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Research Paper

The Relationship Between Sense of Competence and Parental Involvement in Caring for Children with Special Needs

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Abstract

This research was conducted to determine the relationship between competent parental involvement in caring for, handling, and educating children with birth impairment. It involved 185 Bandung-based parents of children with a birth impairment. *Skala Evaluasi Diri Kompetensi-Anak Berkebutuhan Khusus* or SEDKO-ABK (Self-Evaluation Competence Scale for Parents with Children with Special Needs) was used as the instrument to measure the sense of competence, while parental involvement was measured using *Kuesioner Keterlibatan Orang Tua dalam Pengasuhan Anak* or KUKOPA (Questionnaire on Parental Involvement in Caring for Children). The results show that parental involvement in caring for, handling, and educating children with special needs. Based on the results of this research, training for parents is important to their understanding and skills in caring for children with a birth impairment.

Keywords *Children with special needs, parents, parental involvement, sense of competence*

INTRODUCTION

Every child has the right to grow and develop optimally, as mentioned in the Convention on the Rights of the Child, which was approved by the United Nations General Assembly (1989). Growth refers to the increase in body size, cell number, and intercellular tissues. On the other hand, Wijaya (2011) states that development refers to the increase in more complex structures, functions, and skills in a child across the sensory, motoric, cognitive, social, creative, moral, and spiritual domains. It is a fundamental right for every child, including children with a birth impairment. According to Suran (Mangunsong, 2009), children with a birth impairment display significant differences in several important dimensions of human processes and functions. There are some categories of special needs, including visual impairment, hearing impairment, speech impairment, intellectual disability, physical disability, autism, and giftedness. Each special need has unique characteristics and issues, and therefore, it requires specific treatments. Early and proper treatment of the issues will help the children develop optimally while preventing the existing issues from becoming bigger and more complex (Dworkin, 2001).

On that note, Kandel and Merrick (2007) stated that parents serve as central liaisons and figures in caring for, educating, and monitoring children with a birth impairment. In addition, Ozyurek (2012) noted that they play an important role in determining the services required by children and updating their medical information. This implies that full parental involvement is important in the development of children with a birth impairment, and a lack thereof results in significant negative impacts. Specifically, the lack of parental participation may lead to improper or unhealthy educational programs for children with a birth impairment (Wade, 2008). Without parental involvement, children are at risk of receiving insufficient and improper services (Burke, 2013).

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Their Myriad studies have demonstrated the benefits of parental involvement in handling children with a birth impairment. Studies conducted by Elder (2013), Karst and Van Hecke (2012), Negri and Castorina (2014), Shie and Wang (2007), and Xu and Filler (2008) showed that parental involvement in handling children plays an important role in the effectiveness of the intervention (treatment) on children with special needs. Another study by Rudy (2013) also showed that parental involvement not only supports effectiveness but also helps reduce the cost of children's treatment or care. In addition, Mandelberg et al. (2014) stated that parents' involvement in child care can decrease the likelihood of conflict or loneliness.

Parental involvement is, in actuality, a part of the parenting process. Belsky (1984) developed a model of the parenting process to demonstrate that parents' role or function in parenting (including their involvement) results from an interaction involving several variables. This can be further categorized into three determinants: parents' psychological resources, children's characteristics, and stressors and contextual support. Parental psychological resources include personality, experience, and competence (Belsky, 1984). On that account, based on the model, one variable related to the degree of parental involvement is the parent's sense of competence (or perceived competence).

To be able to effectively manage and monitor their children, parents require a proper level of competence, whether in their knowledge of special needs or in methods for working with children with special needs. A study by Yan and Hou (2023) revealed that parents' competence is significantly correlated with their involvement. Furthermore, Oranga et al. (2022) found that a lack of knowledge and skills was one of the factors hindering parental involvement in handling children with intellectual disabilities. In line with this, Wright and Taylor (2014) highlighted the importance of sharing support, knowledge, and skills with parents to help them care for and support children with special needs. The aforementioned studies thus show that parents' competence is highly correlated with their involvement. However, there has been disagreement about the relationship between parents' competence and their behavior (including parenting behavior or style). According to DiClemente (1989) and Fisher and Fisher (1992), knowledge is indeed an important element of competence.

