

Subjective Well-Being in Families of Children with Neurodevelopmental Disorders: The Roles of Family Functioning and Maternal Interaction

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ABSTRACT: Families with neurodevelopmental disorder (NDD) children need to perform family functions optimally to improve their subjective well-being. Positive interactions between mothers and children also help improve subjective well-being. In general, this study aims to analyze the influence of family functioning and mother-child interaction on the subjective well-being of families with neurodevelopmental disorder (NDD) children who have conditions of intellectual disability, autism spectrum disorder (ASD), and attention-deficit/hyperactivity disorder (ADHD). This study used a cross-sectional study design involving 93 respondents by purposive sampling. Data were collected through structured interviews using standardized instruments: the FUNGSI-GA for family functioning, the Parent-Child Interaction Questionnaire Revised (PACIQ-R) for mother-child interaction, and the SEJAHTERA-GA for subjective family well-being. Descriptive analysis and multiple regression were performed. Regression analysis showed that family size, instrumental function, and system maintenance function significantly contributed to family subjective well-being (Adj. $R^2 = 0.594$). These findings highlight the critical role of family functioning and supportive maternal interactions in enhancing the well-being of families with NDD children. Interventions should therefore focus on strengthening family resilience, communication, and access to therapy to improve family outcomes.

KEYWORDS: family functioning, mother-child interaction, neurodevelopmental disorder, special needs, subjective well-being

I. INTRODUCTION

Since prenatal development, humans have continuously experienced development. During this process, not all human development progresses according to its developmental tasks. Many individuals experience developmental disorders. One disorder that can occur in human development is neurodevelopmental disorder (NDD). Neurodevelopmental disorders (NDD) are neurodevelopmental disorders that inhibit optimal cognitive, emotional, and motor development. These disorders include intellectual disability, communication disorder, autism spectrum disorder (ASD), attention-deficit/hyperactivity disorder (ADHD), and specific learning disorder (American Psychiatric Association 2013).

The prevalence of children with intellectual disabilities in Indonesia is estimated at 1-3% of the total population, or approximately 6.6 million people (Ministry of Health of the Republic of Indonesia 2023). Mental retardation is characterized by impairments in reasoning, problem-solving, planning, abstract thinking, judgment, academic learning, and experiential learning (American Psychiatric Association 2013). According to data from the Indonesian Ministry of Health (2022), the World Health Organization (WHO) predicts that 1 in 160 children worldwide suffers from autism spectrum disorder (ASD). Meanwhile, in Indonesia, the number of children diagnosed with autism spectrum disorder is estimated to increase by 500 each year. Children diagnosed with this spectrum disorder will have restricted and repetitive patterns of behavior, activities, and interests (American Psychiatric Association 2013). Statistics in Indonesia show that the population of school-age children with attention-deficit hyperactivity disorder (ADHD) has reached 15 percent, an increase from 2-4 percent in previous years. This indicates that 1 in 20 children has attention-deficit hyperactivity disorder (Nugroho 2023). These disorders include a lack of ability to maintain focus on tasks, difficulty hearing, difficulty remembering material, hyperactivity, restlessness, frequent interruptions, and an inability to sit still or wait (American Psychiatric Association 2013).

Unlike most children, children with neurodevelopmental disorders (NDD) experience limitations in carrying out daily activities. The family, as the smallest and closest unit to the child, certainly needs to play a primary role in addressing these limitations. However, this is not easy. Faden et al. (2023) stated that parents of children with neurodevelopmental disorders (NDD) experience special challenges that result in higher stress levels. Fithriyah and Carrasco (2021) noted that parents of children on the autism spectrum can experience various emotional challenges while raising their children, such as frustration, anxiety, restlessness, helplessness, anger, sadness, confusion, or tension disorders. Mothers with children with attention/deficit

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hyperactivity disorder (ADHD) also often experience high levels of worry and low self-confidence (Nurinawati et al. 2021). Meanwhile, Marlina et al. (2021) found a relationship between maternal stress and the child's level of intellectual disability. The more severe the child's intellectual disability, the higher the mother's stress. As Katana et al. (2019) noted, negative emotions can reduce subjective well-being. Furthermore, research conducted by Hallers-Haalboom et al. (2016) showed that mothers spend more time caring for children than fathers. Therefore, caregiving for children with neurodevelopmental disorders will have a greater impact on the mother's subjective well-being.

