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Parenting Style, Psychosocial Stimulation, and Healthcare Access as Predictors of Social Development in Children with Disabilities: A Cross-Sectional Study

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ABSTRACT

Introduction: An estimated 240 million children worldwide live with disabilities, and the World Health Organization reports that they face a substantially higher risk of developmental delay and social exclusion. The Global Burden of Disease study identifies developmental disorders as a major contributor to years lived with disability among children, particularly in low- and middle-income countries where access to inclusive health services remains uneven. In Indonesia, limited integration of psychosocial support within primary healthcare may further compromise social development outcomes. To examine the associations between parenting style, psychosocial stimulation, healthcare access, and social development among children with disabilities.

Research Methodology: A quantitative analytical study with a cross-sectional design was conducted among 45 parents or primary caregivers of registered children with disabilities in Sidenreng Rappang Regency, Indonesia. Total sampling was applied. Data were collected using validated structured questionnaires. Associations were analyzed using chi-square tests and multivariate logistic regression, with odds ratios (ORs) and 95% confidence intervals (CIs) reported at α=0.05.

Results: Democratic parenting was associated with better social development (OR=4.20; 95% CI:1.01–17.45; p=0.032). Good psychosocial stimulation showed the strongest association (OR=8.00; 95% CI:1.78–35.90; p=0.041) and remained significant after adjustment (AOR=6.75; 95% CI:1.29–35.20; p=0.024). Adequate healthcare access was also associated at the bivariate level (OR=3.33; 95% CI:1.01–10.95; p=0.038).

Conclusion: Psychosocial stimulation is the most influential determinant of social development among children with disabilities. Integrating structured caregiver education and family-centered psychosocial support into primary healthcare services is essential to promote developmental equity and reduce long-term social exclusion.

Keywords: Child Development; Disabled Children; Health Services Accessibility; Parenting; Psychosocial Support.

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INTRODUCTION

A person's ability to interact, form relationships, and adjust to social norms and surroundings is reflected in their social development, which is a crucial aspect of a child's growth and development (Granlund et al., 2021). From the standpoint of public health, psychological influences, family dynamics, and the health care system all shape social development in alongside biological elements, creating a whole ecosystem for children's development (Klaver et al., 2021). This viewpoint aligns with the World Health Organization's (WHO) bio-psycho-social paradigm, which highlights how individual circumstances and the social environment interact to cause disability and child development (He et al., 2024). The nurturing care idea, which views families and health services as the primary environments shaping children's social development, further supports this paradigm (Benseny Delgado et al., 2024).

Under ideal circumstances, inclusive, ongoing access to health treatments, appropriate psychosocial stimulation, and adaptive parenting techniques should all provide equal opportunity for children with disabilities to reach their full potential in terms of social development. It has been demonstrated that responsive and encouraging parenting, even for kids with physical, intellectual, and sensory disabilities, increases emotional stability, boosts self-esteem, and improves social skills (Ekim & Altun, 2024). For children with impairments, structured psychosocial stimulation through social play, language, and emotional support is also essential for promoting social maturity and adaptive functioning (Barros & Victora, 2022).

However, a wealth of empirical data suggests that there are still notable differences in the social development outcomes of children with disabilities around the world. According to a UNICEF assessment from 2021, children with disabilities are two to three times more likely than children without impairments to experience impaired social and emotional development (Rahmawati et al., 2021). The main obstacles to social development for children with disabilities are not only related to the disability itself, according to a systematic review by Olusanya et al. (2022). They are also closely linked to inadequate caregiving environments, a lack of psychosocial stimulation in the home, and unequal access to health services that are not adequately responsive to the unique needs of the children (Sen & Gredebäck, 2024) These results are in line with international research showing that disparities in the environment and services increase the likelihood that children with disabilities will be socially excluded (Shahali et al., 2024).