However, mere knowledge is not enough to produce the expected behaviors (Ajzen et al., 2011). Contrary to the views of DiClemente (1989) and Fisher and Fisher (1992), Ajzen et al. (2011) argued that information accuracy is neither significant nor sufficient to form a behavior. What determines a goal and an action are pieces of information held subjectively (for instance, a spiritual or religious belief) that associate behavior with either positive or negative results, normative expectations from an individual or a referred group, and controlling factors that either facilitate or hinder behavior formation. Consequently, it is important to note that behavior formation does not require accurate information; it requires the information an individual has and how it affects one's goals and actions, regardless of its accuracy. Thus, we assume that parents' beliefs about their competence (sense of competence) are related to their involvement.

The relationship between competence and parental involvement needs to be reinvestigated to confirm the aforementioned difference in opinions on the two variables. This study thus aims to determine the relationship between parents' sense of competence and their involvement in caring for, handling, and educating children with special needs.

LITERATURE REVIEW

Various studies have shown that parental involvement is related to parental competence (Wright & Taylor, 2014). However, we assume that parental involvement is not only about objective parental competence but also about parents' beliefs regarding their competence (sense of competence). This is supported by the opinion of Ajzen et al. (2011), who stated that information

accuracy is insignificant and insufficient to form behavior. Behavior formation does not require accurate information; it requires the information an individual has and how it affects one's goals and actions, regardless of its accuracy. Because what determines a goal and an action are pieces of information held subjectively that associate behavior with either positive or negative results and normative expectations from an individual or a referred group. Thus, this assumption must be tested in research. Therefore, we examined whether there was a connection between parents' sense of competence and their involvement in caring for, handling, and educating their children with a birth impairment.

RESEARCH METHOD

This study used a quantitative, correlational design. There are two variables in this research: independent and dependent. Parents' competence in caring for, handling, and educating their children with a birth impairment served as the independent variable, while parental involvement served as the dependent variable.

Participants were 185 Bandung-based parents with children with a birth impairment. Specifically, the number comprised 162 women and 23 men, with academic qualifications ranging from elementary to postgraduate levels. Each participant had a child with varying special needs, from intellectual disorders (mild to serious), autism, and learning difficulties to hearing impairment and cerebral palsy. According to Kerlinger and Lee (2000), the minimum sample size for quantitative research is 30. The number of samples involved in this research was sufficient and representative for the analysis (Hans & Prasetio, 2023).

Two instruments were employed in the research: *Skala Evaluasi Diri Kompetensi Orangtua Anak Berkebutuhan Khusus* (SEDKO-ABK or Self-Evaluation Competence Scale for Parents with Children with Special Needs) and *Kuesioner Keterlibatan Orangtua Dalam Pengasuhan Anak* (KUKOPA or Questionnaire on Parental Involvement in Caring for Children). Designed by Herlina et al. (2022), SEDKO-ABK was used to assess parents' self-evaluation of their competence in caring for their children. The scale consists of 14 items measuring cognitive, psychomotor, and affective competence. The Likert scale features seven choices and scores from 1 to 7, with an alpha reliability of 0.929. The results of the validity and reliability tests of the instrument are presented in Tables 1 and 2.

