

Perceived Social Support and Resilience as Predictors of Psychological Well-Being Among Primary Caregivers of Children with Special Needs

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DOI: <https://doi.org/10.47772/IJRISS.2026.100801006>

Received: 09 September 2026; Accepted: 14 September 2026; Published: 22 September 2026

INTRODUCTION

Children with special needs often require continuous care, supervision, and specialized interventions to support their development and daily functioning. Consequently, primary caregivers play a vital role in meeting their children's physical, emotional, educational, and therapeutic needs. Although caregiving can be rewarding, it also places considerable demands on caregivers' time, energy, and resources, which may affect their emotional health, social relationships, and overall well-being. In the Philippine context, Rocha & Arcinas (2020) found that Filipino caregivers experienced poorer quality of life when they reported higher levels of role overload and role distress, highlighting the psychological burden associated with long-term caregiving responsibilities.

Given the critical role of caregivers in the development and quality of life of children with special needs, understanding the factors that contribute to their psychological well-being has become increasingly important. Recent Philippine studies have likewise emphasized the importance of psychosocial resources among caregivers. Biscocho (2025) found that caregivers of children with neurodevelopmental disorders who demonstrated higher levels of resilience also reported better psychological well-being, while Cabanela et al. (2025) reported that although parents raising children with special needs generally perceived adequate social support, many continued to experience significant mental health challenges due to caregiving demands and financial constraints. These findings suggest that resilience and perceived social support are important factors in promoting caregivers' psychological well-being.

Consistent with these local findings, international studies have shown that caregivers frequently experience stress, anxiety, depression, and burnout due to the physical and emotional demands of caregiving (Moosa-Tayob & Risenga, 2022). They also encounter physical health concerns such as fatigue, musculoskeletal pain, and sleep disturbances, alongside social isolation and stigma that further compromise their well-being (Shahali et al., 2024). Similarly, Abredari et al. (2025) reported that caregivers often experience psychological strain, self-neglect, social isolation, and uncertainty regarding treatment. Financial burdens, including the costs of therapies, medications, assistive devices, and reduced household income, further intensify these challenges (Koramboor & Rajasi, 2025).

Maintaining psychological well-being is therefore essential, as it enables caregivers to effectively manage caregiving demands while preserving their own mental and emotional health. Poor psychological well-being may negatively affect caregiving capacity, family functioning, and the quality of care provided to children with special needs (Ahmad et al., 2026). Likewise, parental stress has been associated with poorer psychological well-being and an increased risk of placing children with disabilities in alternative care, highlighting the need to identify protective factors that promote positive adjustment (Cramm & Nieboer, 2011).

Research suggests that perceived social support and resilience are among the most important protective factors for caregivers. Isa et al. (2021) found that perceived social support, effective coping strategies, and reduced stress contribute to better quality of life and psychological well-being. Similarly, Rakap and Vural-Batik (2024) reported that caregivers with greater social support and resilience experience lower psychological

distress and better mental health. Iacob et al. (2020) found that caregivers with greater social support, better perceived health, and higher life satisfaction tended to exhibit higher levels of resilience, while those experiencing greater psychological distress reported lower resilience.

Moreover, Genç (2025) emphasized that couples raising a child with special needs relied on both internal and external resources, including meaning-making, strengthened relationships, and community support, to cope with caregiving demands and maintain their psychological and relational well-being. In addition, Fong et al. (2020) reported that families who were more satisfied with their informal support networks demonstrated greater resilience, suggesting that social support serves as an important protective resource that enhances caregivers' capacity to adapt to challenges.

Although previous studies have established the individual importance of perceived social support, resilience, and psychological well-being among caregivers of children with special needs, limited research has examined the combined predictive role of perceived social support and resilience on psychological well-being. Furthermore, evidence remains limited within the local context. Therefore, this study seeks to determine whether perceived social support and resilience significantly predict the psychological well-being of primary caregivers of children with special needs at Surallah, South Cotabato.

Review of Related Literature

Perceived social support refers to an individual's belief that emotional, informational, and practical support is available from family, friends, and significant others when needed, influencing how they cope with stress and maintain psychological well-being (Zimet et al., 1988).

Social support has long been recognized as an important protective resource that promotes positive mental and physical health. According to Taylor (2011), social support enhances psychological adjustment and overall well-being, with both receiving and providing support yielding beneficial effects. Supporting this perspective, Holt-Lunstad et al. (2010) conducted a meta-analysis of 148 studies and found that individuals with stronger social relationships were approximately 50% more likely to survive than those with weaker social ties, highlighting the significant role of social support in improving health and longevity. Likewise, Gariépy et al. (2016), in a systematic review of 100 studies, concluded that social support serves as a protective factor against depression across all stages of life, although the most important sources of support differ by age. Similarly, Alsubaie et al. (2019) found that support from family, friends, and significant others was associated with better mental health, fewer depressive symptoms, and higher psychological well-being among university students. Collectively, these studies demonstrate that perceived social support contributes significantly to individuals' psychological adjustment and overall well-being.