To help children with neurodevelopmental disorders (NDDs) fulfill their roles, families have certain functions. This is also known as family functioning. Family functioning occurs internally, encompassing expressive functions and maintaining the family system, and externally, encompassing instrumental functions and contributing to the wider environment (Sunarti 2021). Research by Nabilah and Hermaleni (2021) shows that high family functioning can positively impact subjective well-being. This study indicates a positive contribution from family functioning to subjective well-being. Other research also explains that an individual's subjective well-being is influenced by the implementation of family functions (Nayana 2013; Botha and Booysen 2014).

Children with neurodevelopmental disorders (NDDs) often experience difficulties interacting with their surroundings, making it crucial for families to foster quality family interactions. One of the core activities that determines happiness, satisfaction, and harmony in family life is family interaction (Sunarti 2021). The importance of mother-child interaction for mothers of children with neurodevelopmental disorders (NDDs) cannot be overlooked. Research conducted by Wijayanti et al. (2020) shows that mother-child interaction can influence subjective well-being. This means that effective interactions between mother and child will improve subjective well-being. Parent-child interaction is also related to family functioning. High attendance rates, shared activities at home, and collaboration between parents and children can foster stronger family relationships and enhance the family's ability to cope with problems (Eyberg and Robinson 2009).

Research on family functioning, mother-child interactions, and subjective well-being has been conducted in Indonesia (Apostelina 2012; Nayana 2013; Ramadhianti and Alfiasari 2017; Rinaldi 2017; Octaviani et al. 2018; Herawati et al. 2020; Wijayanti et al. 2020; Ariyanti and Nurrahima 2021; Nabilah CS and Hermaleni 2021; Herawati and Rizkillah 2022; Viranda et al. 2023). Research on neurodevelopmental disorders (NDDs) has also been conducted in Indonesia (Hernawan et al. 2018; Satria et al. 2020; Daulay 2021; Fithriyah and Carrasco 2021; Kamila et al. 2023). However, research linking family functioning, mother-child interaction, and subjective well-being involving families with children with neurodevelopmental disorders (NDD) including intellectual disability, autism spectrum disorder (ASD), and attention-deficit/hyperactivity disorder (ADHD) has never been conducted. Therefore, it is interesting to conduct research to analyze the influence of family functioning and mother-child interaction on the subjective well-being of families with children with neurodevelopmental disorders (NDD), especially in conditions of intellectual disability, autism spectrum disorder (ASD), and attention-deficit/hyperactivity disorder (ADHD). The general objective of this study is to analyze the influence of family functioning and mother-child interaction on the subjective well-being of families with children with neurodevelopmental disorders. Meanwhile, the specific objectives of this study are to identify the characteristics, family functioning, mother-child interaction, and subjective well-being in families with children with neurodevelopmental disorders (NDD); analyze the relationship between characteristics, family functioning, mother-child interaction, and subjective well-being in families with children with neurodevelopmental disorders (NDD); and analyze the influence of characteristics, family functioning and mother-child interactions on subjective well-being in families with children with neurodevelopmental disorders (NDD).

