

Challenges Faced by Low-Income Muslim Malaysian Parents in Caring for Children with Disabilities

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Abstract: *The number of children with disabilities, particularly learning disability, intellectual disability, and developmental disability have increased over the years. Raising children with disabilities can be challenging as it requires more effort, time, money, and energy. Low-income parents may face difficulties as they do not have adequate resources in managing the disabled children. This study examined low-income Muslim Malaysian parents' struggles and challenges in caring for their disabled children. Data was obtained from face-to-face individual semi-structured interviews with seven parents. These parents were selected based on the following criteria set: (1) earning low-income; (2) having one child with disability; and (3) living in Klang Valley. Data was analysed using thematic analysis. This qualitative method approach was applied to generate seven major findings, namely, experiencing physical illnesses, financial constraints, emotional exhaustion, career setback, dealing with special child, dealing with spouse, and dealing with school. This research has the potential to inform the development of effective parental support programs, enhance awareness of the challenges faced by low-income Muslim Malaysian parents, and foster greater empathy toward families with disabilities.*

Keywords: Challenges, children with disabilities, low-income, Muslim Malaysian parental experiences, quality of life

1. Introduction

In Malaysia, households with monthly incomes below RM 4,500 are considered low-income, while some research set a criterion of RM 3,800 (Mohd & Shakil, 2023; Che Mat et al., 2020). Individuals are classified into three distinct income brackets, namely the top 20% (T20), the middle 40% (M40), and the bottom 40% (B40). According to the Department of Statistics Malaysia (2020), the B40 group refers to the lowest-earning group. This group is further divided into four levels: B1, with a median income of RM1,929; B2, with RM2,786; B3, with RM3,556; and B4, with RM4,387. According to e-kasih (2014), the poverty threshold for low-income households in West Malaysia was established at RM910, while in East Malaysia it was set at RM710. These households usually have financial difficulties, which impacts their ability to meet their basic needs and save for the future. They also face various challenges, including restricted access to resources, health problems, and unstable economies. This definition goes beyond income levels, capturing the subjective experience of poverty and its impact on their well-being and quality of life.

Parents are responsible of raising and nurturing their child, either biologically or through adoption, fostering, or other forms of caregiving. They provide love, guidance, support, and resources to ensure the physical, emotional, and social development of the child. Meanwhile, “disability” is a general phrase that includes limitations in activities, participation restrictions, and impairments. Children with disabilities may have various impairments such as mental retardation, visual impairments, and communication disorders (Jarzabek-Bielecka et al., 2020). Many terms have been used to describe the challenges parents have when raising children with disabilities. In this context, the terms "needs," "burdens," "challenges," and "concerns" were utilized. In this study, the term ‘challenges’ is used to describe the burdens of low-income Muslim parents in raising children with disabilities in Malaysia.

Financial challenges are a significant concern for parents, as they grapple with the high costs of medical treatments, educational resources, therapies, transportation, and specialized care (Bhuiyan & Islam, 2024; Befkadu et al., 2022). These financial burdens can restrict access to essential services, heightening stress levels and affecting the quality of care provided (Dhamodharan, 2023; Mabel et al., 2022). The expenses associated with raising a child with disabilities can be overwhelming, often requiring parents to work harder to cover these costs (Bahry et al., 2019). In Malaysia, low-income families frequently face additional pressures, with both parents needing to work to meet financial demands, while simultaneously struggling with high treatment costs and the challenge of balancing work and caregiving. This situation often results in elevated stress levels and reduced opportunities for family interactions.

Family plays a vital role in providing care and emotional support, but caregiving responsibilities can sometimes lead to conflicts, including sibling rivalry and heightened stress. The lack of adequate welfare support often forces families to depend heavily on one another for assistance (Amin et al., 2016). Parents of children with disabilities frequently face difficulties in their marital relationships, as the demands of caregiving leave little time for mutual growth, increase stress levels, and impose an emotional burden. This can result in feelings of neglect and strain between spouses, with some parents experiencing isolation due to the challenges of balancing their relationship with caregiving responsibilities (Gunnestad & Thwala, 2018). Prioritizing the child’s needs may inadvertently overshadow the marital relationship, potentially fostering resentment, and conflict. Additionally, these parents often endure significant stress as they attempt to manage caregiving alongside work commitments.

