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Parenting Education for Understanding and Supporting Children with Disabilities in Mekarwangi Village

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Abstract

This community-service article documents a single parenting education session on inclusive support for children with disabilities at PAUD As-Saadah in Mekarwangi Village. The activity responded to parenting information needs identified by the student community-service (KKN) team, particularly concerning children's self-care skills and educational options. An educational and participatory format combined six short learning topics with a discussion and question-and-answer session. The content addressed disability and environmental barriers, types of disability, developmental signs requiring professional assessment, schooling options, home-based self-care guidance, and the prevention of stigma and bullying. The implementation account records parents' participation in discussion and the range of information presented. The report offers a context-specific account of a village-based parenting education activity and identifies simple follow-up evaluation and family mentoring as priorities.

Keywords: children with disabilities, family caregiving, inclusive education, parenting education, self-care skills

Introduction

Every child is entitled to education and support that take individual abilities and circumstances into account. In Indonesia, Law No. 20 of 2003 on the National Education System establishes the right to education, including special education for citizens with relevant needs (Republik Indonesia, 2003). Yet formal recognition does not remove barriers to participation. Inadequate services, inaccessible environments and negative attitudes can restrict educational experiences for children with disabilities (Maharani et al., 2025; Nursholichah et al., 2024). This creates a practical need for families and educational institutions to work together.

Inclusive education requires attention to both learning support and the environment in which children develop. The term "children with special needs" is widely used in Indonesian educational settings to describe children requiring adapted services, while "children with disabilities" emphasizes disability as an interaction between individual conditions and social or environmental barriers. These terms are not fully interchangeable. This article primarily uses "children with disabilities", while retaining "special needs" when discussing the

language used in cited Indonesian studies or the original program theme (Aiyuning, 2026; Qistan & Swandi, 2024).

Parents and caregivers are central to children's daily learning, communication, self-care and social participation. Practical support may include breaking everyday tasks into manageable steps, allowing opportunities to try a skill independently and adapting assistance to a child's capacities (Haq et al., 2023; Iskandar & Zahrani, 2025). Family-based support should begin with caregivers' existing knowledge and routines, not an assumption that parents lack motivation or ability. Literature on parenting stress and family involvement shows that caregivers actively seek solutions and adapt to their circumstances, even when resources and accessible information are limited (Sari & Susilawati, 2024).

The student community-service program (Kuliah Kerja Nyata, KKN) in Mekarwangi Village identified a practical need for clearer parenting information, particularly on understanding disability, supporting self-care and identifying suitable educational pathways. This concern formed the local rationale for an educational meeting at PAUD As-Saadah.

The topics selected for the session reflect research supporting parent education, family-centred assistance and parental participation in inclusive schooling (Balqis et al., 2022; Kadim & Hendriani, 2025; Musendo et al., 2023). Instead of attempting to deliver a therapeutic intervention, the program assembled a six-topic orientation that connected general disability information to everyday parenting decisions. This local combination of school-choice information, developmental awareness, self-care guidance and anti-stigma messages is the practical contribution documented here; no new validated module or measured intervention effect is claimed.

The purpose of this article is to describe how the parenting education session was prepared and delivered, what content was presented and what forms of interaction were reported. It also examines the limits of the available evidence and proposes feasible steps for follow-up education and evaluation.

Method

Setting, Participants, and Approach

This community service activity adopted an educational and participatory approach to strengthen parental understanding of children with disabilities. The program was conducted at PAUD As-Saadah, an early childhood education centre in Mekarwangi Village, as part of the student community service program (Kuliah Kerja Nyata, KKN). Participants were parents associated with the educational institution who attended the parenting education session. The activity emphasized the delivery of practical information and encouraged participants to discuss parenting experiences and challenges encountered in supporting children's development..

