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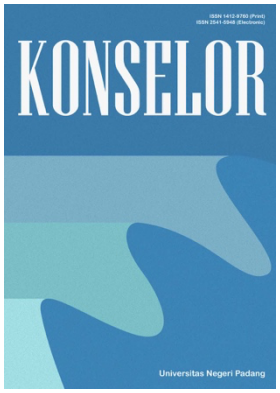

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Parental Acceptance of Children with Cerebral Palsy among Muslim Families: A Qualitative Study on Indicators, Influencing Factors, and Challenges within a Family Counseling Framework

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Parental Acceptance of Children with Cerebral Palsy among Muslim Families: A Qualitative Study on Indicators, Influencing Factors, and Challenges within a Family Counseling Framework

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Abstract: Parental acceptance is crucial for the development and well-being of children with cerebral palsy, yet it remains insufficiently studied within Muslim family settings. This research aims to examine the types of acceptance, the factors influencing them, and the challenges faced by Muslim parents of children with cerebral palsy in Padang, Indonesia, through the lens of family counselling. A qualitative case study approach was adopted, involving five parents of children with cerebral palsy at the Gadang Cerebral Palsy Foundation. Data collection involved in-depth face-to-face interviews and documentation, followed by thematic analysis. Findings showed that all five parents exhibited five main aspects of acceptance: (1) understanding children's feelings, (2) recognising children's rights, (3) understanding children's expressions and desires, (4) respecting children's differences, and (5) fulfilling children's needs. Acceptance was mainly influenced by knowledge, personal experience, family support, and socioeconomic status, whereas hope and career considerations had less effect. Nonetheless, parents encountered significant challenges, such as parenting stress, limited social support, and difficulties in understanding their children's physical, psychological, emotional, and communicative traits. These insights underscore the urgent necessity for structured family counselling programmes addressing parental stress and enhancing acceptance capacity among Muslim families caring for children with cerebral palsy.

Key Words: Cerebral palsy; Family counseling; Muslim parents; Parental acceptance; Qualitative study.

INTRODUCTION

Cerebral palsy comprises a group of permanent, non-progressive neurological disorders that impact movement, posture, and motor function, caused by damage or abnormal development of the brain during the prenatal or early postnatal period (Rosenbaum et al., 2007; Blasco et al., 2023). It is the most common physical disability in childhood, affecting approximately 3.3 per 1,000 live births worldwide (Stavsky et al., 2017), and 1–5 per 1,000 live births in Indonesia (Ministry of Health of Indonesia, 2013). In Australia, over 1 in every 700 children is affected (Australian Cerebral Palsy Register Group, 2018), while in Brazil, an estimated 26,000 new cases are reported annually (Bagesteiro et al., 2023). Children with cerebral palsy often experience postural abnormalities, altered muscle tone, movement disorders, seizures, and challenges with sensory, cognitive, communicative, and perceptual functions (Celikel et

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al., 2023; Kukke et al., 2016). These conditions considerably restrict their ability to perform daily activities and fully participate in social life (Bottcher et al., 2010; Rapson et al., 2023), placing significant and ongoing demands on their families.

Parental acceptance is a fundamental factor influencing the development and quality of life of children with cerebral palsy. Parents act as the primary educators and caregivers, with five core responsibilities: protecting, providing for, counselling, educating, and showing love and affection to their children (Sumirat, 2013). When these responsibilities are effectively fulfilled, children with cerebral palsy can reach their full potential (Anindita & Apsari, 2020; Pradipta & Andajani, 2017; Whittingham et al., 2013). However, research consistently indicates that many parents struggle with acceptance. Mothers, in particular, often report significant parenting stress, emotional distress, and feelings of helplessness when caring for children with cerebral palsy (Seok et al., 2012; Vijesh & Sukumaran, 2007). In Pakistan and other non-Western settings, parental rejection of disabled children has also been documented, with fathers and mothers demonstrating varying degrees of acceptance-rejection behaviour (Ansari, 2022; Putnick et al., 2012). This ambivalence between acceptance and rejection is inversely related to the quality of parental involvement, which directly impacts the child's developmental path (Ansari, 2022).