Low-income parents often experience higher incidences of chronic diseases, such as hypertension and diabetes, due to limited access to healthcare and poor living conditions (N. Abu Bakar et al., 2023; A. S. Abu Bakar et al., 2022). They often experience chronic stress, which can lead to physical ailments such as cardiovascular issues (Elston & Linsley, 2014). In addition to that, the physical demands of lifting and assisting children with disabilities can result in musculoskeletal injuries (Dunaway, 2023). Children with disabilities may exhibit illness-related problem behaviors, which can increase caregiver stress and lead to physical health decline (Carr & Blakeley-Smith, 2006; Masfield, 2019).

Many low-income parents report a sense of financial hardship, which can worsen mental health challenges and influence their parenting approaches (Othman et al., 2023). They frequently encounter emotional difficulties such as stress, anxiety, guilt, and denial about their child's condition, which can lead to mental and physical exhaustion (Dhamodharan, 2023). Caregiving demands result in moderate to high stress levels among parents, especially those raising children with autism spectrum disorder, due to limited social support and coping challenges (Fong & Mohd. Ali, 2023).

Mothers often report physical and emotional fatigue, disruptions to daily routines, and a pressing need for community support to enhance their well-being. Key stressors include the constant supervision required, navigating social services, and the lack of sufficient resources (Ida Sylvia et al., 2024). Single mothers, in particular, face heightened psychological strain due to fears, social stigma, and isolation, which can lead to significant distress (Alsamiri et al., 2024). The emotional burden of raising a child with disabilities also contributes to marital challenges, with increased risks of emotional distance and divorce due to anxiety, fear, and shock surrounding their child's condition (Alsamiri et al., 2024). Mothers of adolescents with high-functioning autism spectrum disorder (HFASD) in Malaysia often experience financial strain, social stigma, and loneliness, compounded by worries about their children's future. They advocate for better independence training and employment opportunities for their children, underscoring gaps in community resources (Fazree et al., 2023). Emotional crises, particularly among mothers, are common and include feelings of isolation and stress about their children's futures. Furthermore, the burden of care is significantly associated with suicidal ideation among parents, though perceived social support serves as a protective factor, reducing the risk of suicidal thoughts (Akram et al., 2019).

Parental mental health is heavily influenced by their child's behavior, particularly when children display aggressive or self-injurious tendencies, which can heighten parental distress and even lead to suicidal thoughts (Stewart et al., 2017). Low-income parents often face additional challenges, such as limited access to crucial information and support networks. They frequently express a need for guidance regarding their child's condition and available resources, which, when unmet, can result in feelings of isolation and stigma within their communities (White & Talpade, 2024; Dhamodharan, 2023; Mabel et al., 2022). Accessing interventions for neurodevelopmental disabilities is particularly difficult, as many families struggle to navigate the available resources effectively (Chow et al., 2024). The burden of caregiving is significantly linked to suicidal ideation among parents, but perceived social support has been shown to serve as a protective factor, helping to mitigate these risks (Akram et al., 2019).

Caring for children with disabilities can negatively affect parents' career progression, particularly in fields like academia, where personal circumstances may be viewed unfavourably. Extended periods of unscheduled leave for caregiving responsibilities often limit opportunities for promotions, grant applications, and overall career growth. The significant time demands associated with caregiving also restrict parents' ability to engage in professional development and networking. Furthermore, many workplaces fail to provide adequate accommodations for parents managing caregiving duties, resulting in decreased job satisfaction and fewer opportunities for career advancement (Pourret, 2020). Parents are often perceived primarily in the context of their caregiving roles, which can overshadow their professional skills and contributions (Kravos, 2019).

Islam provides high rewards for those who care for people with disabilities. The Prophet Muhammad (peace be upon him) said, "Allah SWT will say on the Day of Resurrection, 'O son of Adam, I was sick and you did not visit Me.' The person will say, 'O Lord, how could I visit You when You are the Lord of the worlds?' Allah SWT will say, 'Did you not know that My servant so-and-so was sick, and you did not visit him? Had you visited him, you would have found Me with him.'" (Sahih Muslim, Book 32, Hadith 6232). This hadith emphasizes the virtue of compassion and care for those in need, which can be linked to the responsibilities and spiritual rewards for parents caring for disabled children in Islam. In addition to that, Abu Huraira reported: The Messenger of Allah, peace and blessings be upon him, said, "Verily,

Allah does not look at your appearance or wealth, but rather He looks at your hearts and actions” (Ṣaḥīḥ Muslim 2564).

