Exploration of Activities and Leisure Experiences in Caregivers of Children with Special Needs

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Abstract:

- ***Background:***

The leisure time of caregivers of children with special needs (CSN) is often disregarded due to the demanding nature of intensive care, generating a dichotomy between human rights and structural realities in developing nations.

- ***Objective:***

The objective of this study is to explore the activities and meanings of leisure experiences of caregivers of children with special needs in Indonesia.

- ***Method:***

This is a qualitative study with a descriptive phenomenological technique. The subjects were eight primary caregivers who were purposively picked from YPAC Surakarta. Data were acquired through semi-structured in-depth interviews and processed using Braun and Clarke's six-step thematic analysis.

- ***Results:***

Three main themes emerged from the results: (1) Reconceptualizing leisure from individual 'me-time' to collective 'quality time' that is restorative, productive, and strengthens emotional bonds; (2) Leisure activities embedded within caregiving roles (blurred boundaries), such as domestic creativity and customized outdoor exploration; and (3) Negotiation of multidimensional barriers (child conditions, dual burden), alleviated by informal support, especially the active role of co-parenting.

- ***Conclusion:***

The amount of free time experienced by caregivers of children with special needs is a fluid social construct and heavily dependent on the family support network. These findings contradict the care-recreation paradigm and call for holistic policy interventions, co-parenting education, and development of culturally appropriate, community-based respite care alternatives.

Keywords: *Leisure, Caregivers of Children with Special Needs, Phenomenology, Co-Parenting, Respite.*

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I. INTRODUCTION

Leisure time, in principle connected with freedom, recuperation of energy and discovery of identity outside the necessary roles, is a core element of psychological well-being of humans [1]. However, for millions of caregivers of children with special needs (CSN) worldwide, leisure time is not a right to be equally enjoyed but rather precious fragments to be grabbed from the endless demands of care [2]. At its core, the research seeks to deconstruct the notion of leisure time as a purely human decision, and instead to view access to leisure time as a profound structural issue and manifestation of social inequality. Every day over 240 million children with disabilities encounter a multitude of barriers to their full involvement in society, a burden that is of direct concern to the entire family, especially the main caregivers [3].

Caregivers of children with disabilities commonly refer to the experience of leisure time as “lost time” or “stolen time”. Personal time is entirely diverted to caregiving demands, as expressed in phrases like 'we scarcely have time for ourselves, even weekends are full with...' [2]. It is not only a lack of opportunity; it is a reality where personal time has been compromised. This view is further supported by the human rights framework, including in particular the UN Convention on the Rights of Persons with Disabilities (CRPD). The CRPD’s Article 23 clearly establishes the right of all persons with disabilities to rest and leisure [4]. However, data demonstrate a considerable gap between the proclamation of rights and their actual implementation, notably in middle- and low-income nations where 1.4 billion children have no access at all to basic kinds of social protection [5]. Gender dynamics also play a role, as women continue to bear the lion’s share of informal caregiving duties, and hence are more susceptible to career sacrifices, reduction in economic status, and social isolation compared to male caregivers [6].

The scientific literature concerning disability and leisure has seen considerable shifts, moving from an initial focus that was primarily child-centred to an understanding of the significance of caregiver well-being. Much of the early research was on participation in play and recreation activities of children with disabilities, and consistently they found that children with disabilities had substantially less possibilities than their peers without impairments [7]. These barriers have been studied in depth through frameworks such as the Hierarchical Leisure Constraints Theory (HLCT) that classifies them into individual, interpersonal and structural levels [8]. This approach is helpful in mapping the barriers, but it often does not position caregivers as the primary subjects in the process of negotiating leisure time.

The recent advancements in the literature show an important paradigm change. Researchers are beginning to acknowledge the connection between the well-being of the child and that of the caregiver. Recent qualitative research has listened carefully to the “voice of caregivers” and has yielded profound insights into the multiple issues they encounter. These findings are commonly repeated around the world, demonstrating similar characteristics in the experience of caretakers of children with impairments. Some of the key themes that emerged were the caregiving burden that included psychological, physical, financial and social dimensions [9]. Prioritizing the child's needs over their own which resulted in sacrifices in career and personal time [6]. Social isolation due to difficulties in maintaining relationships with old social networks due to time constraints and facility accessibility [10]. Non-integrated interventions are facing increasing criticism, with reactive services focusing just on the kid sometimes not supporting the complete well-being of the family [11].

In Indonesia, a Southeast Asian country, this dynamic is further compounded by the features of collectivist culture and poor supporting infrastructure. Family values are strong, but societal pressure and stigma against disability remain substantial hurdles to public involvement [12]. Indonesian research suggest that caregivers often rely on informal support from extended relatives, although this is not always available or adequate to provide quality respite time [13]. The absence of nationwide structured respite care policies traps caregivers in a never-ending 24-h care cycle [14]. The quantitative literature has been successful in identifying that caregivers of children with impairments have less free time, however, there is a huge void in qualitative research. The first is that the bulk of research still view the child as the main topic, and the caregiver as a passive intermediary. Second, quantitative data tell us what happens, but have not completely articulated the subjective value of leisure time for caregivers. Is leisure time a formal vacation or just a little hush? How does guilt or moral validity influence their choice to make a pause? Third, there is an urgent need for an integrated study that illustrates how macro-structural (policy), meso-structural (service) and micro-structural (relational) barriers are interacting with each other in the specific context of Southeast Asia and Indonesia. This study seeks to fill this gap by an in-depth exploration of the lived experiences of the caregivers.

