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Analysis of Maternal Religiosity, Parenting Style, and Social Support on the Value of Children with Autism: Educational Implications

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Abstract: Analysis of Maternal Religiosity, Parenting Style, and Social Support on Value of Children with Autism: Educational Implications. Objectives: This study examines the correlation and influence of maternal religiosity, parenting style, and social support on the value of children with Autism Spectrum Disorder (ASD), along with implications for their education. **Methods:** A total of 145 mothers of children with ASD from the Greater Jakarta area were purposively sampled. Data were collected through online questionnaires, analyzed using Spearman Rank correlation and Structural Equation Modeling (SEM). **Findings:** Most participants were millennial mothers with high educational attainment and stable economic status. High levels of religiosity, especially in personal religious practices, were reported, with family as the primary source of social support. Unexpectedly, correlation analysis revealed a negative association between maternal education level and value of children, although the children's educational level was positively correlated with value of children. Although the authoritative parenting style emerged as the predominant approach, it did not exhibit a significant correlation with the perceived value of children. These findings highlight the crucial role of aligned maternal religiosity and adequate social support in shaping perceptions of children's value. **Conclusion:** Highly educated mothers are negatively linked to perceived value of children, while children's higher educational positively enhances their perceived value as symbols of autonomy and future potential. Therefore, strengthening maternal religiosity, family and community social support, and access to inclusive education are key to enhancing perceptions and educational outcomes for children with ASD.

Keywords: autism, inclusive education, religiosity, social support, value of children.

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INTRODUCTION

Children are considered a valuable blessing for the family. The value of children is defined as the perceived benefits that parents derive from their presence, both economically and non-economically, such as emotional closeness and increased social status (Hoffman & Hoffman, 1973; Hu & Chiang, 2021). Sam (2001) describes the value of children as a psychological concept that represents how individuals perceive the advantages and disadvantages of having children. The value of children is categorized into three dimensions: (1) psychological, referring to emotional attachment and parental satisfaction with the child's development; (2) social, highlighting the child's role in maintaining family cohesion and strengthening intergenerational relationships; and (3) economic, encompassing parental expectations that children will contribute financially to the family, both in the present and in old age (Kagitcibasi & Ataca, 2015; Mayer et al., 2005; Mayer et al., 2010; Nauck, 2014).

Perceptions of a child's value influence parental attitudes and parenting approaches.

Such expectations also apply to children with disabilities. However, in reality, stigma and social exclusion of children with disabilities, including those with Autism Spectrum Disorder (ASD), remain prevalent (Stahl & Duner, 2022). ASD is not a disease, but a neurological condition that is often difficult to detect early. It is marked by neurodevelopmental impairments that disrupt communication abilities, social interactions, and behavioral patterns (Ministry of Health, 2022; Zeidan et al., 2022). The experiences of acceptance or rejection significantly affect the mental health and well-being of autistic individuals. Recent research highlights that both acceptance from others such as family, friends, and society and self-acceptance play key roles in mitigating depression and stress symptoms in autistic individuals. However, anxiety may be influenced more by other factors beyond acceptance (Cage et al., 2018).

Children with ASD face significant challenges in daily life, particularly in learning environments. According to Bryson et al. (2003), the main challenge lies in how public education systems can ensure that children with ASD are provided with equal opportunities to socialize, learn, and develop into independent and respected members of society. In Indonesia, although inclusive education has been mandated through the Ministry of National Education Regulation No. 70 of 2009, its implementation remains limited. According to Lindsay et al. (2013) and Van et al. (2020), teachers in regular classrooms encounter difficulties in assisting students with ASD, including behavior management issues, insufficient training, and a shortage of resources. Greater institutional support and teacher preparation are essential for fostering inclusion. Data from the Ministry of Education and Culture's Dapodik (2022; UNICEF, 2023) shows that out of approximately 3.1 million teachers, only about 5,000 have received inclusive education training. UNICEF (2023) also reported that low teacher understanding, limited access to inclusive education, and a lack of supporting facilities are among the primary barriers. Additionally, despite existing protection regulations such as the Ministry of Women's Empowerment and Child Protection Regulation No. 4 of 2017, access to information and services for children with ASD remains highly limited (UNICEF, 2023).

Religiosity plays a significant role in the caregiving experience of parents with children with ASD, reinforced by spiritual beliefs and parents' efforts to appreciate everyday moments (Viana et al., 2021). Religious practices such as prayer, regular worship, and spiritual reflection have been shown to provide inner peace, gratitude, and constructive coping strategies (Daulay et al., 2025). Mothers actively engaged in religious activities tend to exhibit higher levels of patience and emotional calmness, viewing their child's condition as a destiny to be accepted sincerely (Faciane, 2015). In this context, religiosity offers meaning and psychological resilience, with parents interpreting their child's condition as part of divine will that supports acceptance. However, on the other hand, some communities in Indonesia still associate ASD with divine punishment or karma resulting from violations of taboos or impure behaviors (Riany, Cuskelly & Meredith, 2017). This phenomenon highlights a dual tension between religiosity as a coping mechanism fostering psychological resilience and cultural stigma that may hinder acceptance and support for the child and family (Bernier & McCrimmon, 2022).

The role of parenting, particularly by mothers as the primary caregivers, is crucial in supporting the development of children with ASD. This responsibility often induces significant stress due to the challenging behavior of the child and the accompanying financial burdens (Shattnawi et al., 2021). In the absence of sufficient social support and effective coping mechanisms, this burden may adversely impact maternal

psychological well-being (Viana et al., 2021). In this regard, social support, both formal and informal, plays an essential role in alleviating parenting stress. Emotional assistance, informational resources, and practical support have been proven to enhance parental resilience in managing daily challenges (Ault et al., 2021; Drogomyretska & Colbert, 2020; Shepherd et al., 2020). Nonetheless, an additional challenge is the presence of social stigma, which often prevents parents from accessing the support they need (Riany, Cuskelly & Meredith, 2017). In specific cultural contexts, the stigma associated with children with ASD also contributes to the social isolation of families and weakens their support networks (Dunn et al., 2001).

As reported by the World Health Organization (2023), the global prevalence of ASD is estimated at around 1 in every 100 children. In Indonesia, the Ministry of Health (2022) reported at least 2.4 million cases of ASD. Furthermore, the Directorate of Child and Family Education, Ministry of Population and Family Planning Development (2024) estimated that out of approximately 4.5 million births annually, 1 in 100 children is affected by ASD. The rising number of ASD cases highlights the urgent importance of implementing educational strategies that foster understanding and inclusion of children with ASD. This study responds to the increasing ASD cases and the lack of research on how maternal religiosity, parenting styles, and social support affect the value of children with ASD in the Greater Jakarta (Jabodetabek) area. The research questions are as follows:

1. What are the characteristics of mothers and children with ASD, as well as the levels of maternal religiosity, parenting style, social support, and value of children?
2. Is there a significant correlation between the characteristics of mothers and children with ASD and the variables of religiosity, parenting style, social support, and value of children? Furthermore, how are these key variables interrelated?
3. To what extent do maternal religiosity, parenting style, and social support significantly influence the value of children?