These difficulties are even worse in areas of Indonesia that have poorer socioeconomic standing and less access to healthcare (Afolabi et al., 2023). According to reports, the stress of providing care, a lack of health literacy, and the ongoing social stigma associated with impairments cause many parents of disabled children to adopt authoritarian or permissive parenting styles (Gao & Drani, 2025). Studies show that among school-aged children with impairments, a lack of psychosocial stimulation in the family setting is strongly linked to poor social interaction skills and decreased independence (Nguyen et al., 2025). Family-related factors continue to be the key predictors of social inclusion for children with disabilities in developing nations, as other studies have also shown (Kurniawan, 2025).

In addition to family-related considerations, health service accessibility is crucial for promoting the social development of kids with impairments (McCoy et al., 2020). Early detection, developmental monitoring, and family education about proper parenting and stimulation techniques are anticipated to be provided by primary health care services (Wahyuningsih, 2023). However, it has been noted that family support and psychosocial interventions have not been fully integrated into Indonesian primary health care facilities' child development services, which are

still primarily focused on physical growth and nutrition (Alex et al., 2023). Emphasizing that primary care services often fail to integrate mental and social health components for children. Delays in identifying and treating social developmental issues in children with disabilities are a result of these differences in access and service quality (Gibson et al., 2021).

The region's extensive family structures, primarily rural lifestyle, and scarcity of specialized child development referral services exacerbate these issues in the context of Sidenreng Rappang Regency (Thomas, 2019). According to empirical data from local health program reports, complete family- and psychosocial-based treatments are rarely used in conjunction with children with disabilities' trips to medical institutions, which are frequently incidental. This condition is consistent with the results of those who pointed out that, especially in rural places, structural and geographic limitations within health systems disproportionately impair the social development results of children with disabilities.

Crucially, previous research has mostly examined the factors that influence development in kids with disabilities in a piecemeal way, often focusing on individual factors such as parenting styles or unique child traits (Kuper et al., 2022). There is still a dearth of research that unifies psychosocial contexts (stimulation), family factors (parenting style), and health system factors (access to health services) within a single analytical framework, especially in primary healthcare in regional settings (Kariyawasam et al., 2022) . As a result, there is a glaring research gap in a thorough, contextual understanding of the factors influencing social development in children with impairments. Thus, the purpose of this study is to examine how parenting practices, psychosocial stimulation, and access to health services relate to the social development of disabled children in Sidenreng Rappang Regency.

Theoretically, by promoting a bio-psycho-social understanding of child development variables, this study is anticipated to add to the corpus of knowledge in community midwifery and public health. Practically speaking, the results should help improve primary health care services, especially in family accompaniment, parental education, and the creation of psychosocial stimulation programs for kids with impairments. Given the growing need for accessible health services and the paucity of local empirical data on the factors influencing social development in kids with disabilities, this study is well-timed. Interventions risk becoming unsustainable and ineffective without a strong scientific basis.

RESEARCH METHODOLOGY

Study Design

This study employed a quantitative, observational, analytical design with a cross-sectional approach. The cross-sectional design was selected to examine the associations between parenting style, psychosocial stimulation, healthcare access, and social development at a single point in time. This design is appropriate for identifying potential determinants and estimating the magnitude of associations (odds ratios) within a defined population.

Setting & Participants

The study was conducted in primary healthcare centers (Puskesmas) in Sidenreng Rappang Regency, South Sulawesi, Indonesia. Data collection was carried out from January to March 2026. Inclusion criteria were: (1) parents or primary caregivers of children with disabilities registered at selected primary healthcare facilities; (2) children aged 3–12 years; and (3) willingness to participate by signing informed consent. Exclusion criteria included caregivers who were unable

to complete the questionnaire due to cognitive or communication limitations, and those who provided incomplete responses.

Sampling Technique and Sample Size

A total sampling technique was applied to include all eligible respondents registered during the study period. The minimum sample size for a cross-sectional analysis was calculated using the single-population proportion formula with a 95% confidence level and a 5% margin of error. Based on the estimated proportion of children with developmental delay among those with disabilities (p=0.50 to maximize sample size), the minimum required sample size was 44 participants. A total of 45 respondents were included in the final analysis.