Cultural and religious contexts play a significant yet underexplored role in shaping parental acceptance of children with disabilities. In Indonesia, where most of the population is Muslim, faith-based beliefs, family values, and socioeconomic conditions are closely linked to how parents interpret and respond to their child's disability (Sakdiyah, 2012; H Eliyanto, 2013). In Islamic teachings, children are seen as a trust (amanah) from Allah SWT, and parents are divinely tasked with caring for, nurturing, and educating them regardless of their condition. This religious framework can be both a source of resilience and a foundation for acceptance. However, the intersection of Islamic values with limited access to professional support, financial difficulties, and social stigma can also increase the burden on Muslim parents of children with cerebral palsy (Prasastiwi & Hardjanta, 2018; Ikasari & Kristiana, 2018). Research on how Muslim families in Indonesia deal with these challenges remains limited, especially within the context of family counselling.

Family counselling provides a structured and culturally sensitive approach to supporting parents in this situation. By considering the socioeconomic background, cultural values, and religious beliefs of the family, counselling can help parents develop tolerance, resilience, and a deeper understanding of their child's condition (S. S Willis, 2013; Bahar Çolak and İlknur Kahriman, 2023). A family counselling approach focused on parental acceptance addresses three interconnected aspects: the types of acceptance parents show, the factors that promote or hinder acceptance, and the practical challenges faced during caregiving. Understanding these aspects is crucial for creating effective parenting programmes for families of children with cerebral palsy. Therefore, this study aims to explore the acceptance, influencing factors, and challenges experienced by Muslim parents of children with cerebral palsy in Padang, Indonesia, within a family counselling framework, to inform the development of targeted and culturally appropriate support programmes.

METHOD

This study used a qualitative approach with case study designs (Polit & Beck, 2004; S Borbasi, 2004; R Yin,2003), as data were obtained through interviews and documentation. Data collection was also carried out with participants obtained from the city of Padang, Indonesia. Data were analysed using thematic analysis following Miles and Huberman's framework, and trustworthiness was ensured through triangulation and member checking.

Participants

This study involved five participants selected through purposive sampling. All participants were parents (mothers) of children diagnosed with cerebral palsy who were registered at the Gadang Cerebral Palsy Foundation in Padang, West Sumatra, Indonesia. Participants were selected based on the following inclusion criteria: (1) Muslim parents who have a child formally diagnosed with cerebral palsy by a

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medical professional; (2) actively involved in the care and daily upbringing of the child; (3) registered as members or clients of the Gadang Cerebral Palsy Foundation at the time of data collection; (4) willing to participate and provide informed consent; and (5) able to communicate clearly in Indonesian. Participants were excluded if they: (1) were not the primary caregiver of the child; (2) had children with cerebral palsy who were not registered at the Gadang Foundation; or (3) were unwilling to consent to audio recording of the interview. The five participants represented diverse socioeconomic backgrounds, family structures, and types of cerebral palsy in their children, providing a rich basis for in-depth exploration. Table 1 presents the demographic profile of the participants.

Table 1. Participant data

Participant	Work Participant	Child Age	Type Child Gender	Characteristics of children
AW participants	housewife households and private employees	7 years	Man	Ataxia
Participant DW	housewife ladder and labour daily free	11 years	Woman	Athetoid
Participant HR	housewife ladder and self-employed	18 years	Woman	Athetoid
Participant IT	housewife ladder and self-employed	9 years	Man	Rigid
Participant KR	housewife ladder and self-employed	14 years	Man	Rigid

Instrumentation

The primary instrument was a semi-structured interview guide developed specifically for this study. The guide was created based on the theoretical framework of parental acceptance (Naqiyaningrum, 2004; Sumirat, 2013) and covered three thematic areas: (1) forms and indicators of parental acceptance, (2) factors facilitating or hindering acceptance, and (3) challenges encountered in the caregiving and acceptance process. The interview guide was validated through expert review before data collection to ensure its content validity and relevance to the study context. A documentation checklist was also used to systematically record relevant information from the foundation's existing records, including child medical profiles, caregiver notes, and participation logs. Both instruments were utilised with *cerebral palsy*.

