understood through the stress-buffering hypothesis proposed by Cohen and Wills (1985). From this perspective, supportive social relationships may alter how stressful demands are appraised or provide emotional, informational, and instrumental resources that facilitate coping (Cohen, 2004). In the caregiving context, social support does not necessarily remove the disability-related demands themselves. Rather, access to trusted relationships may help caregivers share responsibilities, obtain information, discuss difficulties, regulate emotional responses, and feel less isolated when demands arise.

Consequently, caregivers who perceive greater social support may experience the same objective caregiving demands as less overwhelming. The present study does not directly test a buffering interaction between stressors and support; instead, the stress-buffering framework provides a theoretical rationale for expecting perceived social support to be negatively associated with parenting stress.

Existing findings generally support this expectation. Among mothers of children with intellectual disabilities, perceived social support has been associated with more adaptive approaches to coping with stress (Akça Oymak & Taş Arslan, 2020). Research involving parents of children with developmental disabilities has

similarly found that parenting stress is negatively related to informal social support, and that social support may mitigate the psychological consequences of caregiving demands (Alsaman & Abd El-Naiem, 2021). Staunton et al. (2023) found that perceptions of support were inversely related to stress among parents of children with intellectual disabilities.

More recently, Xu and Zhang (2025) reported that social support represented an important resource in the relationship between parenting stress and parental mental health among families of individuals with intellectual and developmental disabilities. Dammeyer et al. (2026) have also emphasized the relevance of social and family resources; they identified links among parental stress, caregiver burden, social support, and family functioning in families of children with cerebral palsy.

Evidence from Indonesia further suggests that social resources may be particularly relevant to family adaptation. In a longitudinal study of Indonesian families of children with developmental disabilities, Widyawati et al. (2023) identified social support as one of the protective resources associated with parental resilience, which in turn was related to children's quality of life. Their findings are important because the meaning and availability of family support may be shaped by cultural context. Indonesian family life is often characterized by relatively close involvement of extended family members and intergenerational relationships, which may provide additional sources of practical and emotional assistance.

At the same time, families of persons with disabilities may encounter stigma, unequal access to services, and different understandings of disability within their social networks (Riany et al., 2016). Thus, social relationships can potentially function both as important resources and as contexts in which caregiving experiences are interpreted. Previous Indonesian research has also reported a negative relationship between social support and parenting stress among parents of children with special needs (Purnomo & Kristiana, 2016). Nevertheless, direct evidence regarding perceived support and parenting stress across families caring for people with heterogeneous disability profiles remains limited.

Another unresolved issue concerns which sources provide the support. Perceived social support is not a unitary interpersonal resource. The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988) distinguishes support from family, friends, and a significant other. These sources may not be interchangeable. Family members may provide assistance with daily care, financial responsibilities, decision-making, and continuity of support. Friends may provide companionship, emotional validation, social participation, and opportunities for caregivers to maintain identities beyond caregiving. A significant other may provide particularly immediate emotional reassurance or a dependable person with whom personal concerns can be shared. Among parents of young children with developmental delays, for example, greater marital satisfaction has been associated with lower parenting stress (Robinson & Neece, 2015).

Research on parents of individuals with intellectual and developmental disabilities indicates that support networks vary considerably in composition and in caregivers' satisfaction with support from different network members (Sanderson et al., 2025). Likewise, previous findings suggest that different forms or sources of support may be associated with caregiver outcomes in different ways (Xu & Zhang, 2025). Consequently, examining only an overall support score may obscure potentially meaningful source-specific patterns.

This distinction has practical implications. If all sources of perceived support are similarly associated with parenting stress, interventions may reasonably emphasize strengthening caregivers' broader social networks. If, however, one source shows a stronger association with lower stress than others, programs may benefit from identifying and reinforcing that particular relational resource. Such information is especially relevant in disability services, where family-centered interventions increasingly recognize that caregivers' adjustment depends not only on individual coping capacities but also on the interpersonal and social contexts

surrounding the family. Yet relatively few studies in Indonesia have simultaneously compared perceived support from family, friends, and significant others in relation to parenting stress.

Study Aim and Hypothesis

The present study addresses these gaps by examining perceived social support and parenting stress among family caregivers of persons with disabilities in Indonesia. Rather than restricting the analysis to a single diagnostic category, the community-based sample included caregivers of individuals with heterogeneous disability profiles, including intellectual, developmental, sensory, physical, mental/psychosocial, and multiple disabilities. Because the sample was predominantly mothers, the study remains closely connected to the parenting literature while extending the examination of caregiving experiences across a broader disability context.

