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BEYOND FINANCIAL LITERACY: A STRUCTURAL FINANCIAL BURDEN FRAMEWORK FOR RETIREMENT PLANNING AMONG MALAYSIAN MILITARY FAMILIES RAISING SPECIAL NEEDS CHILDREN

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Abstract: *Retirement planning generally assumes a household life course in which child-related dependency and expenditure decline as children enter adulthood. For families raising children with special needs, this assumption often does not apply. The present study explores how disability-related caregiving reshapes retirement preparedness among Malaysian military families and develops a Structural Financial Burden Framework grounded in their lived financial experiences. An exploratory qualitative embedded single-case design was used, with three military-linked rehabilitation centres treated as embedded units of analysis within one case. Researchers conducted 20 in-depth, semi-structured interviews with serving or recently retired Malaysian Armed Forces personnel or their spouses across three community-based rehabilitation centres in Kuala Lumpur, Perak, and Melaka. Interview evidence was supplemented by responses from parents in special-education programmes and observations from a Community-Based Responsibility financial-education workshop involving 25 families. Data were analysed using reflexive thematic analysis. Six interrelated themes were identified: income stability and household needs; debt, savings and financial responsibility; employment-caregiving trade-offs; therapy and medical costs; financial attitudes and psychological adjustment; and financial knowledge and decision-making. The findings show that low income or weak financial discipline does not adequately explain retirement vulnerability. Rather, it*

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develops cumulatively through recurring disability-related expenditure, repeated depletion of savings, maternal employment disruption, geographically driven service costs, insurance exclusions and a persistent gap between general financial literacy and disability-specific planning knowledge. The study contributes a Structural Financial Burden Framework that reframes retirement readiness as the household capacity to absorb disability-related costs across the life course while preserving long-term savings and caregiving continuity. Policy implications include early post-diagnosis financial counselling, disability-specific financial education, support for caregiving spouses, continuity of healthcare and therapy support into retirement, and better integration of Shariah-compliant protection and estate-planning instruments.

Keywords: *retirement planning; military families; children with special needs; caregiving; financial burden; financial literacy; Malaysia; thematic analysis.*

Introduction

Financial readiness is central to retirement security because households must convert current income into savings, protection and future consumption capacity. Financial literacy and financial education are positively associated with stronger long-term financial behaviours, including among military households (Lusardi & Mitchell, 2014; Wilmarth et al., 2023). Malaysian military research similarly indicates that financial literacy, financial vulnerability, retirement awareness, and military culture relate to financial readiness and planning behaviour (Nawi et al., 2025a, 2025b). Nevertheless, conventional retirement planning normally assumes that major child-related dependency will decline before or during the parents' retirement years.

For families raising children with special needs (SNC), this assumption is problematic. Disability-related caregiving can create substantial direct and indirect economic costs through healthcare, therapy, special education, transportation, care coordination and lost employment. International evidence shows that childhood autism can affect parental labour-force participation and earnings (Cidav et al., 2012) and generate considerable costs beyond healthcare alone (Lavelle et al., 2014). Malaysian evidence points in the same direction. Ismail et al. (2022), for example, found substantial annual economic burden among Malaysian families caring for children with cerebral palsy, with productivity loss representing the largest cost component. Caregiving also affects caregiver quality of life and the capacity to sustain long-term family functioning (Asahar et al., 2021).

These pressures are particularly consequential for military households. Military employment may provide predictable salaries, housing or medical benefits and structured retirement arrangements. However, it also involves relocation, geographically constrained postings and a distinct transition from active service to retirement. These characteristics can interact with disability-related caregiving in ways that general models of military financial readiness do not capture. A household may be financially disciplined yet still see declining retirement preparedness if recurring therapy costs erode emergency savings, a spouse leaves the labour market to provide care, or disability-related expenses remain uninsured.

Recent research further demonstrates that retirement itself is different for parents of children with disabilities. Costanzo et al. (2026) found that mothers of children with disabilities face simultaneous constraints on their ability to accumulate retirement assets and expectations of continued financial and caregiving responsibility during retirement. This reinforces the need to

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move beyond a narrow conception of retirement adequacy that relies solely on income replacement or savings balances.

This study addresses three interrelated problems. First, conventional financial-readiness models insufficiently account for long-term disability-related dependency. Existing models, including those validated among Malaysian military personnel (Nawi et al., 2025a, 2025b), conceptualise readiness through financial literacy, financial behaviour, financial stress and retirement awareness, and implicitly treat child-related expenditure as time-bound. They do not model a dependant whose care, therapy and protection needs may continue beyond the parents' working lives and, potentially, beyond the parents' own lifetimes. A household may therefore appear financially ready on these measures while remaining structurally unprepared for lifelong dependency.

Second, evidence remains limited on how Malaysian military caregivers experience these pressures. Malaysian research on disability-related costs has focused on civilian households and specific diagnoses such as cerebral palsy and autism (Ismail et al., 2022; Mahamud et al., 2025), whereas Malaysian military financial research has not differentiated households by the care needs of their dependants. Institutional attention to this population is nevertheless increasing: the Malaysian Armed Forces launched the Ikhtiar Autisme ATM programme for military children with autism in 2026 and has announced plans to establish a community rehabilitation centre at every major camp (Malay Mail, 2026; Salleh, 2026). These initiatives show that military families raising SNC are recognised as a welfare priority, yet the financial experiences of the caregivers they serve have not been systematically documented.