Variables & Measurement

Parenting style: categorized as democratic (authoritative), authoritarian, or permissive based on caregiver responses to standardized parenting behavior items. Psychosocial stimulation: measured through structured items assessing frequency and quality of social interaction, emotional support, and play-based engagement, categorized as good, moderate, or poor. Healthcare access: defined as caregiver-reported ease of access to primary healthcare services, including affordability, distance, and service availability (categorized as good or limited). Social development: assessed using a structured developmental screening questionnaire covering social interaction, adaptive behavior, and peer engagement, categorized as good or poor.

Instrument Validity and Reliability

All instruments were adapted from previously validated questionnaires and underwent content validity assessment by three experts in child health and public health. Construct validity was evaluated using item-total correlation analyses ($r > 0.30$). Reliability testing using Cronbach's alpha showed acceptable internal consistency ($\alpha > 0.70$ for all scales).

Data Source

Data were collected from primary sources through interviewer-administered structured questionnaires. Data were collected by trained enumerators with a health sciences background. Before data collection, enumerators received standardized training on interview techniques and ethical procedures. Completed questionnaires were reviewed daily for completeness and consistency. Double data entry was performed to minimize entry errors. Quality control measures included pilot testing of the instrument, field supervision, and random re-checking of 10% of questionnaires.

Data Analysis

Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize respondent characteristics and study variables. Bivariate analysis was performed using the chi-square test to examine associations between independent variables and social development outcomes. Multivariate analysis was conducted using binary logistic regression to estimate adjusted odds ratios (AORs) and 95% confidence intervals (CIs) for variables with $p<0.25$ in bivariate analysis. Statistical analyses were performed using IBM SPSS Statistics version 26.0. The level of statistical significance was set at $\alpha = 0.05$.

Ethical Approval

Ethical approval was obtained from the Health Research Ethics Committee of the Faculty/Institution under approval number 108/Kep/II.3.AU/EC/2025. Written informed consent was obtained from all participants before data collection. Confidentiality and anonymity were strictly maintained throughout the study, and participants were informed of their right to withdraw at any time without consequences.

RESULT

A total of 45 parents or primary caregivers of children with disabilities participated in this study. The analysis describes respondent characteristics and examines the associations between parenting style, psychosocial stimulation, healthcare access, and children's social development outcomes.

Table 1. Characteristics of Respondents (n = 45)

Variable	Category	n	%
Parental Age	<30 years	10	22.2
	30–39 years	20	44.4
	≥40 years	15	33.4
Number of Children	1	12	26.7
	2	18	40.0
	≥3	15	33.3
Education	Primary	14	31.1
	Secondary	21	46.7
	Higher	10	22.2
Parenting Style	Democratic	19	42.2
	Authoritarian	15	33.3
	Permissive	11	24.5
Psychosocial Stimulation	Good	20	44.4
	Moderate	15	33.3
	Poor	10	22.3
Healthcare Access	Good	22	48.9
	Limited	23	51.1
Social Development	Good	24	53.3
	Poor	21	46.7

Table 1 indicates that the majority of caregivers were aged 30–39 years and had secondary education, suggesting a predominantly middle reproductive-age, moderate-education population. Democratic parenting was the most frequently reported style, although a considerable proportion of caregivers still applied authoritarian or permissive approaches. Nearly half of the respondents provided good psychosocial stimulation; however, more than half reported limited access to healthcare services. Slightly more than half of the children demonstrated good social development. These findings reflect variability in family and healthcare-related factors that may influence social development outcomes among children with disabilities.

Table 2. Bivariate Analysis of Factors Associated with Social Development

Variable	OR	95% CI	p-value
Democratic vs Non-democratic Parenting	4.20	1.01–17.45	0.032
Good vs. Not-Good Psychosocial Stimulation	8.00	1.78–35.90	0.041
Good vs Limited Healthcare Access	3.33	1.01–10.95	0.038

Children exposed to democratic parenting were 4.20 times more likely to demonstrate good social development compared to those exposed to authoritarian or permissive parenting. Adequate psychosocial stimulation increased the likelihood of favorable social development by eightfold. Similarly, good healthcare access tripled the odds of positive social development outcomes.