This study intends to analyse the activities and meanings of leisure experiences of caregivers of children with special needs in Indonesia. This study will aim to answer, in particular, the following questions:

- What is the conceptualization and discussion of leisure time among parents of children with special needs in their daily lives?
- What are the structural, societal and personal limitations that restrict their involvement in leisure activities?
- How do caregivers negotiate or re-claim leisure time in the face of the responsibilities of intensive caregiving?

The innovation of this research resides in the intersectional approach, which blends the perspective of disability justice and care theory. This research is a rich empirical contribution to the human rights framework by prioritizing the views of caregivers of children with disabilities in the Global South context (Indonesia), especially in the implementation of Article 23 of the CRPD at the local level. In practical terms, these findings will provide powerful qualitative evidence to advocate for the reform of social protection policies, the establishment of inclusive respite care services, and the creation of public places that are welcoming to families with disabilities.

This study intends to extensively explore the activities and meanings of leisure experiences among caregivers of children with special needs in Indonesia, based on the literature assessment and the identified research gaps. More specifically, this study seeks to answer the question of how caregivers define leisure in their everyday lives, identify structural and human limitations that limit this involvement, and assess the adaptive strategies established to cope with the rigorous demands of caregiving.

II. METHODS

➢ *Design*

This study combines a qualitative design with a phenomenological descriptive method. The phenomenological technique was chosen because it aligned with the research aim to explore the substance of the lived experiences of caregivers of children with special needs (CSN) in relation to their leisure activities and meanings [15]. Phenomenology allows academics to examine how individuals assign meaning to various phenomena—in this case, leisure time—in light of their distinctive and difficult everyday experiences [16]. In Indonesia, care for children with special needs is influenced by cultural dynamics and infrastructure restrictions, making this technique useful for exploring subjective narratives not seen using quantitative methodologies. The researcher wants to set aside any preconceived notions (bracketing) to comprehend the phenomenon solely from the viewpoint of the participants [17].

➢ *Research Context and Setting*

This investigation was done in Surakarta city, Central Java Province, Indonesia. Surakarta is regarded as a center for Javanese culture, which is rich in family values, mutual collaboration, and a strong social hierarchy. In Javanese culture, the high ideals of “rukun” (social peace) and self-sacrifice for the family can affect caregivers’ attitudes regarding their obligations and their rights to leisure time [18]. The stigma of disability in Javanese culture is still present but lessening, which frequently causes families to tend to hide their child’s condition from the public, therefore limiting their access to social and recreational places [13]. The place for data collection is at Yayasan Pembinaan Anak Cacat (YPAC) Surakarta (Indonesian Society for the Care of Children with Disabilities). YPAC is the oldest and most important non-profit institution in Indonesia, focusing on rehabilitation, education, and empowerment for individuals with disabilities. The hospital provides for several forms of special needs, including physical, intellectual, and sensory difficulties. YPAC was chosen as the research location because it plays a central role as a community gathering place for families with children with special needs in the Surakarta area and its surroundings, as well as the availability of supporting facilities that make it a main gathering point for caregivers to share information and social support [19].

➢ *Participants and Sampling Method*

The primary caregivers of special needs children are the participants in this study. The established inclusion criteria are: (1) The primary caregiver (parent/guardian) who is fully responsible for the child's daily care; (2) has cared for children with special needs for more than three years so that the depth of experience and adaptation to care routines are ensured; (3) is able to communicate well in Indonesian; (4) is willing to participate in the research and sign the consent form. The exclusion criteria included caregivers with a history of serious mental health conditions that could interfere with the in-depth interview process. (Table 1)

Table 1 Participants

Participant	Age (Yr)	Gender	Job	Educational Background	Child Age (Yr)	Child Diagnosed
1	56	Female	House Wife	Bachelor	18	Cerebral Palsy
2	36	Female	House Wife	Bachelor	3.5	Speech Delay
3	36	Male	Private Business	Yunior High School	11	Intellectual Disability
4	43	Male	Private Business	Yunior High School	6	ASD
5	38	Female	House Wife	Senior High School	12	ADHD
6	30	Female	Private Business	Bachelor	6	ADD
7	50	Female	House Wife	Bachelor	7	CP
8	60	Female	Private Employee	College	6	ADHD

Sampling uses purposive sampling, namely sampling with a sample strategy that is purposefully selected by the researcher to be the most useful and relevant to the research objectives [20]. The participants of this study are 8 people. This approach is predicated on the principle of data saturation, which is the point at which no new insights or major themes are found with further data collecting [21]. In phenomenological investigations, where the focus is specialized, a number of participants between 5 and 10 people is usually deemed sufficient to reach the desired depth of analysis [22]. Eight caregivers were recruited in conjunction with YPAC until data saturation was obtained.

➢ *Characteristics of the Researcher and Reflexivity*

The lead investigator of this study is a lecturer, researcher, and occupational therapy practitioner with over a decade of clinical experience working with children with special needs and their families. This professional experience provides a deep understanding of the functional and psychosocial challenges faced by these families, as well as the ability to establish rapport (trusting connections) with participants [23]. However, this position may also be prone to biases, such as the tendency to assume that the researcher already "knows" what the caregiver is feeling or to quickly offer technical solutions instead of taking the time to listen to their emotional experiences. To mitigate bias and ensure rigor in the research, the researchers implemented strict reflexivity procedures in line with the COREQ (Consolidated Criteria for Reporting Qualitative Research) criteria [24]. First, the researchers engaged in bracketing by documenting personal assumptions, expectations, and biases in a reflective notebook before, during, and after data collection. Second, the researcher is conscious of his/her role as an "insider-outsider." Although he/she possesses professional knowledge, he/she is not part of the participants' families, which allows for maintaining an analytical distance. Third, regular meetings are held with colleagues who are not directly involved in data collection to review initial interpretations and ensure that the findings reflect the genuine voices of the participants, rather than the researchers' professional projections [25].