Table 1. Frequentist Scale Reliability Statistics of SEDKO-ABK

Estimate	McDonald's ω
Point estimate	0.925
95% confidence interval (CI) lower bound	0.909
95% confidence interval (CI) upper bound	0.941

Table 2. Frequentist Individual Item Reliability Statistics of SEDKO-ABK

Item	Item-rest correlation
A-1	0.682
A-2	0.708
A-3	0.548
A-4	0.746
A-5	0.735
A-6	0.704
A-7	0.610

Item	Item-rest correlation
A-8	0.720
A-9	0.687
A-10	0.695
A-11	0.597
A-12	0.601
A-13	0.587
A-14	0.599

Source: Author's Analysis

On the other hand, KOKUPA was used to measure parental involvement in caring for, handling, and educating children with a birth impairment. The questionnaire was designed based on Finley et al. (2008). The instrument has 20 items to measure emotional involvement, instrumental involvement, and monitoring and advising involvement dimensions. The questionnaire uses a Likert scale with five choices (rarely, sometimes, often, almost always) and has an alpha reliability of 0.918. The results of the validity test of the instrument are presented in Table 3.

Table 3. Item-total correlation of 20 KUKOPA items

Item	Item-Total Correlations
I allocate dedicated time to unwind with my child.	0.508
I am playing with my child.	0.478
I engage in activities that my child enjoys at home.	0.444
I take care of my child's everyday necessities, such as clothing and food.	0.467
I listen to my child's grievances	0.572
I introduce etiquette when talking to others to my child	0.589
I provide healthy and nutritious food and drinks to my child.	0.589
I involve my child in religious worship	0.570
I train my child to be responsible through various activities, such as asking them to tidy up their toys, dispose of trash, and tidy up their room.	0.618
I teach my children independence through various activities like dressing themselves and eating without assistance.	0.555
I teach my child manners	0.646
My child will be introduced to various career fields	0.632
I take care of my child	0.278
I create a daily schedule for my child.	0.444
I ensure that my child follows their daily schedule.	0.544
I chose a school/therapy center for my child.	0.468
I monitor my child’s school/therapy activities	0.511
I train various skills that my child must master.	0.512
I assist my child with home-learning	0.594
I provide various learning resources for my child, such as books and educational toys.	0.561

Data were obtained using Spearman's rank correlation coefficient and the t-test. Spearman's technique was employed to determine whether or not there is a correlation between competence and involvement. The t-test, on the other hand, was used to determine whether demographic factors, including gender, educational level, and type of special needs, influence competence and involvement.

FINDINGS AND DISCUSSION

Analysis Descriptive of Variables

Based on the descriptive analysis results, the minimum score for participants' competence in caring for, handling, and educating their children with special needs was 5, with a maximum of 25 and a mean of 17.832. For the involvement variable, the minimum score was 38, the maximum score was 100, and the mean score was 82.154.

The standard deviation is a measure of the dispersion of data from the mean. The higher the deviation, the greater the variation in the dataset. The competence variable has a deviation of 4.491, meaning that the variability in parents' competence is relatively low. On the other hand, the deviation in parental involvement peaks at 9.871, indicating greater variability in the involvement rate.

Table 4. Descriptive Statistics of Parents' Competence and Involvement in Children with Special Needs

	Competence	**Parental Involvement**
N	185	185
Mean	17.832	82.514
Standard deviation	4.491	9.871
Minimum	5.000	38.000
Maximum	25.000	100.000

Analysis of the Demographical Influence on Parents' Competence and Involvement

The results of the gender-based competence comparison (between fathers and mothers) showed that, on average, the mothers had better competence (mean = 52.593). However, the t-value of 1.789 and p-value of 0.075 are not significant compared to the fathers (mean = 48.435). This indicates that there is no difference between mothers and fathers in their competence in caring for children with a birth impairment.