Third, military retirement planning may not adequately integrate the effects of ongoing therapy, care, protection, and spousal employment. Retirement planning for service personnel is typically framed around pension and gratuity decisions, housing and second-career transition. It rarely asks what disability-related services will cost once the household leaves the military support system, how far a caregiving spouse's interrupted employment has reduced household retirement assets, or which protection arrangements will sustain the dependant when the parents age, become incapacitated or die. When these elements are omitted, a retirement plan may be internally coherent yet misaligned with the household's actual life-course obligations.

The present study therefore asks: how do Malaysian military families raising SNC experience the financial pressures that shape retirement preparedness, and how do these pressures interact over time? Drawing on 20 in-depth interviews and complementary community-based evidence, the study develops a Structural Financial Burden Framework. Rather than treating each expense or financial difficulty as an isolated problem, the framework conceptualises retirement insecurity as the cumulative product of interacting constraints across household, caregiving, employment, service access, protection, and knowledge.

The paper makes three contributions. First, it connects the military financial-readiness literature with disability-caregiving economics, two bodies of research that are rarely examined together. Second, it identifies mechanisms through which apparently stable military income can coexist with long-term retirement vulnerability. Third, it distinguishes general financial literacy from disability-specific planning literacy, showing why knowledge of budgeting and debt management does not automatically translate into preparedness for lifelong care, specialised insurance, trusts, Takaful, Hibah or Waqf.

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Literature Review

Military Financial Readiness and Retirement Behaviour

Military households have financial circumstances that differ from many civilian households, including structured pay systems, benefits, relocation, and occupational uncertainty. Using data from the U.S. National Financial Capability Study, Wilmarth et al. (2023) found that military households reported relatively strong financial knowledge and that financial education was positively associated with long-term financial behaviours. These findings support the broader proposition that knowledge and education matter for retirement-oriented financial behaviour.

In Malaysia, Nawi et al. (2025a) developed and validated a measure of financial readiness among military personnel that incorporates financial literacy, financial vulnerability, financial stress, military culture, and retirement-related constructs. Nawi et al. (2025b) further examined factors influencing financial planning among Malaysian military personnel and positioned financial readiness as relevant both to household well-being and occupational readiness. However, these studies did not focus on households supporting dependants with potentially lifelong care needs. Disability therefore adds another source of financial vulnerability that can change the meaning of otherwise adequate financial readiness.

Disability caregiving as a cumulative economic burden

Disability-related caregiving generates both visible and hidden costs. Visible costs include healthcare, therapy, special education, assistive services, transport and paid care. Hidden costs include reduced working hours, foregone promotions, labour force withdrawal, and the opportunity cost of unpaid caregiving. Consistent with this multidimensional burden, Kuhlthau et al. (2005) found that families of children with special health care needs can experience substantial finance-related burden, particularly when care needs are intensive and persistent. Cidav et al. (2012) found that mothers of children with autism were less likely to be employed and had lower earnings than comparison mothers. Lavelle et al. (2014) showed that the economic burden of childhood autism extends well beyond medical costs to include education and other non-healthcare expenses.

Evidence from Malaysia is particularly relevant. Ismail et al. (2022) estimated a substantial annual economic burden among parents and caregivers of children with cerebral palsy, with indirect productivity loss exceeding direct healthcare costs. This finding matters for retirement research because lost earnings not only reduce current consumption; they also reduce retirement contributions, asset accumulation, and the household's capacity to absorb future shocks. Asahar et al. (2021) further showed that caregiving for children with autism in Malaysia is associated with caregiver quality-of-life challenges, underscoring that financial decision-making occurs within the broader context of ongoing caregiving strain.

Disability-Related Financial Burden in Malaysia and the Military Setting

Malaysian evidence on the household costs of childhood disability, although limited, consistently indicates burdens that exceed the capacity of public support. Among caregivers attending community-based rehabilitation (PDK) centres in Selangor, Sidek et al. (2011) found that about four in five reported needing financial support, along with high needs for information, social support, and community services. Chandran (2016) showed that occupational therapy alone could absorb a material share of income among lower-income families of children with autism, while only a minority received welfare assistance and many parents were unaware of the schemes available to registered persons with disabilities (OKU). More recently, Mahamud

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et al. (2025) estimated that urban families may spend more than RM4,000 per month on autism-related services, that typical government support offsets only a modest proportion of this cost, and that insurance coverage for developmental services remains rare. Together with Ismail et al. (2022), these studies indicate that disability-related costs in Malaysia are recurrent, spread across several sectors and largely financed privately by households.