II. METHOD

This study is an umbrella study with a cross-sectional study design conducted over a period that has a primary focus on the subjective well-being of families with children with neurodevelopmental disorders (NDD) which include three conditions, namely mental retardation, autism spectrum disorder (ASD), and attention-deficit/hyperactivity disorder (ADHD). The location of this study was conducted in Bogor City and Regency which were selected purposively. The study was conducted for approximately four months from January to April 2024. The research stages carried out included location surveys, data collection, processing, and analysis. The population in this study were mothers who had children diagnosed with neurodevelopmental disorders (NDD) with mental retardation, autism spectrum disorder (ASD), and attention-deficit/hyperactivity disorder (ADHD) in Bogor City and Regency. The criteria for diagnosed children were living with both parents, having been diagnosed by a professional, and ranging in age from 6-13. Sampling was carried out purposively. A sample of 93 respondents was selected, divided into 33 respondents for intellectual disability, 30 respondents for autism spectrum disorder (ASD), and 30 respondents for attention-deficit/hyperactivity disorder (ADHD).

The data collected were primary data obtained by distributing questionnaires to the sample. The questionnaires were administered through interviews. The data included variables such as family functioning, mother-child interaction, and subjective family well-being. Family functioning (Chronbach's alpha 0.951) was measured using the FUNCTION-GA questionnaire, referenced in Sunarti's (2021) Family Measurement Inventory. This instrument measures the intensity of family functioning,

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divided into four dimensions: instrumental function (efforts to obtain resources from outside the system), contribution and protection function (material and non-material involvement with the environment and surroundings), expressive function (religious, loving, educational, nurturing, and special functions), and system maintenance function (efforts to utilize existing resources). Mother-child interaction (Chronbach's alpha 0.727) was measured using the Parent-Child Interaction Questionnaire Revised Parent Version (PACIQ-R Parent Version) developed by Lange et al. (2002). This variable consists of conflict and acceptance dimensions. Subjective family well-being (Chronbach's alpha 0.964) was measured using the SEJAHTERA-GA questionnaire from Sunarti (2021) in the Family Measurement Inventory book. SEJAHTERA-GA consists of economic, social, and psychological dimensions.

After collection, primary data were processed through editing, coding, scoring, entering, and cleaning. Data processing was performed using Microsoft Excel 2019 and Statistical Package for Social Sciences (SPSS) 26 software. Statistical analyses included descriptive analysis and multiple linear regression.

III. RESULTS

A. Family Characteristics

This study involved 93 respondents from families with children with neurodevelopmental disorders (NDD), with 30 for each condition for autism spectrum disorder (ASD), 30 for attention-deficit/hyperactivity disorder (ADHD), and 33 for mental retardation. In this study, the children's ages ranged from 6 to 13 years with an average of 10.28 years. Children's education varied from no schooling to 1st grade of junior high school with an average length of education of 2.76 years. The average child was diagnosed with neurodevelopmental disorder (NDD) at 5.89 years of age. The length of therapy received by the respondents' children varied with a maximum of 11 years, but some did not receive therapy. Based on the ages of the mother and father, it was found that both had an average age of 41.01 and 44.68 years with an average length of marriage of 16.47 years, ranging from 5 to 31 years. The number of family members ranged from 3 to 8 people per family. Based on the length of education of mothers and fathers, the minimum was 6 years and the maximum was 18 years for mothers and 20 years for fathers. The average family income was Rp8,770,698.92.

The distribution of characteristics shows that 75.3 percent of the respondents' children were male, while the remaining 24.7 percent were female. One of the requirements for this study was a professional diagnosis. The majority of the respondents' children received a diagnosis from a specialist (51.61 percent), followed by a diagnosis from a psychologist (34 percent), and the remainder received a diagnosis from a psychiatrist or school assessment. Regarding therapy location, 41.94 percent of respondents received therapy in a hospital, 24.73 percent did not receive therapy, and the remainder received therapy from private therapists and schools. The majority of mothers were housewives (79.6 percent), followed by entrepreneurs (7.5 percent), while the remainder were civil servants/military/police personnel, private employees, professionals, entrepreneurs, and others. Fathers' jobs were dominated by private employees at 38.7 percent, followed by other jobs at 26.9 percent, and the rest worked as entrepreneurs, civil servants/military/police, professionals, and some were unemployed.