Table 3. Multivariate Logistic Regression Analysis of Determinants of Social Development

Variable	Adjusted OR (AOR)	95% CI	p-value
Democratic Parenting	3.85	0.92–16.08	0.067
Good Psychosocial Stimulation	6.75	1.29–35.20	0.024
Good Healthcare Access	2.94	0.88–9.78	0.079

After adjustment for potential confounders, psychosocial stimulation remained a statistically significant independent predictor of social development (AOR=6.75; 95% CI:1.29–35.20; p=0.024). Parenting style and healthcare access showed positive associations but did not retain statistical significance at α=0.05, suggesting possible confounding effects or limited statistical power due to sample size. These findings indicate that psychosocial stimulation is the strongest determinant of social development among children with disabilities in this study population.

This study demonstrates that family-related and healthcare-related factors jointly influence the social development of children with disabilities. Bivariate analysis revealed that democratic parenting, adequate psychosocial stimulation, and good healthcare access were significantly associated with better social development outcomes. However, multivariate analysis identified psychosocial stimulation as the strongest independent predictor after adjustment, indicating its central role in shaping children's social competence. These findings suggest that while parenting style and healthcare access contribute to social development, consistent and high-quality psychosocial stimulation within the home environment appears to be the most critical determinant. The results underscore the importance of integrating family-centered psychosocial interventions into primary healthcare services to promote optimal developmental outcomes among children with disabilities.

DISCUSSION

This study examined the contributions of parenting style, psychosocial stimulation, and healthcare access to social development among children with disabilities in a primary healthcare setting. At the bivariate level, all three variables were significantly associated with social development outcomes. However, after multivariate adjustment, psychosocial stimulation remained the only statistically significant independent predictor. This indicates that while parenting approach and healthcare access are relevant, the quality and consistency of psychosocial engagement within the home environment appear to be the most influential determinant of social competence. These findings suggest that social development in children with disabilities is shaped by interacting family and system-level factors, with proximal relational processes playing a central mediating role.

The results align with the bio-psycho-social framework, which conceptualizes disability as an interaction between health conditions and contextual environments. Parenting style represents a relational environment, psychosocial stimulation reflects day-to-day developmental interaction, and healthcare access represents a structural determinant within the health system. From a developmental systems perspective, psychosocial stimulation constitutes a core proximal process driving social learning. Through repeated verbal interaction, guided play, emotional responsiveness, and structured engagement, children internalize norms, develop communication skills, and enhance adaptive functioning. For children with disabilities who may experience cognitive, communicative, or behavioral limitations, intentional stimulation compensates for vulnerability by strengthening adaptive pathways.

This outcome aligns with the findings of the systematic review carried out by McCoy et al. (2020), which concluded that children with impairments regularly have better social development outcomes when their parents are democratic or authoritative. Likewise, a quantitative investigation by Wahyuningsih., (2023) found that children in South Sulawesi special education institutions who experienced democratic parenting were more likely to exhibit adaptive social

interaction skills than those who experienced authoritarian or permissive parenting. Who noted that one of the main factors influencing children with disabilities' social inclusion and involvement is the quality of family caregiving.

The attenuation of parenting style in the adjusted model suggests a potential indirect mechanism. Democratic parenting may facilitate better psychosocial stimulation practices rather than directly influencing social outcomes. This interpretation is consistent with ecological systems theory, which emphasizes that sustained interactive experiences are more determinative of developmental trajectories than categorical parenting labels alone. Healthcare access, viewed through health service utilization models, enables early detection and caregiver education. However, access without quality developmental content may not produce measurable improvements. Thus, the effect of healthcare contact likely depends on integration with family-centered psychosocial interventions.

The present findings converge with global evidence indicating that caregiver-mediated psychosocial interventions significantly improve social and adaptive functioning among children with developmental disabilities. Studies in low- and middle-income countries demonstrate that structured home-based stimulation enhances communication skills and reduces social withdrawal. Research across various cultural contexts has also associated authoritative parenting with improved social competence. However, many studies highlight that the quality of daily engagement mediates the effectiveness of parenting style. The current findings support this interpretation by demonstrating a stronger independent effect of stimulation compared to parenting classification.