- *Data Collection*

Data were collected through semi-structured in-depth interviews with each respondent. The interview was conducted face-to-face in the confidential and comfortable counselling room of the YPAC Surakarta Clinic to preserve anonymity and comfort for the participants. Each interview session lasts between 60 and 90 minutes, customised according to the participants' timing and emotional availability.

The interview guide was prepared based on a literature review and research objectives. The first questions were regarding parenting profiles. The core questions were (a) definition of leisure time, (b) activities accomplished, (c) barriers faced, (d) subjective meaning of leisure time and (e) coping mechanisms. Some important example questions include: How does "me time" manifest when you're deeply involved in caring for a child? Recall the last time you were completely relaxed and had a wonderful time during your spare time. The entire interview process was recorded by a digital audio recorder with the verbal and written consent of the participants. Field notes were also recorded soon after the interview to capture body language, emotional expressions, and non-verbal background that were not captured by the audio [26].

- *Data Analysis*

The data was analysed thematically by Braun and Clarke [27] in six steps. This method was chosen because of its flexibility to uncover and explain themes in qualitative data. The analysis was done using the ATLAS.ti program. The stages included (1) data familiarisation through repeated reading of transcripts and reviewing interview recordings; (2) initial coding of relevant data; (3) grouping codes into potential themes; (4) reviewing and refining themes; (5) defining and naming themes and subthemes; and (6) compiling a report by selecting the most representative participant quotes to support the findings [28]. In addition to thematic analysis, some aspects of content analysis are utilised to compute the relative frequency of multiple codes to provide further information on the dominance of specific themes; however, the major focus remains on the interpretation of qualitative meaning [29].

- *Data Trustworthiness (Trustworthiness / Rigor)*

To validate the data, this research adopts the trustworthiness criteria suggested by Lincoln and Guba, such as credibility, dependability, confirmability, and transferability [30]. Credibility was maintained by member checking, where the summary of themes and subthemes was reconfirmed with all participants to ensure that it truly represented their experiences. Triangulation of methods was additionally performed by comparing the findings of interviews and short observations of caregiver-child interactions in the YPAC environment [31]. Dependability is supported by an audit trail that methodically documents the entire research process. Researcher reflexivity and peer debriefing with qualitative technique experts to prevent bias enhances confirmability. Meanwhile, transferability is improved by providing a rich explanation of the context of the study setting and the characteristics of the participants so that the reader may judge the applicability of the findings to similar settings [32].

III. RESULTS

Analysis of in-depth interview data with eight caregivers of children with special needs (ABK) at YPAC Surakarta resulted in three primary themes that explain their leisure time dynamics. The themes are (1) Redefining Leisure Time: From “Me Time” to “Quality Time," (2) Leisure Activities Integrated with Caregiving Roles, and (3) Negotiating Barriers and Support in Accessing Leisure Time. A detailed description of each theme, sub-theme, and selected participant quotes is provided below. Table 2.

Table 2 Emerged Theme and Sub-Theme

Theme	Sub-theme
1. Redefining the Meaning of Leisure (Shifting from Individual "Me-Time" to Collective "Quality Time")	1. Free Time as an Emotional Investment and Closeness 2. Leisure as a Physical & Mental Recovery (Restorative) 3. Meaningful, Productive, and Beneficial Free Time 4. Quality Time with Partner/Extended Family
2. Leisure Activities Integrated with Caregiving Roles (Blurring Boundaries Between Caregiving and Leisure)	1. Domestic Creativity Involving Children 2. Customized Outdoor Exploration 3. Social & Community Engagement 4. Passive & Digital Activities
3. Negotiating Barriers and Support in Accessing Leisure Time (Structural and Relational Dynamics)	1. Main Obstacles 2. Key Supporting Factors

- *Theme 1: Redefining the Meaning of Leisure (Shifting from Individual "Me-Time" to Collective "Quality Time")*

The major results suggest that the meaning of leisure time for caregivers of children with special needs has changed considerably. For most participants, leisure time is not regarded as a solitary pastime or individual passion (me time), as it was before children, but is intimately intertwined with interactions with children or family (quality time). This change is the psychological adjustment, where success, not separation from the caregiver role, brings satisfaction in caring for and engaging with children.

- *Sub-Theme 1.1: Free Time as an Emotional Investment and Closeness*

For many caregivers, leisure time is a strategic chance to build emotional relationships and to improve communication with their children. For children with special needs, leisure time can be considered a "window of opportunity" to create connections without the pressures of formal therapy, as they often face challenges to communicating. These activities are not only perceived as entertainment but also as contributing to an informal therapeutic process and helping to build the child's self-confidence. "Yes, I have been able to become closer to my children and ride motorcycle taxis together… If I had more time to play with my children, I could teach them more, so our communication is more connected" (P6). "Yes, I have been able to use my time to play with my children; sometimes I go out with my children. I used to be scared of crowded places, but not anymore. (P7)

- *Sub-Theme 1.2: Leisure as a Physical & Mental Recovery (Restorative)*

For caregivers with a high care burden, particularly those with children who have severe behavioral or physical issues, leisure is literally perceived as "rest." It's a way to cope with stress and chronic weariness. For this group, leisure means avoiding certain activities and resting to replenish exhausted energy. "Rest is important because my little brother's emotions are not stable yet; in my experience, he feels tired, sometimes stressed, and often struggles to understand why he is crying alone; at times, he also becomes angry without any apparent reason (P2) " Therefore, it is preferable for him to rest, ma'am, or at times, he simply sleeps. "If I have the time, I prefer to just rest... I typically cook, ma'am. That's when I have time, when my kids aren't nagging me" (P5).