Procedure

Data collection was conducted over three months (January–March 2025) using two main methods: in-depth interviews and documentation. All interviews took place face-to-face at the Gadang Cerebral Palsy Foundation in Padang, in a private and comfortable setting to promote open and honest responses from participants. Each interview lasted around 60 to 90 minutes and was conducted in Indonesian. With participants' prior consent, all sessions were audio-recorded to ensure accurate data transcription. Each participant was interviewed individually on two separate occasions: an initial interview to explore their overall experience and acceptance of their child's condition, and a follow-up session to clarify, deepen, or verify earlier responses. The interview guide covered three thematic areas: (1) indicators and forms of parental acceptance, (2) factors that facilitated or hindered acceptance, and (3) challenges faced in caregiving. Besides interviews, documentation data were gathered by reviewing records at the foundation, including child's medical profiles, caregiver notes, and programme participation records, to supplement and contextualise the interview findings (Denzin & Lincoln, 2004; Robert & Taylor, 2002). To ensure data validity, source and method triangulation were employed. Source triangulation involved cross-checking information provided independently by both parents (where applicable), while method triangulation involved comparing interview data with documentary evidence. All interview recordings were transcribed verbatim and underwent thematic analysis involving stages of data reduction, display, and conclusion.

Data Analysis

Data analysis in this study followed the thematic analysis framework proposed by Miles and Huberman (N Denzin and Y Lincoln, 2004), which consists of three interconnected stages: data reduction, data display, and conclusion drawing and verification. In the first stage, data reduction, all

interview transcripts and documentary records were thoroughly reviewed. Irrelevant, redundant, or peripheral information was systematically excluded, while data directly related to parental acceptance, influencing factors, and caregiving challenges were retained and coded. Open coding was used to label recurring ideas, experiences, and patterns within the data. In the second stage, data display, the coded data were organised into thematic clusters and presented in a structured narrative form. Relationships between themes were mapped to identify patterns of acceptance and its related factors across the five participants. In the third stage, conclusion drawing and verification, interpretations were developed based on the thematic patterns identified, and these were cross-checked against the raw data to ensure that conclusions were grounded in and supported by the empirical evidence (Polit & Beck, 2004).

To ensure the data's trustworthiness and validity, this study applied two complementary techniques. First, triangulation was employed in two forms: source triangulation, by comparing accounts obtained from both parents (where both were accessible) to identify consistencies or discrepancies in their perspectives; and method triangulation, by cross-referencing interview data with documentary evidence gathered from the foundation's records (Borbasi, 2004; Yin, 2003). Second, member checking was conducted by returning the summarised findings and preliminary interpretations to the participants at the end of the data collection period, inviting them to confirm the accuracy and relevance of the researcher's interpretations of their experiences. Any clarifications or corrections provided by participants were incorporated into the final analysis. Together, these procedures strengthened the credibility and dependability of the study's findings.

RESULTS

This section presents the findings of the thematic analysis conducted on interview transcripts and documentary data from five Muslim parents of children with cerebral palsy at the Gadang Cerebral Palsy Foundation in Padang. Following the three stages of Miles and Huberman's analytical framework — data reduction, data display, and conclusion drawing — the data were systematically coded and organised into recurring thematic clusters. Three overarching themes emerged from the analysis: (1) Acceptance Indicators, which describe the forms and dimensions of parental acceptance; (2) Factors Influencing Acceptance, which examine the variables that facilitated or hindered acceptance; and (3) Challenges Faced by Parents, which explore the difficulties encountered in the caregiving and acceptance process. Each theme is presented below with supporting participant quotes drawn directly from interview transcripts to strengthen the validity and transparency of the findings.