B. Family Functioning

Family functioning in this study is divided into four dimensions: instrumental function, contribution and protection function, expression function, and system maintenance function. Table 1 shows that almost half of the families have high family functioning (48.4%). More than half of the respondents in the expressive function and system maintenance dimensions are in the high category, namely 73.1 percent and 63.4 percent. The instrumental function dimension is also in the high category (37.6%), as is the contribution and protection function dimension (35.5%). The results of the distribution of family functioning variable categories show that the highest average is in the expressive function dimension at 85.53 while the lowest average is in the instrumental function at 68.10.

Table 1 Distribution of family functioning categories

Dimension	Category						Min-Max	Mean±SSD
	Low		Moderate		High			
	n	%	n	%	n	%		
Instrumental Function	29	31,2	29	31,2	35	37,6	16,67 – 100,00	68,10±20,21
Contribution and Protection	28	30,1	32	34,4	33	35,5	10,00 – 100,00	68,32±20,48
Expressive Function	4	4,3	21	22,6	68	73,1	48,33 – 100,00	85,53±11,69
System Maintenance Function	11	11,8	23	24,7	59	63,4	33,33 – 100,00	79,15±15,31
Total of Family Functioning	12	12,9	36	38,7	45	48,4	32,78 – 100,00	77,66±13,30

Note: *n* = number, % = percentage, *SD* = standard deviation

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C. Mother-Child Interaction

Mother-child interactions in this study were divided into two dimensions: conflict and acceptance. Based on Table 2 more than half of the respondents were in the moderate category for both dimensions. For the conflict dimension, 60.2 percent of respondents were in the moderate category, followed by 22.6 percent of respondents in the high category, and 17.2 percent of respondents in the low category. Similarly, for the acceptance dimension, more than half of the respondents were in the moderate category (53.8%). Meanwhile, 41.9 percent were in the low category and 4.3 percent of respondents were in the high category for this dimension. The averages for both dimensions were not significantly different, namely 69.62 for the conflict dimension and 62.86 for the acceptance dimension.

Table 2 Distribution of mother-child interaction categories

Dimension	Category						Min-Max	Mean±SD
	Low		Moderate		High			
	n	%	n	%	n	%		
Conflict	16	17,2	56	60,2	21	22,6	36,11 - 94,44	69,62±11,56
Acceptance	39	41,9	50	53,8	4	4,3	34,38 - 84,38	62,86±10,33
Total of mother-child interaction	11	11,8	65	69,9	17	18,3	46.03 – 95,24	71,71±10,09

Note: *n* = number, % = percentage, *SD* = standard deviation

D. Family Subjective Well-Being

Subjective family well-being in this study was measured based on three dimensions: economic, social, and psychological. Table 6 shows the distribution of respondents across the subjective well-being variable. Across all three dimensions, the majority of respondents were in the high category. A total of 36.6 percent of respondents were in the high category for the economic aspect, and 46.2 percent of respondents were in the high category for the social aspect. Meanwhile, more than half of respondents were in the high category for the psychological aspect (61.3%). The highest average distribution was for the psychological aspect, at 81.86. Meanwhile, the lowest average distribution was for the economic aspect, at 70.91.

Table 3 Distribution of family subjective well-being categories

Dimension	Category						Min-Max	Mean±SD
	Low		Moderate		High			
	n	%	n	%	n	%		
Economy	26	28,0	33	35,5	34	36,6	28,33 100,00	– 70,91±17,64
Social	18	19,4	32	34,4	43	46,2	38,33 100,00	– 75,39±14,89
Psychological	11	11,8	25	26,9	57	61,3	38,33 100,00	– 81,68±14,90
Total of Family Subjective Well-Being	13	14,0	40	43,0	40	43,0	41,11 100,00	– 75,99±13,94

