

RESILIENCE OF MUSLIM FAMILIES IN THE DYNAMICS OF CARING FOR CHILDREN WITH SPECIAL NEEDS: A CASE STUDY OF A 17-YEAR-OLD GIRL

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Abstract

Hearing impairment in Indonesian adolescents poses significant developmental challenges, including socio-emotional difficulties and risks of cognitive delay, which are exacerbated by limited early interventions and cultural stigma. This qualitative single-case study examines the lived experiences of Suci Cahaya, a 17-year-old female high school student with hearing impairment, with a specific focus on family parenting dynamics, socio-emotional challenges, and religious coping strategies within an Islamic context. Data were collected through in-depth semi-structured interviews, and credibility was strengthened through triangulation of information across sources and perspectives. The findings show a marked shift from Suci's outgoing childhood to adolescent introversion, precipitated by bullying and communication barriers, yet concurrently buffered by collaborative parenting—her mother's patient, repetitive guidance and her father's active advocacy—alongside supportive community engagement. Religious values, including sincerity, *sabar* (patience), and viewing disability as *amanah* (divine trust), fortified family resilience, reframed caregiving as spiritual worship, and helped reduce psychological distress. The study concludes that

culturally embedded, faith-informed parenting and community support can foster adaptive coping and resilience among adolescents with hearing impairment in Indonesian Muslim families, offering critical insights for the design of inclusive education, family-centered interventions, and faith-integrated policies.

Keywords: Hearing Impairment; Adolescent Development; Parenting Strategies; Religious Coping; Family Resilience

INTRODUCTION

Hearing impairment represents a prevalent sensory disability with profound long-term consequences on individuals' developmental trajectories, particularly when onset occurs in early childhood (Romadhani et al. 2025). Globally, the World Health Organization (2021) estimates that over 466 million people live with disabling hearing loss, with children comprising a significant proportion at risk for cascading developmental deficits. Hearing serves as a foundational mechanism for language acquisition, cognitive conceptualization, social interaction, and emotional regulation (Masniar et al. 2025). Disruptions in auditory processing impair phonological awareness, leading to speech delays, cognitive lags, academic underachievement, and psychosocial challenges that persist into adolescence and adulthood (Nasution, Feriyanti, and Hasibuan 2025). These effects underscore the urgency of early intervention to mitigate lifelong vulnerabilities.

Adolescence amplifies these challenges, marking a critical developmental phase characterized by identity formation, self-concept development, and heightened needs for social acceptance (Umar and Masnawati 2024). Drawing from Erikson's psychosocial stages, adolescents with hearing impairment navigate not only universal biological and psychological transitions but also unique barriers such as communication breakdowns and social isolation (Auliya and Setiyowati 2024). Empirical studies reveal elevated risks of low self-esteem, peer rejection, bullying, and mental health disorders like anxiety and depression among this group, often exacerbated by inadequate accommodations in educational settings (Ziyan and Kadri 2025). Thus, adolescence emerges as a pivotal window where unmet needs can entrench disadvantage or, conversely, foster resilience through targeted support.

In Indonesia, the issue of hearing impairment among children and adolescents demands urgent attention amid rising prevalence rates. The Indonesian Ministry of Health

(2022) reports that children under five exhibit hearing deficits, yet late detection—often post-toddlerhood—compounds the problem due to limited screening infrastructure and rural-urban disparities. Barriers include insufficient inclusive education services, fragmented healthcare access, and pervasive societal misconceptions about sensory disabilities, which delay interventions and perpetuate marginalization (Soares Linn 2025). Families frequently recognize developmental delays only upon school entry, when speech and communication gaps become evident, highlighting systemic gaps in neonatal and preschool screening protocols.

Families play a central role in buffering these adversities, acting as the primary ecosystem in Bronfenbrenner's bioecological model of human development (Zahra et al. 2024). Parental acceptance, nurturing parenting styles, intra-family cohesion, and consistent emotional support demonstrably enhance children's psychological well-being and family resilience. Beyond caregiving, parents function as lead educators, emotional anchors, and advocates, navigating school systems and social environments on behalf of their children (Salsabillah and Selian 2025). Longitudinal evidence indicates that authoritative parenting—balancing warmth with structure—correlates with improved adaptive outcomes, including better language proficiency via sign language or cochlear implants.

Beyond the family microsystem, broader social environments—peers, neighbors, and schools—profoundly shape adolescent development for those with special needs (Chantika et al. 2024). Supportive milieus foster inclusion, self-efficacy, and social competence, whereas hostile ones precipitate chronic stress, withdrawal, and trauma from bullying (Nabilla and Desmon 2022). In Indonesian contexts, cultural emphases on collectivism can either amplify stigma through gossip or promote communal aid, depending on community awareness levels. Schools with inclusive policies, such as trained educators and assistive technologies, emerge as key mediators, yet resource shortages often hinder their efficacy.