Evidence specific to Malaysian military households remains sparse. Military families occupy a distinctive position: they can access Armed Forces health facilities, family housing and welfare bodies, but they are also exposed to postings that can disrupt therapy and schooling arrangements, and to a transition into retirement that may occur while a dependant's care needs are still intensifying. Recent initiatives, including military-linked community rehabilitation centres and the Ikhtiar Autisme ATM programme (Malay Mail, 2026; Salleh, 2026), signal institutional recognition of SNC families within the Armed Forces. However, published research has not yet examined how these families finance care or prepare for retirement. Malaysian military financial-readiness studies (Nawi et al., 2025a, 2025b) provide the closest empirical anchor, and the present study extends that work to households with disability-related dependency.

From Caregiving Burden to Retirement Vulnerability

Retirement vulnerability arises when disability-related costs persist while the household's capacity to earn, save or insure against those costs weakens. The life-cycle hypothesis holds that households allocate consumption and saving over time in anticipation of changes in income and needs (Modigliani, 1986). In an SNC household, however, non-discretionary caregiving expenditure can remain high for much longer than conventional household models anticipate. Savings intended for retirement may be repeatedly redirected to therapy, schooling, transport, or medical needs.

This issue is especially important for caregiving mothers. Costanzo et al. (2026) show that mothers of children with disabilities may enter retirement with lower accumulated resources precisely when ongoing caregiving and financial responsibility create a need for greater, not lower, resources. The result is a double constraint: caregiving can reduce the ability to build retirement wealth while simultaneously increasing the amount of wealth required for a secure retirement.

Trust-Based and Shariah-Compliant Instruments in Malaysian Disability Planning

Because a child with lifelong support needs may outlive both the parents' earning years and the parents themselves, disability planning extends beyond accumulating savings to instruments that protect, transfer and ring-fence resources for the dependant. Four groups of instruments are relevant in Malaysia, and each carries particular constraints in the disability context.

Hibah, Wasiat and trusts. For Muslim families, assets remaining in the estate at death are distributed according to faraid, and a wasiat (will) is limited to one-third of the estate and, under the prevailing view, cannot benefit an heir without the other heirs' consent. A parent therefore cannot direct a larger share of the estate to a disabled child through a will alone. Lifetime transfers through hibah, frequently combined with a trust arrangement (hibah amanah), are the principal mechanism for doing so. However, their effectiveness depends on proper documentation and administration (Azhar & Md Nor, 2019). Singapore offers an instructive contrast: its Special Needs Trust Company provides a dedicated, low-cost trust for persons with

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special needs, and the Fatwa Committee of the Islamic Religious Council of Singapore has recognised contributions to it as a special trust hibah that is not subject to faraid (Majlis Ugama Islam Singapura [MUIS], 2015). Malaysia does not yet have an equivalent publicly supported special-needs trust vehicle, so families must navigate commercial and institutional trust products whose fees and minimum asset requirements may be difficult for salaried households to meet.

Takaful. Takaful provides Shariah-compliant protection against death, disability and medical expenses. However, access for persons with disabilities and for children with congenital or developmental conditions has historically been constrained by underwriting exclusions for pre-existing conditions. Specialised products for OKU have emerged, and in 2026 Bank Negara Malaysia launched MyCoverageOKU as a central reference point on insurance and takaful products available to persons with disabilities and their caregivers (Fintech News Malaysia, 2026). These developments acknowledge an access problem, yet coverage of habilitative services such as speech, occupational and behavioural therapy remains limited (Mahamud et al., 2025). For caregivers, the more consequential protection may therefore be coverage of the parents' own lives and capacity, which secures the funding source for the child's future care.

Waqf. Waqf has been proposed as a complementary source of long-term support. Sahri et al. (2025) document Malaysian waqf initiatives for persons with disabilities that fund assistive equipment, healthcare, and education, but find them fragmented, small in scale, and constrained by unclear Shariah and legal guidelines, weak inter-agency coordination, and low family awareness. Muneeza et al. (2025) propose a cash waqf–takaful model to extend protection to vulnerable older Malaysians, an approach that could, in principle, be adapted to ageing caregivers and their dependants.

Taken together, this literature indicates that the instruments commonly recommended for SNC families are available in Malaysia but are fragmented across religious, regulatory and commercial institutions, are seldom designed with disability in mind, and require specialised knowledge that general financial-literacy programmes do not provide. Whether military caregivers possess this disability-specific planning literacy, and whether they can use these instruments in practice, is therefore an empirical question this study addresses.

Behaviour, Stress and Decision-making

The Theory of Planned Behaviour proposes that attitudes, perceived social expectations, and perceived behavioural control shape behaviour (Ajzen, 1991). Applied to retirement planning, the theory suggests that knowledge alone may be insufficient if caregivers perceive disability-related planning instruments as inaccessible, unaffordable or too complex. Military discipline may support budgeting and debt avoidance, but perceived lack of control over therapy costs or future care can still inhibit long-term planning.

The caregiving stress-process model is also relevant. Pearlin et al. (1990) conceptualise caregiver stress as a process in which primary caregiving demands interact with secondary strains in employment, finances and family roles. This perspective helps explain why financial pressure in SNC households may be cumulative rather than episodic: a therapy cost can trigger savings depletion, employment adjustment, transport burden, and psychological stress simultaneously.