Theoretical Framework

This research is grounded in Bronfenbrenner's ecological systems theory, which suggests that human development is influenced by the interplay among five interconnected environmental systems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem. These systems are interrelated and influence an individual's growth through dynamic and reciprocal interactions (Bronfenbrenner, 1979). At the microsystem level, factors like maternal age, education, and number of children with ASD shape the child's immediate environment. The mesosystem reflects interactions between contexts, such as the mother's engagement with schools or therapy, influenced by her education and occupation (Lestari, 2018).

Religiosity operates within both the microsystem and mesosystem, acting as a psychological and social resource. It provides strength and meaning, aiding mothers in accepting their child's diagnosis and managing stress (Bernier & McCrimmon, 2022; Faciane, 2015). Parenting style is a microsystem factor, directly influencing the parent–child relationship and home environment. Positive parenting styles foster emotional security and developmental gains (Desiningrum, 2020). Social support is part of the mesosystem, representing the emotional, informational, and practical assistance offered by extended family, friends, and the broader community. It reduces parenting stress and enhances parental involvement (Robinson & Weiss, 2020; Yan & Deng, 2022; Zovko et al., 2024).

Numerous prior studies have indicated that the interaction among these variables can improve parental well—being and have a positive impact on the developmental outcomes of children with special needs such as their social abilities, self-esteem, and overall quality of life—which ultimately enhances the perceived value of the children. These theoretical foundations are summarized in the conceptual model (Figure 1).

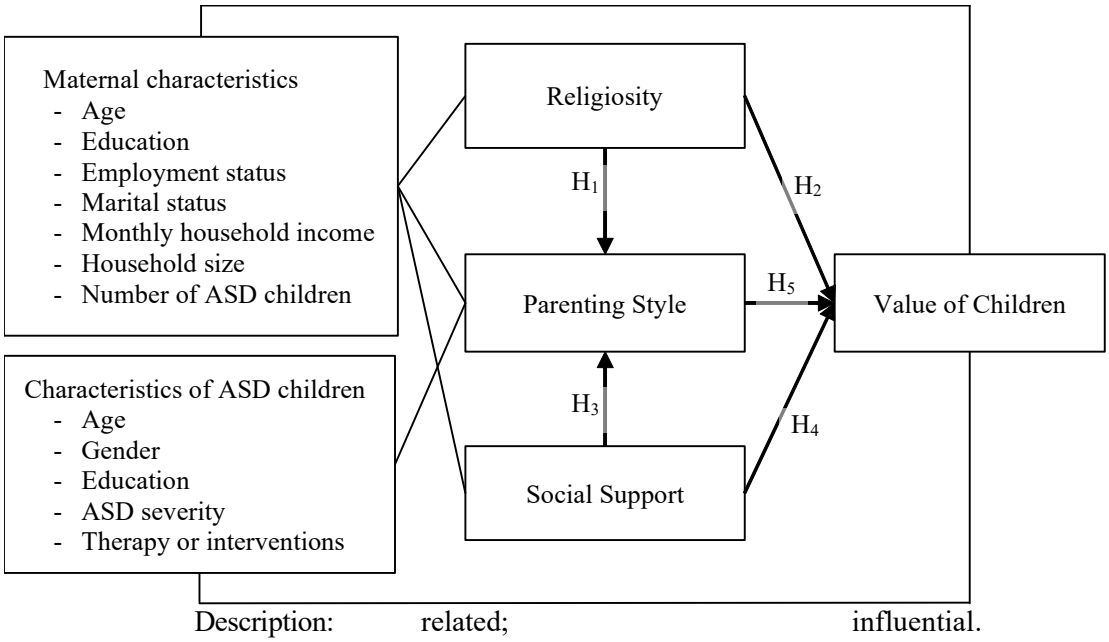


Figure 1. Framework of thought

Based on this theoretical model, the following hypotheses are proposed:

H1: Maternal religiosity significantly influences parenting style.

H2: Maternal religiosity significantly influences the value of children.

H3: Social support significantly influences parenting style.

H4: Social support significantly influences the value of children.

H5: Parenting style significantly influences the value of children.

METHOD

Research Design and Procedures

This research employed a quantitative, cross-sectional research design, aimed at capturing data at a single point in time. The research was conducted in the Greater Jakarta area (Jabodetabek) over four months, from January to April 2025. Data collection was carried out using a self-administered online questionnaire distributed via Google Forms. The questionnaire included both sociodemographic questions and items measuring the key research variables.

Participants

The study population comprised mothers of children diagnosed with ASD, with their children ranging in age from 1 to 25 years. A total of 145 participants were recruited through purposive sampling in collaboration with Komunitas Peduli ASD, Komunitas Ruang Singgah Autisme (a local autism support community), Yayasan Mpati (an autism

foundation), Sekolah Alam Bintaro, and Sekolah Permata Ananda Bekasi (an inclusive school). This sampling method was deliberately employed to ensure that participants met specific inclusion criteria, thereby providing contextually relevant data. Before collecting data, participants were fully informed about the objectives of the study, assured of confidentiality, and made aware that their participation was voluntary. Written informed consent was obtained from each participant. The study received ethical clearance from the Research Ethics Committee of IPB University (Approval Number: 1540/IT3.KEPMSM-IPB/SK/2024).

Instruments

Religiosity was measured using the Centrality of Religiosity Scale (CRS-15) by Huber and Huber (2012), consisting of 15 statements rated on a 5-point Likert scale. The scale assesses five key aspects of religiosity: intellectual interest, belief system, participation in public religious practices, engagement in private religious activities, and personal religious experiences. It showed good construct validity ($p < 0.01$; 0.473 to 0.672) and a Cronbach's alpha of 0.850.

Parenting style was evaluated using the short version of the Parenting Styles and Dimensions Questionnaire (PSDQ-Short) by Robinson et al. (2001), as adapted by Riany, Cuskelly, and Meredith (2018). This instrument uses a 5-point Likert scale and covers three parenting dimensions: authoritative, authoritarian, and permissive. Originally consisting of 32 items, one item (PP16) was removed due to a low item-total correlation (0.131), resulting in a final set of 31 items. The scale demonstrated acceptable construct validity ($p < 0.05$, $p < 0.01$; 0.166 to 0.496) and a Cronbach's alpha of 0.743.