Accordingly, the present study addressed the following research questions and hypotheses:

RQ1. What are the levels of perceived social support and parenting stress among family caregivers of persons with disabilities in Indonesia?

H1. Higher perceived social support will be significantly associated with lower parenting stress.

H2. Perceived social support will be a statistically significant negative predictor of parenting stress, such that caregivers reporting higher perceived social support will tend to report lower parenting stress.

RQ2. Which source of perceived social support—family, friends, or a significant other—shows the strongest negative association with parenting stress?

Because previous findings do not provide a sufficiently consistent basis for predicting which interpersonal source should be strongest, we treated the source-specific comparison as exploratory. Given the cross-sectional design, the term *predict* in H2 refers to statistical prediction within the regression model and does not imply a temporal or causal effect of social support on parenting stress.

METHODS

Design

The present study used a cross-sectional correlational design to examine the association between perceived social support and parenting stress among family caregivers of persons with disabilities in Indonesia. In addition to examining the overall association between perceived social support and parenting stress, the study explored whether perceived support from family, friends, or a significant other showed differential association with parenting stress. The cross-sectional design allowed the study to examine relationships among variables at a single period of data collection; therefore, the findings were interpreted as statistical associations rather than evidence of temporal or causal effects. The research design and the relationships examined in this study are summarized in Figure 1.

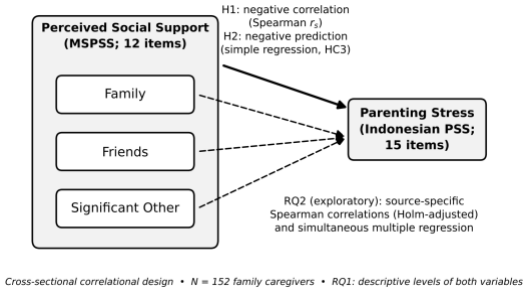


Figure 1. Research Design and Examined Relationships Between Perceived Social Support and Parenting Stress

Participants

The initial dataset comprised 156 family caregivers who participated in a community-based program conducted by Universitas Tarumanagara in collaboration with the Indonesian National Commission on Disabilities (Komisi Nasional Disabilitas [KND]). Participants were recruited using nonprobability purposive sampling with convenience-based recruitment. Eligible participants were family members or primary caregivers who were directly involved in the day-to-day care of a person with a disability, sufficiently familiar with the care recipient's condition and support needs, able to understand questionnaires administered in Indonesian, and willing to participate. Only one family caregiver per person with a disability was included in the study.

The care recipients had heterogeneous disability profiles, including intellectual, sensory, physical, developmental, mental/psychosocial, and multiple disabilities. The initial caregiver sample was predominantly composed of mothers (n = 143, 91.7%). Caregiver age was available for 155 participants and ranged from 16 to 72 years (M = 46.52, SD = 10.11). The persons with disabilities receiving care ranged in age from 5 to 32 years (M = 16.76, SD = 5.49); 85 were male, 70 were female, and sex information was unavailable for one participant. Intellectual disability and hearing/sensory disability were among the most frequently reported conditions, although disability categories were not mutually exclusive.

Data were collected during June 23–27, 2026. Before completing the questionnaires, potential participants received information regarding the purpose of the study, participation procedures, the type of information requested, potential benefits and discomforts, confidentiality, and their right to withdraw. Participants who agreed to take part provided informed consent before completing the survey. Questionnaires were completed independently whenever possible. When participants experienced difficulty reading or understanding the instructions, trained research assistants were permitted to read the instructions and items aloud in a neutral manner without directing participants' responses.

Participation was voluntary, and participants were informed that declining or discontinuing participation would not affect their access to the accompanying community program or services. Participants were free to omit questions that caused discomfort or to discontinue questionnaire completion at any time. Individual responses were assigned numerical codes, identifying information was stored separately from questionnaire data, and study findings were analyzed and reported in aggregate form.

Following data collection, responses were screened for completeness, values outside the permitted response ranges, and duplicate records. The initial dataset contained 156 respondents. Complete perceived social support data were available for 153 participants. Parenting stress data were also complete for 153 participants; however, one response contained a value outside the permitted 1–5 response range and was therefore excluded. Consequently, 152 participants had valid parenting stress scores and valid scores on both primary study variables and constituted the analytic sample for the correlational and regression analyses. Missing data were not imputed.