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Collectively, these perspectives support a structural interpretation of retirement vulnerability. Financial outcomes are shaped not only by individual knowledge or attitudes, but also by recurring costs, service availability, employment constraints and the institutional design of protection mechanisms.

Research Gap and Research Questions

Existing military financial-readiness research provides important evidence on financial knowledge and planning, while disability-caregiving research documents substantial household economic burden. What remains underexamined is how these two realities intersect during military service and retirement. Malaysian evidence is particularly limited on how disability-related financial pressures are experienced within military households, and on whether these families can access the trust-based and Shariah-compliant instruments that long-term disability planning requires. This study addresses that gap through two research questions:

RQ1: What financial and caregiving challenges shape retirement preparedness among Malaysian military families raising children with special needs?

RQ2: How do these challenges interact to create cumulative or structural retirement vulnerability over the household life course?

Methodology

Research Design

The study adopted an exploratory qualitative embedded single-case design (Yin, 2018). The case is defined as Malaysian military families raising children with special needs within the Malaysian Armed Forces welfare context; that is, the bounded system of interest is the household–institution interface through which these families finance care and prepare for retirement under military employment conditions. The three military-linked community-based rehabilitation centres (PDK) are not treated as separate cases but as embedded units of analysis. They provided access to the population, introduced variation in service branch and geography, and allowed patterns to be compared across settings within the single case. An embedded single-case design was preferred over a multiple-case design for two reasons. First, the research questions concern a shared institutional context, namely military pay, postings, welfare and retirement arrangements, rather than differences between centres. Second, the site-level sub-samples (n = 6 to 8) were too small to support independent case-level analysis. Cross-site comparison therefore assessed theme consistency across settings rather than generating site-specific findings. A qualitative design was appropriate because the study sought to understand how financial pressures are experienced, prioritised and interpreted in the context of caregiving, rather than to estimate population prevalence or test causal effects.

Participants and Setting

We recruited a purposive sample of 20 participants. Participants were serving or recently retired Malaysian Armed Forces personnel or their spouses, were aged 30 years or older, and were parents or primary caregivers of at least one child formally diagnosed with a special-needs condition. Participants were drawn from three military-linked community-based rehabilitation settings in Peninsular Malaysia: PDK Div 4 at Kem Wardieburn, Kuala Lumpur (n = 6), PDK TLDM Lumut, Perak (n = 6), and PDK Ummi at Kem Terendak, Melaka (n = 8). We also collected additional contextual responses from parents of students in PPKI schools near Sungai Besi Camp.

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Centre coordinators circulated study information to eligible families, and participation was voluntary. We obtained written informed consent before each interview, and the National Defence University of Malaysia's ethics committee granted ethical approval (JKEP 7:2025). Table 1 summarises participants' characteristics. The children's primary conditions are reported using the Department of Social Welfare (JKM) disability categories. Characteristics are reported in aggregate rather than per participant because combinations of site, rank, branch and diagnosis could identify individuals within small military communities.

Table 1: Participant Profile (N = 20)

Characteristic	Category	n (%)
Gender	Female	9 (45.0)
	Male	11 (55.0)
Relationship to service	Military member	8 (40.0)
	Spouse of member	12 (60.0)
Service status of household	Serving	14 (70.0)
	Retired (within 7 years)	6 (30.0)
Service branch	Army	10 (50.0)
	Royal Malaysian Navy	5 (25.0)
	Royal Malaysian Air Force	5 (25.0)
Age (years)	30–39	6 (30.0)
	40–49	11 (55.0)
	50 and above	3 (15.0)
Rank category of member	Other ranks	15 (75.0)
	Officers	5 (25.0)
Monthly household income	B40 (≤ RM5,250)	12 (60.0)
	M40 (RM5,251–RM11,819)	5 (25.0)
	T20 (≥ RM11,820)	3 (15.0)
Number of children	1–2	4 (20.0)
	3–4	14 (70.0)
	5 or more	2 (10.0)
Child's primary disability (JKM category)	Learning disability (incl. autism, Down syndrome, global developmental delay)	7 (35.0)
	Physical (incl. cerebral palsy)	7 (35.0)
	Multiple disabilities	3 (15.0)
	Other (hearing, visual, speech, mental)	3 (15.0)
Study site	PDK Div 4, Kem Wardieburn, Kuala Lumpur	6 (30.0)
	PDK TLDM Lumut, Perak	6 (30.0)
	PDK Ummi, Kem Terendak, Melaka	8 (40.0)
Interview mode	Face-to-face	18 (90.0)
	Videoconference	2 (10.0)

Note: Income groups follow the Department of Statistics Malaysia (2022) household income classification.

Data Collection

Semi-structured interviews were conducted between May 2025 and October 2025. Interviews were conducted individually, with one joint interview. 18 interviews were conducted face-to-face and two by videoconference. Interviews averaged about 85 minutes and were conducted in Bahasa Malaysia and/or English, depending on participant preference. Interviews were audio-recorded with consent and transcribed verbatim. A reflective field journal was maintained throughout data collection and analysis. Thematic redundancy was noted from

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approximately the eighteenth interview; however, consistent with reflexive thematic analysis, saturation was not treated as a mechanical stopping criterion (Braun & Clarke, 2021).