Religious and spiritual dimensions further fortify family coping mechanisms, particularly in Indonesia's predominantly Muslim society. Faith-based resources—such as *ikhlas* (sincere acceptance), *tawakal* (trust in divine will), and viewing disability as an *amanah* (divine trust)—provide profound psychological buffers (Rindianingrum et al. 2025). Studies grounded in Pargament's religious coping theory demonstrate that positive spiritual practices reduce parental stress, enhance life meaning, and cultivate patience, leading to sustained

caregiving commitment. Islamic teachings on compassion and community solidarity also encourage extended family and religious networks to offer practical and emotional aid.

Despite growing literature, significant gaps persist in understanding the interplay of family dynamics, social challenges, and religious strategies for Indonesian adolescents with hearing impairment. Quantitative studies dominate, often overlooking nuanced, context-specific experiences, while qualitative case studies remain scarce, limiting insights into adaptive processes within culturally embedded families. This oversight impedes the formulation of tailored interventions that integrate Indonesia's unique socio-religious fabric.

Addressing these voids, the present study employs an in-depth case analysis of Suci Cahaya, a 17-year-old Class XI high school student with congenital hearing impairment. Utilizing a single-case study design informed by Yin (2018), it examines Suci's developmental profile, family parenting dynamics, socio-emotional hurdles, and parental adaptive-religious strategies. This research aims to yield empirical and practical contributions, enriching scholarly discourse on rearing adolescents with hearing impairment in Indonesian family and cultural contexts. By illuminating resilient pathways, it informs policymakers, educators, and clinicians on how to foster inclusive ecosystems.

METHODS

This study adopted a qualitative approach through a single-case study design, aligned with Kusumastuti and Khoiron's (2021) framework for exploratory, context-bound investigations. Qualitative methodology was selected to enable an in-depth exploration of Suci Cahaya's lived experiences as a 17-year-old adolescent with congenital hearing impairment, focusing on familial dynamics, socio-emotional challenges, and religious coping strategies within her Indonesian cultural context. The single-case holistic design facilitated a comprehensive, idiographic portrayal of the subject's developmental trajectory, family interactions, and adaptive mechanisms, capturing real-world complexities that quantitative methods might overlook (Rosidah et al. 2023). This approach suits the study's idiographic aim: to illuminate nuanced processes rather than generalize findings.

The participant, Suci Cahaya (pseudonym), is a 17-year-old female adolescent enrolled in Class XI at a public senior high school. Suci was diagnosed with profound bilateral hearing loss, confirmed via audiometry, and relies on Indonesian Sign Language (BISINDO) as her primary communication mode, supplemented by lip-reading and written text; she does

not use hearing aids or cochlear implants due to family resource constraints. Selection criteria included: (1) confirmed hearing impairment (moderate-to-profound), (2) adolescent age, (3) residence in an urban Indonesian setting with access to inclusive education, and (4) willingness for prolonged engagement. Suci was purposively sampled through referrals from a local special needs education center, ensuring data that were information-rich. Data collection occurred in natural settings: her family home, school, and a community mosque.

Triangulation across multiple data sources was employed to enhance depth and credibility (Yusuf 2016). Primary methods included: First, In-depth semi-structured interviews. Interview guides probed developmental history, parenting practices, social encounters, and religious coping, with probes for elaboration. Second, participant observation: 20 hours of non-participant observation across family meals, school activities, and spiritual gatherings, documented via field notes capturing verbal/non-verbal interactions and environmental influences.

Data were analyzed iteratively using thematic analysis. The process unfolded in six phases: (1) familiarization through repeated reading/transcription; (2) inductive coding of initial patterns; (3) theme generation (e.g., "religious resilience," "social stigma"); (4) review and refinement against raw data; (5) theme definition with illustrative excerpts; and (6) interpretation within ecological framework. Within-case analysis prioritized Suci's holistic narrative, with cross-theme mapping to reveal interconnections.

RESULTS

Interview and observational data revealed that Suci Cahaya experiences profound bilateral hearing impairment, significantly influencing her developmental processes. This impairment directly compromises her speech production and reading proficiency; to date, Suci demonstrates hesitant reading fluency and imprecise word articulation. Consequently, she requires additional time to process information, as evidenced in both academic tasks at school and daily household communication.

Suci's auditory limitations further impede cognitive processing speed and efficiency. In observed instances, she struggled to comprehend verbal instructions, necessitating repetitions and simplified explanations from parents. These findings align with established literature indicating that untreated or suboptimally supported hearing impairment in children and adolescents disrupts language acquisition and cognitive development (Watkin et al. 2007).