Instruments

Perceived Social Support

Perceived social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988). The MSPSS is a 12-item self-report measure assessing the extent to which individuals perceive social support as available from three sources: Family, Friends, and Significant Other. The Indonesian version of the MSPSS has demonstrated satisfactory psychometric properties and evidence supporting its use in Indonesian populations (Laksmita et al., 2020; Sulistiani et al., 2022).

Each item is rated on a seven-point Likert-type scale ranging from 1 (*very strongly disagree*) to 7 (*very strongly agree*). The standard MSPSS scoring structure consists of four items for each source: Significant Other (Items 1, 2, 5, and 10), Family (Items 3, 4, 8, and 11), and Friends (Items 6, 7, 9, and 12). A total perceived social support score can be obtained by summing all 12 items (possible range = 12–84), with higher scores indicating greater perceived social support. For analyses in which the scale metric was retained, the total score was divided by 12 to obtain a mean score ranging from 1 to 7. Source-specific scores were calculated as the mean of the four items corresponding to each source.

For descriptive interpretation, mean MSPSS scores of 1.0–2.9 were classified as low perceived support, scores of 3.0–5.0 as moderate support, and scores of 5.1–7.0 as high support. In the present sample, the total MSPSS demonstrated high internal consistency (Cronbach's α = .898). Internal consistency was also acceptable for the Significant Other (α = .741), Family (α = .795), and Friends (α = .731) subscales.

Parenting Stress

Parenting stress was assessed using the Indonesian adaptation of the Parental Stress Scale (PSS) originally developed by Berry and Jones (1995). The Indonesian adaptation by Kumalasari et al. (2022) consists of 15 items and has demonstrated satisfactory psychometric properties in Indonesian parents. The scale captures both rewarding and stressful aspects of the parenting role, commonly represented as *pleasure* and *strain*.

Items are rated on a five-point Likert-type scale ranging from 1 (*strongly disagree*) to 5 (*strongly agree*). In the 15-item scoring structure used in the present study, Items 1–6 and 14–15 represent positively framed aspects of parenting and were reverse-scored, whereas Items 7–13 were retained in their original direction. Following reverse scoring, all 15 items were summed to create a total parenting stress score ranging from 15 to 75. Higher scores indicate greater parenting stress. Because no clinical cut-off was applied to this 15-item version in the present study, parenting stress was treated as a continuous variable. The scale demonstrated good internal consistency in the current sample (Cronbach's α = .826).

Data Analysis

Analyses were conducted in several stages. First, data quality was evaluated by examining missing responses and values outside the permitted response ranges. Descriptive statistics were then calculated for perceived social support and parenting stress, including means, standard deviations, medians, observed ranges, frequencies, and percentages. Internal consistency was evaluated using Cronbach's alpha.

Second, the association between overall perceived social support and parenting stress was examined. Because the distributions of the study variables showed departures from normality, Spearman's rank-order correlation (r_S) was specified as the primary bivariate analysis. A 95% bootstrap confidence interval based on 5,000 resamples was calculated for the correlation coefficient. Pearson's product-moment correlation was additionally examined as a sensitivity analysis to determine whether the conclusion was robust to the choice of correlation coefficient.

Third, simple linear regression was used to estimate the extent to which perceived social support statistically predicted parenting stress. The mean MSPSS score, expressed on its original 1–7 metric, was entered as the predictor, whereas the PSS total score was entered as the outcome. Model diagnostics indicated heteroskedasticity; therefore, HC3 heteroskedasticity-consistent standard errors and confidence intervals were used for statistical inference (Hayes & Cai, 2007). Unstandardized regression coefficients (B), standardized coefficients (β), 95% confidence intervals, R^2, and adjusted R^2 were reported. Because the study used a cross-

sectional design, regression coefficients were interpreted as predictive statistical associations rather than evidence of temporal or causal effects.

Finally, the relative importance of different sources of perceived social support was examined in two stages. Spearman correlations were first calculated separately between parenting stress and perceived support from family, friends, and a significant other. Holm-adjusted p values were used to control the familywise error rate across the three source-specific comparisons (Holm, 1979). The three MSPSS source scores were subsequently entered simultaneously into a multiple linear regression model to estimate their unique associations with parenting stress after accounting for their shared variance. All statistical tests were two-tailed, with statistical significance set at $p < .05$. Analyses used complete cases for the variables included in each model.