Theoretically, democratic parenting fosters optimal development of emotional control and social competence by offering a harmonious blend of structured instruction, emotional warmth, and reciprocal communication. The quality of primary family contacts is especially important for children with impairments. While permissive parenting frequently lacks the behavioral limits required for social norm acquisition, excessively authoritarian parenting may impede social exploration (Cheng & Deng, 2023). These mechanisms aid in explaining why children exposed to authoritarian and permissive parenting styles had a larger percentage of poor social development in the current study; this trend has also been shown in cross-national research.

Regarding healthcare access, the international literature underscores the importance of inclusive, disability-sensitive health systems. Nevertheless, research from resource-limited settings often shows that structural access alone does not guarantee developmental improvement unless services include psychosocial guidance. The present findings reflect this systemic gap within primary healthcare implementation. Who found no meaningful correlation between special needs children's emotional development and parenting style. Variances in the cultural setting could explain this disparity, as could differences in the testing tools and the constructs being measured (social versus emotional development) (Mbatha & Mokwena, 2023). Given that social development is heavily reliant on daily interaction patterns and parent-facilitated social learning opportunities, current research indicates that parenting style consistently influences social aspects more than emotional ones, especially in children with adaptive functioning limitations (Bowling, 2022).

This result is in line with Nonoyama et al., who stated that early detection, prompt management, and family education lead to improved social functioning when full access to health services is provided. Similarly, UNICEF (2023) emphasized that children with disabilities are more likely to experience social developmental delays when they have restricted access to health services, especially in rural regions. Endorsing this viewpoint highlighted that one of the main

factors influencing children with disabilities decreased social participation is non-inclusive health systems.

Theoretically, access to health care includes preventive and promotional elements as well as curative ones, such as family counseling and developmental monitoring (Kariyawasam et al., 2022). Adequate access to resources increases a child's likelihood of receiving integrated developmental stimulation, supportive therapies, and specialist referrals, all of which have a favorable impact on social competence. In line with findings from cross-national research, this conceptual framework explains why children in the current study with restricted access to health care showed a higher proportion of poor social development outcomes.

Highlighted the health system's structural constraints, suggests that the broader health system context strongly influences the relationship between social development and treatment access. According to science, these results highlight the importance of improving primary health care services, especially at community health centers, to enhance the social development of kids with disabilities, particularly in resource-limited environments. These findings highlight the need to reposition psychosocial stimulation as a core component of primary healthcare for children with disabilities. Routine developmental monitoring should be coupled with structured caregiver education on responsive communication, guided play, and emotional engagement. Health policy should prioritize integration rather than fragmentation. Community health workers can be trained to deliver scalable, home-based psychosocial modules. Embedding developmental stimulation within maternal and child health programs would strengthen early intervention systems and reduce long-term social exclusion.

Moreover, improving healthcare access must extend beyond physical availability toward quality enhancement. Disability-inclusive standards, interdisciplinary collaboration, and structured caregiver counseling are necessary to ensure that service contact translates into developmental gains. At a systemic level, the findings support a transition from a growth-focused biomedical model toward a participation-oriented, developmental health framework within primary care.

Strengths and Limitations

This study contributes conceptually by integrating family-level and structural determinants into a single analytical framework in a rural Indonesian context. The application of multivariate modeling strengthens internal validity and clarifies independent predictors; however, the cross-sectional design limits causal inference. The modest sample size may have reduced statistical power and widened confidence intervals. Self-reported measures introduce potential response bias, and unmeasured confounders such as disability severity and household income were not included. Despite these limitations, the study identifies psychosocial stimulation as a modifiable and scalable determinant of social development. Strengthening relational caregiving within primary healthcare systems may therefore represent a high-impact strategy to promote developmental equity among children with disabilities.