Interview guide. The interview guide was organised into five sections that followed the household's financial life course: (a) family background, the child's diagnosis and the military career; (b) current household income and expenditure, including the costs of the child's education, therapy, transport and healthcare; (c) employment and caregiving arrangements, including the spouse's work history; (d) savings, debt, insurance or Takaful coverage, and awareness and use of planning instruments such as trusts, Hibah, Wasiat and Waqf; and (e) expectations for retirement and for the child's long-term care after parental retirement, incapacity or death. Each section opened with a broad question (for example, 'How has your child's condition affected your family's finances since diagnosis?'), followed by probes. Two academic experts reviewed the guide, and we piloted it with five caregivers not included in the final sample.

Translation and verification. The authors transcribed and coded interviews conducted in Bahasa Malaysia in the original language to preserve meaning, in line with recommendations to remain in the source language for as long as possible during analysis (van Nes et al., 2010). The bilingual author translated only the extracts selected for reporting into English. A second bilingual researcher then checked each translated extract against the original for semantic and conceptual equivalence, and the authors resolved disagreements through discussion. Culturally and religiously specific terms (for example, amanah, rezeki and Hibah) were retained in the original with an English gloss.

Researcher positionality. The author is an academic at the National Defence University of Malaysia, and their teaching and research focus on financial planning among military personnel and their families. This position conferred partial insider status (Dwyer & Buckle, 2009). Familiarity with military pay structures, welfare institutions, and Armed Forces culture facilitated access and rapport, as one author is the spouse of an Armed Forces member and has personal experience raising a child with special needs. The university's defence affiliation also created a risk that participants might present their accounts favourably towards military institutions or perceive the interview as evaluative. To mitigate this risk, participants were assured that the study was independent of their unit's chain of command, that participation would not affect their access to services, and that identifying details would be removed. The author's professional background in financial planning was also recognised as a lens that could privilege individual planning deficits over structural explanations; the field journal was used to examine this assumption explicitly, as described below.

Complementary evidence came from a Community-Based Responsibility (CBR) Workshop held in Melaka in August 2025 involving 25 families. The workshop primarily served as a knowledge-transfer activity but also provided observational insight into how caregivers engaged with financial topics and Shariah-compliant instruments such as Takaful, Waqf, and trust arrangements. This paper treats these observations as contextual and triangulating evidence rather than an experimental test of education effectiveness.

Data Analysis and Trustworthiness

Interview data were analysed using reflexive thematic analysis (Braun & Clarke, 2006, 2019, 2021) through six recursive phases: familiarisation with the transcripts, initial coding, generating candidate themes, reviewing themes, defining and naming themes, and writing up.

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The analysis adopted an explicitly hybrid inductive–deductive orientation (Fereday & Muir-Cochrane, 2006; Byrne, 2022). Deductively, three theoretical perspectives sensitised the analysis: the Theory of Planned Behaviour (attitudes, social norms and perceived control over planning), the caregiving stress-process model (primary caregiving demands and secondary financial and employment strains) and the life-cycle hypothesis (the timing of saving and dissaving). These perspectives informed the interview guide and the questions brought to the data, but no a priori codebook was imposed. Inductively, codes were generated from participants' own language and experiences. Several central constructs, notably the 'save-and-deplete' cycle and the 'double cliff', emerged from the data rather than from the sensitising theories. Coding was predominantly semantic in the early phases and became increasingly latent as candidate themes were developed.

The author conducted coding manually. Consistent with reflexive thematic analysis, the authors did not calculate inter-coder reliability because the approach treats researcher subjectivity as an analytic resource rather than a source of bias to be eliminated (Braun & Clarke, 2021). Instead, the authors reviewed all coded transcripts and the developing thematic map, and discussed differences in interpretation to sharpen theme boundaries rather than establish coding agreement. Table 2 illustrates the coding pathway for one theme, tracing data extracts through initial codes and candidate themes to the final theme.

Table 2: Example Coding Pathway for the Theme 'Debt, Savings and Financial Responsibility'

Data extract (translated)	Initial codes	Candidate theme	Final theme
"Our income covers what we need each month, but at the end of the month there is nothing left for savings. Whatever extra we try to keep, it gets taken by therapy fees or school payments." — Parent, PDK TLDM Lumut	Saving in stable periods; therapy fees absorb savings	Savings as a temporary buffer	Debt, savings and financial responsibility
"I learned in the army: control your debts, or they will control you. So we plan; we save a small amount every month, even if it is only RM200." — Parent, PDK Ummi, Kem Terendak	Debt avoidance; emergency fund depleted	Save-and-deplete cycle	Debt, savings and financial responsibility
"I am a Sergeant. My pay is fixed. My child needs therapy three times a week. After we pay for that, food, rent, and transport, we are finished. There is no retirement savings." — Parent, PDK Div 4, Kem Wardieburn	Retirement savings diverted; transport and school costs	Retirement accumulation displaced by present care	Debt, savings and financial responsibility

Reflexivity was developed through the field journal, maintained from the first interview to the final write-up. Entries recorded the author's initial assumptions, emotional responses to participants' accounts and analytic decisions, and were revisited at each phase of theme review (Olmos-Vega et al., 2023). Two reflexive shifts shaped the analysis. First, the author entered the field expecting retirement vulnerability to be explained largely by gaps in financial literacy. Repeated accounts of disciplined budgeting alongside depleted savings prompted a reorientation toward structural explanations, which became the framework's organising idea. Second, journal entries noted the risk of over-identifying with participants' frustration about

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service coverage. The 'double cliff' theme was therefore framed as participants' perceived risk of discontinuity rather than as a factual claim that benefits cease at retirement.