RESULTS AND DISCUSSION

Results

Perceived Social Support and Parenting Stress

Table 1 presents descriptive statistics for perceived social support and parenting stress. Valid perceived social support scores were available for 153 participants, whereas valid parenting stress scores were available for 152 participants. Perceived social support had a mean total score of 64.55 (*SD* = 11.87, *Mdn* = 64.00, range = 30–84). On the 1–7 response scale, the mean item score was 5.38 (*SD* = 0.99), indicating generally high levels of perceived social support. Based on the conventional interpretation of the Multidimensional Scale of Perceived Social Support (MSPSS), 100 participants (65.4%) reported high perceived social support, 50 (32.7%) reported moderate support, and three (2.0%) reported low support.

The mean parenting stress total score was 25.44 (*SD* = 6.45, *Mdn* = 25.00, range = 15–44). The corresponding mean item score was 1.70 (*SD* = 0.43) on the 1–5 response scale, which was below the theoretical midpoint of 3.00. Because no established clinical cut-off was applied to the 15-item parenting stress score in the present study, the scores were treated as continuous rather than categorized into clinical levels.

Both measures demonstrated adequate internal consistency. Perceived social support showed high internal consistency (Cronbach's α = .898), whereas parenting stress also demonstrated good internal consistency (α = .826). Table 1 summarizes the descriptive statistics and internal consistency estimates for perceived social support and parenting stress, including the total and mean item scores for each construct.

Table 1. Descriptive Statistics and Internal Consistency of Perceived Social Support and Parenting Stress

Variable	M	SD	Median	Range	α
Perceived social support, total score	64.55	11.87	64.00	30–84	.898
Perceived social support, mean item score	5.38	0.99	5.33	2.50–7.00	.898
Parenting stress, total score	25.44	6.45	25.00	15–44	.826
Parenting stress, mean item score	1.70	0.43	1.67	1.00–2.93	.826

Note. Perceived social support items were scored on a 1–7 response scale, whereas parenting stress items were scored on a 1–5 response scale. Higher scores indicate greater perceived social support and greater parenting stress, respectively.

Hypothesis Testing

Association Between Perceived Social Support and Parenting Stress. We examined the association between perceived social support and parenting stress among the 152 participants with valid scores on both measures. Spearman's rank-order correlation indicated a statistically significant negative association between perceived social support and parenting stress, r_s = –.388, 95% bootstrap CI [–.520, –.239], p < .001. Thus, higher levels of perceived social support were associated with lower levels of parenting stress.

A sensitivity analysis using Pearson's product-moment correlation yielded a comparable result, r = –.422, p < .001, indicating that the direction and statistical significance of the association were consistent across correlation methods.

Perceived Social Support as a Predictor of Parenting Stress. A simple linear regression analysis was conducted to determine the extent to which perceived social support predicted parenting stress. Perceived social support significantly predicted lower parenting stress, B = –2.741, robust 95% CI [–3.733, –1.749], β = –.422, p < .001. The model accounted for 17.8% of the variance in parenting stress, R^2 = .178, adjusted R^2 = .172. Accordingly, a one-point increase in the mean perceived social support score was associated with an estimated 2.74-point decrease in the parenting stress total score. The estimated regression equation was:

Predicted Parenting Stress = 40.17 – 2.74(Perceived Social Support).

Because heteroskedasticity was identified in the regression residuals, HC3 robust standard errors were used for statistical inference. The significant negative regression coefficient remained evident after this adjustment. Associations of Different Sources of Social Support with Parenting Stress. The associations between parenting stress and perceived support from family, friends, and significant others were examined separately. Descriptively, perceived support from significant others showed the highest mean score (M = 5.63, SD = 1.13), followed by family support (M = 5.58, SD = 1.05) and support from friends (M = 4.69, SD = 1.38).

As shown in Table 2, all three sources of perceived social support were negatively associated with parenting stress after Holm correction for multiple comparisons. Support from significant others showed the strongest observed negative association with parenting stress, r_s = –.388, p_{Holm} < .001. Family support was also significantly associated with lower parenting stress, r_s = –.341, p_{Holm} < .001, followed by support from friends, r_s = –.248, p_{Holm} = .002. To examine whether the strength of the association with parenting stress differed across sources of perceived social support, we calculated separate correlations for support from significant others, family, and friends; the results are presented in Table 2.