Among caregivers of children with special needs, perceived social support consistently emerges as one of the strongest protective resources. Woodman (2014) found that parents of children with developmental disabilities experienced high parenting stress; however, those with stronger social support and a positive family environment demonstrated better adjustment over time. Likewise, Halstead et al. (2018) reported that perceived social support served as a key protective factor for mothers of children with intellectual and developmental disabilities by reducing the negative effects of children's behavioral and emotional problems while improving maternal well-being. Similarly, Rayan and Ahmad (2017) found that parents of children with autism spectrum disorder, particularly mothers, experienced high levels of stress, anxiety, and depression, suggesting that strengthening social support systems may help improve caregivers' psychological well-being.

Recent international studies continue to reinforce these findings. In Turkey, a large-scale study of 317 parents found that perceived social support was strongly linked to parents' life satisfaction, and that family-based support in particular strengthened both resilience and overall well-being (Yildirim et al., 2025). Similarly, research conducted in Ghana among 107 parents recruited from special schools and support groups demonstrated that support drawn from family, friends, and significant others meaningfully shaped resilience outcomes, with parents reporting that having people who would listen without judgment, offer empathy, and allow them to express negative emotions helped them manage the chronic stress of caregiving (Dey et al.,

2020). A more recent structural equation modeling study extended this line of inquiry by showing that perceived community support, not just close family or friends, was positively associated with family resilience, and that this relationship was especially pronounced for mothers, who tend to carry a disproportionate share of daily caregiving duties (İşıkgoz, 2026).

Taken together, the reviewed literature consistently demonstrates that perceived social support is an essential psychosocial resource that promotes psychological well-being by strengthening coping abilities, reducing stress, and fostering resilience. Whether derived from family, friends, significant others, or the broader community, social support enables caregivers to better manage the challenges associated with raising children with special needs. These findings provide strong empirical support for including perceived social support as one of the key independent variables in the present study, as it is expected to contribute significantly to the psychological well-being of primary caregivers of children with special needs.

Resilience has been widely recognized as a dynamic process that enables individuals to adapt positively despite experiencing significant adversity. According to Masten (2001), resilience is a common human capacity that develops through ordinary protective systems and everyday adaptive processes rather than being an exceptional trait. Similarly, Rutter (2012) described resilience as an individual's ability to adapt successfully despite adversity, emphasizing that life experiences, coping skills, and supportive environments influence why some people cope more effectively than others. Expanding this perspective, Southwick et al. (2014) explained that resilience involves maintaining or regaining healthy psychological functioning after adversity through the interaction of individual, family, social, cultural, and environmental resources, all of which can be strengthened through appropriate support and interventions. Likewise, Windle (2011) concluded that resilience develops through the combined influence of personal strengths and external resources, enabling individuals to adapt effectively to challenging life circumstances. Resilience has likewise been established as a critical internal resource that predicts favorable psychological outcomes among caregivers of children with disabilities, though its relationship with well-being appears to operate best in combination with external supports rather than in isolation. A study among Malaysian caregivers in Kelantan involving 383 respondents found that psychosocial factors such as coping skills and social support were more consistent predictors of caregivers' quality of life than sociodemographic characteristics or the child's level of functioning, underscoring that internal psychological resources matter more than the severity of the child's condition alone (Isa et al., 2021). This is reinforced by a 2024 study of parents raising children with moderate to severe disabilities, which found that when both perceived social support and resilience were high, the harmful relationship between family burden and psychological health was effectively neutralized, suggesting that these two variables work jointly, and not merely additively, to protect caregiver mental health (Rakap & Vural-Batik, 2024).

Earlier work by Karaman and Efilti (2019) similarly found that parents who reported both high self-esteem and strong perceived social support tended to demonstrate greater psychological resilience, allowing them to shift their attention away from distress and toward more proactive, stable caregiving. These findings collectively position resilience not as a fixed trait but as a dynamic capacity that is strengthened or weakened depending on the support systems available to the caregiver. This finding is consistent with Cardelle-Pérez et al. (2023), who concluded that resilience is an important protective factor for parents of children with autism spectrum disorder (ASD). However, their study also emphasized that improving the availability and quality of support resources remains essential to enhance caregivers' quality of life, reinforcing the complementary roles of resilience and social support in promoting caregiver well-being.

Philippine-based studies affirm the relevance of these global patterns while also highlighting culturally specific dynamics that shape Filipino caregiving experiences. A qualitative study of eight mothers caring for children with neurodevelopmental disorders in the National Capital Region found that caregiving was frequently described as isolating, emotionally taxing, and financially straining, yet caregivers still displayed resilience through structured routines, family adaptation, faith, and eventual acceptance of their child's condition (Cordero, 2025). The same study noted that Filipino caregiving realities are shaped by deep-seated cultural expectations of sacrifice, particularly among mothers, which can both motivate resilience and mask

underlying psychological strain that goes unaddressed due to limited access to mental health services. A separate Philippine study involving 154 parents of children with neurodevelopmental disorders directly examined the relationship between psychological well-being and resilience, finding a meaningful association between the two constructs and noting that support networks, both professional and community-based, played a facilitating role in helping parents manage caregiving challenges (Sevilla & G.J., 2025).