Table 5. T-test on Intergender Independent Samples of Competence and Parental Involvement

		N	**Mean**	**SD**	**T**	**P**
Competence	Mother	162	52.593	10.771	1.789	0.075
	Father	23	48.435	7.458		
Knowledge	Mother	162	18.117	4.588	2.316	0.022
	Father	23	15.826	3.143		
Skill	Mother	162	17.568	4.327	1.366	0.174

		N	Mean	SD	T	P
Affective	Father	23	16.261	4.048	0.755	0.451
	Mother	162	16.907	3.330		
	Father	23	16.348	3.284		
Involvement	Mother	162	83.130	9.802	1.461	0.146
	Father	23	79.957	9.325		
Expressive involvement	Mother	162	33.451	4.092	1.242	0.216
	Father	23	32.304	4.497		
Instrumental involvement	Mother	162	37.346	5.032	1.323	0.187
	Father	23	35.870	4.818		
Mentoring Involvement	Mother	162	12.333	1.962	1.284	0,201
	Father	23	11.783	1.622		

Looking more closely at each competence dimension, for the cognitive competence (knowledge) dimension, the test results show that, on average, mothers score significantly higher (18.117) than fathers (15.826), with a t-value of 2.316 and a p-value of 0.022. This indicates that mothers have better knowledge and understanding of children with a birth impairment. On the skill dimension, mothers scored higher (17.568) than fathers (16.261), although the difference was not significant ($t = 1.366$, $p = 0.174$). This shows that there is no skill difference between mothers and fathers in caring for, handling, and educating their children. In addition, regarding the affective aspect (with $t = 0.755$ and $p = 0.451$), there was no difference in affective competence as, on average, mothers scored slightly higher (52.593) than fathers (48.435).

Moving on to the involvement aspect, the results of the gender-based involvement comparison (between fathers and mothers) showed that, on average, mothers were more involved (83.130) than fathers (79.957). However, the difference is not significant. In addition, a low t-score (1.559) and high p-value (0.121) further indicated that there was no significant difference between the two genders in the involvement level or rate.

When observing each dimension closer, at the expressive involvement dimension, there is a slight score difference between mothers (83.130) and fathers (79.957), yet once again, is insignificant. As with the gender-based involvement comparison, a low t-score (1.559) and high p-value (0.121) indicate that there is no significant difference between the two genders in their parental involvement. At the mentoring involvement dimension, the t-test result indicates that with a t-value of 1.285 and a p-value of 0.201, mothers scored higher (12.333) than fathers (11.783), yet not significantly. This also implies that there is no difference between the two genders in their mentoring roles.

The next aspect observed is the difference in parents' competence and involvement based on their educational background or level. The ANOVA test shows a significant difference in overall competencies ($F = 5.281$; $p < 0.001$) across educational levels. In the cognitive ($F = 4.764$; $p < 0.001$) and skill ($F = 5{,}281$; $p < 0.001$) dimensions, the difference is significant. However, at the affective dimension, the difference was insignificant (F: 2.226; p: 0.068).

For the involvement variable, educational level did not yield a significant difference ($F = 2.181$; $p = 0.073$). By specifically observing each dimension, no significant differences were observed in expressive involvement ($F = 1.401$; $p = 0.236$) or mentoring involvement ($F = 0.797$; p

= 0.529). However, during instrumental involvement, parents' varying educational levels lead to significant differences.

Table 6. T-test on Independent Samples of Parents' Knowledge and Involvement across Educational Levels

Educational level	**N**	**Competence**		**Cognitive/Knowledge**		**Skill**		**Affective**		**Involvement**		**Expressive Involvement**		**Instrumental Involvement**		**Mentoring Involvement**	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
< = Primary High	47	47.38	11.62	15.96	4.92	15.38	4.42	16.04	4,09	79.53	12.402	32.21	5,49	35.40	6,18	12.000	1.967
Secondary High	77	52.06	9.95	17.71	4.39	17.62	4.07	16.73	3,25	82.92	9.265	33.42	3,76	37.45	4,66	12.312	2.015
Diploma	22	57.31	7.94	19.77	3.28	19.14	3.96	18.41	2,28	86.04	7.877	34.45	3,28	38.95	3,86	12.818	1.532
Bachelor's Degree	37	54.27	9.12	19.02	3.88	18.22	3.99	17.03	2,62	83.16	7.957	33.73	3,21	37.54	4,28	12.135	1.932
Master's Degree	2	64.50	7.78	23.00	2.83	22.50	2.50	19.00	1,41	86.00	1.414	34.50	3,54	40.50	0,71	13.000	1.414
F-score (p)		5.281 (<0.001)		4.764 (0.001)		4.954(<0.001)		2.226 (0.068)		2.181(0.073)		1.401(0.236)		2.569 (0.040)		0.797 (0.529)	