CONCLUSION

This study aimed to analyze the associations among parenting style, psychosocial stimulation, and healthcare access and social development among children with disabilities. The findings demonstrate that all three factors were significantly associated with social development at the bivariate level; however, psychosocial stimulation emerged as the strongest independent predictor after multivariate adjustment. Children who received consistent and high-quality

psychosocial stimulation were substantially more likely to demonstrate favorable social development outcomes.

These results indicate that relational and environmental factors within the family play a central role in shaping adaptive social competence, while healthcare access functions as an enabling structural determinant. Strengthening family-centered psychosocial interventions should therefore become a priority within primary healthcare services. Policy efforts should integrate structured caregiver education, home-based stimulation programs, and disability-inclusive service standards into routine maternal and child health care. Investing in scalable psychosocial support models within primary care systems may represent a cost-effective strategy to promote developmental equity and reduce long-term social exclusion among children with disabilities.

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Conflict of Interest

The author declares no conflict of interest related to this study.

Authors' Contributions

Wilda Rezki Pratiwi conceived and designed the study, developed the research instruments, supervised data collection, performed data analysis, and drafted the original manuscript. St. Hasriani contributed to data collection, data verification, statistical interpretation, and critically revised the manuscript for important intellectual content. Asmah Sukarta assisted in study coordination, contributed to data analysis and interpretation, and reviewed the manuscript to ensure methodological and conceptual rigor. All authors approved the final version of the manuscript and agree to be accountable for all aspects of the work.

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References

Afolabi, J. O., Adebayo, A. M., Abioye-Kuteyi, E. A., & Fetuga, M. O. (2023). Parental knowledge, attitude and access to healthcare services for children with disabilities in rural Nigeria. *Disability, CBR & Inclusive Development*, *34*(1), 87–104. https://doi.org/10.5463/dcid.v34i1.124

Alex, A., Lindh, M. G., & Palmcrantz, S. (2023). Assessing eating and swallowing in adults born with intellectual and motor disabilities: Face and content validity of a Swedish translation of the Dysphagia Assessment Package. *Journal of Intellectual Disability Research*, *67*(11), 1174–1189. https://doi.org/10.1111/jir.13067

Barros, A. J. D., & Victora, C. G. (2022). Early childhood stimulation programs: effects on child development and parenting behaviours. *The Lancet Child & Adolescent Health*, *6*(7), 458–466. https://doi.org/10.1016/S2352-4642(22)00092-9

Benseny Delgado, E., Peñate Castro, W., & Díaz Megolla, A. (2024). Relationship between Parenting Educational Styles and Well-Being in Families with Autistic Children: A Systematic Review. *European Journal of Investigation in Health, Psychology and Education*, *14*(6), 1527–1542. https://doi.org/10.3390/ejihpe14060101

Bowling, A. M. (2022). Professional development opportunities. *Journal of Pediatric Nursing*, *67*, 169. https://doi.org/10.1016/j.pedn.2022.11.006

Cheng, S., & Deng, M. (2023). Psychological Stress and Parenting styles Predict Parental Involvement for Children with Intellectual Disabilities during the COVID-19. *Journal of Child and Family Studies*, *32*(1), 122–131. https://doi.org/10.1007/s10826-022-02485-w

Ekim, A., & Altun, A. (2024). The relation between psychosocial symptoms and parenting styles in hospitalized children. *Journal of Pediatric Nursing*, *77*, e350–e355.