- *Sub-Theme 1.3: Meaningful, Productive, and Beneficial Free Time*

Others, particularly those from a social or entrepreneurial background, see leisure as activities that must create something beneficial economically and socially. Leisure that is just consumptive and produces nothing does not count as valid leisure. This concept is in line with the norms of Javanese culture, which values arduous labor and usefulness. "Leisure is like a picnic to the rich. But I believe that being rich must have a purpose, not a pointless one... entertaining things that relieve stress without negative consequences for our welfare" (P1). "I am cooking nutritious, delicious cuisine for myself and my family. There is something special about being able to present it to my cherished small family, a sense of satisfaction and success, especially when the children tell me that my food is better than eating out. (P5)

- *Sub-Theme 1.4: Quality Time with Partner/Extended Family*

For caregiver with employment or institutional commitments that take up their days, leisure time is not just a chance to refresh. More than their work, it is a rare time of rest that many use to "come home" and reconnect emotionally with their spouses and immediate families. Due to their inability to interact daily, they learn to maximize every second, transforming "lost time" into meaningful moments. Such behaviour is basically their coping mechanism. This behaviour is a genuine attempt to reduce household problems that often arise from accumulated stress, emotional fatigue, and guilt due to infrequent time spent at home. This phenomenon is well exemplified by one participant: "So, I really create something out of the lost time because we see each other once a week... the key is to maintain that harmony" (P8). This modest phrase conceals a complete realization that the warmth of the family must be maintained as an absolute priority. It's a silent battle to juggle two roles and keep relationships with loved ones intact, even with the extremely little time available.

➢ *Theme 2: Leisure Activities Integrated with Caregiving Roles (Blurring Boundaries Between Caregiving and Leisure)*

Data shows that the boundaries between "caregiving" and "leisure" are often blurred. Leisure activities rarely stand alone as pure hobbies but rather are integrated with domestic duties or the development of children's potential. This phenomenon demonstrates the flexibility of caregivers in adapting their hobbies to align with the demands of caring.

- *Sub-theme 1: Domestic Creativity Involving Children*

Cooking, sewing, and other domestic tasks are no longer viewed solely as onerous household chores but are re-envisioned as arenas for self-actualization and productive leisure for caregivers of children with special needs. Mothers, amid the time-consuming duties of caregiving, discover the opportunity to continue creating and avoid boredom without compromising their major roles. This is in line with the experience of one of the informants who said, "When my husband's pants got torn, instead of doing nothing at home, I sewed them, and I found that I enjoyed sewing. Finally, I did a course in sewing. Because of sewing, I can still fulfil my duty as a mother, take care of the house and children, and handle everything." (P4). Through the development of this passion, the domestic space becomes a space of empowerment, where moms can control their leisure time to create significant works, preserve psychological well-being, and avoid burnout, all under the pressure of caring for children with special needs.

Furthermore, these creative activities serve as a clever approach to involve youngsters in the learning process of everyday life. The mother's leisure time is organically converted into moments of education, stimulation, and joyful bonding so that the kid is not simply an object of monitoring but a subject learning to engage with its environment. Another informant, narrating about her child taking part in her creative activities, said, "Now I am going deeper into that [beading] ..." I believe that my child has discovered her passion and has entered the realm of leisure activities. I directly involve her in handing out brochures to preschool schools"(P1). Domestic activities thus constitute a bridge that connects the mother's demand for productivity and leisure and, at the same time, become a medium of social learning, independence, and development of self-confidence, which is particularly significant for the development of children with special needs.

- *Sub-Theme 2: Customized Outdoor Exploration*

Outdoor exploration activities for caregivers of children with special needs are no longer considered mere recreation but a form of exploration highly tailored to the child's sensory, physical, and emotional needs. Destinations such as shopping malls, car-free day areas, parks, or culinary tours are chosen not for their luxury, but as a medium for creating quality time and meaningful shared experiences. Caregivers consciously shift the focus from "tourist destinations" to "a process of togetherness," where children are invited to experience new sensations within safe and controlled boundaries. This is reflected in how one mother gradually and inclusively organizes outdoor activities with her child, as expressed by P1: "I now like to spend my spare time with my child; we sometimes go to the mall or get manicures and pedicures. We make a menu and go to new places"(P1). This quote demonstrates that exploration is designed to build positive memories and measured stimulation, combining indoor and outdoor activities without overwhelming the child.

Furthermore, the success of outdoor exploration depends heavily on caregivers' strategies for managing the duration and environment to ensure it remains conducive. Caregivers develop coping mechanisms, such as limiting time spent outside, choosing less crowded locations, or preparing backup plans if the child begins to feel uncomfortable or physically exhausted. Light physical activity in an open space is a strategic choice for channelling the child's energy while providing a relaxing effect for the caregiver. As P3 explained regarding her measured approach to outdoor activities, "It's just exercise, Miss, taking a leisurely walk around the stadium, and then at most, I'll go home, rather than just staying home doing nothing, right?" (P3). This statement points out the importance of setting time limits ("at most, just an hour") and selecting a familiar location with low levels of overstimulation, both of which are essential for ensuring the child remains comfortable and safe while the activity serves as a refreshing pastime rather than a source of new stress.