Supporting these findings, Liu et al. (2025) reported that psychological resilience helps reduce caregiver burden, although the effectiveness of resilience depends partly on caregivers' coping strategies. Their study suggests that strengthening resilience alongside adaptive coping skills may further improve caregiver well-being, highlighting that resilience is most beneficial when accompanied by effective ways of managing caregiving demands. Complementing these quantitative findings, a phenomenological study of Filipino American caregivers of children with intellectual and developmental disabilities identified extended family as a central pillar of coping, alongside acceptance of the child's disability and a redefined sense of parental fulfillment, illustrating how the extended-family-oriented, faith-centered character of Filipino culture continues to shape caregiver resilience even beyond the country's borders (Mabalot, 2018). Collectively, the national literature suggests that while the core relationships among social support, resilience, and well-being mirror global findings, they are further colored by Filipino cultural values such as *kapamilya* (family-centeredness), *faith*, and *utang na loob*, which shape how caregivers seek and interpret support.

At the local level, particularly within Surallah, South Cotabato, and the broader SOCCSKSARGEN region, published research specifically examining perceived social support, resilience, and psychological well-being among primary caregivers of children with special needs remains scarce. Much of what is locally available takes the form of institutional and community-based service programs rather than empirical research; for instance, distance-education initiatives such as the "Caring for the Child with Special Needs" course offered through the University of the Philippines Open University reflect a broader recognition within the country that caregivers, including those in provincial and rural areas such as South Cotabato, require structured competencies and coping strategies to manage caregiver stress, yet such programs are not accompanied by localized empirical data on caregiver outcomes in this specific area.

Caregivers in municipalities like Surallah, a largely agricultural locality in South Cotabato with limited access to specialized pediatric, psychological, and developmental services compared to urban centers such as Koronadal City or General Santos City, likely face compounded challenges: geographic distance from SPED (Special Education) centers, limited availability of mental health professionals, and reliance on informal community and extended-family networks rather than formal support systems. These contextual realities parallel findings from other rural and semi-urban settings in the global literature, such as rural Ghana, where informal caregiving networks were similarly found to be a primary, and at times the only, source of psychosocial support (Ae-Ngibise et al., 2015). While such comparisons offer a useful frame, they cannot substitute for context-specific data on how Surallah's particular socioeconomic, cultural, and service-access conditions shape caregivers' perceived support, resilience, and psychological well-being. The reviewed literature from global, national, and local contexts consistently shows that perceived social support and resilience are positively associated with the psychological well-being of caregivers of children with special needs.

However, several research gaps remain. First, few studies have examined perceived social support and resilience simultaneously as predictors of psychological well-being using a predictive quantitative model, particularly among caregivers of children with special needs in the Philippine context, where most studies are qualitative in nature. Second, there is a lack of context-specific research in Surallah, South Cotabato, and the broader SOCCSKSARGEN region, with existing Philippine studies largely concentrated in urban areas. As a result, the unique experiences of caregivers in rural communities remain underexplored.

Finally, much of the international literature is based on clinical or urban populations, which may not accurately reflect the realities of caregivers in resource-limited rural settings with limited access to specialized services and formal support systems. To address these gaps, the present study examines perceived social support and

resilience as predictors of psychological well-being among primary caregivers of children with special needs in Surallah, South Cotabato, providing localized evidence to enrich the existing body of literature.

THEORETICAL FRAMEWORK

This study was anchored on the Main Effect Model of Social Support proposed by Cohen and Wills (1985) and Masten's Ordinary Magic Theory (2001). These theories provide the theoretical foundation for explaining how perceived social support and resilience influence the psychological well-being of primary caregivers of children with special needs.

The Main Effect Model of Social Support, proposed by Cohen and Wills (1985), posits that social support has a direct and positive effect on an individual's psychological well-being regardless of the presence or level of stress. According to this model, individuals who perceive greater support from family, friends, and significant others are more likely to experience better mental health and higher levels of psychological well-being.

Supportive relationships provide emotional, informational, and instrumental resources that promote positive functioning, enhance coping abilities, and foster overall well-being. In the context of this study, primary caregivers of children with special needs who perceive higher levels of social support are expected to demonstrate greater psychological well-being.

The study is also anchored on Masten's Ordinary Magic Theory (2001), which explains resilience as an ordinary and dynamic process that emerges from normal human adaptive systems rather than from extraordinary personal qualities. The theory suggests that resilience develops through protective factors that enable individuals to effectively adapt to adversity, overcome challenges, and maintain positive psychological functioning. Caring for a child with special needs often presents continuous emotional, physical, and social demands. Guided by this theory, caregivers with higher levels of resilience are expected to better manage caregiving challenges, recover from stressful experiences, maintain emotional stability, and achieve higher levels of psychological well-being. Taken together, these theories provide a comprehensive explanation of the study variables. The Main Effect Model of Social Support explains how perceived social support directly enhances the psychological well-being of primary caregivers through supportive interpersonal relationships.

Meanwhile, Masten's Ordinary Magic Theory explains how resilience enables caregivers to adapt positively to the ongoing demands of caregiving and sustain psychological well-being despite adversity. Guided by these theoretical perspectives, the present study posits that perceived social support and resilience significantly predict the psychological well-being of primary caregivers of children with special needs in Surallah, South Cotabato.

CONCEPTUAL FRAMEWORK

The conceptual framework of this study illustrates the proposed relationships among the variables.