Theme 1: Acceptance Indicators of Muslim Parents with Children with *Cerebral Palsy*

Thematic analysis of interview data identified five key indicators showing how Muslim parents accept their children with cerebral palsy. These indicators, derived from open coding of recurring patterns across all five participants' transcripts and confirmed through source and method triangulation, are: (1) understanding the child's condition and feelings, (2) acknowledging the child's rights, (3) recognizing the child's expressions and desires, (4) supporting the child's ambitions, and (5) assisting with education and learning at home. Each indicator is detailed in Table 2 and Table 3, with quotes from participants and coding evidence. While all participants showed acceptance, different levels of stress and emotional difficulty were also observed, especially during caregiving, indicating that acceptance is a dynamic rather than static process.

Table 2. Understanding the child's condition

Category	Code	Quotes
Accept and understand condition child	Regret when child start fussy (AW, DW, IT)	Sometimes, when I am busy, I experience stress as my son becomes fussy and insists on certain things while refusing to remain quiet. At times, this situation can make me feel angry. However, in the end, I often feel regretful about my reaction.

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Category	Code	Quotes
	Be patient if child cry because his wish is not conveyed (HR, KR)	

All informants understood that children with cerebral palsy should have the same rights and responsibilities as other children. Additionally, they emphasised that these children also need love, care, and affection like any other child.

Table 3. Understanding children's rights

Category	Code	Quotes
Understand the child rights to be provided	Serve need daily (AW, DW, IT, HR, KR) Children schooling (AW, DW, IT, HR, KR)	Every child, regardless of whether they are perceived as abnormal or not, will always be loved and cared for by elderly people. They are not concerned about such differences since they are all born from me. Therefore, it is my responsibility to ensure that all their rights are fulfilled.

Table 4 demonstrates the understanding of the daily needs of children with cerebral palsy. Three informants showed adequate knowledge and insight because they spent considerable time with their children. However, two other informants occasionally found it challenging to interpret their children's expressions due to work commitments, which limited their attention. As a result, these two children were mainly cared for by their grandmother.

Table 4. Understanding expression and desire

Category	Code	Quotes
Understand the expression and desire of children with cerebral palsy	Respond when child convey desire through cues (DW, HR, KR)	I occasionally understand their desires, but there are times when I am unsure. In such situations, I seek assistance from their grandmother, as she also takes care of them alongside me.

Table 5 indicates that all informants strongly focus on their children's aspirations and hopes. However, feelings of sadness frequently arose because of the difficult conditions their children faced, which often hindered the achievement of goals and expectations.

Table 5. Understanding child ambition

Category	Code	Quotes
Understand the ambition of children with cerebral palsy	Support child ambition (AW, HR, KR)	My child desires to become a doctor, and this brings both happiness and sadness. When supporting their aspiration, I also recognize the challenges they may face. However, I will do my best to encourage and uplift them. What about you? What are you currently doing?

Table 6 also shows that all informants consistently provided education to children with cerebral palsy, teaching them social interaction skills like greeting and expressing gratitude. However, they regularly faced challenges in delivering this instruction.

Table 6. Help Study

Category	Code	Quotes
Help Study	Children schooling (DW, AW, HR, KR, IT) Teach Language cues and learning adaptive at home (DW, HR.IT)	I teach the child language signals, such as "thank you" and "please." However, there are times when I struggle to reinforce these lessons. In this case, when someone becomes displeased with the child impolite behavior, it is important to acknowledge that I have not adequately taught or emphasized the importance of kindness and politeness to our children.

Table 7 shows information from the informant about the acceptance of a child with cerebral palsy. It is known that, in general, informants accept the existence of their son's cerebral palsy.

Table 7. Acceptance Factors

Category	Code	Quotes
Acceptance of child circumstances	Surrender to Allah (DW, AW, HR, KR, IT) Pray for children (DW, AW, HR, KR, IT)	I accept the circumstances as the child has been entrusted to me by Allah SWT. It is my responsibility to care for him, even though it may involve tests and trials.

Theme 2: Factors Influencing Parental Acceptance of Children with *Cerebral Palsy*

Thematic coding of the interview data revealed six factors that influenced how much parents accepted their child's condition. These factors were identified through recurring patterns in participant accounts and organised into thematic clusters during the data display stage. Four factors were found to significantly promote acceptance: (1) faith and knowledge, (2) personal experience, (3) family support, and (4) socio-economic awareness and community engagement. Two additional factors — hope for the child's future and parental employment status — were reported by most participants as having limited impact on their acceptance. Each factor is outlined below with supporting quotes from participants as shown in Table 8.