Table 2. Associations Between Sources of Perceived Social Support and Parenting Stress

Source of social support	M	SD	r_s with parenting stress	p_{Holm}
Significant other	5.63	1.13	–.388	< .001
Family	5.58	1.05	–.341	< .001
Friends	4.69	1.38	–.248	.002

Note. Higher scores indicate greater perceived support. Holm-adjusted p values were used to control for multiple comparisons.

To examine the unique contribution of each source of social support, family, friends, and significant-other support were entered simultaneously into a multiple regression model. Together, the three sources accounted for 18.7% of the variance in parenting stress (R^2 = .187). When their shared variance was controlled, support from significant others remained the only statistically significant unique predictor of parenting stress

(β = −.302, p = .010). Family support (β = −.128, p = .215) and support from friends (β = −.055, p = .551) did not make significant unique contributions to the model. Taken together, the bivariate and multivariable analyses showed that perceived support from significant others had the strongest observed association with lower parenting stress in this sample.

Discussion

The present study examined perceived social support and parenting stress among family caregivers of persons with disabilities in Indonesia, with particular attention to the relative contribution of support from family, friends, and significant others. Four main findings emerged. First, participants generally reported relatively high levels of perceived social support, whereas their average parenting stress scores were below the theoretical midpoint of the scale. Second, perceived social support was significantly and negatively associated with parenting stress, supporting the first hypothesis. Third, perceived social support was a statistically significant negative predictor of parenting stress and accounted for 17.8% of its variance, supporting the second hypothesis. Finally, all three sources of perceived social support were negatively associated with parenting stress, but support from a significant other showed the strongest observed association and was the only source that retained a significant unique association when family, friends, and significant-other support were examined simultaneously.

The descriptive findings provide an important starting point for understanding the caregiving context represented in the present sample. Approximately two-thirds of participants reported high perceived social support, while only a small proportion reported low support. Parenting stress, in contrast, was relatively low compared with the theoretical midpoint of the response scale. These findings should not be interpreted as indicating an absence of caregiving difficulties. Families of persons with disabilities may face substantial demands involving daily care, health services, educational needs, financial responsibilities, uncertainty regarding the future, and social stigma. The relatively favorable descriptive profile observed here may instead suggest that many participants perceived meaningful interpersonal resources as available while managing these demands. Because participants were recruited through a community-based program, however, they may also have been comparatively connected to service systems or social networks, which should be considered when interpreting these descriptive findings.

The negative association between perceived social support and parenting stress was consistent with the first hypothesis and with previous research among families of individuals with disabilities. Higher perceived support was associated with lower parenting stress, with the magnitude of the association falling in the small-to-moderate range. This pattern is consistent with findings indicating that social support is associated with more adaptive coping among mothers of children with intellectual disabilities (Akça Oymak & Taş Arslan, 2020), lower stress among parents of children with intellectual and developmental disabilities (Staunton et al., 2023), and more favorable family adaptation in Indonesian families of children with developmental disabilities (Widyawati et al., 2023).

Previous Indonesian research has similarly reported a negative association between social support and parenting stress among parents of children with special needs (Purnomo & Kristiana, 2016). The present study extends this evidence by demonstrating a comparable association in a community sample caring for individuals with heterogeneous disability profiles rather than restricting the analysis to a single diagnostic category.

The finding is also compatible with the stress-buffering framework of Cohen and Wills (1985). From this perspective, the perception that supportive others are available may provide psychological and interpersonal resources that make demanding situations appear more manageable. Caregivers who believe that they have reliable people with whom they can discuss difficulties, obtain emotional reassurance, seek advice,

or request practical assistance may be less likely to experience parenting demands as overwhelming. Importantly, the present study did not directly test the buffering hypothesis in its strict statistical sense because it did not examine an interaction between caregiving stressors and social support. Thus, the findings are better understood as being consistent with the broader theoretical proposition that perceived social resources are associated with more favorable adjustment under demanding circumstances, rather than as direct evidence of a stress-buffering mechanism.

The regression findings further demonstrated that perceived social support was meaningfully associated with variation in parenting stress. Overall perceived social support accounted for 17.8% of the variance in parenting stress, and each one-point increase on the 1–7 mean MSPSS scale was associated with an estimated 2.74-point decrease in parenting stress. This magnitude suggests that perceived social support represents a relevant interpersonal resource, but it is clearly not sufficient to explain parenting stress on its own. More than four fifths of the variance remained unexplained by the model. Parenting stress among families of persons with disabilities is likely shaped by multiple interacting factors, including the care recipient's functional support needs and behavioral difficulties, caregiving intensity and duration, financial demands, caregiver health, coping strategies, family functioning, access to professional services, stigma, and socioeconomic resources (Hastings, 2002; Hayes & Watson, 2013). Accordingly, social support should be conceptualized as one component within a broader system of caregiver resources rather than as a singular explanation for parenting stress.