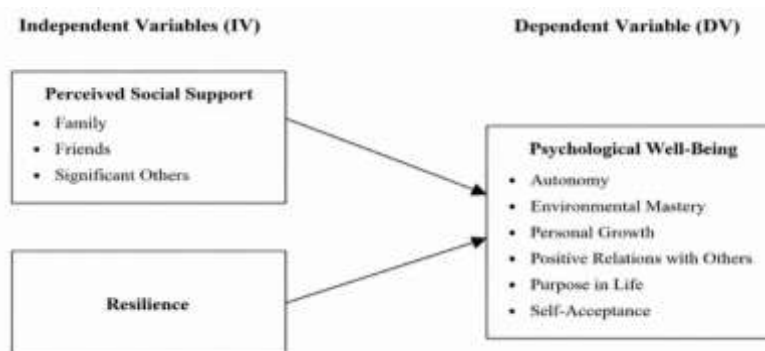


Figure 1. Conceptual Framework Showing the Relationship Between Perceived Social Support, Resilience, and Psychological Well-Being Among Primary Caregivers of Children with Special Needs.

It identifies perceived social support and resilience as the independent variables and psychological well-being as the dependent variable. The framework proposes that higher levels of perceived social support and resilience contribute to better psychological well-being among primary caregivers of children with special needs.

Perceived social support, as conceptualized by Zimet et al. (1988), refers to an individual's perception of the availability and adequacy of support from family, friends, and significant others, while according to Masten (2001), Resilience comes from everyday strengths and experiences, not extraordinary abilities. It is people's capacity to develop and adapt well, even when they face challenges. Together, these psychosocial resources are expected to promote and enhance caregivers' psychological well-being. Based on Ryff's (1989) multidimensional model, Psychological well-being encompasses positive functioning through autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

The arrows in the framework represent the hypothesized predictive influence of perceived social support and resilience on psychological well-being. Guided by this framework, the study will determine the relationships among the variables and examine whether perceived social support and resilience significantly predict the psychological well-being of primary caregivers of children with special needs.

Statement of the Problem

This study aims to determine whether perceived social support and resilience predict psychological well-being among primary caregivers of children with special needs in Surallah, South Cotabato.

Specifically, this study seeks to answer the following questions:

1. What is the level of perceived social support among primary caregivers of children with special needs in terms of;
 - 1.1 Support from Family;
 - 1.2 Support from friends;
 - 1.3 Significant others?
2. What is the level of resilience among primary caregivers of children with special needs?
3. What is the level of psychological well-being among primary caregivers of children with special needs in terms of:
 - 3.1 autonomy;
 - 3.2 environmental mastery;
 - 3.3 personal growth;
 - 3.4 positive relations with others;
 - 3.5 purpose in life; and
 - 3.6 self-acceptance?
4. Is there a significant relationship between:
 - 4.1 perceived social support and psychological well-being; and

4.2 resilience and psychological well-being among primary caregivers of children with special needs?

5. Do perceived social support and resilience significantly predict psychological well-being among primary caregivers of children with special needs?

Null Hypotheses

The following null hypotheses were formulated based on the objectives and Statement of the Problem of the study. These hypotheses served as the basis for determining whether significant relationships and predictive effects exist among the variables under investigation. All hypotheses were tested using a 0.05 level of significance ($\alpha = 0.05$). The null hypothesis will be rejected if the computed p -value is less than 0.05 and will not be rejected if the p -value is greater than or equal to 0.05.

H₀₁: There is no significant relationship between perceived social support and psychological well-being among primary caregivers of children with special needs.

H₀₂: There is no significant relationship between resilience and psychological well-being among primary caregivers of children with special needs.

H₀₃: Perceived social support does not significantly predict psychological well-being among primary caregivers of children with special needs.

H₀₄: Resilience does not significantly predict psychological well-being among primary caregivers of children with special needs.

METHODOLOGY

This chapter presents the research methodology employed in the study. It discusses research design, respondents of the study, instruments, data collection procedures, data analysis and ethical considerations. These methods were used to determine whether perceived social support and resilience significantly predict the psychological well-being of primary caregivers of children with special needs at Surallah, South Cotabato.

Design

This study employed a quantitative, non-experimental, descriptive-predictive research design. This combined design first describes the characteristics of a population or phenomenon (the descriptive component) and then utilizes the resulting data to examine relationships among variables in order to forecast or predict an outcome (the predictive component) (Calmorin & Calmorin, 2007). Specifically, this design was used to determine whether perceived social support and resilience significantly predict the psychological well-being of primary caregivers of children with special needs in Surallah, South Cotabato.

A quantitative approach is a systematic, data-driven method that relies on numerical data, mathematical modeling, and statistical analysis. It is used across various fields to test hypotheses, establish cause-and-effect relationships, and make objective, measurable predictions (Sreekumar, 2026). It is deemed appropriate because the study sought to measure and analyze relationships among variables through numerical data collected using standardized questionnaires.

The study did not involve the manipulation of variables. Instead, it examined naturally the occurring levels of perceived social support, resilience, and psychological well-being among the respondents. This design is suitable because it allows researchers to investigate relationships among variables and determine the predictive strength of the independent variables on the dependent variable.