Preparation and Implementation

The program consisted of three stages: preparation, implementation, and evaluation. During preparation, the team identified parenting-related concerns encountered during the KKN activities and reviewed relevant literature on disability, inclusive education, parental involvement, and children's independence. Six previous studies were considered in developing the educational content, as summarized in Table 1. The implementation stage

involved a face-to-face educational session covering six topics: understanding disability, types of disability, early detection of developmental difficulties, educational options, home-based parenting practices, and the prevention of stigma and bullying. The material was delivered through presentations and interactive discussions, allowing participants to ask questions and relate the information to their parenting experiences. Particular attention was given to practical guidance on supporting children's daily activities and promoting independence within the family environment.

Documentation and Evaluation

Evaluation was conducted descriptively by examining participants' questions, comments, and responses during the discussion session. The information recorded by the implementation team was organized according to the educational topics and used to describe participants' engagement with the material. This approach provided an overview of the implementation process and the issues raised by parents during the activity.

Table 1. Research evidence and its role in designing the activity

Reference	Evidence relevant to the activity	Corresponding session component
Sari (2021)	A mindful-parenting program addressed caregiver anxiety.	Include empathy for caregivers and room to discuss emotional needs.
Balqis et al. (2022)	Systematic review examined family-resource-based early intervention.	Connect developmental awareness with family support and referral guidance.
Sari & Susilawati (2024)	Qualitative case study described caregivers' coping and communication practices.	Allow parents to relate the presentation to their existing routines and experiences.
Qistan & Swandi (2024)	Literature review identified parental concerns about inclusion, bullying and resources.	Explain schooling options and address stigma and school-related concerns.
Kadim & Hendriani (2025)	Systematic review highlighted family involvement and gaps in inclusive education.	Emphasize collaboration between families and education providers.
Astuti & Sukinah (2025)	A descriptive account stressed the value of parent support and mentoring.	Use practical home-care examples and identify the need for continuing guidance.

Results

Session delivery and participation

The activity took place at PAUD As-Saadah, where parents received information on children with disabilities and opportunities to discuss everyday caregiving concerns. The implementation account reports that participants followed the presentation and participated in questions and discussion. These descriptions indicate that interaction was part of the session, but the available records do not contain attendance totals, the number of questions, a response

transcript or independently coded observations. The six topics reported in the source material are summarized in Table 2.

Table 2. Topics and key messages delivered during the parenting education session

Session topic	Key messages delivered
Understanding disability	Disability may involve social and environmental barriers as well as individual conditions.
Types of disability	Introductory information addressed physical, intellectual, sensory and mental disabilities.
Developmental awareness	Signs involving speech, movement, social interaction and sensory responses can justify further professional assessment; they do not establish a diagnosis.
Educational pathways	Special schools (SLB), inclusive schools and other schooling arrangements were discussed as options requiring case-by-case consideration.
Supporting self-care at home	Parents were introduced to step-by-step routines, supportive communication, encouragement and opportunities to practise everyday skills.
Preventing stigma and bullying	The discussion emphasized respectful language, participation and an environment free from exclusion.

Reported interaction and scope of observation

The session was organized to move from basic concepts to situations encountered in family life: when professional advice may be needed, how to consider school placement, and how to support daily activities. The concluding topic connected these decisions to the wider social environment through discussion of stigma and bullying.

Discussion

Parenting education as an introductory community activity

The most defensible contribution of this activity is its documented delivery of a locally situated parenting orientation spanning six interrelated themes. Parents were given an opportunity to discuss disability and caregiving alongside the material presented. This is different from demonstrating improvement in parental knowledge, self-efficacy or child development. A meta-analysis by Jang et al. (2023) found favourable results for parent-education interventions in other settings, including differences associated with delivery formats. Those findings support the general rationale for parent education, but do not constitute evidence of an effect from this single meeting.

The emphasis on family strengths is also important. A qualitative account of parental stress and coping describes parents' efforts to find solutions and communicate with their social environment (Sari & Susilawati, 2024). In the Mekarwangi session, discussion alongside presentation created space, in principle, for these perspectives. Because participant comments were not reported verbatim, the analysis remains at the level of process description, not a thematic account of caregivers' lived experiences.