Social support was assessed using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al. (1988), which includes 12 items rated on a 4-point Likert scale. This scale measures perceived social support from three sources: family, friends, and significant others. It showed strong construct validity ($p < 0.01$; 0.512 to 0.817) and high internal reliability, indicated by a Cronbach's alpha of 0.899.

The value of children was assessed using the Value of Children (VoC) instrument, initially developed by Nauck and Trommsdorff (2001) and later adapted by Larasati and Hartoyo (2016) to better fit the cultural context of the target population. The modification involved adapting the wording of the instrument better to suit the cultural context of the study population. The scale consisted of 23 items measured on a 4-point Likert scale, encompassing three dimensions: psychological, social, and economic. During the validity testing phase, three items (NA18 = 0.091, NA20 = 0.162, and NA23 = –0.128) were excluded due to low item-total correlations. After their removal, 20 items were retained, all showing acceptable validity ($p < 0.01$; 0.307 to 0.726) and Cronbach's alpha of 0.828.

Data Analysis

The data were analyzed using Microsoft Excel, SPSS 24, and SmartPLS-4. Descriptive statistics were interpreted following Yimer et al. (2014), which classifies scores as low (<60), moderate (60–80), and high (>80). To assess the data distribution, the Kolmogorov-Smirnov (K-S) test was applied. Results indicated that most variables did not follow a normal distribution, except child value (refer to Table 1). Therefore, non-parametric techniques were adopted. Spearman's rank correlation was used to explore the relationships between variables, as it is suitable for non-normally distributed data. In addition, Structural Equation Modeling (SEM) was conducted to provide a more in-depth analysis.

Table 1. Normality test results

Variable	*K-S Test Sig.*	*Skewness*	*Kurtosis*
Religiosity	0.024	-0.932	1.684
Parenting Style	0.023	-0.133	0.156
Social Support	0.002	-0.461	0.903
Child Value	.200*	0.052	-0.336
Note: *Significant level 0.05.			

■ RESULT AND DISCUSSION

Respondent Characteristics

Table 2 presents the distribution of maternal characteristics based on demographic, socioeconomic, and family size aspects. Respondents were relatively evenly distributed across the Greater Jakarta area, with the highest proportions residing in Jakarta (31.7%) and Bekasi (27.6%). The majority of participants were millennial mothers of productive age (31–40 years, 55.9%), married (91.7%), and highly educated, with 77.2% holding undergraduate or postgraduate degrees. In terms of employment, 58.6% of mothers were employed, although 41.4% did not report having personal income. Regarding family structure, most respondents came from small families (fewer than four household members, 64.8%). Notably, nearly all participants (97.9%) had only one child diagnosed with ASD, indicating that multiple ASD cases within a single family were rarely seen in this sample. Overall, the respondents represented a relatively well-educated, urban, and demographically stable group of mothers who were actively involved in the care and development of their children with ASD.

Table 2. Distribution of maternal characteristics

Characteristic	Category	n (145)	Percentage (%)
Place of Residence	Jakarta	46	31.7
	Bogor	24	16.6
	Depok	16	11.0
	Tanggerang	19	13.1
	Bekasi	40	27.6
Maternal age	< 30 years	15	10.3
	31–40 years	81	55.9
	41–50 years	35	24.1
	> 51 years	14	9.7
Marital status	Single (widowed)	12	8.3
	Married (with spouse)	133	91.7
Educational attainment	Primary School	0	0
	Junior High School	1	0.7
	Senior High School	28	19.3
	Bachelor's Degree	92	63.4
	Master's Degree	20	13.8
	Doctoral Degree	4	2.8
Employment status	Unemployed	60	41.4
	Employed	85	58.6
Estimated monthly household income	≤ Rp0.00–	7	4.8
	Rp1.000.00.00	8	5.5
	Rp1.000,001.00–	19	13.1

	Rp2.500.000.00	22	15.2
	Rp2.500.001.00–Rp5.000.000.00	89	61.4
	Rp5.000.001.00–Rp7.500.000.00		
	≥ Rp7.500.000.00		
Household size	Small family (< 4 members)	94	64.8
	Medium family (5–7 members)	47	32.4
	Large family (> 8 members)	4	2.8
Number of children with ASD or other special needs at home	1	142	97.9
	2	2	1.4
	3	1	0.7

Characteristics of Children with ASD

Table 3 presents the characteristics of children with ASD based on gender, educational level, and diagnostic status. Most children in the sample were aged 1–11 years (80.7%), with the largest group in the 6–11 year age range (45.5%). Male children were significantly more common (77.2%) than females. Regarding education, most were enrolled in early childhood education (Kindergarten, 35.9%) or elementary school (33.1%), while only a small number had reached junior or senior high school. Nearly all children (97.9%) received a professional diagnosis, with moderate (51.7%) and mild (46.2%) severity levels being most common. Additionally, 84.1% had received therapy in the past year, such as speech therapy, occupational therapy, sensory integration, and behavioral therapy, while 15.9% had not received any therapy during that time. Overall, the children in this study were mostly in early and middle childhood, primarily male, with access to professional diagnoses and therapies, indicating a high level of parental involvement and access to developmental support services.

Table 3. Distribution of characteristics of children with ASD

Characteristic	Category	n (145)	Percentage (%)
Age	1–5 years (toddlers)	51	35.2
	6–11 years (children)	66	45.5
	12–16 years (early adolescents)	13	9.0
	17–25 years (late adolescents)	15	10.3
Gender of children with ASD	Male	112	77.2
	Female	33	22.8
Educational status of children	Not enrolled in school	2	1.4
	Not yet attending school	24	16.6
	Kindergarten	52	35.9
	Elementary School	48	33.1
	Junior High School	9	6.2
	Senior High School	10	6.9
History of professional diagnosis	Not yet diagnosed	3	2.1
	Already diagnosed	142	97.9

Severity level of ASD	Severe	3	2.1
	Moderate	75	51.7
	Mild	67	46.2
Therapy in the past year	None	23	15.9
	Received therapy	122	84.1

The respondents were evenly distributed across the Greater Jakarta area, a region with relatively high public awareness of autism (70%, UNICEF, 2023) and access to over 100 inclusive schools and specialized child health services. This urban context offers favorable conditions for inclusive education and early intervention. Most participants were millennial mothers aged 30–40, aligning with Erikson's (2010) psychosocial stage of Generativity versus Stagnation, where individuals typically focus on parenting and social contribution. A large proportion held higher education degrees (bachelor's and master's), which supports a better understanding of ASD and more adaptive parenting strategies (Taylor & Seltzer, 2012).