- *Sub-Theme 3: Social & Community Engagement*

Based on the research findings, involvement in social and community activities is a meaningful way for caregivers of children with special needs at the paediatric clinic to utilize their leisure time. Rather than passively waiting for their children to receive therapy, some participants use this opportunity to connect with fellow caregivers, thereby fostering a supportive environment for interaction. One participant expressed this sentiment by stating, "I volunteer for social activities, and when she is in therapy, I wait, sometimes sewing beads or chatting and sharing with other mothers." (P1). During these waiting periods, sharing stories and engaging in simple handicrafts not only fills the void but also serves as an adaptive mechanism for building positive social networks within the therapy environment.

Participation in this community does more than simply fill time; it fosters a sense of belonging and provides a broader purpose that extends beyond the often-exhausting domestic role. Research indicates that interacting with fellow parents who have similar experiences can help alleviate the social isolation and emotional burden frequently faced by caregivers. For these caregivers, the paediatric clinic environment acts as a safe space where they can validate each other's feelings, exchange information, and motivate one another as they confront the difficulties of parenting. This social engagement becomes a vital source of psychological strength, transforming what could be a tedious waiting time into moments of self-empowerment and solidarity among parents.

- *Sub-Theme 4: Passive & Digital Activities*

The findings documented the limited energy and time experienced by caregivers of children with special needs, leading them to select passive, low-energy leisure activities. This type of "micro-leisure" is often engaged in spontaneously, either during brief intervals between domestic responsibilities or when the child is asleep and calm, requiring minimal preparation or significant energy expenditure. For instance, one participant noted that her activities were basic: "I don't do anything; I just rest and play on my phone" (P2). This indicates that using gadgets or taking a short break is the most accessible way for caregivers to restore their energy amidst the demanding and exhausting nature of caring.

In addition to gadget use, other passive activities, such as watching television or reading, are also common choices for occupying this limited spare time. These activities allow caregivers to mentally unwind without needing to leave the area or neglect their child's care. However, the child's condition heavily influences the opportunity to engage in personal hobbies, such as reading. One participant shared, "Reading books is the most enjoyable activity for me; I have spare time to read only when my child does not disturb me" (P5). This finding reinforces the idea that passive and digital activities serve as realistic and adaptive coping strategies for caregivers dealing with daily physical and emotional exhaustion.

- *Theme 3: Negotiating Barriers and Support in Accessing Leisure Time (Structural and Relational Dynamics)*

- *Sub-Theme 1: Main Obstacles*

The finding showed that caregivers of children with disabilities are in a constant negotiation between the desire for personal time and the urgent demands of caregiving. The analysis results indicate that access to leisure time is not determined by a single factor, but rather by a complex interaction between internal/external barriers and social support.

Caregivers identified multifaceted hurdles, such as the child’s condition, time limits, and the closely intertwined accumulated tiredness. The most frequently noted factor is the physical and emotional state of the child, which is, to a large extent, determining the possibility or impossibility of leisure activities. The emotional lability and physical limitations of the kid need the caregiver to be highly aware and often to forego personal plans to respond to probable behavioural crises or unforeseen demands. One reply put it this way: “What stops us is that sometimes our physical balance is not balanced, and sometimes we are slow in our movements, ma'am" (P1). The problem is considerably more complex if the child is in a state of less than perfect health. In this case, caretakers should be more vigilant to prevent risky actions that could endanger the child. One participant clarified the situation by saying, “Yes, when I’m in a positive mood, I can, but when I’m not, sometimes I become carried away and cause trouble." Occasionally I am drawing on a chair, and I am frightened that I will fall. “And also, when, for example, the children are sick, the situation is stressful for us” (P5). Such dynamics make caregivers’ leisure time particularly subject to disruptions, requiring a rapid change of attention from personal relaxation to intensive supervision, thus adding an extra psychological load of persistent stress and mental weariness.

By contrast, the shortage of time that accompanies the double burden is an almost insurmountable structural obstacle, especially for caregivers who work outside the home. They describe a near-total inability to carve out personal time for pleasure, as their energy, time, and attention are fiercely divided between job commitments and caring for a special needs child who needs continual supervision. The intense daily grind of work, childcare, and housework wears down physical endurance so much that when leisure time does arrive, the focus is on simply regaining fundamental vitality, not on active leisure pursuits. A working caregiver's comments illustrate this phenomenon: "What is it, ma'am? It's simply work, nothing more... I only engage in work when I am fatigued and return home” (P3). Thus, the priorities in life change completely. As all your energy focuses on the child, the hobbies or interests you once had slowly fade away. Even in instances where there appears to be a theoretical gap in time, autonomous activities become quite rare as all remaining moments are used to maintain the child’s well-being or just to survive the fatigue of balancing several roles day after day without pause.

- *Sub-Theme 2: Key Supporting Factors*

The text effectively outlines the importance of informal support systems, particularly co-parenting, in helping caregivers access spare time. It highlights how a husband’s involvement in caregiving duties creates essential opportunities for mothers to rest or engage in personal activities. One participant noted, "My husband is the supporter, so when I rest, my husband takes turns taking care of me, right?" (P2). The husband's presence alleviates the physical demands of caregiving and fosters a different parenting dynamic; children often become more cooperative and gain new "playmates," which helps reduce daily conflicts. Another participant shared, "My support comes from my husband when he comes home, because he understands that he is a father, so he can be more of a playmate with our child, whereas I discover that our child is always angry with me and doesn't allow for anything"(P3). Without strong spousal support, it becomes nearly impossible to attain quality spare time amidst the intense and ongoing responsibilities of caring for a child with special needs. In addition to social support, a child's level of independence and the caregiver's job flexibility significantly contribute to increasing access to spare time.