Table 7. T-test on Independent Samples of Parents' Knowledge and Involvement across Various Special Needs

Types of Special Needs	**N**	**Competence**		**Knowledge (Cognitive)**		**Skill**		**Affective**		**Parental Involvement**		**Expressive Involvement**		**Instrumental Involvement**		**Mentoring Involvement**	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Autism	24	52.46	11.421	17.83	4.87	17.46	17.46	17.17	2.85	84.79	10.12	33.79	4.20	38.04	5.34	12.958	1.781
Cerebral Palsy	7	52.86	8.971	18.000	4.93	16.00	16.00	17.25	2.50	79.25	11.27	32.75	3.50	34.25	5.62	12.250	3.775
Moderate Intellectual Disability	26	50.50	9.754	17.192	3.87	16.75	16.75	18.25	1.71	91.50	6.24	37.25	2.22	41.00	2.83	13.250	1.500
Severe Hearing Impairment	5	50.40	3.647	17.800	3.70	18.43	18.43	16.43	3.36	75.71	7.74	33.14	5.24	32.29	4.15	10.286	2.138
Mild Intellectual Disability	6	51.83	8.472	17.667	4.37	16.92	16.92	16.38	3.71	81.11	10.44	32.85	4.02	36.38	5.56	11.885	1.883
Speech Delay	2	57.00	16.971	18.500	9.19	14.80	14.80	17.80	2.17	80.00	4.18	31.60	2.70	36.80	2.39	11.600	1.140
Learning	19	46.42	12.808	15.368	5.13	16.83	16.83	17.33	3.01	85.17	10.38	33.33	4.03	38.67	5.09	13.167	1.835

Types of Special Needs	N	Competence		Knowledge (Cognitive)		Skill		Affective		Parental Involvement		Expressive Involvement		Instrumental Involvement		Mentoring Involvement	
		Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Disability																	
Speech Impairment	16	49.87	10.039	16.375	4.83	19.00	19.00	19.50	0.71	85.00	4.24	34.50	3.53	38.50	0.71	12.000	0.000
Moderate Hearing Impairment	72	54.40	9.940	18.986	3.99	15.74	15.74	15.32	4.36	80.00	7.02	32.53	3.27	35.53	3.70	11.947	1.900
ADD/HD	4	48.75	15.714	15.50	6.56	17.62	17.63	15.87	3.07	79.81	14.54	31.94	6.35	36.12	6.51	11.750	2.049
Others	4	55.75	7.274	20.75	2.22	18.15	18.15	17.26	3.24	84.32	8.84	33.74	3.89	38.09	4.60	12.486	1.808
F Score (p)		1.202 (<0.293)		1.602 (0.109)		0.845 (<0.548)		0.997 (0.468)		1.521 (0.135)		1.401 (0.236)			1.838 (0.057)	1.781 (0.067)	

Post-hoc analysis on variables depicting differences, namely competence, cognitive, skill, and instrumental involvement, shows that compared to other groups, elementary and primary high school graduates display a huge difference. Overall, elementary and primary high school graduates have lower competence than the associate degree (I-III) group ($t = -3.833$; $p = 0.002$) and the associate degree (IV)/bachelor's degree group ($t = -3.123$; $p < 0.028$). Elementary and primary high school graduates also scored lower than the associate degree (I-III) group ($t = -3.420$; $p = 0.007$) and the associate degree (IV) and bachelor's degree groups ($t = -3.234$; $p = 0.012$) in the cognitive variable. In addition, they scored lower than the associate degree (I-III) group on the instrumental involvement dimension ($t = -2.786$; $p = 0.046$).