Economically, about 60% of mothers had income, with most earning above Jakarta's minimum wage. A study conducted by Miller et al. (2012) stated that demographic factors revealed that parents across different income levels, education backgrounds, and family situations are vulnerable to being drawn toward unproven or fad treatments for ASD. Most came from nuclear families with fewer than four members, which may allow more focused attention and resources for the child (Boyd et al., 2011). Children with ASD in this study were mostly in early childhood or elementary school, a stage consistent with Duvall's (1985) family development model, which emphasizes the need for intensive parenting and structured learning environments. Nearly all had received formal diagnoses (mostly mild to moderate) and were undergoing therapies such as speech, occupational, sensory integration, or behavioral therapy interventions known to enhance educational readiness and developmental outcomes (Ospina et al., 2008).

Religiosity Level

The analysis presented in Table 4 indicates that over half of the mothers of children with ASD achieved religiosity scores exceeding 80, with only 4.1% classified within the low religiosity category. The highest scoring dimension was personal practice, with an average score of 89.8. In the ideology dimension, 70.3% were categorized as high, and 62.1% reported intense religious experiences. Meanwhile, 44.8% showed interest in the intellectual dimension, whereas general religious practice was the dimension with the lowest scores, with only 26.2% in the high category and an average score of 68.2.

Table 4. Distribution based on the religiosity dimension

Variable and Dimension	Low (<60)		Moderate (60-80)		High (>80)		Mean ± std
	n	%	n	%	n	%	
Religiosity	6	4.1	57	39.3	82	56.6	81.3 ± 11.5
Intellectual	21	14.5	59	40.7	65	44.8	77.4 ± 14.9
Ideology	8	5.5	35	24.1	102	70.3	87.9 ± 15.7
General practice	55	37.9	52	35.9	38	26.2	68.2 ± 18.4
Personal practice	4	2.8	19	13.1	122	84.1	89.8 ± 11.8
Religious experience	13	9.0	42	29.0	90	62.1	83.0 ± 16.5

These results highlight the significant role of internal religiosity in fostering emotional stability among parents of children with ASD (Desiningrum et al., 2020). High scores in the ideological and intellectual dimensions indicate that deeply held religious beliefs and the pursuit of religious understanding act as strong psychological resources for managing the emotional challenges of caregiving (Ekas et al., 2008). Moreover, meaningful spiritual experiences have been shown to improve sincerity and emotional resilience (Tarakeshwar & Pargament, 2001), while spiritual well-being is associated with a reduced caregiving burden (Maarefi et al., 2024). However, the consistently low participation in communal religious practices may reflect a perceived lack of inclusion within religious communities for families raising children with ASD (Ekas et al., 2010; Herlina et al., 2023). This highlights the need for religious institutions to support families of children with ASD actively. Besides providing spiritual guidance, they should help educate communities, reduce stigma, and create welcoming spaces that value every child, regardless of their condition.

Parenting Style

According to Table 5, the majority of mothers demonstrated predominantly low parenting scores (82.8%), while 17.2% were classified within the moderate range, and no mothers attained high parenting scores. Nevertheless, the authoritative parenting style emerged as the most prominent, with 31.0% of mothers categorized as high and 55.2% as moderate. When disaggregated by parenting style, the permissive dimension showed that the majority of mothers fell into the low category (86.9%), indicating a tendency to avoid overly permissive and unstructured parenting.

Table 5. Distribution based on parenting style categories

Variable and Dimension	Low (<60)		Moderate (60-80)		High (>80)		Mean ± std
	n	%	n	%	n	%	
Parenting style	120	82.8	25	17.2	0	0	52.1 ± 8.4
Authoritarian	20	13.8	80	55.2	45	31.0	73.6 ± 13.2
Authoritarian	145	100	0	0	0	0	28.2 ± 11.8
Permissive	126	86.9	17	11.7	2	1.4	40.2 ± 17.6

The results indicate that mothers mainly used an authoritative parenting style, which was more common than authoritarian and permissive styles. This authoritative approach is generally considered the most beneficial for children with ASD, as it balances emotional responsiveness with firm behavioral regulation, fostering optimal social and emotional growth (Baumrind, 1991; Darling & Steinberg, 1993; Karst & Van Hecke, 2012). Mothers tend to avoid extreme parenting styles and strive for balance, which helps reduce stress and enhance parent–child interaction (Hastings & Taunt, 2002). However, the relatively low parenting index indicates suboptimal implementation, possibly due to limited support and training, as well as emotional exhaustion (Ludlow et al., 2012; Pottie & Ingram, 2008). The low scores in the authoritarian and permissive dimensions also indicate a resistance to parenting patterns that don't match the needs of children with ASD, who need both flexibility and structure to help reduce anxiety and problematic behaviors (Rodriguez et al., 2019).

Social Support

The results shown in Table 6 reveal that nearly half of the mothers of children with ASD reported experiencing moderate levels of social

support (49.7%). In comparison, a smaller proportion (24.1%) indicated high levels of support. Among all sources, family support emerged as the strongest, with 37.2% of respondents reporting high levels of familial support. Significant others outside the immediate family such as spouses, mentors, or other influential individuals also contributed meaningfully, with 35.2% of respondents perceiving strong support from these individuals. In contrast, support from friends was relatively low; 53.8% of respondents rated it as low, and only 13.8% reported receiving high levels of support from peers.

Table 6. Distribution based on the social support dimension

Variable and Dimension	Low (<60)		Moderate (60-80)		High (>80)		Mean ± std
	n	%	n	%	n	%	
Social support	36	26.2	72	49.7	35	24.1	67.7 ± 16.6
Family	31	21.4	60	41.4	54	37.2	72.2 ± 21.2
Friends	78	53.8	47	32.4	20	13.8	59.4 ± 20.8
Significant others	29	20.0	65	44.8	51	35.2	71.4 ± 23.5

Mothers of children with ASD primarily receive social support from their family, which serves as the primary source, especially in terms of emotional and practical assistance. This finding aligns with Yan and Deng (2022) and Lei and Kantor (2021), who emphasized the crucial role of family and influential figures in reducing parenting stress and enhancing parental well-being. Likewise, Kuru and Piyal (2018) emphasize that social support from the family plays a key role in assisting parents of children with autism to manage different difficulties, which in turn helps lower their stress. Social support in this context can be divided into formal and informal types. Formal support consists of professional services aimed at both the child and the parents. In contrast, informal support especially from family members offers essential emotional and practical assistance without any financial burden (Marsack & Samuel, 2017). Such informal support is especially valuable in fostering a sense of being cared for and understood, which is essential for the psychological resilience of parents managing the demands of raising a child with ASD.