Table 8. Faith Factors

Category	Code	Quotes
Faith	Accept God's gift (DW, AW, HR, KR, IT)	When I first noticed that my child was behaving abnormally, exhibiting signs of sadness and guilt, I immediately turned to Allah Almighty, who knows all things and is the source of all goodness. I also diligently searched for books and explored the internet to enhance my understanding of cerebral palsy, enabling me to provide the best possible care for my child.

Table 9 shows that all informants consistently affirmed that family factors, such as husband's support and household size, positively influence acceptance of a child with cerebral palsy. In this context, the informant's family consistently offered unwavering support, including encouragement, motivation, and help with caring for disabled children. In these cases, children were approached with gentleness, friendliness, and a focus on fostering independence through structured learning opportunities.

Table 9. Family Support Factor

Category	Code	Quotes
Support Family	I help the family (DW, AW, HR, KR,)	My family is a great source of support for me. They never give up or lose hope in God's provisions, as they believe that there is always wisdom behind every situation. They constantly encourage me to play and set a good example for my child. I feel grateful for the support my family provides, and I also deeply miss my husband.

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According to Table 10, three informants indicated that hope did not influence their acceptance of children with cerebral palsy, as they already felt capable of accepting children with disabilities.

Table 10. Children's Hope Factors

Category	code	Quotes
Hope independence	Strong desire for children to achieve self-sufficiency in the future (DW, AW, HR, KR, IT) Desire to help realize their children dream in the future (DW, KR, IT)	I do not hold high expectations for my child to achieve extraordinary success in the future. Instead, I simply desire a good life for my child, even if it is just a normal life. As long as my child is happy, that is sufficient for me. I do not aim for my child to surpass other children or have a superior status

Table 11 also demonstrated that all informants agreed on the impact of socioeconomic activities on children with cerebral palsy. This was because society often viewed the disabled condition of the children negatively, leading parents to consistently feel sad and depressed about their social situation. Despite receiving support from the community and understanding individuals, the emotions of the informants remained affected.

Table 11. Socioeconomic Factors

Category	Code	Quotes
Socioeconomic	Sad when bullied by someone (KR, IT) Feel pity when seeing child treated bad (DW, KR, IT, HR)	I experience sadness when my child is scolded or snapped at while playing outside. I am aware that my child is not considered "normal," but I believe others should also understand the circumstances. However, there are times when I feel compassion and kindness towards my child, treating them with care. Witnessing these positive interactions brings me happiness.

The results indicated that work effects did not influence parental acceptance of children with cerebral palsy. Work and family care are separate responsibilities, each holding significant importance. In this context, family plays a vital role that cannot be ignored, especially when caring for disabled children who need extra attention. Of the five informants, three did not work because they prioritized their family commitments. The other two, despite being employed, maintained acceptance of their children with cerebral palsy.

Theme 3: Challenges Faced by Parents in Accepting Children with *Cerebral Palsy*

The third theme highlights the specific difficulties parents face when accepting and caring for their children with cerebral palsy. Using thematic analysis, four main challenge areas emerged from participant accounts: (1) understanding the social, emotional, and communicative traits of children with cerebral palsy; (2) providing education at home; (3) maintaining motivation and fostering children's aspirations; and (4) worries about the child's future employment and independence. These challenges appeared frequently among most participants and were identified as a distinct thematic group during data presentation. Participant quotes exemplifying each challenge are shown in Table 12.