The source-specific analyses add to the literature. Support from family, friends, and significant others was negatively associated with parenting stress, indicating that caregivers may benefit from multiple forms of interpersonal connection. However, perceived support from a significant other showed the strongest observed bivariate association with parenting stress. When all three sources were considered simultaneously, support from a significant other remained the only statistically significant unique predictor. This finding suggests that the perceived availability of a particularly important and dependable person may be especially relevant to how caregivers experience parenting demands.

One possible interpretation is that support from a significant other may represent a more proximal and personally salient form of support than support available from a broader social network. A trusted significant person may provide immediate emotional reassurance, offer a confidential space for discussing difficult experiences, validate the caregiver's feelings, and provide a stable sense that help is available when needed. For caregivers who regularly encounter uncertainty, fatigue, or demanding decisions, the perceived availability of one highly dependable relationship may therefore be particularly relevant to stress appraisal. This interpretation is compatible with research showing that support networks of parents of individuals with intellectual and developmental disabilities differ not only in size and composition but also in caregivers' satisfaction with specific sources of support (Sanderson et al., 2025).

Nevertheless, the source-specific findings should not be interpreted as indicating that family and friend support are unimportant. Both were significantly associated with lower parenting stress in the bivariate analyses. Their nonsignificant coefficients in the simultaneous regression model indicate only that they did not explain substantial additional variance after controlling for overlap among the three perceived support sources. Family support may remain particularly important for sharing practical caregiving responsibilities, financial resources, decision-making, and long-term care arrangements. Friend support may help caregivers preserve social participation, emotional connection, and identities outside the caregiving role. Thus, the three sources may provide qualitatively different resources even when their statistical contributions overlap.

The prominence of perceived support from significant others is also noteworthy in the Indonesian context. Indonesian families are often embedded in extended-family and interdependent social relationships,

and family involvement may provide important practical and emotional resources. At the same time, the present results suggest that the mere availability of a broader family network may not fully capture the interpersonal resource most closely associated with caregiver stress. What may matter particularly is whether caregivers perceive that there is at least one person whom they can reliably turn to for emotional or practical support. This interpretation warrants further investigation because the MSPSS assesses perceived availability rather than the actual frequency, amount, or quality of support received. It also does not require that the "significant other" be a romantic partner; this category may refer more broadly to a personally important supportive individual.

Implications

These findings have several practical implications. Family-centered disability services may benefit from routinely assessing not only caregiver stress but also the caregiver's perceived support network. Interventions should not focus exclusively on strengthening individual coping skills. Programs may also help caregivers identify dependable sources of support, communicate support needs more explicitly, distribute caregiving responsibilities, strengthen emotionally supportive relationships, and maintain connections beyond the immediate caregiving context. Given that all three MSPSS sources were negatively associated with parenting stress, a network-oriented approach remains appropriate. Particular attention, however, may be given to whether caregivers have a trusted person who can provide consistent emotional reassurance and practical assistance. Peer-support groups, family psychoeducation, caregiver support groups, and facilitated connections to community and professional resources may complement these naturally occurring relationships.

Limitations and Further Research

The study has several limitations. First, the cross-sectional design precludes conclusions regarding temporal or causal direction; although perceived social support statistically predicted lower parenting stress, the reverse direction is also plausible, as caregivers experiencing greater stress may perceive their social environment less positively, withdraw from relationships, or find available support harder to access. Second, participants were recruited through nonprobability purposive sampling in a community-based program and were predominantly mothers, so the findings may not generalize to socially isolated caregivers, fathers, siblings, spouses, or other family members. Third, the heterogeneous disability profiles of the care recipients broadened the ecological scope of the study but introduced variability in functional dependence, behavioral challenges, communication difficulties, and service needs that was not explicitly modeled. Fourth, both variables were assessed through caregiver self-report on a single occasion, so the associations may have been influenced by common-method variance or current emotional state (Podsakoff et al., 2003). Finally, the Parental Stress Scale was designed to assess stress in the parenting role, whereas eligibility included primary caregivers more broadly, and perceived social support explained a meaningful but moderate proportion of the variance in parenting stress.