Dynamics of Parenting in the Family

The research findings highlight the pivotal role of Suci's parents in fostering her overall development, particularly given her hearing impairment. Both her father and mother collaboratively share child-rearing responsibilities, offering mutual assistance, emotional support, and constructive feedback when addressing challenges related to Suci's condition. Initially, the father experienced profound sadness upon discovering Suci's hearing impairment at the age of four, a delayed realization that intensified the emotional shock. However, over time, both parents demonstrated remarkable resilience, embracing the situation with patience, sincerity, and a proactive mindset, which aligns with studies on adaptive parenting in cases of childhood disabilities (Vidyasari and Wilani 2025).

The mother assumes a particularly dominant role in Suci's everyday life, extending beyond mere caregiving to become a steadfast emotional companion who intuitively understands and addresses the child's unique needs. This involvement includes constant monitoring of Suci's emotional well-being, ensuring that her hearing challenges do not lead to isolation or frustration. For instance, the mother regularly takes Suci for evening walks to alleviate boredom and stress from prolonged indoor confinement, a strategy proven effective in promoting relaxation and comfort. Such practices not only mitigate immediate emotional distress but also build long-term emotional resilience, as evidenced by improved child mood stability in similar intervention studies (Waugh and Ernst H.W. Koster 2015).

Complementing the mother's efforts, the father provides essential support by actively participating in problem-solving and decision-making, gradually shifting from initial grief to empowered involvement. His contributions include practical support with therapeutic activities and advocacy for Suci's needs in external environments, such as medical appointments and educational settings. Shared dynamics foster a balanced family system, where the father's evolving acceptance reinforces the mother's primary role, creating a nurturing ecosystem that enhances Suci's social and cognitive growth despite her auditory limitations.

Overall, the parents' collaborative and adaptive approach yields significant positive outcomes for Suci's development, underscoring the importance of familial resilience in disability management. Their strategies—ranging from emotional companionship to routine-based interventions—demonstrate how tailored parental involvement can transform potential adversities into opportunities for holistic child progress. These findings

have broader implications for family-centered interventions in pediatric care, emphasizing the need for support programs that empower parents to sustain such roles over time (Berger and Font 2019).

Emotional and Social Aspects

Observational data reveal notable transformations in Suci's social and emotional development as she progressed from childhood to adolescence. During her early childhood years, Suci exhibited an outgoing personality, readily engaging in play with peers and displaying openness that facilitated positive social interactions. This phase was characterized by curiosity and enthusiasm, allowing her to form initial friendships despite her hearing impairment. Such early sociability aligns with developmental theories positing that young children often compensate for physical challenges through heightened interpersonal engagement (Cantor et al. 2021).

As Suci entered adolescence, her demeanor shifted markedly toward introversion, becoming quieter, more reserved, and shy in social settings. She increasingly preferred spending time at home with family rather than interacting with peers, a pattern suggesting a retreat from external social demands. This change may stem from the heightened self-awareness typical of teenage years, compounded by her auditory challenges, which could amplify feelings of vulnerability in group environments (Chappell 2023). Consequently, Suci's social circle narrowed, prioritizing familial bonds as a haven.

A significant factor influencing this emotional trajectory was Suci's distressing encounter with bullying from a close friend, which inflicted deep psychological wounds. This incident heightened her sensitivity, making her prone to stress and withdrawal in social contexts, as she internalized fears of rejection or mockery. The emotional fallout manifested in heightened anxiety during peer interactions, underscoring how adverse experiences can exacerbate developmental vulnerabilities in children with disabilities. Research on bullying victims highlights such events as catalysts for long-term introversion and eroded self-esteem (Pradani 2025).

Despite these challenges, robust support from the surrounding community played a crucial role in mitigating their effects. Caring neighbors provided encouragement and practical assistance to Suci and her family, fostering a sense of belonging and normalcy. This external validation helped alleviate the family's psychological burden, reinforcing their

resilience and enabling Suci to navigate her emotional hurdles more effectively. Social support networks, as evidenced in family resilience studies, act as buffers against isolation, promoting emotional recovery and sustained well-being (Ichsan 2020).

In summary, Suci's journey illustrates the dynamic interplay between personal challenges, relational traumas, and protective factors in shaping socio-emotional growth. While adolescence brought introversion and sensitivity, community backing transformed potential despair into adaptive strength. These observations emphasize the value of early intervention and ongoing social scaffolding for children with disabilities, offering lessons for educators and policymakers on cultivating inclusive environments that nurture holistic development (Efthymiou and Katsarou 2024).