The study strengthened trustworthiness through several procedures reported in the source study: verbatim transcription, participant checking of interview material, reflective field notes, comparison of themes across three study sites, and triangulation with CBR Workshop observations and a June 2025 focus-group discussion involving JKM-JPOKU. The resulting analysis generated six interrelated themes.

Table 3: Participant and Data-source Overview

Source	Coverage	Role in analysis
In-depth interviews	20 military caregivers across Kuala Lumpur, Perak and Melaka	Primary qualitative evidence
PPKI-linked parent responses	Parents near Sungai Besi Camp	Contextual corroboration
CBR Workshop	25 families, Melaka, August 2025	Observation of engagement with financial-planning content
JKM-JPOKU focus group	June 2025	Institutional triangulation

Findings

Six themes described how disability-related caregiving interacted with household finances and retirement preparedness (Table 4). Although presented separately for analytical clarity, participants' accounts indicated that these pressures were mutually reinforcing. The subsections below are organised around the mechanisms through which the themes operated: the themes of income stability and household needs and of debt, savings and financial responsibility are reported together; the theme of therapy and medical costs is reported across the subsections on recurring care costs and on insurance gaps; and the remaining three themes are reported separately.

Income Stability Did Not Eliminate Structural Strain

Participants generally viewed military income as predictable and valued the discipline associated with regular pay. Nevertheless, income stability did not mean that available income was sufficient to absorb both ordinary household expenditure and recurring SNC costs. The problem was therefore not simply income volatility; it was the mismatch between a relatively fixed income structure and recurrent, partly unpredictable caregiving expenditure.

Debt attitudes were generally cautious. Participants described a preference for avoiding unnecessary consumer debt and, where possible, maintaining savings. However, many accounts reflected a recurring 'save-and-deplete' pattern: participants built savings during relatively stable periods and then drew them down when therapy, school, transport, or health-related costs increased. This cycle weakened the ability to sustain emergency reserves and diverted resources from retirement accumulation.

Education, Therapy and Transport Created A Recurring Cost Architecture

Education-related expenditure was a significant concern. Families who considered available public provision insufficient for their child's needs reported turning to specialised private programmes or additional services. Military relocation could compound this cost by disrupting

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established school placements and requiring families to rebuild education and therapy arrangements after a posting.

Therapy and treatment costs were among the most persistent sources of pressure. Occupational therapy, speech and language therapy, applied behavioural intervention and physiotherapy were described as recurring and difficult to postpone. Families also incurred transport costs because specialised providers were often concentrated in urban areas while military postings could be located elsewhere. Consequently, therapy costs included not only the provider's fee but also travel time, fuel, accommodation, and, in some cases, lost working time.

Caregiving Generated a Gendered Retirement Penalty

A pronounced employment-caregiving trade-off emerged among spouses, particularly wives. Some reduced working hours or left employment to provide care because appropriate respite or day-care options were limited. The immediate effect was reduced household income. The longer-term effect was more consequential: interrupted employment reduced opportunities for EPF contributions, career progression and supplementary retirement savings.

This pathway closely mirrors international evidence that childhood disability can reduce maternal employment and earnings (Cidav et al., 2012). It also aligns with the more recent finding that mothers of children with disabilities may approach retirement with fewer accumulated resources while expecting continued caregiving obligations (Costanzo et al., 2026). In the present study, this mechanism was particularly important because the household could appear financially stable when assessed solely by the serving member's salary. At the same time, the spouse's lost lifetime earnings remained largely invisible.

Insurance Gaps and Retirement Created A 'Double-Cliff' Concern

Participants reported that existing protection arrangements did not consistently cover specialised developmental or habilitative services. This meant that families often paid for important therapies directly even during active service. Participants were additionally concerned about the transition into retirement, when access to some service-related benefits changes while the child's care needs continue.

Collectively, these concerns coalesced into what the participants' accounts suggest is a 'double cliff': the family enters retirement with lower earned income while disability-related expenditure continues, and some existing protection or access to services may become less available. The concept does not imply that all benefits cease for every retiree; rather, it captures caregivers' perceived risk of discontinuity between active-service support and long-term SNC needs.

General Financial Literacy Did Not Equal Disability-Specific Planning Literacy

Participants generally displayed familiarity with budgeting, saving and debt management. This finding aligns with evidence that military households can have comparatively strong financial knowledge and benefit from financial education (Wilmarth et al., 2023), as well as recent research on Malaysian military financial readiness (Nawi et al., 2025a, 2025b).