Table 12. Understanding the social, emotional, and communication characteristics of children with cerebral palsy

Category	Code	Quotes
Understanding the social, emotional, and communication characteristics of the children with cerebral palsy	Incomprehensiveness of the child (KR, IT) Confused facial emotion (DW, KR, IT, HR) Incomprehensible child conveyance patterns how	I find it challenging to understand and communicate with others, which makes it difficult for me to make friends. Only a few group of people and I can effectively communicate with J. A. Aksaya. This limited understanding leads to the feelings of fright and apprehensiveness due to very few people comprehending my child

Category	Code	Quotes
	convey child (DW, KR, IT, HR, AW) Afraid of the child being offended (DW, KR, IT, HR, AW)	My child, A. H. Rash, is generally sociable and easy to get along with. She enjoys chatting when there are people who approach her, but sometimes she feels fearful of offending guests or experiencing discomfort.

Table 13 outlines the challenges in delivering education to children with cerebral palsy at home, with three informants reporting difficulties. These problems mainly stemmed from the children's refusal to remain quiet and their difficulty concentrating on lessons, which often led to frustration among the parents.

Table 13. Provision of education

Category	Code	Quotes
Give education	Confused child with no study focus (DW, KR, AW) Annoyed moment teaching child (DW, KR, HR, AW) Annoyed moment when child did not want to remain aileny(DW, KR, IT, HR, AW)	My child is challenging to manage due to exhibiting inconsistent behavior regarding studying. Sometimes they show interest and willingness to learn, while other times they refuse to participate. Additionally, they struggle to remain quiet, making it difficult to engage them in learning activities. These circumstances often lead to feelings of annoyance.

Table 14 illustrates the problems and obstacles prioritized based on the motivation and goals of children with cerebral palsy, as reported by three informants experiencing constraints. These challenges stemmed from communication difficulties and the children's struggle to remain silent when needed. To support them, consistent motivational strategies were also implemented to improve their quality of life. However, the other two informants found no difficulty in providing motivation and setting goals for their children. Despite this, a sense of sadness lingered, as the motivation efforts appeared unlikely to benefit the children in the long run.

Table 14. Provision of motivation

Category	Code	Quotes
Provide motivation	Sadness due to the non-realization of dreams (DW, KR, IT, HR, AW)	I always provide motivation to my child toward the pursuit of future ideals. However, at times, it can be disheartening to observe the prevailing circumstances.

Table 15 highlights that all informants faced significant challenges in providing job opportunities for children with cerebral palsy. These difficulties stem from the broader challenges that disabled children face in securing decent employment, especially when many non-disabled children also struggle to find jobs.

Table 15. Worry about the future and work

Category	Code	Quotes
Worry about the future and work	Difficulty for children to obtain a job (DW, KR, IT, HR, AW)	It will be exceedingly challenging for a child to find employment under such circumstances. This is primarily due to the limited availability of job opportunities, as companies often require specific qualifications and even then, the demand is relatively low. Additionally, there is a

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Category	Code	Quotes
		significant number of unemployed individuals holding higher degrees, making it even more competitive for those without specialized qualifications.

Based on the thematic analysis of interview data, three overarching themes were identified. The findings are summarised in the Table 16.

Table 16. Summary of Overarching Themes on the Acceptance of Children with Cerebral Palsy

Aspect	Form
Reception	Understand children condition, Love child, Focus on the children, Understand the desire of the child, Comprehend their personality, Understand jealousy, Help the learning process of the children, Protect the child, Accept the feelings of children with cerebral palsy, Obtain the rights of the child, Understand the children expression and desire, Appreciate and respect the differences of children with cerebral palsy with normal wards
Factor affecting reception	Knowledge, experience, family and social economy support, child spirit, and positive thinking
Problems in reception	Understanding the physical, psychological, emotional, social relations, communication, and learning characteristics of children with cerebral palsy, Provide education, motivation and ideals, and job opportunity

DISCUSSION

This discussion interprets the findings of this study in relation to existing literature on parental acceptance, the factors that influence it, and the challenges faced by Muslim parents caring for children with cerebral palsy. The discussion is structured around three themes identified through thematic analysis: (1) acceptance indicators, (2) factors affecting acceptance, and (3) challenges encountered by parents. It concludes with the practical implications of these findings and suggestions for future research.