Future research should therefore use longitudinal designs to test whether perceived social support prospectively predicts changes in parenting stress and whether the association is reciprocal, and should intentionally recruit more diverse caregiver groups to examine differences by caregiver role and gender. Disability type and functional support needs should be examined as covariates, moderators, or stratification variables, and self-report measures could be complemented with indicators of received support, social-network characteristics, caregiving hours, family functioning, and service utilization. Multivariable models incorporating coping, resilience, stigma, socioeconomic resources, and access to formal services, together with

moderation analyses that directly test whether social support attenuates the association between objective caregiving demands and parenting stress, would clarify the proposed stress-buffering mechanism. It would also be useful to investigate whether significant-other support primarily influences emotional regulation, whether family support facilitates practical burden sharing, and whether friend support promotes social participation and respite.

CONCLUSION

This study provides evidence that perceived social support is meaningfully associated with parenting stress among Indonesian family caregivers of persons with disabilities. Participants generally reported high perceived social support and relatively low parenting stress, and higher perceived support was associated with lower parenting stress, accounting for 17.8% of its variance. Support from family, friends, and a significant others was each associated with lower parenting stress, but support from a significant other showed the strongest association and was the only source to retain a significant unique relationship when the three sources were considered simultaneously. Caregiver support initiatives may therefore benefit not only from expanding caregivers' social networks but also from strengthening the availability of dependable, personally meaningful relationships. Because of the cross-sectional design, these results should be interpreted as associations rather than evidence that social support causally reduces parenting stress, and longitudinal and intervention studies are needed to clarify how specific sources of support contribute to caregiver adjustment over time.

ACKNOWLEDGMENTS

The authors would like to express their appreciation to Universitas Tarumanagara and the Indonesian National Commission on Disabilities (Komisi Nasional Disabilitas [KND]) for their support and collaboration in the community-based program through which this study was conducted. The authors also thank the family caregivers who participated in the study and the research assistants who supported the data collection process.

AUTHOR CONTRIBUTIONS STATEMENT

All authors contributed to the development of the study and manuscript and approved the final version of the article.

REFERENCES

Abidin, R. R. (2012). *Parenting Stress Index* (4th ed.). Psychological Assessment Resources. https://www.parinc.com/products/PSI-4

Akça Oymak, H., & Taş Arslan, F. (2020). Ways of coping with stress and perceived social support among mothers of children with intellectual disability. *Journal of Contemporary Medicine, 10*(4), 535–541. https://doi.org/10.16899/jcm.739169

Alsaman, M. A., & Abd El-Naiem, H. N. (2021). Stress in Egyptian parents of children with developmental disabilities: The moderating effect of social support. *Research in Developmental Disabilities, 117*, Article 104045. https://doi.org/10.1016/j.ridd.2021.104045

Berry, J. O., & Jones, W. H. (1995). The Parental Stress Scale: Initial psychometric evidence. *Journal of Social and Personal Relationships, 12*(3), 463–472. https://doi.org/10.1177/0265407595123009

Cohen, S. (2004). Social relationships and health. *American Psychologist, 59*(8), 676–684. https://doi.org/10.1037/0003-066X.59.8.676

Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin, 98*(2), 310–357. https://doi.org/10.1037/0033-2909.98.2.310

Dammeyer, J., Moen, S., & Bøttcher, L. (2026). Associations between psychosocial difficulties among children with cerebral palsy and parental and family factors. *Journal of Developmental and Physical Disabilities, 38*, 455–469. https://doi.org/10.1007/s10882-025-10029-5

Deater-Deckard, K. (2004). *Parenting stress*. Yale University Press. https://doi.org/10.12987/yale/9780300103939.001.0001

Hastings, R. P. (2002). Parental stress and behaviour problems of children with developmental disability. *Journal of Intellectual and Developmental Disability, 27*(3), 149–160. https://doi.org/10.1080/1366825021000008657

Hayes, A. F., & Cai, L. (2007). Using heteroskedasticity-consistent standard error estimators in OLS regression: An introduction and software implementation. *Behavior Research Methods, 39*(4), 709–722. https://doi.org/10.3758/BF03192961

Hayes, S. A., & Watson, S. L. (2013). The impact of parenting stress: A meta-analysis of studies comparing the experience of parenting stress in parents of children with and without autism spectrum disorder. *Journal of Autism and Developmental Disorders, 43*(3), 629–642. https://doi.org/10.1007/s10803-012-1604-y