Although there is increasing research on the challenges faced by parents of children with disabilities worldwide, there is a notable lack of studies focusing specifically on low-income Muslim Malaysian parents residing in the Klang Valley. Much of the existing literature tends to generalize the experiences of parents across diverse socioeconomic or cultural contexts or concentrates on medical and institutional barriers. However, the unique interplay of cultural, religious, and economic factors affecting this specific group remains largely unexplored. Addressing these gaps is essential for creating culturally relevant and economically sustainable policies and interventions that meet the needs of this marginalized group. Thus, the present study aims to explore the challenges faced by low-income Muslim Malaysian parents in caring for their children with disabilities. Specifically, the research seeks to understand the struggles and hardships that these parents had to go through in raising their special children.

Understanding these challenges can help develop affordable and accessible services tailored to the specific needs of this group. Additionally, the research has the potential to shape policy development by identifying systemic barriers and offering evidence-based recommendations to enhance national policies and programs, particularly in disability services, healthcare, and financial support. Such findings can guide governments and non-governmental organizations (NGOs) in designing inclusive frameworks that reflect the economic and cultural diversity of Malaysian society. The study also highlights the importance of holistic support systems, stressing the need for coordinated efforts from families, communities, and professionals to ease caregiving burdens. Beyond its practical implications, the research contributes to academic literature by exploring the intersection of religion, culture, and low-income status in disability caregiving, an area that remains underrepresented. It establishes a foundation for future studies and fosters a deeper understanding of marginalized communities. Crucially, the research amplifies the voices of low-income Muslim parents and their children, advocating for their rights and needs. By raising awareness among policymakers, service providers, and the wider society, the study promotes empathy, inclusivity, and meaningful change, ultimately improving the quality of life for these families.

2. Research Method

Research Design

The present qualitative research applied case study method to gain in-depth insights of low-income Muslim Malaysian parents. A phenomenological approach was selected to understand the subjective experiences of low-income parents’ experiences and challenges in managing their special children, allowing researchers to gain insights into how individuals perceive and interpret their realities

Participants

There were seven parents involved, comprising one male and six females. The participants were selected using purposive sampling based on the following criteria set, (1) earning low-income; (2) having one child with disability; and (3) living in Klang Valley.

Data Collection

Data was collected through individual, face-to-face, semi-structured interviews, allowing for flexibility in exploring parents’ experiences and challenges while maintaining focus on the research objectives. The duration of each interview was between 40 to 50 minutes. Open-ended

questions were asked to encourage participants to think about their struggles and challenges in caring for their special children.

Data Analysis

Thematic Analysis (TA) is a widely used qualitative research method designed to identify, analyze, and interpret patterns (themes) within qualitative data. Its adaptability across various theoretical frameworks and research paradigms makes it a highly versatile tool for researchers. The process typically involves several stages: familiarizing oneself with the data, generating initial codes, identifying potential themes, reviewing and refining themes, defining and naming them, and ultimately producing the final report (Sandhiya & Bhuvaneswari, 2024; Özden, 2024). In this study, the researcher employed reflexivity to minimize bias and adopted a rigorous approach to ensure that each theme accurately represented the participants' experiences and perspectives. This methodical process resulted in a comprehensive and reliable thematic framework for understanding the challenges faced by these parents.

3. Findings and Discussion

The aim of the study is to explore the challenges faced by low-income Muslim Malaysian parents in caring for their disabled children. Several key themes were generated from the data collection. These themes include experiencing physical illness, financial constraints, emotional exhaustion, career setback, dealing with special child, dealing with spouse, and dealing with *PPKI* (Special Education Integrated Programme) school. The list of themes and sub-themes are presented in Table 1.