Acceptance Indicators

The findings show that all five Muslim parents displayed clear signs of acceptance towards their children with cerebral palsy, including understanding their children's feelings and condition, recognising their rights, understanding their expressions and desires, supporting their ambitions, and helping with home education. These signs align with the concept of parental self-acceptance described by Naqiyaningrum (2004), who defines acceptance as the ability to embrace all aspects of one's situation—both their strengths and challenges—without hostility, shame, or denial. In the context of parenting children with cerebral palsy, this acceptance goes beyond the self to include a full recognition of the child's needs, rights, and potential. This is in line with previous studies on Indonesian parents of children with cerebral palsy, which highlight that acceptance is a dynamic process requiring daily effort to understand the child's condition (Anindya Ikasari and Ika Febrian Kristiana, 2018; Bidari Herwi Prasastiwi and George Hardjanta, 2018; Z Puspitarini, 2017; D. H. N Septiningsih and I. Y Cahyanti, 2014). However, the current study adds clarity by identifying five specific and observable signs of acceptance based on the participants' own accounts. Notably, while all parents showed acceptance, stress and emotional difficulties were also present—especially during caregiving efforts—indicating that acceptance exists alongside psychological strain rather than removing it. This detail is supported by research showing that parents of children with disabilities often experience both deep love and significant stress at the same time (Seok et al., 2012; Deckard, 2004). Moreover, the Islamic context plays an important role in shaping how these parents view acceptance: the belief that children are a trust (amanah) from Allah strengthens their sense of purpose and determination, consistent with the findings of Sakdiyah (2012) on parental acceptance in Muslim families in Indonesia.

Factors Influencing Acceptance

Four factors were found to significantly facilitate parental acceptance: faith and knowledge, personal experience, family support, and socioeconomic awareness. The role of religious faith and growing knowledge of the child's condition was the most consistently reported factor across all five participants. This corresponds with findings from Sakdiyah (2012), who observed that Muslim parents in Indonesia drew heavily on their faith to make sense of their child's condition and sustain caregiving commitment. As one participant noted, upon learning of her child's condition, she turned to Allah and sought knowledge through books and the internet, enabling her to provide better care. This pattern reflects the broader role of religious coping in disability contexts, where belief in divine wisdom (takdir) can serve as a buffer against despair (A. A Ansari, 2022). Personal experience over time also deepened acceptance, as parents who had cared for their child for several years reported greater confidence and fewer feelings of helplessness — consistent with experiential learning frameworks in disability parenting literature (Pradipta & Andajani, 2017).

Family support — particularly spousal and extended family involvement — was also identified as a critical factor in facilitating. All participants affirmed that their family's encouragement, practical help, and positive attitudes toward their child strengthened their own capacity to accept and care for their child. This finding reinforces the established role of informal social support in buffering parenting stress among parents of children with disabilities (Bahar Çolak and İlknur Kahriman, 2023; Hatice Güdül Oz and Evsen Nazik, 2023). In contrast, two factors — hope for the child's future and parental employment status — had limited influence on acceptance in this study. Most parents expressed modest rather than ambitious hopes for their children, focusing on happiness and basic independence rather than academic or professional achievement. This realistic reframing of parental expectations is consistent with the adaptive coping strategies documented by Noemí Guillamón et al. (2013), who found that self-efficacy and flexible coping significantly predicted parental quality of life. The finding that employment did not impede acceptance also suggests that, in this socioeconomic context, the caregiving role was perceived as a primary, non-negotiable responsibility, regardless of work status (Lee et al., 2010).

Challenges Faced by Parents

Although all participants demonstrated acceptance, they faced significant challenges in the caregiving and acceptance process. The most common challenge was understanding the physical, psychological, emotional, communicative, and social traits specific to their child's type and severity of cerebral palsy. This aligns with existing research showing that the multifaceted impairments of cerebral palsy — including motor, cognitive, communicative, and behavioural aspects — impose complex and unpredictable caregiving demands (Celikel et al., 2023; Bottcher et al., 2010). The struggle to interpret and respond to children's nonverbal cues was particularly upsetting for parents, leading to frustration and sometimes temporary rejection, aligning with the stress patterns reported by Vijesh and Sukumaran (2007) and Seok et al. (2012).