Supporting self-care through adaptable routines

The home-care component focused on practical examples such as eating, dressing and handwashing. For children with different functional abilities, appropriate support may involve dividing tasks into shorter sequences, using clear communication, adjusting prompts and allowing enough time for repeated practice. Such steps should be tailored to the child's abilities and, when appropriate, discussed with relevant professionals. The session did not report a practical competency test, so no change in self-care performance can be attributed to the activity (Haq et al., 2023; Iskandar & Zahrani, 2025).

A literature review of family-resource-based early intervention underlines the importance of ecological and family contexts in planning support (Balqis et al., 2022). This suggests that follow-up education could draw on examples from participants' own daily routines and identify barriers to applying advice at home, while safeguarding children from exercises that exceed their current abilities.

Developmental awareness, referrals and school choices

Developmental awareness was introduced to help parents notice signs that may merit assessment, including speech, movement, social and sensory difficulties. These observations should prompt consultation with qualified child-development or health professionals; they are not a basis for parents to diagnose a disability independently. The activity account does not establish that a named local referral pathway was actually presented. A later session could supply verified information about available primary health facilities, child-development services and referral procedures in the area.

The discussion of schooling introduced SLB and inclusive education, but access and suitability depend on each child's needs, available resources, accessibility, staff preparation and family preferences. Qistan and Swandi (2024) found that parents may value the social opportunities of inclusive schools while remaining concerned about bullying and the adequacy of support. These factors are more useful for family decision-making than a simplified comparison that assumes either option is universally available or appropriate.

Acceptance, stigma and the limits of transferring evidence

A further component framed children with disabilities as individuals entitled to respect, participation and appropriate support. Prior Indonesian research documents persistent stigma toward children with disabilities and their families (Nursholichah et al., 2024). Addressing discriminatory beliefs in parent education is therefore relevant, although the extent to which the present session altered participants' attitudes is unknown.

Research on structured psychological and family-centred interventions provides useful contextual evidence, but the interventions generally involve different personnel, content, intensity and assessment procedures. For example, the review by Ranta et al. (2025) examined multi-session psychological interventions, while McConkey et al. (2023) reported parental views of family-centred services. Neither evidence base can be treated as proof that a brief informational meeting produced comparable psychological or developmental effects. The present contribution remains a description of educational content and participation.

Program continuity and practical monitoring

An achievable next step would be for PAUD As-Saadah, the KKN team and village stakeholders to consider a short follow-up parenting discussion, coordinated with available education and health professionals. Suggested monitoring indicators include attendance, the proportion of participants completing a short understanding check, the number of practical questions raised, and self-reported attempts to apply a selected home-care routine. These are recommendations for future activities, not procedures or results claimed for the present session (Astuti & Sukinah, 2025; Kadim & Hendriani, 2025).

Limitations

The main limitations are the lack of a documented baseline and post-session assessment, the absence of a verified participant profile in the supplied manuscript, and limited detail about the facilitation notes. The available account does not provide anonymized excerpts that could support a deeper qualitative interpretation. Furthermore, a single session cannot establish sustained changes in caregiver practices or children's independence. These limitations restrict the strength of outcome claims, but they do not prevent a transparent description of what the program delivered.

Conclusion

The parenting education activity at PAUD As-Saadah in Mekarwangi Village introduced six connected themes: disability awareness, types of disability, developmental concerns, educational pathways, home-based self-care support, and prevention of stigma and bullying. The documented format combined presentation with opportunities for parental discussion. Its contribution is a community-based account of delivering practical and inclusive parenting information, not evidence of measured improvement in knowledge or caregiving behaviour. Further activities should establish an auditable record of participants and session delivery, use a brief pre- and post-session knowledge check, and provide optional follow-up guidance with relevant village, school and health partners.

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