Holm, S. (1979). A simple sequentially rejective multiple test procedure. *Scandinavian Journal of Statistics, 6*(2), 65–70. https://doi.org/10.2307/4615733

Kim, M., Park, C., Park, M., & You, J. S. H. (2021). Comparative parenting stress measures between segmental and community-based rehabilitation services in parents of children and adolescents with intellectual and developmental disabilities (IDD): A cross-sectional survey. *Technology and Health Care, 29*(S1), 85–89. https://doi.org/10.3233/THC-218009

Kumalasari, D., Abdul Gani, I. A., & Fourianalistyawati, E. (2022). Adaptasi dan properti psikometri Parental Stress Scale versi Bahasa Indonesia. *Jurnal Psikologi Ulayat: Indonesian Journal of Indigenous Psychology, 9*(2), 332–353. https://doi.org/10.24854/jpu527

Laksmita, O. D., Chung, M.-H., Liao, Y.-M., & Chang, P.-C. (2020). Multidimensional Scale of Perceived Social Support in Indonesian adolescent disaster survivors: A psychometric evaluation. *PLOS ONE, 15*(3), Article e0229958. https://doi.org/10.1371/journal.pone.0229958

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer.

Podsakoff, P. M., MacKenzie, S. B., Lee, J.-Y., & Podsakoff, N. P. (2003). Common method biases in behavioral research: A critical review of the literature and recommended remedies. *Journal of Applied Psychology, 88*(5), 879–903. https://doi.org/10.1037/0021-9010.88.5.879

Purnomo, J. C., & Kristiana, I. F. (2016). Hubungan antara dukungan sosial suami dengan stres pengasuhan istri yang memiliki anak retardasi mental ringan dan sedang. *Jurnal Empati, 5*(3), 507–512. https://doi.org/10.14710/empati.2016.15392

Riany, Y. E., Cuskelly, M., & Meredith, P. (2016). Cultural beliefs about autism in Indonesia. *International Journal of Disability, Development and Education, 63*(6), 623–640. https://doi.org/10.1080/1034912X.2016.1142069

Robinson, M., & Neece, C. L. (2015). Marital satisfaction, parental stress, and child behavior problems among parents of young children with developmental delays. *Journal of Mental Health Research in Intellectual Disabilities, 8*(1), 23–46. https://doi.org/10.1080/19315864.2014.994247

Sanderson, K. A., Bumble, J. L., & Burke, M. M. (2025). Examining the social support networks of parents of adults with intellectual and developmental disabilities. *Journal of Developmental and Physical Disabilities, 37*(6), 961–979. https://doi.org/10.1007/s10882-024-09998-w

Sarafino, E. P., & Smith, T. W. (2022). *Health psychology: Biopsychosocial interactions* (10th ed.). Wiley. https://www.wiley.com/enus/Health+Psychology%3A+Biopsychosocial+Interactions%2C+10th+Edition-p-9781119577805

Staunton, E., Kehoe, C., & Sharkey, L. (2023). Families under pressure: Stress and quality of life in parents of children with an intellectual disability. *Irish Journal of Psychological Medicine, 40*(2), 192–199. https://doi.org/10.1017/ipm.2020.4

Sulistiani, W., Fajrianthi, F., & Kristiana, I. F. (2022). Validation of the Indonesian version of the Multidimensional Scale of Perceived Social Support (MSPSS): A Rasch model approach. *Jurnal Psikologi, 21*(1), 89–103. https://doi.org/10.14710/jp.21.1.89-103

Uchino, B. N. (2009). Understanding the links between social support and physical health: A life-span perspective with emphasis on the separability of perceived and received support. *Perspectives on Psychological Science, 4*(3), 236–255. https://doi.org/10.1111/j.1745-6924.2009.01122.x

Widyawati, Y., Scholte, R. H. J., Kleemans, T., & Otten, R. (2023). Parental resilience and quality of life in children with developmental disabilities in Indonesia: The role of protective factors. *Journal of Developmental and Physical Disabilities, 35*, 743–758. https://doi.org/10.1007/s10882-022-09878-1

Xu, T., & Zhang, Y. (2025). Different supports, different effects: Social support moderates the impact of parenting stress on the mental health of parents of individuals with intellectual and developmental disabilities. *European Journal of Investigation in Health, Psychology and Education, 15*(12), Article 248. https://doi.org/10.3390/ejihpe15120248

Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment, 52*(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2