However, support from friends was found to be relatively low, reflecting the limited role of peers as a source of emotional support, especially in urban settings. Several studies have noted that in urban environments, informal social support from friends is often insufficient, leading parents to rely more on family or formal support networks (Marsack & Samuel, 2017; Munn-Joseph & Gavin-Evans, 2008). Lin et al. (2023) further highlighted that in more individualistic societies, which are common in urban areas, parents of children with ASD are more likely to experience increased caregiver burnout due to a lack of social support. Since friends are not a dependable support system, intervention programs should focus on strengthening family support, such as actively involving fathers, grandparents, and other close relatives. Additionally, establishing formal support groups, like parent support networks, can help bridge the gap caused by limited peer connections (Pepperell et al., 2018). This approach ensures that families get consistent emotional and practical help needed for coping and caregiving.

Value of Children

Table 7 illustrates that from the maternal perspective, 60% of mothers regard their child with ASD as important and valuable, though not

the primary focus of their lives. Only 9.0% of mothers reported that their child provides a strong sense of life meaning, whereas 32.0% perceived the child's value as relatively low. In the psychological dimension, the majority of mothers (49%) categorized the child's value at a moderate level, with 26.2% placing it in the high category. In the social dimension, fewer than half (48.3%) of the mothers felt that their child with ASD motivated them to behave better, as they sought to become positive role models. However, in the economic dimension, a majority (76.6%) felt that their child with ASD did not hold substantial economic value. Only 2.8% of mothers perceived the economic value of the child to be very high, while 20.7% assessed it at a moderate level.

Table 7. Distribution based on the value of the children's dimension

Variable and Dimension	Low (<60)		Moderate (60-80)		High (>80)		Mean ± std
	n	%	n	%	n	%	
Value of Children	45	32.0	87	60.0	13	9.0	65.5 ± 11.3
Psychological	36	24.8	71	49.0	38	26.2	68.6 ± 15.0
Social	29	20.0	70	48.3	46	31.7	70.7 ± 14.2
Economic	111	76.6	30	20.7	4	2.8	43.1 ± 20.5

Parenting a child with autism presents a significant psychological challenge, often leading to long-term stress, especially after the initial diagnosis. Da Paz et al. (2018) highlighted three key aspects of parental adjustment acceptance, self-blame, and despair that heavily influence parents' well-being. Higher acceptance levels are associated with lower psychological distress, whereas self-blame and despair are linked to increased caregiving stress and poorer mental health. Despite these challenges, parents may also develop resilience, defined as the capacity to overcome adversity. As noted by Ghanouni and Eves (2023), resilience enables parents to manage ongoing stress and anxiety related to the lifelong nature of ASD, maintain family stability, and provide more effective support for their child.

The presence of a child with ASD profoundly affects family dynamics, often leading to increased marital conflict, strained sibling relationships, and economic stress. Mothers tend to prioritize the needs of their child with ASD, which can result in diminished attention toward spouses and other children, potentially contributing to marital dissatisfaction and higher divorce rates (Papadopoulos, 2021). Families play a critical role in fostering skill development and social integration for individuals with autism, which is essential for their successful transition to adulthood (Cage et al., 2018).

Caring for a child with ASD imposes a substantial financial burden, particularly on the education system, due to the high costs associated with special education services that are often underrecognized (Lavelle et al., 2019). Families caring for children with more severe ASD symptoms experience higher caregiving responsibilities and costs. As a result, financial assistance is essential due to the increased demand for therapy and care compared to families of typically developing children (Anthony et al., 2020; Ghanouni & Eves, 2023). The moderate levels of psychological and social challenges emphasize the need for interventions that support parental well-being and family dynamics. Meanwhile, the very low economic scores underline the urgency to enhance educational opportunities and skill development for children with ASD, aiming to improve their long-term economic independence and quality of life.

Correlation Analysis

As shown in Table 8, several significant relationships were identified between maternal characteristics and levels of religiosity, parenting styles, social support, and the value of the child. First, a significant negative correlation was observed between maternal educational status and the perceived value of the child (r = -0.171*), suggesting that higher maternal education is associated with a lower perception of the child's value. Second, monthly family income showed a significant negative correlation with religiosity levels (r = -0.189*), indicating that mothers with higher income tend to have lower levels of religiosity. Third, a positive and significant correlation was found between the number of children with ASD or other special needs in the household and parenting style (r = 0.191*), implying that a greater number of children with special needs is linked to a more complex and adaptive maternal parenting approach.

Meanwhile, regarding the characteristics of children with ASD, two notable correlations emerged with maternal religiosity and the perceived value of the child. Firstly, a significant positive association was observed between the child's educational attainment and the value assigned to them (r = 0.177*), indicating that higher educational levels in children with ASD correspond to more favorable maternal perceptions. Secondly, a significant negative correlation was found between the severity of the child's ASD and the mother's religiosity (r = -0.198*), suggesting that increased severity of the condition is linked to lower levels of maternal religiosity. Although several statistically significant correlations were identified, it is important to emphasize that the strength of these associations is relatively weak. All significant correlations found in this study had small effect sizes (r < 0.20), as categorized by Cohen (1988). This indicates that, while the relationships are present, their practical impact is limited.

Table 8. Results of the correlation test between maternal characteristics, children with ASD, and levels of religiosity, parenting styles, social support, and value of the children

Characteristics of mothers and children with ASD	Religiosity	Parenting Style	Social Support	Value of Children
Mother's education level	-0.003	-0.016	0.138	**-0.171***
Monthly family income	**-0.189***	-0.051	0.052	-0.139
Number of children with ASD/other special needs in the household	-0.099	**0.191***	-0.133	-0.111
Educational status of the ASD children	0.030	-0.035	0.109	**0.177***
Severity level of ASD	**-0.198***	0.042	0.009	0.029

Note: **Significant level 0.01; *Significant level 0.05....