The study also included an analysis of differences in competence level and parental involvement based on children's special needs. The conditions observed in this research were autism, ADD/ADHD, intellectual disability, hearing impairment, cerebral palsy, speech impairment, speech delay, and learning disability. The analysis shows that there was no significant difference in parents' competence and involvement by the type of special needs.

Analysis of the Correlation Between Competence and Parental Involvement

The data showed significant correlations between parents' competence and involvement ($r = 0.393$, $p < 0.001$). The cognitive dimension was closely linked with parental involvement ($r = 0.387$) and with expressive ($r = 0.345$), instrumental ($r = 0.373$), and mentoring ($r = 0.249$) forms (all $p < 0.001$). Skills competence was also significantly related to general ($r = 0.281$), expressive ($r = 0.264$), instrumental ($r = 0.264$), and mentoring ($r = 0.174$) involvement (all $p < 0.001$). Similarly, affective competence showed significant correlations with general ($r = 0.353$), expressive ($r = 0.352$), instrumental ($r = 0.319$), and mentoring ($r = 0.204$) parental involvement (all $p < 0.001$).

Table 8. Analysis of the Correlation between Competence and Parental Involvement

Variable	Mean/SD)	1	2	3	4	5	6	7
1. Self-Competence	52.08 (10.49)	—						
2. Knowledge/Cognitive	17.83 (4.49)	0.907**	—					
3. Skill	17.405 (4.30)	0.893**	0.734**	—				
4. Affective	16.838 (3.32)	0.775**	0.562**	0.531**	—			

Variable	Mean/SD)	1	2	3	4	5	6	7
5. Parental Involvement	82.73 (9.78)	0.393**	0.387**	0.281**	0.353**	—		
6. Expressive Involvement	33.31 (4.15)	0.367**	0.345**	0.264**	0.352**	0.872**	—	
7. Instrumental Involvement	37.162 (5.02)	0.369**	0.373**	0.264**	0.319**	0.935**	0.677**	—
8. Mentoring Involvement	12.26 (1.93)	0.242**	0.249**	0.174*	0.204**	0.507**	0.679**	

** (< .001) * (< .05)

DISCUSSION

As the name suggests, parental involvement refers to parents' interaction and involvement in their children's lives (Si Han & Pei, 2013), initiated by parents as part of their responsibilities for their children's psychosocial and educational development (Mo & Singh, 2008). According to Finley et al. (2008), involvement can be categorized into three aspects: expressive, instrumental, and mentoring/advising. Expressive involvement in exciting activities with children. These activities include spending free time, having fun and playing together, building friendships, sharing interests and hobbies, and focusing on the children. Instrumental involvement is reflected in protective behaviors, allocating income for children, developing children's responsibilities and independence, promoting children's etiquette/moral development, and career development, and showing concern for children's school life and homework. On the other hand, mentoring involvement refers to parents' involvement in developing children's competence, mentoring/educating, advising, and improving their intelligence (Si Han & Pei, 2013).

The results of this study demonstrate that parental involvement in their children with a birth impairment is significantly and positively correlated with competence in caring for, handling, and educating children. The correlation is positive, meaning that greater competence is associated with greater involvement. This echoes a process in the parenting model by Belsky (1984), highlighting that parents' knowledge or competence is positively related to their involvement in caring for children with special needs (Aarthun et al., 2019). Solish and Perry (2008) stated that the relationship between knowledge and involvement arises because parents—equipped with knowledge of their children's condition and the programs designed for them—have more information about the potential benefits of their involvement in their children's programs. Walker et al. (2005) further explained that parents make decisions about their involvement based on their thoughts about the potential outcomes. Specifically, parents are motivated to get involved in activities when they are confident they have the skills and knowledge to benefit them in those activities. In other words, a sense of competence in successfully caring for, handling, and educating children with a birth impairment can determine parents' involvement.