However, confidence weakened when discussion moved to disability-specific instruments and long-term care planning. Participants reported limited familiarity with special-needs trusts, disability-sensitive Takaful, Hibah, Waqf and mechanisms for protecting the child's financial future after parental retirement or death. The resulting gap was therefore not simply 'financial

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illiteracy'. It was a mismatch between general financial capability and the specialised knowledge required to plan for potentially lifelong dependency.

The CBR Workshop provided an important implementation signal. During the workshop, families seemed more willing to ask questions and engage with Shariah-compliant planning tools when discussed in a community-based, peer-supported setting. Because the workshop was not designed as a controlled intervention, the study does not claim a causal effect on education. Nevertheless, the observation suggests that delivery format, trust and contextual relevance may influence whether families engage with complex planning instruments.

Psychological Adjustment Influenced the Timing of Planning

Financial planning was also shaped by emotional adjustment following diagnosis. Participants described periods when immediate treatment, schooling, and acceptance of the child's condition took priority over long-term planning. This pattern aligns with the caregiving stress-process perspective, in which primary caregiving demands can create secondary strains on employment, finances, and self-perception (Pearlin et al., 1990).

The practical consequence is timing. If families postpone formal retirement, protection, and estate planning during the early caregiving years, they may lose valuable years of compounding and enter later life with fewer options. This makes early, sensitive financial counselling relevant not because families are inattentive, but because planning competes with the intense and immediate demands of caregiving.

Table 4: Structural Financial Burden Framework

Theme	Immediate pressure	Retirement pathway	Structural implication
Income stability and needs	Fixed income faces recurring SNC costs	Less surplus available for long-term saving	Income adequacy must be assessed relative to care intensity
Debt, savings and responsibility	Savings repeatedly depleted	Emergency and retirement buffers fail to accumulate	Discipline alone cannot offset recurring shocks
Employment-caregiving trade-offs	Reduced hours or workforce exit	Lower lifetime earnings and retirement contributions	Caregiving creates a gendered retirement penalty
Therapy and medical costs	High-frequency, non-deferrable expenditure	Retirement savings redirected to present care	Care costs persist across the life course
Financial attitudes and psychological adjustment	Planning delayed by diagnosis-related demands	Lost time for asset accumulation	Timing of counselling matters
Financial knowledge and decision-making	Low familiarity with SNC-specific instruments	Underuse of trusts, Takaful and estate-planning tools	General literacy is not equivalent to disability-specific literacy

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Discussion

Retirement Insecurity Is Structural, Not Simply Behavioural

The central finding is that poor financial behaviour alone cannot adequately explain retirement vulnerability among military SNC families. Participants commonly described budgeting discipline, debt caution, and efforts to save, yet their retirement readiness was repeatedly undermined by costs that were difficult to avoid or defer. This challenges policy approaches that treat financial literacy as the primary solution to retirement inadequacy.

The Structural Financial Burden Framework therefore shifts the unit of analysis from isolated financial decisions to interacting constraints. Therapy costs reduce saving; transport requirements increase the effective cost of therapy; caregiving limits spousal employment; lower earnings reduce retirement contributions; insurance gaps increase out-of-pocket exposure; and psychological demands can delay adopting long-term protection arrangements. Each mechanism magnifies the others.

A Stable Salary Can Coexist with Weak Retirement Preparedness

Military employment provides income predictability, but predictability should not be mistaken for adequacy. The findings suggest that financial-readiness assessments for military households should incorporate care-adjusted expenditures and household earning capacity, not just the serving member's salary or general financial literacy. This extends Nawi et al. (2025a, 2025b) by identifying disability caregiving as a household-level modifier of military financial readiness.

The Gendered Employment Pathway Is a Hidden Retirement Cost

The employment theme is arguably the most important long-term mechanism because its effects compound silently. Cidav et al. (2012) showed that mothers of children with autism face employment and earnings penalties, while Costanzo et al. (2026) directly link disability caregiving to retirement trade-offs. The present study shows how this mechanism operates within Malaysian military households. When a spouse reduces employment to provide care, the family loses not only present income but also future retirement contributions, career progression and the option to diversify household retirement resources.

This finding supports a broader interpretation of retirement adequacy. A household should not be classified as retirement-ready solely because one member has a formal pension or retirement scheme. The caregiving spouse's lost pension accumulation and continued care obligations are part of the same retirement balance sheet.

The 'Double Cliff' Links Service Design to Retirement Planning

Participants' concerns about therapy coverage and post-service continuity reveal that retirement planning is partly an institutional design issue. Families can save diligently and still face retirement insecurity if essential disability-related services remain uncovered or if the transition from active service to retirement creates uncertainty in access. Evidence from families of children with special health care needs further shows that insurance design does not fully eliminate financial strain, with coverage gaps remaining associated with work loss and family financial problems (Chen & Newacheck, 2006). This aligns with the broader economic burden literature, which shows that disability-related costs are distributed across healthcare, education, caregiver time, and other sectors rather than contained within a single budget category (Lavelle et al., 2014; Ismail et al., 2022).