Respondents

The respondents of this study were the primary caregivers of children with special needs in Surallah, South Cotabato. Primary caregiver refers to the individual who assumes the primary responsibility for the daily care, supervision, and overall well-being of a child with special needs. This may include a biological parent, adoptive parent, legal guardian, grandparent, sibling (e.g., brother or sister), another relative or family member, or a nanny who serves as the child's main caregiver. The primary caregiver is the person who provides the majority of the child's daily physical, emotional, developmental, and educational support.

Based on the records of the Municipal Social Welfare and Development Office (MSWDO) of Surallah, South Cotabato, 421 children with special needs below 17 years of age were registered from 2023 to 2025. The primary caregivers of these children constitute the study population. The sample size was determined using the Taro Yamane (1967) formula with an 8% margin of error due to the anticipated difficulty in reaching the respondents. Based on the computation, the study included 114 primary caregivers as respondents. Only identified primary caregivers residing in Surallah, South Cotabato, was included in the study.

This study was employ convenience sampling to select 114 primary caregiver-respondents from the total population of 421 primary caregivers of children with special needs identified and listed by the Municipal Social Welfare and Development Office (MSWDO) and to the identified Learning Center for Children with Special Needs in Surallah, South Cotabato. The identified caregivers have been consolidated into a group chat facilitated by the MSWDO, enabling the researchers to conveniently distribute the Google Forms survey link to eligible participants. In addition, printed copies of the survey questionnaire will be personally distributed to primary caregivers at the Learning Center for Children with Special Needs to accommodate those who may have limited access to the online survey. Only caregivers who meet the established inclusion criteria and voluntarily provide informed consent were included in the study until the required sample size of 114 respondents is achieved.

The study was conducted in the Municipality of Surallah, South Cotabato, through the Municipal Social Welfare and Development Office (MSWDO) and to the identified Learning Center for Children with Special Needs. These institutions serve children with special needs and provide various programs and support services to their families, making them appropriate settings for identifying and accessing primary caregivers. The locale is considered suitable for examining the caregivers perceived social support, resilience, and psychological well-being, as it provides direct access to the target population.

Instruments

The researchers were utilize a structured questionnaire consisting of three standardized and validated instruments: the Multidimensional Scale of Perceived Social Support (MSPSS) to assess the participants perceived social support, the Brief Resilience Scale (BRS) to measure their ability to recover from stress, and Ryff's Psychological Well-Being Scale (RPWB) to evaluate their level of psychological well-being.

The Perceived social support was measured using the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet, Dahlem, Zimet, and Farley (1988). The MSPSS is a standardized self-report instrument designed to assess an individual's perception of the adequacy of social support received from three sources: family, friends, and significant others. The instrument consists of 12 items, with four items assigned to each of the three subscales: Family (e.g., "My family really tries to help me."), Friends (e.g., "I have friends with whom I can share my joys and sorrows."), and Significant Others (e.g., "There is a special person in my life who cares about my feelings."). Responses are rated on a 7-point Likert scale, ranging from 1 (Very Strongly Disagree) to 7 (Very Strongly Agree), with higher scores indicating greater perceived social support. The MSPSS has demonstrated excellent psychometric properties. It has high internal consistency, with a Cronbach's alpha of .93 for the overall scale and .89 to .91 for its subscales. The instrument has also established construct, convergent, and discriminant validity, supporting its reliability and validity for assessing perceived social support across diverse populations.

Resilience was measured using the Brief Resilience Scale (BRS) developed by Smith et al. (2008). The BRS is a standardized self-report instrument designed to assess an individual's ability to recover or "bounce back" from stress and adversity, rather than the personal characteristics or resources associated with resilience.

The instrument consists of six items, with three positively worded items and three negatively worded items that are reverse scored. Sample items include "I tend to bounce back quickly after hard times" and "I have a hard time making it through stressful events." Responses are rated on a 5-point Likert scale, ranging from 1 (Strongly Disagree) to 5 (Strongly Agree). After reverse scoring the negatively worded items, the responses are averaged to obtain an overall resilience score, with higher scores indicating greater resilience. The BRS has demonstrated good psychometric properties, with reported Cronbach's alpha coefficients ranging from .80 to .91, indicating good internal consistency. It also has established construct, convergent, and discriminant validity, supporting its use as a reliable and valid measure of resilience across diverse populations.

Psychological well-being was measured using Ryff's Psychological Well-Being Scale (RPWB) developed by Ryff (1989). The RPWB is a standardized self-report instrument designed to assess an individual's positive psychological functioning across six dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. This study will use the 18-item version of the RPWB, with three items representing each of the six dimensions. Responses are rated on a 7-point Likert scale, ranging from 1 (Strongly Disagree) to 7 (Strongly Agree). Negatively worded items are reverse scored, and higher total scores indicate higher levels of psychological well-being. The RPWB has demonstrated satisfactory psychometric properties across diverse populations. The scale has shown acceptable to good internal consistency, with Cronbach's alpha coefficients generally ranging from .70 to .90 across its dimensions, and has established construct, convergent, and discriminant validity, supporting its reliability and validity as a measure of psychological well-being.