A second significant challenge was delivering education at home, as children with cerebral palsy often struggled to stay focused, follow instructions, or sit still. Three of the five participants reported ongoing frustration with this, which adds to the documented burden on primary caregivers of children with disabilities in low-resource settings (Vroland-Nordstrand et al., 2016; Pushpalatha & Shivakumara, 2016). Furthermore, all parents expressed deep worries about their child's future employment and financial independence. This anxiety highlights a critical and often overlooked gap in disability services in Indonesia: although parents accepted their children's conditions, they lacked confidence in social systems and labour markets to support their children's needs in adulthood. This concern aligns with broader structural barriers to employment access for persons with disabilities, as outlined in the WHO European framework for disability action (Mishra et al., 2023), and underscores the need for long-term planning support within family counselling interventions.

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Practical Implications and Directions for Future Research

These findings have significant practical implications for family counselling practitioners and policymakers working with Muslim families of children with cerebral palsy in Indonesia. Firstly, family counselling programmes should be designed to strengthen the four key acceptance-facilitating factors identified in this study: faith-based resilience, knowledge and psychoeducation, family network support, and socioeconomic empowerment. Culturally responsive counselling that integrates Islamic values—such as amanah (divine trust) and tawakkal (reliance on Allah)—may be particularly effective in fostering and maintaining parental acceptance within this population (S. S. Willis, 2013). Secondly, counsellors should focus on addressing the specific challenge areas identified: the child's social-communicative understanding, home education strategies, motivational support, and future planning. Structured parenting programmes based on evidence-based approaches, such as Stepping Stones Triple P (Whittingham et al., 2013), could be adapted to the Indonesian Muslim context to address these gaps. Thirdly, policymakers should consider expanding pathways to employment for people with disabilities and transition planning services in order to reduce parental anxiety about their children's long-term independence.

This study has several limitations that should be acknowledged. The small sample size of five participants, while appropriate for a qualitative case study design, limits the transferability of the findings to broader populations. All participants were mothers, which means that the perspectives of fathers remain unexplored—an important gap given research demonstrating notable differences between maternal and paternal acceptance and involvement (Putnick et al., 2012; Keown & Palmer, 2014). Future research should involve larger and more diverse samples, include both parents, and investigate how acceptance develops over the caregiving journey longitudinally. Comparative studies across different cultural and religious contexts would also help elucidate the specific contribution of Islamic values to parental acceptance, distinct from other cultural or socioeconomic factors. Additionally, quantitative or mixed-methods approaches could serve to validate and expand upon the thematic patterns identified here.

CONCLUSION

This study explored parental acceptance of children with cerebral palsy within Muslim families in Padang, Indonesia, using family counselling as a perspective. The thematic analysis showed that all five Muslim parents exhibited five clear signs of acceptance: understanding the child's condition and feelings, recognising the child's rights, comprehending expressions and desires, supporting the child's ambitions, and assisting with home-based education. These signs indicate that acceptance among Muslim parents of children with cerebral palsy is an active, continuous process rather than a fixed state, profoundly influenced by religious values, especially the Islamic view of children as an amanah (divine trust) from Allah. Four key factors greatly helped facilitate acceptance: faith and religious knowledge, accumulated personal caregiving experience, family support, and socioeconomic awareness. Conversely, parental expectations about the child's future and employment prospects had a limited impact on the acceptance process.

Despite showing acceptance, parents faced significant challenges across four areas: understanding their child's physical, psychological, emotional, and communication traits; providing consistent home-based education; maintaining motivation and nurturing the child's aspirations; and managing deep anxiety about the child's future employment and independence. These findings highlight the importance of structured, culturally responsive family counselling programmes tailored to Muslim families in Indonesia. Such programmes should incorporate Islamic values, enhance parental knowledge and self-efficacy, mobilise family support networks, and include long-term transition planning for children with cerebral palsy. Future research should expand this investigation to include fathers, larger and more diverse samples, and longitudinal or mixed-methods approaches to deepen understanding of acceptance trajectories over time.

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