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The policy implication is that retirement preparedness should include a continuity assessment: which disability-related services remain available after retirement, which become privately financed, and which costs are likely to increase as both caregiver and dependant age?

Disability-Specific Financial Literacy Is A Distinct Capability

One of this study's clearest contributions is distinguishing general financial literacy from disability-specific planning literacy. Financial literacy matters economically and is associated with better financial outcomes (Lusardi & Mitchell, 2014). Nevertheless, an SNC caregiver may understand budgeting and saving while remaining unfamiliar with trust structures, beneficiary arrangements, Takaful, Hibah, Waqf or long-term care succession.

Accordingly, generic financial education is unlikely to be sufficient. The relevant capability is the ability to translate household financial resources into a durable care plan that continues after retirement, incapacity or death. The workshop observations further suggest that community-based, trusted delivery environments may increase willingness to engage with these technically and emotionally difficult topics. However, formal intervention research is needed to test their effectiveness.

Conceptual Contribution: The Structural Financial Burden Framework

The proposed framework conceptualises retirement readiness as the residual capacity that remains after a household absorbs recurring disability-related financial and caregiving demands over time. In conventional retirement planning, households attempt to smooth consumption across the life course (Modigliani, 1986). In SNC households, however, the expected decline in child-related dependency may be delayed or absent. This prolonged dependency is also evident among ageing parents of adult children with autism, whose caregiving responsibilities can continue into later life and affect finances, well-being and preparation for their own ageing (Marsack & Perry, 2018). As a result, retirement savings must compete with ongoing care costs for much longer. The framework therefore adds a disability-sensitive layer to life-cycle retirement planning: present caregiving demands, employment opportunity costs, institutional coverage and specialised planning knowledge jointly determine the resources available for later life.

Conclusions and Recommendations

This study demonstrates that retirement insecurity among Malaysian military families raising children with special needs is cumulative, structural and life-course based. The six themes identified in the analysis show that stable employment and sound financial discipline do not necessarily translate into retirement readiness when disability-related costs recur, caregiving constrains spousal employment, essential services require out-of-pocket expenditure, and specialised planning knowledge remains limited. The proposed Structural Financial Burden Framework therefore provides a more appropriate lens for understanding retirement preparedness in this population by focusing on the household's capacity to sustain current caregiving responsibilities while preserving sufficient financial resources, protection and planning arrangements for later life.

Accordingly, disability-sensitive financial counselling should begin early in the caregiving journey and be revisited at key life stages, including school entry, adolescence and pre-retirement. Military welfare systems should complement general financial education with SNC-specific modules covering cash-flow planning, emergency reserves, retirement projections, trusts, Takaful, Hibah, Waqf, beneficiary planning, estate planning, welfare support and long-term care continuity. Also give particular attention to protecting caregiving spouses from long-

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term retirement penalties through flexible employment arrangements, respite support, re-entry pathways, and targeted retirement-saving assistance. Pre-retirement planning should explicitly address healthcare and therapy continuity, including anticipated out-of-pocket costs after retirement. At the same time, military welfare coordination should reduce posting-related disruption by supporting continuity of education, therapy and service records. Community-embedded delivery models may also provide an effective platform for introducing complex, Shariah-compliant financial planning instruments within trusted settings.

At the policy level, retirement planning for SNC families should move beyond generic financial literacy and adopt an integrated approach that links household finance with welfare, healthcare, employment support, and long-term protection. This matters especially where caregiving responsibilities extend beyond the conventional dependency period. Disability-sensitive subsidies, insurance and Takaful arrangements, estate-planning mechanisms, and long-term care financing should therefore be strengthened to reduce abrupt financial pressure at retirement. The findings also suggest that community-based approaches, such as the CBR Workshop model, warrant further evaluation as mechanisms to improve access to specialised financial planning and strengthen caregiver confidence.

Nevertheless, this study has several limitations. The purposive sample included 20 caregivers across three military-linked settings in Peninsular Malaysia, so the findings are analytically transferable but not statistically generalisable to all Malaysian military families. Because participants were accessed through military-linked rehabilitation centres, families who do not use such services, possibly those with the least access to support, are not represented. The study also included families caring for children with different special-needs conditions, and the CBR Workshop served as contextual observation rather than a formal intervention trial. Future research should therefore compare retirement and cost trajectories across disability types and levels of support need, undertake longitudinal studies across the transition from active service to retirement, and incorporate the perspectives of adult dependants, siblings, welfare agencies, financial planners and service providers. Quantitative studies could also operationalise the Structural Financial Burden Framework to test whether therapy costs, employment disruption, insurance gaps and disability-specific financial literacy explain retirement adequacy beyond conventional variables such as income, age and general financial literacy.

Overall, the practical implication is clear: retirement planning for Malaysian military families raising children with special needs should start early, follow the caregiving life course, and integrate financial readiness with continuity of care, employment protection, and disability-sensitive long-term financial planning. Such an approach would better recognise the reality that caregiving responsibilities may persist well beyond the conventional dependency period and that retirement security depends not only on savings, but also on the sustainability of the wider support ecosystem.

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