E. The Influence of Family Characteristics, Family Functioning, Mother-Child Interaction, and Subjective Family Well-Being

Table 4 shows an Adjusted R² value of 0.594. This means that family characteristics, conflict, acceptance, instrumental function, contribution and protection function, expressive function, and system maintenance function influence the subjective well-being of the family by 59.4 percent, while the remaining 40.6 percent is influenced by variables outside the study. The results of the regression test on this model indicate that the number of family members ($\beta = 0.187$; $p = 0.026$) has a significant positive effect on subjective well-being. This means that every increase in the number of family members will increase the subjective well-being of the family. In addition, the instrumental function ($\beta = 0.306$; $p = 0.004$) and the system maintenance function ($\beta = 0.493$; $p = 0.002$) have a significant positive effect on subjective well-being of the family. This means that every increase in the instrumental function or system maintenance function will increase the subjective well-being of the family.

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Table 4 Multiple linear regression coefficients of family characteristics, family functioning, mother-child interaction on subjective well-being

Variable	Family Subjective Well-Being		Sig.
	Unstandardized coefficient (b)	Standardized coefficient (β)	
Konstanta			0,040
Child age	-0,150	-0,022	0,864
Child education	1,327	0,185	0,077
Child's Length of Diagnosis			
Duration of Therapy	-0,452	-0,099	0,248
Mother's Age	-0,186	-0,083	0,541
Father's Age	-0,052	-0,027	0,825
Mother's Education	0,462	0,098	0,311
Father's Education	-0,612	-0,133	0,173
Duration of Marriage	-0,314	-0,139	0,248
Family Members	2,653	0,187	0,026**
Family Income	3,742E-08	0,037	0,656
Conflict	-0,035	-0,029	0,719
Acceptance	-0,081	-0,060	0,463
Instrumental Function	0,211	0,306	0,004**
Contribution and Protection Function	0,018	0,026	0,776
Expressive Function	0,112	0,094	0,485
System Maintenance Function	0,449	0,493	0,002**
Adjusted R Square = 0,594			
F = 8.906			
Sig = 0,000			

IV. DISCUSSION

The research results showed that nearly half of the families with children with neurodevelopmental disorders (NDD) had high family functioning. Expressive function was the dimension with the highest score on this variable. Interviews with respondents revealed that their children's conditions led them to prioritize religion as a foundation for family life and ensure their children grew up in loving relationships.

Regarding the mother-child interaction variable, more than half of the respondents fell into the moderate category, either in the conflict or acceptance dimension. Looking at each item, in the conflict dimension, children with neurodevelopmental disorders (NDD) frequently violated house rules, and there were also repeated conflicts between mother and child. These conflicts included children frequently disrupting others' activities or experiencing a lack of independence. According to the American Psychiatric Association (2013), children with intellectual disabilities experience impaired adaptive functioning, resulting in failure to meet standards of independence and responsibility. Children with autism spectrum disorder (ASD) experience persistent deficits in social interactions, while children with attention-deficit/hyperactivity disorder (ADHD) often exhibit excessive activity, restlessness, inability to sit still, and disruptive behaviors. In the acceptance dimension, mothers often do not understand what is happening because children with neurodevelopmental disorders (NDDs) often experience communication limitations.

In the subjective well-being variable, almost half of respondents were in the high category, but almost half were also in the moderate category. The dimension with the highest scores was the psychological aspect. One item in the psychological aspect was satisfaction with daily religious practices. Based on discussions with respondents, it was found that the child's condition improved religious practices. The dimension with the lowest scores in this variable was the economic aspect. The results showed that children with neurodevelopmental disorders (NDDs) require therapy, which respondents incur additional costs for.