As children grow older and can perform some basic tasks independently or start to follow instructions, the need for constant supervision lessens, thereby freeing up time for parents. A mother expressed her appreciation for her child's development: "Because he's older, he can do some things on his own and is in school, so I have more spare time, so I use it at the inclusive preschool"(P1). This available time is further enhanced by flexible work arrangements that do not require daily attendance, allowing caregivers to create schedules that are not bound by rigid working hours. This combination of positive child development and a supportive work environment enable caregivers to better balance domestic responsibilities with their personal needs, as a father remarked, "Yes, because I don't work every day, I still have a lot of spare time, and my daughter is now starting to understand simple instructions somewhat"(P6).

IV. DISCUSSION

This study seeks to investigate the activities and meanings of leisure experiences among caregivers of children with special needs in Indonesia. Key findings indicate that leisure for caregivers of children with special needs is not simply a recreational activity but rather a complex coping mechanism integrated with the caregiving role and highly dependent on social support and the child's condition. This discussion interprets these findings within the context of current literature on caregiver well-being, disability justice, and cultural dynamics in the Global South and highlights significant clinical implications.

➢ *Redefining Leisure in the Context of Special Needs Caregiving*

The outcomes of this study demonstrate a fundamental paradigm change in the way caregivers of children with special needs approach leisure. Participants have redefined spare time, not as a time to run away or a time for "me-time," but as a communal "quality-time." Such change implies that psychological adjustment and happiness for these caregivers may not come from distancing themselves from their caring position but from incorporating meaningful involvement with their children and families into their restricted leisure time. This section considers these themes in light of contemporary evidence-based methods in caregiver well-being and family-centred care.

➢ *Leisure as Emotional Investment and Informal Therapy.*

The first sub-theme emphasizes leisure as a strategic window for emotional connection and informal therapeutic interaction. Participants discussed the adoption of recreational activities to fill the communication gaps that may not be present in official treatment sessions due to their structured nature. This coincides with recent work emphasizing the effectiveness of “naturalistic interventions” where learning and interaction take place in ordinary environments rather than therapeutic settings. Research has found that if parents interact with their children in a child-led manner during their leisure time, children's social communication skills will improve dramatically and behavioral problems will decrease [33]. Furthermore, the idea of leisure as an emotional investment is consistent with the hypothesis of "dyadic coping," whereby shared pleasant experiences act as a buffer against the chronic stress of raising a child with impairments [34]. In this way, caregivers are not only engaging in their child's journey of growth, but they are also meeting their needs for connection. Play is a way of being together, not just a source of amusement.

- *The Restorative Function of Leisure: From Activity to Recovery.*

Another set of caretakers, in contrast to the active engagement stated above, perceived leisure as rest and recovery only. Caregivers of children with complicated physical or behavioural needs have little time for active recreation due to the energy required for care. The definition of leisure here is absence—the absence of demands, of noise, of decision-making. This finding is in agreement with the Conservation of Resources (COR) theory, which suggests that people under chronic stress value conservation of existing energy supplies more than acquisition of new resources [35]. There is recent evidence that for high-burden caregivers, "passive leisure" (e.g., sleeping or quiet relaxing) is not a sign of disengagement but a necessary physiological and psychological necessity to avoid burnout [36]. The participant's comment that she chooses to rest or cook quietly when the child is sleeping exemplifies a protective strategy against emotional tiredness and demonstrates that healthy self-care for this group often manifests as stillness rather than movement.

- *Productive Leisure and Cultural Values.*

The third sub-theme offers a culturally sensitive perspective, particularly among individuals conditioned by Javanese norms, where leisure is only legitimate if it has constructive or economic payoffs. This poses a challenge to Western ideas of leisure as simply hedonistic or soothing. Instead, we conceptualize "productive leisure," whereby, for example, the act of making nutritious food is considered a dual activity that promotes relaxation via creativity but also serves family interests. This coincides with studies on cultural coping styles, which finds that in collectivist cultures, individual well-being is frequently associated with family contribution and societal usefulness [37]. The joy of cooking for a family that likes the food is a kind of competence affirmation that can alleviate the sense of helplessness that caring often involves. Evidence indicates that performing meaningful and useful tasks can promote self-efficacy and provide a sense of control, which are essential for mental health resilience in caregivers [38].

- *Reclaiming Intimacy: Leisure as Relationship Maintenance.*

Finally, the study points out that leisure is an important mechanism for sustaining partnerships and extended family relationships. Leisure becomes a scarce resource, mobilized in the case of employed or institutionalized caregivers to heal relational fractures due to absence. As the participant put it, "making something out of lost time" to keep the peace highlights the intentionality involved in sustaining marital and family happiness in the face of caring duties. Current evidence supports the assumption that the quality of relationship is a key predictor of caregiver mental health, although the burden of caregiving often leads to "caregiver couple distress" [39]. Caregivers who take the time to engage in shared leisure activities, even in little amounts, are engaging in what psychologist's call "relationship maintenance behaviours." Such intentional attempts to reconnect help alleviate guilt and emotional weariness, and they serve as a protective factor against divorce and family disintegration in high-stress caregiving situations [40].

In short, the reprioritization of leisure as social "quality time" over individual "me-time" is a smart adaptive technique. It allows caregivers to blend their caregiving identity with their personal need for repair, connection, and purpose. Emotional bonding, restorative rest, productive contribution, or relationship preservation strongly connect such leisure activities to the caregiving experience. Therefore, interventions that support these families should go beyond prescribing generic self-care activities and instead recognize these different, context-specific meanings of leisure and help caregivers utilize their limited time for both personal well-being and family cohesion.