The negative relationship between maternal education and the perceived value of children aligns with international research. For example, Altiere and Von Kluge (2009) and Gordillo et al. (2020) found that highly educated mothers tend to have higher expectations and greater awareness of developmental gaps compared to neurotypical children. In Indonesia's urban areas, such as Jabodetabek, mothers with higher education and economic status might face career opportunity costs and social pressures, which can impact how they perceive their child's value. This outlook presents a rational and individual-centered perspective, highlighting the child's

uniqueness instead of viewing the child mainly as an economic resource (Aycicegi-Dinn & Kagitcibasi, 2010). It is also connected to more realistic expectations about the limitations of children with ASD. Furthermore, a mother's education level is connected to involvement in religious and spiritual practices, which contribute to mental well-being (Daulay et al., 2025; Davis & Kiang, 2020). Economically, although mothers generally show high religiosity, it was found that those with higher incomes tend to have lower levels of religiosity. This suggests a shift toward pragmatism and dependence on material support instead of religiosity as a coping mechanism. In low-income families, religiosity appears more prominently as a coping strategy, helping to reduce parenting stress and reinforce unconditional love for the child (Sumiati & Dewi, 2021). Faciane (2015) also highlights that religious practices have a more positive effect on families with fewer resources.

The presence of more than one child requires mothers to implement more adaptive parenting strategies tailored to each child's condition. Although emotional and logistical burdens increase, mothers demonstrate enhanced resilience, parenting skills, and problem-solving abilities (Lu et al., 2021; Woodgate et al., 2008). The educational attainment of children with ASD is positively associated with the perceived significance of the child's value from the mother's perspective. Education is viewed as a critical factor in enhancing the child's autonomy and social integration, as well as serving as an indicator of social achievement (Bush et al., 2017; Taylor & Seltzer, 2012). Furthermore, adequate educational opportunities contribute to the development of the child's potential, which in turn can alleviate future economic burdens and improve overall quality of life (Shattuck et al., 2012). Conversely, a higher severity level of ASD tends to reduce the intensity of maternal religiosity. The heavy caregiving burden shifts mothers' focus from spiritual aspects to daily practical needs, even causing frustration that disrupts spiritual well-being (Phetrasuwan & Miles, 2009).

The analysis presented in Table 9 reveals that maternal religiosity is significantly and positively correlated with both social support ($r = 0.361^{**}$) and the value of children ($r = 0.277^{**}$). These findings suggest that higher levels of maternal religiosity are associated with increased social support and a more favorable perception of the value of children with ASD. Additionally, social support is also significantly positively correlated with the value of children ($r = 0.279^{**}$), indicating that greater social support corresponds with more positive maternal perceptions of their child. However, parenting style did not demonstrate any significant correlations with the other variables.

Table 9. Results of the correlation test among the variables

Variable	Religiosity	Parenting Style	Social Support	Value of Children
Religiosity	1.000	-0.055	**0.361****	**0.277****
Parenting style		1.000	-0,115	0.019
Social support			1.000	**0.279****
Value of children				1.000
Note: **Significant at the level 0,01; *Significant at the level 0,05.				

The analysis suggests that higher maternal religiosity is positively linked to increased perceived social support and more favorable evaluations of the value of children with ASD. Religiosity serves as a source of inner peace and hope, helping mothers cope with the pressures

of caregiving. Desiningrum et al. (2020) stated that religious resources can alleviate the psychological burden of raising children with special needs, while Halki et al. (2024) emphasized the importance of social support and spirituality in reducing parental burnout. The social support received by mothers, emotional, instrumental, and informational, particularly from family and community, also strengthens psychological resilience and improves the mother–child relationship. This supports the perception of the child as a valuable individual rather than merely a burden. Sarwar et al. (2022) found that social support enhances maternal well-being by strengthening psychological capital and demonstrated that adequate support contributes to subjective well-being and greater appreciation of a child's value.

The education of children with ASD is a vital concern due to its far-reaching impact on both individual development and broader social inclusion. High-quality inclusive education enhances functional abilities of children with ASD, open pathways to decent employment, and promotes integration into society, all of which contribute to collectively elevating how these children are perceived within their families and communities (Olusanya et al., 2022; WHO, 2023). Education for children with ASD extends beyond academic instruction. It also encompasses the development of communication skills, social interaction, behavioral regulation, autonomy, and recreational engagement. According to the Autism Society (2023), ensuring optimal educational outcomes for children with ASD requires collaboration with professionals who are specifically trained in autism support and intervention.

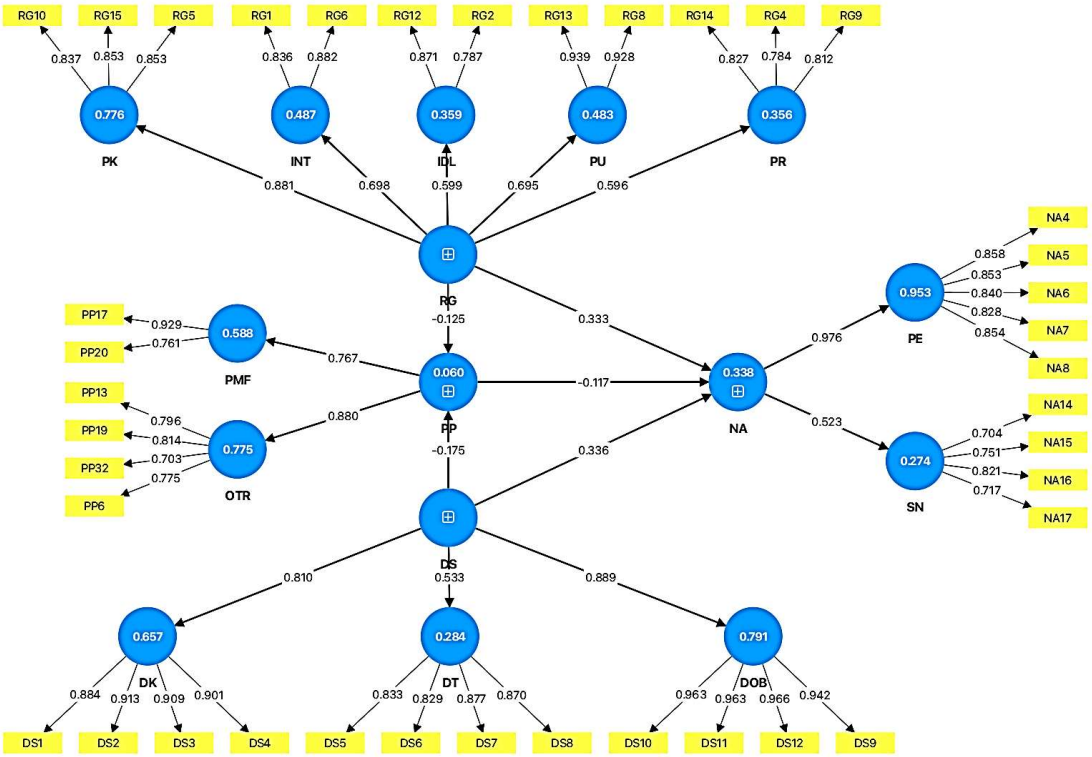
Inclusive education, in particular, offers well-documented advantages. It mitigates stigma and encourages mutual respect between children with and without autism, fostering a classroom environment conducive to empathy and positive peer relationships (Petersson-Bloom & Holmqvist, 2022; Segall & Campbell, 2012). Inclusive education plays a critical role in promoting the developmental outcomes and social well-being of children with Autism Spectrum Disorder (ASD). Personalized educational strategies within inclusive settings have been shown to enhance self-confidence and empower autistic children by fostering a sense of belonging and inclusion (Bolourian et al., 2019). Moreover, research indicates that inclusive classrooms benefit both autistic and neurotypical students by encouraging mutual understanding and improving social skills through shared learning experiences in structured, supportive environments (Odom et al., 2021).