Table 1: List of Themes and Sub-Themes

| Themes | Sub-Themes |
|-------------------------------------|---|
| T1. Experiencing physical illnesses | |
| T2. Financial constraints | |
| T3. Emotional exhaustion | Suicidal thoughts |
| T4. Career Setback | |
| T5. Dealing with special child | Behavioural issues Difficulty falling asleep Picky eater Obsessive |
| T6. Dealing with spouse | |
| T7. Dealing with <i>PPKI</i> school | |

Theme 1 Experiencing Physical Illnesses

The first theme suggests that one of the challenges faced by low-income Muslim Malaysian parents in caring for their special child was experiencing physical illnesses, as mentioned by the following participants:

“I started to have migraines. It is really stressful; I believe it is very stressful.”
(P1/DU154; DU158)

I need to go home, to cook, to fetch him. Cook again, feed him. I feel restless. Headache. (P5/DU120-128; 193)

“My husband also complained about his back pain. At first, when I first found out [that my child is autistic], I did not know how to deal with it, I struggled, I had a headache, I was almost depressed.” (P7/DU179; DU193)

Carr and Blakeley-Smith (2006) also emphasize this idea, noting that children with disabilities may display illness-related problem behaviors, which can elevate caregiver stress and contribute to a decline in physical health. Additionally, parents may face a higher risk of chronic diseases due to restricted access to healthcare and poor living conditions (A. S. Abu Bakar et al., 2022; N. Abu Bakar et al., 2023).

Theme 2 Financial Constraints

The second theme suggested that financial constraints is another challenged faced by these parents. The participants stated that:

"...because [of the] fees, it is expensive. For me, even if it is expensive, I will work on that because I cannot rely on the hospital, the hospital only provides [therapy] for several times." (P1/DU203)

"For me, if I want to purchase something, for example, when I see my friends buying things, I feel jealous because I spend most of my salary on my child. With the fees, gas for transportation, addidional fees for the intervention." (P6/429)

"I spend much on food as he eats a lot on a daily basis." (P7/DU126)

P3 mentioned that she will bring her child for therapy if she has extra money:

"I will go [to the therapy centre] when there is extra money." (P3/DU96)

In addition to that, P5 experienced divorce due to financial instability:

"I am financially not stable. She has a career, and my income is lower than hers." (P5/DU273-275)

This theme is consistent with the findings of Befkadu et al. (2022), who noted that caring for children with disabilities imposes considerable financial costs, creating a significant financial burden for low-income parents.

Theme 3 Emotional Exhaustion

Emotional and mental well-being is the third challenge faced by low-income parents when managing their children with disabilities. P4 mentioned that:

"The challenge is dealing with the exhaustion because he is so active, constantly unloading things. I became so tired that I developed a headache. In the beginning, when he was younger, I felt overwhelmed and often worried about what others might think. Having many children, I was constantly exhausted. Coming home to a messy house with piles of dirty clothes made me feel like I was failing as a mother." (P4/DU241; 327; 351)

Parents often face a variety of emotional challenges, such as stress, anxiety, and feelings of guilt or denial about their child's condition. These emotions can result in exhaustion and negatively impact their overall mental health (Dhamodharan, 2023). Contributing factors to this stress include the constant need for supervision and the difficulties of accessing social services (Ida Sylvia et al., 2024).

"I do not know what to say. I felt overwhelmed and stressed. My husband does not have a full-time job, which adds to the pressure. I get irritated easily, especially when we go to the mall, and people give us strange looks. I have even asked them "Why are you staring at my child?" My husband always tells me to stay calm and try to relax." (P6/DU499, 642)

Parents, especially single mothers, often endure considerable psychological stress, including fear and social stigma, which can result in feelings of isolation and emotional distress (Alsamiri et al., 2024).

Sub-theme: Suicidal Thoughts

P1 and P2 both experienced suicidal thoughts while caring for their child with special needs:

"There was a point that I considered ending my life, I felt that way, but alhamdulillah, with the support of my family, and husband, okay.. Initially, my husband struggled to accept the fact that our child is autistic. It took some time, but eventually we shared the news with our family members. Many people, including our family members, are not familiar with autism, but they have continued to support me. Dealing with my child has been incredibly stressful and exhausting. I felt so drained that I decided to see a psychiatrist at the hospital. It became a place where I could finally express my emotions and find some relief." (P1/DU189-195)

Yes, [I had suicidal thoughts]. When I found out my son was diagnosed with autism, he was still very young, and I fell into depression without even realizing it. I became grumpy and easily angered, mostly because I was not getting enough rest. I felt lost, not knowing what to do or who to turn to for help. People kept asking what was wrong with me, but I could not explain it. I felt so hopeless that I thought about ending my life—and even my child's." (P2/DU121-125)

The occurrence of suicidal thoughts among parents caring for children with disabilities is notably high, with research indicating that many parents experience these thoughts due to the intense responsibilities and emotional stress they face (O'Dwyer et al., 2024).