https://doi.org/10.1016/j.pedn.2024.04.051
Gao, X., & Drani, S. (2025). Social Support Experiences in Parents of Children With ASD: A Qualitative Systematic Review. *Sage Open*, *15*(2), 1–18. https://doi.org/10.1177/21582440251336174
Gibson, K., Pollard, T. M., & Moffatt, S. (2021). Social prescribing and classed inequality: A journey of upward health mobility? *Social Science & Medicine*, *280*, 114037. https://doi.org/10.1016/j.socscimed.2021.114037
Granlund, M., Arvidsson, P., Niia, A., Björck-Åkesson, E., Simeonsson, R., Maxwell, G., & Pless, M. (2021). Differentiating activity and participation of children with disabilities. *Disability and Rehabilitation*, *43*(10), 1420–1431. https://doi.org/10.1080/09638288.2019.1668978
He, C., Evans, N., Graham, H., & Milner, K. (2024). Group-based caregiver support interventions for children living with disabilities in low-and-middle-income countries: Narrative review and analysis of content, outcomes, and implementation factors. *Journal of Global Health*, *14*, 04055. https://doi.org/10.7189/jogh.14.04055
Kariyawasam, L., Ononaiye, M., Irons, C., & Kirby, S. E. (2022). A cross-cultural exploration of compassion, and facilitators and inhibitors of compassion in UK and Sri Lankan people. *Global Mental Health*, *9*, 99–110. https://doi.org/10.1017/gmh.2022.10
Klaver, M., van den Hoofdakker, B. J., Wouters, H., de Kuijper, G., Hoekstra, P. J., & de Bildt, A. (2021). Exposure to challenging behaviours and burnout symptoms among care staff: the role of psychological resources. *Journal of Intellectual Disability Research*, *65*(2), 173–185. https://doi.org/10.1111/jir.12800
Kuper, H., Heydt, P., Breuer, E., Duttine, A., Smythe, T., & Banks, L. M. (2022). Disability-inclusive health systems. *The Lancet Global Health*, *10*(3), e336–e338. https://doi.org/10.1016/S2214-109X(21)00500-8
Kurniawan, R. (2025). Bridging Health Information Access for Low-Income Parents of Children with Disabilities. *Mediator: Jurnal Komunikasi*, *18*(1), 159–171. https://doi.org/10.29313/mediator.v18i1.6126
Mbatha, N. L., & Mokwena, K. E. (2023). Parental Stress in Raising a Child with Developmental Disabilities in a Rural Community in South Africa. *International Journal of Environmental Research and Public Health*, *20*(5), 3969. https://doi.org/10.3390/ijerph20053969
McCoy, D. C., Peet, E. D., Ezzati, M., Danaei, G., & Black, M. M. (2020). Early childhood developmental status in low- and middle-income countries. *Pediatrics*, *145*(2), e20191115. https://doi.org/10.1542/peds.2019-1115
Nguyen, T. T., Le, H. H., Nguyen, P. N., & Tran, T. D. (2025). Parenting styles and psychosocial outcomes among caregivers of children with autism spectrum disorder. *Autism*, *29*(2), 201–214. https://doi.org/10.1177/1362361324872474
Rahmawati, R., Hidayat, A., & Lestari, D. (2021). Parenting stress and parenting style among parents of children with disabilities. *Journal of Child and Family Studies*, *30*(9), 2314–2323. https://doi.org/10.1007/s10826-021-02015-8
Sen, U., & Gredebäck, G. (2024). Methodological integrity assessment in the mobile paradigm literature: A lesson for understanding opportunistic use of researcher degrees of freedom in psychology. *Child Development*, *95*(2), 338–353. https://doi.org/10.1111/cdev.13850
Shahali, S., Tavousi, M., Sadighi, J., Kermani, R. M., & Rostami, R. (2024). Health challenges faced by parents of children with disabilities: a scoping review. *BMC Pediatrics*, *24*(1), 619. https://doi.org/10.1186/s12887-024-05104-3
Thomas, N. (2019). Aicardi's Diseases of the Nervous System in Childhood, 4th Edition Edited by AlexisArzimanoglou, AnneO'Hare, Michael VJohnston, RobertOuvrierLondon: Mac Keith Press, 2018 £199.95 (Hardback), pp 1496 ISBN: 9781909962804. *Developmental Medicine & Child Neurology*, *61*(12), 1448–1448. https://doi.org/10.1111/dmcn.14344
Wahyuningsih, N. T. A. (2023). Akses ke Pelayanan Kesehatan Pengaruhnya Terhadap Status Psikososial Anak HIV. *Jurnal Forum Kesehatan : Media Publikasi Kesehatan Ilmiah*, *13*(2), 77–84. https://doi.org/10.52263/jfk.v13i2.116