However, despite these advantages, existing training programs for school administrators remain inadequate in equipping educators with the necessary knowledge to understand the behaviors of students with ASD and implement inclusive practices effectively (Bolourian et al., 2019). To address this gap, it is recommended that assistive technologies be integrated as complementary tools within inclusive education systems. Xanthopoulou et al. (2019) categorize these technologies into three main types diagnostic tools, intervention tools, and general mobile applications each designed to support specific developmental areas. These technologies can support educators and learners by enhancing individualized instruction and facilitating early diagnosis and intervention. In conclusion, a well-structured and responsive inclusive education system not only advances the personal development and self-worth of children with ASD but also contributes to building a more empathetic and socially inclusive society.

Structural Equation Modeling Analysis

The measurement model was assessed for convergent validity, internal consistency reliability, and discriminant validity. Convergent validity was evaluated based on outer loadings, with a threshold of 0.70 (Hair et al., 2021). Indicators

below this threshold were removed to improve reliability. The final model met recommended standards, with revised outer loadings shown in Figure 2.



Description:

RG: Religiosity
INT: Intellectual
IDL: Ideology
PU : General Practice
PR: Personal Practice
PK: Religious Experience

PP: Parenting Style
PMF: Permissive
OTR: Authoritative

DS: Social Support
DK: Family Support
DT: Friend Support
DOB: Significant Other

NA: Child's Values
PE : Psychologi Emotional
SN: Social Normative

Figure 2. Final model and outer loading calculation

Two dimensions authoritative (loading = -0.342) and economic-utilitarian (loading = 0.235) did not meet validity criteria and were excluded from the model to preserve construct validity and reliability. As shown in Table 10, the remaining dimensions demonstrated acceptable contributions, with outer loadings exceeding 0.5, indicating adequate representation of their respective constructs.

Table 11 represents all constructs that met the criteria for reliability and validity. Composite reliability values exceeded 0.70, confirming

Table 10. Dimension contribution

Variabel	Outer Loading
Intellectual dimension → level of religiosity	0.698
Ideological dimension → level of religiosity	0.599
Public practice dimension → level of religiosity	0.695
Private practice dimension → level of religiosity	0.596

Religious experience dimension → level of religiosity	0.881
Authoritarian dimension → parenting style	0.880
Permissive dimension → parenting style	0.767
Family dimension → social support	0.810
Friends dimension → social support	0.533
Significant others dimension → social support	0.889
Psychological-emotional dimension → value of the child	0.976
Social-normative dimension → value of the child	0.523

internal consistency, while AVE values were above 0.50, supporting convergent validity. Discriminant validity was also established, with all HTMT values below the 0.85 threshold, indicating clear conceptual distinctions among constructs.

The results of the structural model evaluation (Table 12) indicate that the model has weak to moderate predictive power, with an R^2 value of 0.060 for parenting style (weak) and 0.338 for child value (moderate). This indicates that the model explains the variance in the value of children more effective than in parenting style.

Table 11. Results of reliability and convergent validity testing

Latent Variables	Cronbach's alpha	Composite reliability	Composite reliability	Average variance extracted (AVE)
Social support	0.901	0.918	0.920	0.521
Value of children	0.784	0.849	0.852	0.519
Parenting style	0.695	0.696	0.831	0.621
Religiosity	0.751	0.755	0.834	0.502

Table 13 shows that the path coefficients were tested using the bootstrapping procedure. Most paths in the model show statistically significant relationships. The dimensions forming the constructs were also proven valid with substantial contributions. However, two paths were found to be insignificant: parenting style to value of children ($p = 0.109$) and religiosity to parenting style ($p = 0.252$), indicating that these relationships are not strong enough in this model.

Table 12. Coefficient of determination (R^2) values

Variables	R^2	Level of explanatory power
Parenting style	0.060	Low
Value of children	0.338	Moderate

Table 13. Bootstrapping output values

Path Coefficient	O sample	Mean	St. dev	T statistics	P values
Social support → family	0.810	0.809	0.052	15.668**	0.000
Social support → significant others	0.889	0.892	0.018	49.613**	0.000
Social support → friends	0.533	0.530	0.095	5.629**	0.000
Social support → child value	0.336	0.337	0.071	4.737**	0.000
Social support → parenting style	-0.175	-0.176	0.089	1.972*	0.049

Child value → psychological	0.976	0.976	0.004	248.740**	0.000
Child value → social	0.523	0.534	0.067	7.828*	0.000
Parenting style → child value	-0.117	-0.117	0.073	1.603	0.109
Parenting style → authoritarian	0.880	0.882	0.015	59.839**	0.000
Parenting style → permissive	0.767	0.769	0.031	24.949**	0.000
Religiosity → ideology	0.599	0.599	0.074	8.127**	0.000
Religiosity → intellectual	0.698	0.698	0.054	12.808**	0.000
Religiosity → child value	0.333	0.330	0.066	5.035**	0.000
Religiosity → parenting style	-0.125	-0.119	0.109	1.145	0.252
Religiosity → religious practice	0.881	0.879	0.030	28.880**	0.000
Religiosity → personal practice	0.596	0.599	0.069	8.609**	0.000
Religiosity → general practice	0.695	0.698	0.058	12.082**	0.000
Note: **Significant at the level 0.01; *Significant at the level 0.05. ...					

As presented in Table 14, out of five hypotheses tested, three were supported by the data: (1) religiosity significantly influences the value of children, (2) social support significantly influences parenting style, but very close to the limit, and (3) social support significantly influences the value of children. However, the hypotheses regarding the influence of religiosity on parenting style and the influence of parenting style on child value were not supported.