Data Gathering Procedure

Prior to data collection, the researchers secured permission from the Municipal Social Welfare and Development Office (MSWDO) and the identified Learning Center for Children with Special Needs in Surallah, South Cotabato. The following procedures were undertaken:

1. The Researchers secure approval from the MSWDO and the identified Learning Center for Children with Special Needs to conduct the study.
2. Upon approval, the researcher coordinate with the authorized personnel to identify eligible primary caregivers based on the inclusion criteria.
3. The researchers prepare both the online survey questionnaire through Google Forms and the printed paper-and-pencil version of the survey questionnaire. Both versions include the informed consent form and the same set of research instruments to ensure consistency in data collection.
4. The Google Forms survey link was distributed through the MSWDO-facilitated group chat to eligible participants who prefer to accomplish the questionnaire online.
5. Informed consent was obtained from eligible participants before the researchers personally distributed the printed questionnaires to those who prefer or require the paper-and-pencil format at the Learning Center for Children with Special Needs.
6. The researchers collect the completed online and printed questionnaires until the required sample size of 114 respondents is reached.
7. The data collected was reviewed for completeness and accuracy. The validated data was encoded, tabulated, analyzed, and interpreted in accordance with the objectives of the study while ensuring the confidentiality and anonymity of all respondents.

Ethical Considerations

An electronic informed consent form was presented to primary caregivers before they accessed the online survey through Google Forms, while a printed informed consent form was provided to respondents who completed the paper-based questionnaire at the Learning Center for Children with Special Needs. Only those who voluntarily provide informed consent were included in the study.

The researchers strictly uphold the privacy, anonymity, and confidentiality of all participants. No personally identifiable information was collected or disclosed, and all data obtained was used solely for academic and research purposes. The collected data is securely stored and accessed only by the researchers. The study was adhered to established ethical principles throughout the research process. Participation was entirely voluntary, and respondents were informed of their right to decline participation or withdraw from the study at any time without penalty or any adverse consequences.

Data Analysis Tool

The collected data was encoded, tabulated, and analyzed using appropriate statistical tools:

Mean and Standard Deviation. The standard deviation is a measurement in reference to the mean that means: A large standard deviation indicates that the data points are far from the mean, and a small standard deviation indicates that they are clustered closely around the mean (Centennial College Libraries, 2025). These statistical measures were used to determine the levels of perceived social support, resilience, and psychological well-being among primary caregivers.

Pearson Product-Moment Correlation Coefficient (r). This statistical test was employed to determine the significant relationships among perceived social support, resilience, and psychological well-being. It is a statistical measure that quantifies the strength and direction of the linear relationship between two continuous variables (Laerd Statistics, 2020).

Multiple Linear Regression Analysis. A statistical method that describes the linear relationship between a dependent variable and multiple independent variables, aiming to fit a regression line in a multidimensional space to understand how predictor variables relate to a criteria value. Multiple Linear Regression Analysis will be used to determine the extent to which perceived social support and resilience significantly predict psychological well-being among primary caregivers of children with special needs.

RESULTS AND DISCUSSION

The chapter presents the findings obtained from the data collected from 114 primary caregivers of children with special needs in Surallah, South Cotabato who participated in the study. The results are organized according to the specific objectives and research questions of the study.

Results

Table 1. Level of perceived social support, resilience, and psychological well-being among primary caregivers of children with special needs.

Variables and Indicators	<i>n</i>	<i>Mean</i>	<i>SD</i>	Interpretation
Perceived Social Support	114	5.26	1.37	High
Support from Family	114	5.28	1.43	High
Support from Significant Others	114	5.50	1.62	High

Support from Friends	114	5.00	1.41	Moderate
Resilience	114	3.30	0.79	Average
Psychological Well-being	114	4.74	0.83	Moderate
Autonomy	114	4.29	1.01	Moderate
Environmental mastery	114	4.78	1.03	Moderate
Personal growth	114	4.99	1.16	Moderate
Positive relations with others	114	5.08	1.11	High
Purpose in life	114	4.83	1.11	Moderate
Self-acceptance	114	4.46	1.07	Moderate

Table 1 presents the level of perceived social support, resilience, and psychological well-being among the 114 primary caregivers of children with special needs. The findings show that perceived social support was high, with an overall mean of 5.26 ($SD = 1.37$). Among its dimensions, support from significant others obtained the highest mean of 5.50 ($SD = 1.62$), followed by support from family with a mean of 5.28 ($SD = 1.43$), both interpreted as high. Support from friends obtained a mean of 5.00 ($SD = 1.41$), interpreted as moderate.

The result shows that the caregivers generally have a favorable perception of the social support available to them, although support from friends appears to be comparatively less pronounced than from family and significant others. Meanwhile, resilience was at an average level, with a mean of 3.30 ($SD = 0.79$). This indicates that the primary caregivers generally possess a moderate capacity to cope with, adapt to, and recover from the challenges and difficulties associated with caring for children with special needs.

Psychological well-being was interpreted as moderate, with an overall mean of 4.74 ($SD = 0.83$), it indicates that the respondents generally experience a reasonable level of positive psychological functioning. Among its dimensions, positive relations with others had the highest mean of 5.08 ($SD = 1.11$) and was interpreted as high, this finding represents the strongest dimension of psychological well-being among the respondents.

Personal growth obtained a mean of 4.99 ($SD = 1.16$) interpreted as moderate, indicating that personal development represents one of the relatively stronger aspects of the caregivers' psychological well-being, although it remains within the moderate category. Environmental mastery had 4.78 ($SD = 1.03$) interpreted as moderate, this finding indicates that the caregivers generally have a reasonable capacity to manage their daily surroundings, responsibilities, and circumstances.