Theme 4 Career Setback

One significant challenge faced by low-income Muslim Malaysian parents is the need to resign from their careers to care for their children with special needs. Holding a standard office job becomes difficult, as there is no one available to look after the child, and daycare centres are often unwilling to accept children with special needs:

"I have no regrets. I was willing to resign from my job to focus on my child, and I do not regret that decision at all. I cannot neglect my child—who else will take care of them if not me?" (P1/DU259)

"Who else could I depend on? One of the reasons my contract was not renewed was because I had to take frequent annual leave. I could not perform well at work under the circumstances. I loved my job, and as a government officer, who would willingly want to leave such a position, right?" (P2/DU142-148)

"It has impacted my life significantly. I want to work, but it feels impossible. I need to pick up my child from the intervention center at 5 p.m. If I were to work, I would

not get there until 6 or 7 p.m. So, I need a job with flexible working hours. That is why I decided to become self-employed—working freelance and sometimes part-time with Lalamove." (P5/DU106-118 ;124)

Moreover, P6 was offered a job interview in the police profession. However, she was not able to attend interview:

"I cannot help but feel a bit sad. I applied for a police job twice and was shortlisted for an interview both times, but I could not attend. The first time, my child was only one or two years old, and he could not sleep without me being around. That meant I was not free to go anywhere, including workshops or trainings. When I reapplied later, when he was four years old, I was shortlisted again but still could not attend the interview because of him. I kept thinking, who would take care of him if I got the job?" (P6/DU578-594)

This aligns with Dhamodharan (2023), who noted that parents often face various emotional challenges, such as denial, guilt, and anxiety, which can negatively impact their focus and productivity at work. The financial strain of medical treatments, therapies, and special education can further burden family finances, leading parents to cut back on work hours or miss out on job opportunities. Additionally, Baker and Burton (2018) highlighted that low-income parents often face systemic barriers, including insufficient support from employers and limited access to professional development opportunities.

Theme 5 Dealing with Special Child

The fifth theme is dealing with special child, and there are four sub-themes emerged from it, namely, behavioural issue, difficulty falling asleep, picky eater, and obsessive.

Sub-Theme 1: Behavioral Issues

There are various behavioural issues that these parents need to deal with:

"He struggles to sit still, especially in places he dislikes, making it difficult to stay there for extended periods. This can be quite stressful. For example, if I plan to go out with friends, I have to carefully consider whether it's feasible before committing." (P2/DU534)

"He still struggles to sit still and remains hyperactive at school. While he continues to pick up food from the floor, this behavior has significantly decreased over time." (P1/DU223 & DU439)

"The early years were filled with numerous challenges, and there was always so much to do that I often felt exhausted at home. My child would cry for hours, leaving me unsure of how to comfort him or where to seek help. At times, I would resort to calling my husband at work, even though I knew I could not keep disturbing him. My husband often felt guilty and torn between his work obligations and family responsibilities. While I occasionally implied that he was not being understanding, deep down, I recognized that his work commitments limited how much he could assist." (P2/DU131)

"He finds it difficult to sleep during the day as he is not tired and enjoys playing outdoors. Being non-verbal, he is unable to communicate his wants or needs

directly. Instead, he expresses [his emotions] through crying and anger.”
(P7/DU84-86; DU197)

Some children exhibit hyperactivity in school, while others struggle with emotional dysregulation. Many students with ADHD demonstrate high levels of energy and restlessness, which can disrupt the classroom atmosphere and impede learning (Khamenkan & Homchampa, 2024). Emotional difficulties, such as irritability, mood swings, and low self-esteem, are also common and often contribute to behavioural challenges (Kumari & Jahan, 2021).

Sub-theme 2: Difficulty Falling Asleep

Another challenge in caring for children with disabilities is their difficulty sleeping. It can take hours for them to fall asleep, often requiring parents to stay awake until they do:

If he does not sleep, I cannot sleep. Normally the husband will sleep, but I will stay awake. (P1/DU566; DU574)

At home, he will sleep twice during the day. He will be awake at night, until five in the morning. I need to be awake too as he did not allow me to sleep. (P7/DU301)

“It usually takes about one to two hours to get him to sleep. Before falling asleep, he jumps around, plays, and sings. He struggles with completing tasks and cannot focus on activities like coloring for an extended period. Instead, he tends to run around, play with his toy lorries, come back briefly, and then repeat the cycle.”
(P3/DU134; DU499)

This finding is consistent with the research of Sidhu et al. (2024), which highlights that 40% to 80% of autistic children experience sleep difficulties—a rate considerably higher than that observed in neurotypical children. Furthermore, core ASD characteristics may intensify sleep disruptions, increasing parental stress and contributing to greater behavioral challenges during the day.