Children with neurodevelopmental disorders (NDDs) typically require therapy. Based on the results of the study, respondents most often received therapy in hospitals. The duration of therapy varied from 0 to 11 years. Correlation tests showed that the duration of therapy received by children was significantly positive and related to instrumental and expressive functions in the family functioning variable. Instrumental and expressive functions encompass the adequacy of income earned and the adequacy of meeting basic family needs (Sunarti 2021). The longer a child's therapy duration indicates a higher family income and ability to meet basic needs. Primadata et al. (2015) stated that children with special needs are often forced to discontinue therapy due to low family economic conditions, making it difficult to meet family needs.

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Family income and parental education are significantly positively related to family functioning. According to Herawati et al. (2020), employed individuals have higher family functioning scores than unemployed individuals. Employed individuals have higher incomes than unemployed individuals. Banovcinova et al. (2014) and Jih-Yuan et al. (2014) also state that income is a factor influencing family functioning. This is consistent with research by Rizkillah et al. (2023), which states that family income influences the achievement of family functioning. Furthermore, research by Herawati et al. (2020) indicates that respondents with higher levels of education have greater family functioning. This is because higher education allows respondents to better understand their functions and roles within the family.

In addition to family functioning, family income and parental education are significantly and positively related to the economic aspect of subjective well-being. Children's years of education are also significantly and positively related to the economic aspect of subjective well-being. Sunarti (2021) states that subjective family well-being, in the economic aspect, includes family satisfaction with income earned and the ability to finance educational services. Arimawan and Suwendra (2022) state that the greater the financial resources or income received, the higher the family's standard of living.

The number of family members is significantly positively related to the economic aspect of subjective family well-being. Regression test results indicate that the number of family members also has a significant positive effect on subjective family well-being. This aligns with research conducted by Utaminingsih and Suhendra (2022). The study stated that the number of family members has a positive coefficient on family well-being, meaning that an increase in the number of family members will lead to an increase in family well-being.

The correlation test results also indicate that family functioning has a significant positive relationship with the subjective well-being of families with children with neurodevelopmental disorders (NDD). This aligns with research conducted by Nayana (2013) that found that family functioning has a significant positive relationship with subjective well-being. Multiple linear regression tests indicate a significant positive effect of family functioning on subjective well-being of families with children with neurodevelopmental disorders (NDD). Nabilah CS and Hermeleni (2021) demonstrated that family functioning contributes 17.7% to subjective well-being, with the remainder influenced by other variables. Within the family functioning variable, the instrumental function and system maintenance dimensions have a significant positive influence on subjective family well-being. The instrumental function encompasses family actions to obtain economic resources, information, knowledge, skills, and support from outside the family system when needed (Sunarti 2021). The knowledge and skills acquired through basic education will influence the type of work and economic resources or income received, thereby achieving higher subjective well-being (Octaviani et al. 2018). Social support from outside the family system, in the form of encouragement, advice, or opinions, can help families deal with problems, thereby improving subjective well-being (Rochma and Hartini 2021; Tarigan 2018). The family system maintenance function encompasses family actions in managing family resources, such as time, attention, and bonds or togetherness. Shenaar-Golan and Goldberg (2019) state that close relationships, built warmth, responsiveness, and support provided by parents to children are indicators of subjective family well-being. This study has limitations, such as the questionnaire being directed only to wives. The study did not include husbands as participants, so the data is based solely on mothers' perspectives.

CONCLUSIONS

This study highlights that family characteristics, particularly family size and family functioning, play a crucial role in shaping the subjective well-being of families raising children with neurodevelopmental disorders. The findings suggest that better family functioning and larger family support systems are significantly associated with higher levels of family well-being, underscoring the importance of strengthening family resilience and supportive dynamics in interventions targeting these families.

The findings emphasize the need for family-centred interventions that enhance family functioning and strengthen support networks for families with children with neurodevelopmental disorders. Programs that foster effective parenting, improve communication, and build coping strategies within families could significantly contribute to their subjective well-being. Furthermore, policy initiatives should prioritize access to affordable therapy and social support services, enabling families to better manage caregiving demands while maintaining family resilience and overall well-being.

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