Table 14. Results of direct effect hypothesis testing among variables

Direction of Influence	Path Coefficient	t-value	p-value	Conclusion	Notes
Religiosity → Parenting Style	-0.125	1.145	0.252	Not significant	H1 rejected
Religiosity → Child Value	0.333	5.035**	0.000	Significant	H2 accepted
Social Support → Parenting Style	-0.175	1.972*	0.049	Significant	H3 accepted
Social Support → Child Value	0.336	4.737**	0.000	Significant	H4 accepted
Parenting Style → Child Value	-0.117	1.603	0.109	Not significant	H5 rejected
Note: **Significant at the level 0.01; *Significant at the level 0.05. ...					

Table 15 shows the results of the indirect effect analysis, revealing that parenting style does not significantly mediate the relationship between religiosity and perceived child value, nor between social support and perceived child value. This implies that, within the examined model, the effects of religiosity and social support on perceived child value are not transmitted through parenting style.

Table 15. Indirect effect analysis results between variables

Pathway	Path Coefficient	t-value	p-value	Conclusion
Religiosity → Parenting Style → Value of Children	0.015	0.842	0.400	Not significant
Social Support → Parenting Style → Value of Children	0.020	1.132	0.258	Not significant
Note: **Significant at the level 0.01; *Significant at the level 0.05. ...				

The analysis of the influence test revealed three significant relationships. First, religiosity positively influences mothers' perception of the value of children with ASD. This finding is supported by White (2009) and Davis and Kiang (2020), who identify religiosity as a protective factor that reduces stress and enhances parental well-being. Shokouhi-Tabar et al. (2025) further assert that parental acceptance of the child's condition, influenced by spiritual values, fosters greater sensitivity and harmony within the family. Higgins et al. (2023) also emphasize that positive parental perceptions facilitate family adaptation and strengthen the value attributed to the child. Supporting this, Dey and Wiafe-Akenteng (2021) demonstrated that spirituality, mediated by resilience, indirectly influenced life satisfaction and affective outcomes, with higher spirituality predicting greater resilience and improved well-being.

Second, social support has been shown to influence the perceived value of children positively. Grothus (2015) identified social support, along with positive coping strategies and religiosity, as key protective factors contributing to family resilience among parents of children with ASD. Planning, reflection, and active coping differentiated high from low resilience, while behavioral disengagement and distraction emerged as risk factors. Similarly, Sarwar et al. (2022) reported a significant direct relationship between social support, psychological capital, life satisfaction, and perceived stress. Informal social support was found to enhance various dimensions of maternal well-being by fostering psychological resources, thereby promoting a more positive perception of their children. Khusaifan and El Keshky (2021), social support plays a vital role as a protective factor for parents of children with ASD. In the Indonesian context, Riany, Cuskelly, and Meredith (2019) found that parents who received strong support from their social environment, such as family, friends, and the broader community, were better equipped to manage daily parenting challenges and overall caregiving demands.

Regarding parenting style, no significant relationship or influence on other variables was found. This suggests that parenting strategies for children with ASD are highly contextual. A cross-cultural study by Ozturk et al. (2014) similarly found that while factors such as ASD severity and social support impact parenting stress, parents' social parenting styles are not directly affected. This phenomenon aligns with Kagitcibasi's family change theory, particularly the psychological/emotional interdependence model, which posits that families in urban areas with higher educational backgrounds tend to prioritize emotional closeness in parent-child relationships over economic dependence (Kagitcibasi, 2002, 2015, 2017). This reflects a shift in modern family values, where child autonomy is valued alongside the maintenance of emotional bonds as the core of parenting, especially in the context of raising children with special needs such as ASD.

Research Limitations

There are several limitations to this study that need to be recognized. Primarily, the cross-sectional design restricts the ability to determine causal relationships between the variables, such as religiosity, parenting style, social support, and the perceived value of children. Future research employing longitudinal or qualitative methods is recommended to explore these relationships more deeply. Second, the use of online data collection via Google Forms may have introduced selection bias, favoring participants with adequate digital access and higher education levels. This limits the generalizability of the findings to more diverse populations. Third, geographically, all respondents were from the Jabodetabek area, so the findings cannot yet be generalized to mothers of children with ASD in other regions of Indonesia. Respondents were predominantly

mothers from middle to upper socioeconomic backgrounds with higher education levels, which may affect the results and do not reflect the socioeconomic diversity of the broader population. The relatively homogeneous characteristics of respondents in terms of marital status and family structure also limit the variability of the findings across broader Indonesian contexts.

CONCLUSION

The findings indicate that millennial mothers with higher education and income levels tend to possess a more informed understanding of ASD and employ more effective parenting strategies. Generally, mothers exhibit high levels of religiosity, particularly in private religious practices, while authoritative parenting emerges as the most dominant pattern, despite overall parenting scores remaining low. Social support is reported at a moderate level, with family serving as the primary source. Correlation analysis demonstrates a nuanced relationship among education, religiosity, social support, and the value of the children. Maternal education level is negatively associated with the value of the children, possibly reflecting a more rational and individualistic approach among highly educated mothers. In contrast, the child's educational attainment is positively correlated with the value of the children, often regarded as a symbol of hope and a marker of autonomy and future potential. Additionally, maternal religiosity and appropriate social support contribute positively to shaping a favorable maternal perception of children with ASD, thereby encouraging greater engagement in their development and education.

The results of both SEM and multiple regression analyses consistently identified religiosity and social support as significant factors influencing the value of the children. This reinforces the notion that these two variables serve as essential foundations in shaping maternal perceptions of children with ASD and may represent strategic points of intervention within the context of inclusive education.

The findings of this study underscore the importance of a cross-sectoral approach to supporting families, particularly mothers of children with ASD. Strengthening community-based religiosity through inclusive spiritual programs can provide essential psychological and social support, reduce stigma, offer spiritual guidance, and create safe spaces for families with children on the spectrum. Social support must also be expanded by involving fathers, grandparents, and extended family members, as well as by establishing formal parent support groups that serve as platforms for mutual empowerment, especially for mothers who often serve as the primary caregivers. Collaboration among communities, NGOs, professionals, and government bodies is crucial in building a sustainable and inclusive support system that actively embraces and empowers mothers of children with ASD.

The expansion of inclusive education and economic empowerment can be achieved through teacher training, ASD-friendly facilities, and the development of practical skills for both parents and children, supported by educational institutions, local governments, and the private sector. Strengthening the ASD data system is also a critical priority. The structured implementation of early detection and screening should involve community health posts (Posyandu), primary health centers (Puskesmas), and inter-ministerial coordination. A robust and integrated data system would allow interventions to be more targeted, equitable, and accessible across all social strata from an early age. Future research is encouraged to broaden its geographical and socioeconomic scope to ensure more comprehensive representation. The use of longitudinal research designs is also recommended to understand better the dynamic relationships among education, religiosity, social support, and parenting outcomes over time.

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