- *The Integration of Leisure and Caregiving Roles*

One of the most surprising results from this study is how caregivers of special needs children have broken down the tight border between "work" (caregiving) and "play" (leisure). Participants have interlaced them rather than treat them as two distinct realms. This isn't really multitasking; it's a smart adaptation in which hobbies, tasks, and even waiting rooms become places of connection, recovery, and progress. These findings are consistent with what we know about effective caregiving and well-being.

- *Domestic Creativity as Occupational Balance and Empowerment.*

For many participants, duties like cooking or sewing were no longer mere chores but a source of pride and creativity. "Mending my husband's pants turned into a passion for sewing," one mom told us, saying it made her feel useful while taking care of her family. This is a powerful change. It is representative of what academics' call "occupational balance"—the idea that we require a diversity of activities to feel entire. When caretakers convert household work into artistic activities, they regain a feeling of self that is often lost in the stresses of caring [41]. And bringing their kids with them into these things makes dull times into learning times. Whether it's beading or helping out in the kitchen, these shared activities provide the youngster with the opportunity to learn life skills in a low-pressure, natural setting. Evidence suggests that this style of "naturalistic teaching" is typically more helpful for children with special needs than formal therapy alone, as it helps them transfer skills to real-life circumstances [42]. It's a win-win for the caregiver as well; they're able to partake in an activity they love, their child gets meaningful connection and skill development, and all of this is happening without the pressure of a clinical setting.

- *Customized Outdoor Exploration and Sensory Regulation.*

These caregivers are quite strategic when it comes to going out. They're not searching for luxurious trips. They want safe, digestible experiences. Going to the mall or walking around the stadium isn't just about getting out of the home; it's about deliberately crafting an environment that won't overload their youngster. This is consistent with what we know about sensory processing. Unpredictable circumstances are upsetting for many children with special needs. Caregivers can avoid risking their child's emotional regulation by choosing familiar, quiet, or short outings while receiving some fresh air and activity for themselves [43].

This "measured exploration" is also a kind of self-care. As one participant said, "A simple walk is better than sitting at home doing nothing." It provides an opportunity for the caregiver to break the routine and engage in some modest physical activity, which is believed to relieve stress and enhance the mood of both parent and kid [44]. It's not about the destination; it's about the quality of the shared experience and the peace of mind that the environment is under control.

- *Social Engagement in Clinical Settings: Peer Support as Leisure.*

One of the most beneficial results, however, is how caretakers spend the waiting time in the clinic. Instead of sitting in quiet and fear, they connect with other parents. They sew. They talk. They tell stories. This turns what could be a boring, unpleasant wait into a moment of connection and solidarity." Peer support has been regularly shown to be one of the most effective buffers to caregiver burnout [45]. When parents communicate to others who "get it," they feel less alienated and more validated.

These informal networks give practical counsel and emotional consolation that experts sometimes can't. Talking along with doing simple handicrafts involves a peaceful activity that is also thoughtful and reduces stress levels [46]. The clinic, normally considered a site of medical intervention, is transformed into a social space in which caregivers help one another. It speaks much to their ability to discover connection and strength in the most improbable of settings.

- *Passive and Digital Leisure as Micro-Restoration.*

Lastly, we also need to consider the role of passive activities such as scrolling on a phone or watching TV. In a culture that tends to celebrate "productive" leisure, it's tempting to write off these pursuits as idle. But for tired caregivers, they're crucial. These "micro-leisure" moments demand no energy, no planning. They are instant retreats that let the brain relax.

Many caregivers are chronically fatigued, and high-energy activities are sometimes impractical. Digital devices provide a quick and easy way to mentally disengage for a few minutes without leaving the child's side. Recent studies have shown that when these short intervals are utilized purposely for relaxation, they may help recover mental energy and prevent emotional overload [47]. It's not addiction; it's survival. It's the caregiver's way of saying, "Give me five minutes to just be," so they can get back to their position with renewed tolerance.

In short, this subject illustrates that leisure for caregivers of children with special needs is not an escape from their reality but an enrichment of it. They have made room for moments of delight and respite in their daily life through creative chores, thoughtful outings, peer support, or silent computer breaks. These hybrid forms of leisure need to be recognized and legitimized. It reminds us that wellness is not always a day at the spa; sometimes it's sewing on a button, telling a story in a waiting room, or taking a peaceful walk around the block.

- *Navigating the Tightrope – Barriers and Supports in Accessing Leisure*

To shed light on the complicated reality that leisure time for caregivers of children with special needs is not simply a choice but rather a negotiated outcome that is affected by institutional restrictions and relational dynamics, the third subject of this study throws light on the complexity of the situation. Participants consistently grappled with the tension between their yearning for personal leisure and the unwavering responsibilities of caregiving. In this section, we investigate ways in which these supports and barriers interact with one another, drawing similarities with the evidence-based policies that are now in place in family care and social support systems.

- *The Weight of Unpredictability and Time Poverty.*

The unpredictability of the child's condition was regarded as the most major obstacle that needed to be faced. As a result of the fact that a child's emotional receptivity or physical health can change in an instant, caregivers are constantly in a state of "readiness," which means that their plans are always subject to modification. The dread of accidents or behavioral outbursts is a common factor that causes people to cancel their leisure activities before they even begin, as one participant pointed out. According to the theory of "anticipatory stress," which states that the mental burden of constantly monitoring for possible crises precludes true psychological relaxation [48], this is consistent with the understanding. Even when the caregiver is physically present in a leisure situation, their mind continues to be on high alert, which reduces the restorative nature of the time that is spent.