Improving parents' involvement in caring for, handling, and educating their children requires initiatives to provide training to improve their competence. Various trainings aimed at improving parents' competence (in the knowledge/cognitive, skill, and affective dimensions) have been proven effective in achieving their objectives—participants gaining better competence in handling and educating their children with special needs (Khairiyah et al., 2019). In addition, Adler et al. (2015) identified 37 knowledge needs of parents with children with special needs, further divided into nine categories: knowledge of condition or disorder, knowledge of support, knowledge of medication, knowledge of children's daily care, knowledge of future, knowledge of the way children's condition is explained to others, knowledge of equipment, knowledge of organizational issues, and knowledge of the influence of the condition/disorder on the family.

This research examines the relationship between 3 dimensions of sense of competence, cognitive, psychomotor, and affective, with 3 forms of parental involvement, emotional

involvement, instrumental involvement, and monitoring and advising involvement. We found that all forms of sense of competence and parental involvement were significantly related to strengths ranging from 0.174 to 0.373. The weakest relationship is between Mentoring Involvement and a sense of competence in the skills aspect (0.174), while the strongest is between instrumental involvement and a sense of competence in the cognitive aspect (0.373).

Further enriching the information on parental competence and involvement in caring for children with special needs, this research incorporates demographic data, such as gender, educational level, and type of special needs, to determine whether these factors are related to competence and involvement. The analysis of gender difference and parental involvement, both generally and specifically (per dimension), revealed no significant difference in the involvement level between fathers and mothers. This, however, does not align with the study by Sharabi and Marom-Golan (2018), which found a significant difference in the level of involvement between fathers and mothers in caring for their autistic children. Specifically, the mothers displayed a higher level of involvement than the fathers. In addition, Si Han and Pei (2013) found differences in expressive involvement and mothers' mentoring involvement. In this case, mothers were more involved in expressive activities and mentoring with their children.

In addition, the analysis of the relationship between educational level and parental involvement shows that, in general, there is no significant difference across educational levels in terms of parental involvement. However, during instrumental involvement, a difference is triggered by participants' educational background. Specifically, participants in primary or lower education groups have lower levels of involvement than those in higher education groups. The difference might also be present because lower educational levels are associated with lower income, meaning that parents face difficulties providing facilities and meeting their children's financial needs. On the other hand, the research conducted by Green et al. (2007) revealed that educational levels are not correlated with parental involvement. In general, the result agrees with this study's result. However, Özgün and Honig (2005) found that educational attainment is a predictor of parental involvement. The inconsistency in findings regarding the role of parents' educational level in their involvement suggests that similar studies should be conducted to determine the tendency of results highlighting the relationship between the two variables.

Moreover, the results of the present study show that a child's special needs do not affect parents' levels of involvement. Certain types of special needs, such as autism, are considered more complex developmental disorders than others (Purnamasari et al., 2020), resulting in greater pressure, difficulty, and responsibility parents have in caring for, handling, and educating their children. However, the results show that it does not affect the involvement level.

The impact of gender, educational level, and type of special needs on parental involvement was not significant. Based on this finding, the intervention program to improve parental involvement in caring for, handling, and educating their children can be designed in a general fashion. This notion, however, still requires further confirmation through similar studies, given the inconsistencies found in the results of this study and the preceding ones.

CONCLUSIONS

This study was conducted to determine if there is a relationship between parents' sense of competence and their involvement in caring for, handling, and educating their children with a birth impairment. The results show a positive, significant relationship between the two aspects. However, it also implies that training parents with children with a birth impairment is required to improve their competence in caring for, handling, and educating their children, thus improving their involvement.

LIMITATION OF RESEARCH

This research involved only a few samples related to specific special needs. There are still many types of special needs that were not included in this research, such as visual and social disabilities. Therefore, it needs to be refined by conducting similar research involving all types of special needs.

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