Sub-theme 3: Picky Eater

The next challenges faced by parents in dealing with children with disabilities is their eating habits:

I struggle to manage his eating habits because he is an extremely picky eater. He refuses to eat most of the time, about 95% of the time. I often do not know what to feed him. He only eats food that he picks up from the floor, and his diet is limited to fries—nothing else. He will only eat rice with a specific texture, and if it is not just right, he won’t eat it. (P1/DU160-163; DU177)

He is a picky eater. He does not like to eat rice and vegetables. He likes western food like spaghetti, pizza, KFC, fried chicken. (P5/DU130-138)

Now his favorite food is nasi lemak:

Now [his favourite food] is nasi lemak.. he likes [to eat it] with spices or sauces.
(P6/291-299)

Studies show that more than 70% of children with ASD exhibit food selectivity, which can result in nutritional deficiencies and potential health concerns (Kucuksucu & Kılınçaslan, 2024). Repetitive behaviors and strict routines frequently influence their eating patterns, leading to a restricted range of food choices. These children often favour familiar foods, which can create a limited diet lacking essential nutrients.

Sub-theme 4: Obsessive

Children with ASD often develop intense fixations on specific objects or activities. In this study, one child displayed a strong fascination with lorries, while another exhibited a tendency to bite objects:

“There is ECRL construction near our home, and numerous large lorries are at the site. He is fascinated by lorries and constantly wants to go outside to watch them. He even asks me to buy him lorry toys. Another obsession of his is escalators.” (P2/DU289-295;404)

Likes to bite things:

“He has a habit of biting everything, including iron and metal. He enjoys biting so much that his shirts are often torn from him biting them. Whenever he gets a new shirt, he immediately starts biting it. Sometimes, he even bites wires, as he likes to play with them by chewing on them.” (P6/DU742-758, DU1010)

Autistic children often exhibit a strong focus on "folk physics," demonstrating a deep curiosity about how objects work and interact (Baron-Cohen & Wheelwright, 1999). This cognitive tendency can result in repetitive interests in specific items, offering a sense of predictability and control in their surroundings. Additionally, some children engage in object personification, attributing human-like traits to objects, which may help them cope with emotions they find difficult to express (White & Remington, 2019). Research also suggests that leveraging their object-based obsessions as reinforcers can enhance task performance and reduce inappropriate behaviours, highlighting their motivational importance (Charlop-Christy & Haymes, 1998).

Theme 6 Dealing with Spouse

Parents of children with disabilities frequently encounter elevated stress levels, which can have a detrimental impact on the quality of their marital relationship (Nana & Mamat, 2023). They frequently grapple with increased anxiety, fear, and shock over their child's condition, which may create emotional strain and distance between spouses (Alsamiri et al., 2024).

“Yes, in the past, we always argue about our special child.” (P1/DU201)

“I was exhausted because my husband was working at the time, and he was also tired. He did not fully understand [autism], and after coming home from work, he was too drained to help. I was overwhelmed with taking care of the other children, doing household chores, cooking, and getting the children to school. With my autistic child's condition and no one understanding or knowing how to manage the situation, it led to feelings of frustration and anger. Everyone was angry.” (P7/DU209-219)

“I left home because I was feeling stressed with my husband. I was the one who had to work and shoulder all the responsibilities on my own. It took an emotional toll

on me, and I felt overwhelmed. I had to send my children to school and care for my two young children at home, which made everything even more challenging.” (P4/DU241)

He easily gets angry:

“Easily angered.” (P6/DU185)

Living with extended family including mother and grandmother in law:

“I felt even more stressed because my husband is an only child, and he has the responsibility of taking care of his entire family, including his mother and grandmother.” (P6/DU992)

This aligns with Taanila et al. (2008), who observed that while some couples reported stronger relationships, many faced declines in marital satisfaction due to an unequal division of responsibilities and the overwhelming demands of caregiving.