Adding insult to injury is the problem of "time poverty," which is especially prevalent among caregivers who are employed. The twin strain of working and providing intensive care for a loved one leaves little room for anything other than the most fundamental necessities of life. According to the observation of one of the participants, life is reduced to "work, nothing more." When multiple high-demand roles compete for limited resources, individuals frequently sacrifice self-care in order to maintain functionality in their primary roles [49]. This phenomenon is well-documented in the literature on role strain, which suggests that roles that are high-demand compete for limited resources. For these caregivers, leisure time does not go because they do not desire it; rather, it vanishes because the energy that is required to plan and carry out leisure activities is already depleted by the demanding nature of their daily routine. One consequence of this is that there is not enough time for recovery, which leads to a loop in which exhaustion causes additional fatigue.

➢ *The Critical Role of Co-Parenting and Shared Responsibility*

The presence of a supportive partner proved to be a significant factor in overcoming the significant challenges present in the environment. The participants emphasized that when men actively participated in the parenting process, not just as assistants but also as co-parents, it created crucial opportunities for moms to exercise their freedom. This process was about changing the group's makeup, not just dividing labor. The fact that children frequently responded differently to their fathers, considering them as "playmates" rather than as disciplinarians, not only lowered the amount of conflict that occurred but also allowed moms to pull back without feeling guilty.

According to the family systems theory, which proposes that dyadic coping, which is when spouses handle stress together, greatly buffers against caregiver burnout [50], this study provides strong support for the evidence that supports the theory. It is possible to alleviate feelings of isolation and physical tiredness experienced by the primary caregiver through the practice of shared caregiving. Furthermore, the involvement of the father frequently provides a distinct energy to the relationship, which can be stimulating and pleasant for the child, thereby boosting the general environment of the family [51]. In the absence of this support from the spouse, the primary caregiver is subjected to an endless cycle of obligation, which makes the potential of engaging in meaningful leisure activities extremely limited.

➢ *Developmental Progress and Structural Flexibility as Enablers*

In addition, the child's increasing level of autonomy was a significant contributing factor. The level of monitoring that was necessary for youngsters decreased as they grew older and were more capable of following instructions or performing fundamental tasks. As a result of this natural trend, caregivers were able to recapture little pockets of time from their schedules. Furthermore, the ability to work from home was a key factor. If carers had more control over their schedules, they could better align their job commitments with their child's needs, reducing friction between work and home.

A significant factor in determining the degree to which parents of children with disabilities are able to maintain a healthy work-life balance is the degree to which their workplaces are flexible [52]. Higher levels of job satisfaction and lower levels of stress are experienced by caregivers when their employers provide them with the opportunity to work from home or with flexible hours. Similarly, as children develop the ability to aid themselves, the role of the caregiver moves from providing continual physical support to providing supervisory instruction. This shift is less taxing on the caregiver and enables more activities to be performed simultaneously. The combination of child development and structural support results in the creation of an environment that is more sustainable, giving leisure time the opportunity to gradually re-emerge as a viable component of everyday life.

➢ *Final Thoughts*

In conclusion, gaining access to leisure activities for caregivers of children with special needs requires a delicate negotiation between the caregiver's own capabilities and the supports provided by the outside world. Although the unpredictability of the kid's condition and the stress of work create substantial barriers, the presence of strong spousal support, child development, and flexible work frameworks serve as crucial lifelines. Based on these findings, it appears that treatments aiming to enhance the well-being of caregivers should concentrate not only on individual coping methods but also on bolstering family support structures and advocating for workplace rules that acknowledge the specific requirements of this demographic. It is possible for us to assist caregivers in transitioning from a life of merely surviving to one that is more balanced and meaningful if we address both the relational and structural characteristics.

V. LIMITATION OF THE STUDY

Because only eight caregivers participated in the study at a single location (YPAC Surakarta), it is difficult to extrapolate the findings to other regions that have distinct cultures or facilities. A bias in the selection process occurred since the participants came from rehabilitation institutes, which may have better access to support than caregivers who are isolated or who are not registered. Through the use of participant recall bias in interviews, the retrospective method relies on information that may not be completely correct in terms of detail. In terms of gender, the majority of the participants were mothers; the viewpoints of dads or extended family members were not investigated in great detail. This study is qualitative in nature; it does not examine quantifiable effects on stress levels or mental health; however, it does describe subjective meanings.

Secondly, some suggestions for additional research. Studies that Compare the Experiences of Caregivers in Different Regions and Cultures Compare the experiences of caregivers in different regions and cultures in Indonesia or other developing nations. The mixed-methods approach involves developing a quantitative survey based on the qualitative findings to determine the prevalence of leisure strategies and the association between them and burnout. Emphasizing dads and extended families, this study will investigate the special role that fathers and grandparental assistance play in the dynamics of caregiver leisure time. Examining how children's leisure requirements vary as they grow older and become more independent is the focus of a longitudinal study. The purpose of this intervention trial is to evaluate the efficacy of a community-based respite care model or a peer support group carried out within a therapy clinic.

VI. CLINICAL IMPLICATIONS

Occupational therapists should validate the term "micro-leisure" as an acceptable form of self-care to alleviate feelings of guilt experienced by caregivers. For example, playing with a phone when the child is sleeping is an example of a micro-leisure activity. Assisting caregivers in transforming home chores (such as cooking and sewing) into soothing and productive creative activities with their children (quality time) is what we mean when we talk about domestic activity integration. Through the provision of instruction on the selection of low-stimulation venues and short durations, the outdoor exploration strategy aims to guarantee that outings are both safe and entertaining for children with special needs while also providing a welcome reset for their parents. Facilitating social connection among caregivers during therapy waiting time to establish peer support and reduce feelings of isolation is made possible through the utilization of clinic waiting time. Through the use of co-parenting education, fathers are actively involved as playmates in order to provide a break for the primary caregiver and to promote the harmony within the family.

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