In terms of Purpose in life it had 4.83 ($SD = 1.11$) interpreted as moderate. This indicates that caregivers generally have a sense of direction and meaning in their lives, although this dimension has not reached a high level. With respect to self-acceptance, the respondents obtained a mean of 4.46 ($SD = 1.07$), interpreted as moderate and autonomy had the lowest mean of 4.29 ($SD = 1.01$) interpreted as moderate.

Among the six dimensions, autonomy registered the lowest mean score. This suggests that the caregivers possess a moderate ability to exercise independence, make decisions, and maintain a sense of self-direction in their lives. However, their autonomy may sometimes be influenced by the considerable demands of their caregiving responsibilities.

Table 2. Relationship of perceived social support and resilience with psychological well-being.

Independent Variables	Psychological well-being			
	Pearson's r	p-value	Decision on H_0	Interpretation
Perceived Social Support	0.292	0.002	Reject H_{01}	Significant positive relationship
Resilience	0.501	0.000	Reject H_{02}	Significant positive relationship

Table 2 shows the relationship between perceived social support, resilience, and psychological well-being among primary caregivers of children with special needs. The results indicate a significant positive relationship between perceived social support and psychological well-being, with a Pearson correlation coefficient of $r = 0.292$ and a p-value of 0.002. Since the p-value (0.002) is less than the 0.05 significance threshold, the null hypothesis (H_{01}) was rejected, confirming that this relationship is unlikely to be due to chance.

Similarly, resilience had a significant positive relationship with psychological well-being, with $r = 0.501$ and p-value of 0.000. The null hypothesis was also rejected, indicating strong evidence that resilience is meaningfully associated with psychological well-being. Therefore, both perceived social support and resilience were significantly and positively associated with psychological well-being among the caregivers.

Table 3. Prediction Model of perceived social support and resilience on psychological well-being among primary caregivers of children with special needs

95% Confidence Interval									
Predictor	Estimate	SE	Lower	Upper	t	p	Stand. Estimate	Decision on H_0	Interpretation
Intercept	2.358	0.3556	1.6531	3.062	6.63	<.001			
Perceived Social Support	0.144	0.048	0.0489	0.239	3	0.003	0.239	Reject H_{03}	Significant positive predictor
Resilience	0.491	0.0824	0.328	0.655	5.96	<.001	0.474	Reject H_{04}	Significant positive predictor

$R=0.554$, $R^2=0.307$, Adjusted $R^2=0.295$, $F=24.6$, $P=<.001$

Table 3 presents the regression model was statistically significant ($F = 24.6$, $p < .001$), showing that perceived social support and resilience significantly predict caregivers' psychological well-being. The $R = 0.554$ indicates a moderate relationship between the predictors and psychological well-being. The $R^2 = 0.307$ means that 30.7% of the variation in psychological well-being is explained by perceived social support and resilience combined. The remaining 69.3% may be influenced by other factors not included in the model.

Perceived Social Support was a significant positive predictor of psychological well-being ($B = 0.144$, $p = 0.003$). This means that caregivers who perceive greater social support tend to have better psychological well-being. Its standardized coefficient ($\beta = 0.239$) indicates a modest contribution to the model. Thus, H_{03} was

rejected.

Moreover, the resilience was also a significant positive predictor ($B = 0.491, p < .001$). Caregivers with higher resilience tend to report higher psychological well-being. With $\beta = 0.474$, resilience was the stronger predictor compared with perceived social support. Thus, H_{04} was rejected.

The prediction model can present as $\text{Psychological Well-Being} = 2.358 + 0.144(\text{Perceived Social Support}) + 0.491(\text{Resilience})$. Overall, the results show that both perceived social support and resilience contribute positively to caregivers' psychological well-being, with resilience having the stronger influence.

DISCUSSION

The findings in Table 1 show that perceived social support among the 114 primary caregivers in Surallah, South Cotabato was generally high, particularly the support drawn from social sources and family, while support from friends was only moderate. This pattern is consistent with the reviewed literature indicating that social support is a key protective resource for psychological adjustment and well-being (Taylor, 2011; Holt-Lunstad et al., 2010) and that it operates as one of the strongest protective resources specifically among caregivers of children with special needs (Woodman, 2014; Halstead et al., 2018).

The comparatively stronger reliance on family and community rather than friends echoes the Philippine and Ghanaian literature, which found that caregivers in resource-limited, extended-family-oriented settings tend to draw support primarily from kin and community networks rather than peer relationships (Dey et al., 2020; Mabalot, 2018; Ae-Ngibise et al., 2015). This may reflect the *kapamilya* (family-centeredness) orientation of Filipino caregiving culture noted by Cordero (2025), where caregiving responsibilities and emotional support remain concentrated within the family circle rather than extending broadly to friendships, which caregivers with limited free time may find harder to sustain.

Resilience, by contrast, was found to be only at an average level, and psychological well-being was moderate overall, with autonomy and self-acceptance registering the lowest mean scores while positive relations with others was the only dimension rated high. This configuration mirrors findings from Malaysian and Turkish caregiver samples showing that psychosocial resources such as resilience and coping skills are more variable, and often lower, than relational forms of support (Isa et al., 2021; Yildirim et al., 2025).