Theme 7 Dealing with PPKI School

Low-income parents also have to deal with the issues happening in schools:

“I know that the teacher hits him sometimes, but I do not always feel angry about it. When my child is at school, I know that the teacher assistant pinches him, and I do not get upset about that because I know my child can be naughty. However, I do feel frustrated when the teacher does not communicate with me. For example, she did not inform me that my son had an accident and peed himself. When I confronted her about it, she acted like she knew nothing, and that really frustrated me.” (P1/DU301-303)

The way teachers interact with students with disabilities plays a crucial role. Njelesani and Swarm (2022) highlight that violence against these students is a common occurrence and often remains unaddressed.

4. Conclusion and Implication

The study emphasizes the significant impact of caregiving for children with special needs on families, highlighting physical, financial, emotional, and relational challenges. Parents report experiencing physical health issues, such as migraines and fatigue, due to the demands of caregiving. Financial difficulties are considerable, with therapy costs, educational expenses, and limited career opportunities contributing to economic strain. Emotional and mental well-being are also deeply affected, with some parents experiencing feelings of depression, suicidal thoughts, and a sense of inadequacy. Despite these hardships, the findings also underscore the resilience and adaptability of caregivers, who often put aside personal and professional goals to focus on their child's well-being. Support networks, including family and professional assistance, play a crucial role in easing some of the burdens.

This study highlights the considerable challenges faced by low-income Muslim Malaysian parents caring for children with disabilities, stressing the urgent need for targeted interventions and systemic support. The physical health difficulties reported by parents reflect chronic stress and exhaustion, underscoring the need for accessible healthcare services and wellness

programs tailored to their specific needs. Financial constraints, a recurring issue, reveal the economic burden of caregiving, calling for financial assistance programs, therapy subsidies, and affordable interventions. Moreover, the emotional strain, including instances of suicidal thoughts, highlights the critical need for accessible mental health services, such as counselling and peer support groups, to help caregivers manage the psychological demands of their roles.

The findings also emphasize the need for flexible work policies and career support for parents who experience employment setbacks due to caregiving responsibilities. There is a clear need for effective parental education and training programs to equip caregivers with strategies for managing behavioural challenges and other care needs. Additionally, the impact on family dynamics and spousal relationships highlights the importance of family counselling and support to promote understanding and shared responsibilities. In the education sector, improving inclusive education practices, teacher training, and school communication is crucial to creating a more supportive learning environment. Lastly, raising community awareness about disabilities is essential to reduce stigma and cultivate a more inclusive society, ensuring these families receive the understanding and social support they require.

Limitations and Recommendations for Future Research

The limitations of this study include its focus on a specific demographic—low-income Muslim Malaysian parents—limiting the ability to generalize the findings to other cultural, socioeconomic, or religious groups. While the qualitative approach offers detailed and in-depth insights, it restricts the ability to make broader conclusions or establish causal links. Furthermore, the study depends on self-reported data, which may be subject to social desirability bias or the participants' personal interpretations of their experiences.

Additionally, the small sample size of the study, which is common in qualitative research, may not fully represent the wide range of challenges experienced by caregivers in similar situations. The lack of longitudinal data also limits the ability to explore how these challenges and coping strategies change over time. Lastly, while the research highlights important themes, it does not thoroughly investigate potential systemic factors or policy-related obstacles that could intensify these challenges, suggesting opportunities for further investigation in future studies.

Future research should aim to broaden the scope of the study by including a more diverse sample that represents various socioeconomic, cultural, and religious backgrounds, thereby improving the generalizability of the findings. A comparative study involving parents from different regions or countries could offer valuable insights into how cultural and systemic factors shape the caregiving experience. Additionally, employing a mixed-methods approach that combines both qualitative and quantitative data would provide a more comprehensive understanding of the challenges parents face and the effectiveness of various coping strategies. Longitudinal studies could explore how caregivers' challenges and coping mechanisms evolve over time, particularly as their children grow older. Research should also examine the impact of policy and institutional support systems on caregivers' well-being. Lastly, interventions aimed at reducing the stressors identified in this study—such as financial assistance programs, accessible childcare services, or mental health support specifically for caregivers of children with special needs—could be developed and thoroughly evaluated to guide evidence-based practices and inform policymaking.

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