DISCUSSION

Religious Values and Spiritual Meaning in Parenting

Religious aspects emerge as a primary pillar of strength within Suci's family, profoundly shaping their resilience and daily practices. Interview findings reveal that Suci maintains a consistent habit of reciting the Quran (*mengaji*) and demonstrates commendable religious conduct, seamlessly integrating her faith into her routine despite her hearing impairment. This personal piety not only fosters her spiritual growth but also mirrors the family's overarching commitment to Islamic values, providing a foundational framework for coping with challenges.

For Suci's mother, nurturing and raising her child transcends mere parental duty; it embodies an act of worship (*ibadah*) and a divine trust (*amanah*) from Allah SWT. She interprets this role as a pathway to spiritual closeness with God, while simultaneously serving as a training ground for cultivating patience (*sabar*) and sincerity (*ikhlas*). This theological framing transforms everyday caregiving into a sacred endeavor, infusing routine tasks with profound purpose and elevating the mother's experiences amid Suci's special needs.

The mother's genuine acceptance and lack of rejection enable her to embrace her role as a parent of a child with special needs wholeheartedly. This *ikhlas* mindset serves as an inner spiritual reservoir, sustaining gratitude and endurance against various trials, from medical hurdles to emotional strains. By reframing difficulties through a lens of faith, she

maintains emotional equilibrium, preventing burnout and promoting sustained family harmony.

This religious coping mechanism aligns closely with Alshehri's framework, which posits that religiosity equips individuals to confront life's stressors by imbuing hardships with positive meaning (Alshehri 2022). In Suci's family, faith acts as a psychological buffer, enhancing adaptive capacity and overall well-being. These insights underscore the therapeutic potential of religious practices in disability contexts, suggesting avenues for faith-integrated support programs in family counseling and special needs education (Muna and Ichsan 2022).

Parenting Patterns and Adaptive Strategies

In Suci's daily caregiving routines, her mother employs specialized approaches meticulously adapted to the child's hearing impairment. A key strategy involves setting firm limits on smartphone usage to prevent over-reliance on digital devices, which could hinder interpersonal and cognitive development. Instead, the mother prioritizes direct, hands-on guidance, patiently repeating instructions during learning and communication activities. This methodical repetition ensures comprehension, fostering gradual mastery of skills in a supportive environment (Taylor 2025).

The mother's guidance stands out for its deliberate slowness and persistence, particularly in educational tasks where Suci's auditory challenges demand extra reinforcement. For instance, she breaks complex instructions into simple, visual, and tactile steps, repeating them as needed without becoming frustrated. This patient scaffolding not only builds Suci's confidence but also enhances her language acquisition and problem-solving abilities, aligning with evidence-based practices for children with hearing disabilities.

When Suci expresses desires, she occasionally displays signs of emotional pressure, insisting on immediate fulfillment in a manner reminiscent of distress. The mother responds with empathetic understanding, first validating Suci's feelings to de-escalate tension, then gently redirecting her toward self-regulation. Through consistent modeling and reinforcement, this approach teaches delayed gratification and emotional control, transforming potential tantrums into opportunities for growth. Such responsive parenting prevents escalation while building resilience (Padayichie 2019).

Overall, this attentive and patient parenting style exemplifies responsive caregiving tailored to special needs, balancing warmth with structure. It reflects the core principles of attachment theory, which hold that sensitivity to the child's cues promotes secure emotional bonds and adaptive behaviors. By addressing both practical and affective needs, the mother's methods create a nurturing framework that mitigates the impacts of Suci's limitations.

In summation, the research underscores that despite Suci's hearing-related constraints, robust family support, a compassionate social environment, and strong religious values serve as primary enablers of her daily functioning and developmental progress. These interconnected factors—familial dedication, community empathy, and spiritual fortitude—collectively buffer challenges, promoting holistic well-being and underscoring the efficacy of multifaceted support systems in special needs contexts.

CONCLUSION

This study illuminates the resilient developmental trajectory of Suci Cahaya, a 17-year-old Indonesian adolescent with profound congenital hearing impairment, through a holistic single-case analysis embedded in her familial, social, and religious contexts. Despite auditory limitations impeding speech, reading, and cognitive processing, Suci's progress is profoundly bolstered by collaborative parental dynamics—marked by the mother's empathetic companionship and the father's evolving advocacy—alongside adaptive strategies like patient repetition, smartphone limits, and emotional validation, which foster socio-emotional growth amid adolescent introversion and bullying trauma. Community support and Islamic spiritual resources, including *ikhlas*, *sabar*, and viewing disability as divine *amanah*, further enhance family coping, aligning with bioecological and religious coping theories to transform adversities into pathways of resilience. These findings underscore the critical interplay of culturally attuned family microsystems and faith-based buffers in mitigating developmental deficits for hearing-impaired youth in Indonesia, advocating for integrated interventions that empower parents, inclusive schooling, and faith-sensitive policies to cultivate equitable, holistic outcomes.

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