It also lends support to the argument that resilience among caregivers of children with special needs is not a fixed trait but a dynamic capacity that depends heavily on the support systems surrounding the caregiver (Karaman & Efilti, 2019; Windle, 2011). The relatively lower autonomy and self-acceptance scores are consistent with the Philippine qualitative literature describing caregiving as isolating and emotionally taxing, with acceptance of the child's condition often achieved gradually and incompletely rather than as a settled psychological state (Cordero, 2025).

The results in Table 2 confirm that both perceived social support ($r = 0.292, p = 0.002$) and resilience ($r = 0.501, p < .001$) are significantly and positively related to psychological well-being, with resilience showing the stronger association. This directly supports the body of literature establishing social support as a protective factor that enhances psychological adjustment (Taylor, 2011; Alsubaie et al., 2019; Gariépy et al., 2016) and resilience as a capacity that helps individuals maintain or regain healthy psychological functioning after adversity (Southwick et al., 2014; Rutter, 2012).

The stronger correlation for resilience is consistent with Liu et al. (2025), who reported that psychological resilience helps reduce caregiver burden, and with the Philippine study by Sevilla and G.J. (2025), which found a meaningful association between resilience and psychological well-being among parents of children with neurodevelopmental disorders. Together, these results reinforce Masten's (2001) view of resilience as an ordinary but powerful adaptive process that caregivers can draw upon even amid chronic caregiving stress.

The regression results in Table 3 extend these findings by showing that perceived social support ($\beta = 0.239, p$

= 0.003) and resilience ($\beta = 0.474$, $p < .001$) both significantly and positively predict psychological well-being, with resilience emerging as the stronger predictor. This predictive pattern aligns with Rakap and Vural-Batik (2024), who found that when both perceived social support and resilience are high, the harmful relationship between family burden and psychological health is effectively neutralized, suggesting the two variables work jointly rather than merely additively to protect caregiver mental health.

It is also consistent with Cardelle-Pérez et al. (2023), who identified resilience as an important protective factor for parents of children with autism spectrum disorder while emphasizing that the availability of quality support resources remains essential to strengthening it. That resilience predicts psychological well-being more strongly than perceived social support in this sample suggests that, while family- and community-based support provides a meaningful foundation, it is the caregiver's internal adaptive capacity that most directly translates available support into psychological well-being, echoing Windle's (2011) view that resilience develops through the combined influence of personal strengths and external resources.

Taken as a whole, the results obtained from caregivers in Surallah, South Cotabato mirror the global and national pattern established in the reviewed literature: perceived social support and resilience are both significant correlates and predictors of psychological well-being among caregivers of children with special needs. At the same time, the data reveal a locally distinct profile, high family- and community-based support but only moderate friend support, average resilience, and moderate overall well-being, that reflects the compounded challenges of caregiving in an agricultural, service-limited municipality with reliance on informal rather than formal support systems (Ae-Ngibise et al., 2015).

These findings help address the identified gap in context-specific, quantitative evidence on perceived social support, resilience, and psychological well-being among caregivers in the SOCCSKSARGEN region, where prior work has been largely qualitative or concentrated in urban centers (Cordero, 2025; Sevilla & G.J., 2025).

For caregivers, the findings suggest that asking for help and accepting support are important, but developing resilience is equally necessary. Resilience does not mean handling everything alone or never feeling tired. Instead, it involves using healthy coping strategies, finding meaning in difficult experiences, adjusting to challenges, and reaching out when support is needed. Family members, communities, schools, and local service providers can help by creating support groups, caregiver education sessions, and safe spaces where caregivers can share their concerns without being judged.

The findings also support the study's theoretical framework. Cohen and Wills' Main Effect Model of Social Support explains why caregivers who feel supported by family, friends, and significant others tend to experience better psychological well-being. Masten's Ordinary Magic Theory is also reflected in the stronger role of resilience. The results suggest that resilience is not an extraordinary trait that only a few people possess; rather, it can grow through everyday support, coping experiences, relationships, and opportunities to adapt.

For researchers, this points to the need to examine other factors that may strengthen or weaken caregiver resilience, such as financial stability, access to services, parenting stress, coping styles, and community resources. Future studies may also explore how caregiver support programs can improve resilience over time.

CONCLUSION

This study found that primary caregivers of children with special needs in Surallah, South Cotabato had high perceived social support, average resilience, and moderate psychological well-being. The results answered the study's questions by showing that caregivers received stronger support from family and significant others than from friends; had average resilience; and reported moderate psychological well-being, particularly lower autonomy and self-acceptance.

The study also found that both perceived social support and resilience were significantly related to psychological well-being. More importantly, both variables significantly predicted psychological well-being,

with resilience emerging as the stronger predictor. This means that caregivers who feel supported and who are better able to adapt to caregiving challenges are more likely to experience better psychological well-being.

These findings are consistent with the Main Effect Model of Social Support, which proposes that supportive relationships directly improve well-being, and Masten's Ordinary Magic Theory, which views resilience as a capacity that develops through ordinary protective resources and everyday adaptation. Overall, the study suggests that improving caregiver well-being requires both stronger support networks and programs that build resilience, coping skills, self-acceptance, and confidence in managing caregiving responsibilities.

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