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Care-Driven Fear of Missing out and Financial Well-Being among Families Raising Children with Special Needs: A Conceptual Model of Social Comparison, Impulsive Spending and Joy of Missing Out

Hafizah Mat Nawi*, Zarina Kassim, Zailin Zainal Ariffin

Faculty of Defence Studies and Management, National Defence University of Malaysia, Kuala Lumpur, Malaysia

*Corresponding Author Email: hafizah.matnawi@upnm.edu.my

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Abstract

Families raising children with special needs often make consumption decisions under uncertainty, emotional responsibility, time pressure and persistent financial constraint. This manuscript proposes that Fear of Missing Out (FOMO), typically examined in digital and general consumer contexts, takes a distinctive care-driven form in these households: parents fear that their child may miss a therapy, educational programme, assistive technology or developmental opportunity that could improve the child's future. Grounded in Self-Determination Theory and Social Comparison Theory, and drawing on self-control and financial well-being research, the study develops a model in which social comparison orientation heightens care-driven FOMO, FOMO is associated with impulsive care-related spending, and such spending is associated with lower financial well-being. Joy of Missing Out (JOMO), conceptualised as autonomous, value-congruent selectivity, is proposed as a moderator that weakens the link between FOMO and impulsive spending. As a conceptual paper, it develops and justifies the model and proposes an empirical test design: a cross-sectional survey of parents or primary caregivers of children with special needs, analysed using partial least squares structural equation modelling (PLS-SEM) with serial mediation and moderation. The manuscript contributes by distinguishing care-driven FOMO from hedonic FOMO and from anticipated regret, extending consumer vulnerability research into the caregiving context, and positioning JOMO as a self-regulatory resource. The study has implications for family financial education, disability support services, financial planners and policymakers seeking to protect long-term household resilience without dismissing legitimate child-related needs.

Keywords: Fear of Missing Out (FOMO), Joy of Missing Out (JOMO), Special Needs Children, Social Comparison, Impulsive Care-Related Spending, Financial Well-Being, Caregiver Families, Consumer Vulnerability

Introduction

Families raising children with special needs make a continuing series of expenditure decisions about therapy, early intervention, specialised education, dietary support and assistive technology, and they make them under conditions poorly suited to deliberate financial choice: outcomes are uncertain, public services are limited, the emotional stakes are high and household budgets are already stretched. The problem this study addresses is that such decisions may be driven less by an assessment of evidence, fit and affordability than by a fear that the child will miss an opportunity that could have changed their developmental trajectory. Where that fear shortens deliberation, well-intentioned spending can become hurried, poorly sequenced and financially unsustainable, eroding the household reserves on which the child's long-term care ultimately depends. Research on these families has documented how much they spend, but it has rarely examined how they make spending decisions; conversely, consumer psychology literature on fear-driven purchasing has largely been developed in hedonic and digital settings. This paper therefore conceptualises care-driven Fear of Missing Out (FOMO) and develops a model linking it to social comparison, impulsive care-related spending and financial well-being, with Malaysia as the context for its proposed empirical test.

The population exposed to this problem is substantial and growing. UNICEF (2021) estimates that nearly 240 million children, about one in ten worldwide, live with a disability, and a systematic review of studies published since 2012 places the median global prevalence of autism alone at approximately 100 per 10,000 children (Zeidan et al., 2022). In Malaysia, the cumulative number of persons registered with disabilities at the Department of Social Welfare reached 736,607 in 2023, equivalent to 2.2% of the population; in the same year, 1,453 children aged 18 months were recorded as suspected of having autism (Department of Statistics Malaysia [DOSM], 2024). Because registration is voluntary, these figures are better read as a lower bound than as a full count of the households making disability-related care decisions.

For these households, care costs are high relative to income, and much of that cost is incurred outside the medical system. Kamaralzaman et al. (2018) estimated that Malaysian families spent about RM35,366 a year on a child with autism spectrum disorder (ASD). The largest component was developmental costs, comprising special education, special and supplementary diets and child-care services (RM20,989), which exceeded direct medical costs (RM8,379) by a wide margin. Although measured at earlier prices, that annual sum is equivalent to almost half of the 2022 national median household income of RM6,338 a month (DOSM, 2023). International evidence is consistent. Families of children with special healthcare needs bear considerable finance-related burden (Kuhlthau et al., 2005); their out-of-pocket burden depends on insurance protection and varies across jurisdictions (Chen & Newacheck, 2006; Shattuck & Parish, 2008); rising healthcare expenditure intensifies perceived financial burden, particularly among lower-income families (Lindley & Mark, 2010); and caregiving responsibilities reduce family income and employment (Montes & Halterman, 2008; Ou et al., 2015). In Malaysia, the time demands of caring for a child with ASD can

prevent caregivers from finding suitable employment and add to household financial stress, and such caregivers report higher-than-average perceived stress (Adib et al., 2019). These households therefore face higher spending needs and constrained earning capacity at the same time, so fear-driven spending carries heavier long-term consequences for them than it would for households with larger financial buffers.

The market structure in which these families purchase care makes their spending especially susceptible to urgency. Specialised private treatment in Malaysia is costly and is not financially supported by the national healthcare system (Ong, 2019), so families who cannot wait for public services must decide for themselves which privately provided options to buy, often without clear evidence to guide the choice. Ong (2019) found that 35.4% of parents of children with ASD attending a Malaysian tertiary hospital used complementary health approaches despite uncertain evidence of benefit, and that use was more likely among parents who were less satisfied with conventional treatment and who perceived poorer progress in their child's development. This pattern parallels the concurrent use of multiple, often weakly supported treatments documented internationally (Green et al., 2006). It suggests that dissatisfaction with a child's progress can translate into searching for and purchasing additional options. This translation, rather than the level of expenditure itself, is what the present study seeks to explain.

Peer networks are a central conduit for that search. Malaysian parents of children with ASD make extensive use of Facebook support groups, and a content analysis of two such groups found that informational support was the most frequently exchanged form of support, ahead of emotional support (Mohd Roffeei et al., 2015). These communities are valuable, but they also continuously expose parents to other families' choices of therapy, school placement, and programme, as well as vivid accounts of children's progress. Social Comparison Theory proposes that, without objective standards, individuals evaluate themselves by comparison with similar others (Festinger, 1954), and people differ systematically in their tendency to do so (Gibbons & Buunk, 1999). Special-needs parenting offers no objective standard for how much support is enough, so other families' provision readily becomes an implicit benchmark of what a responsible parent should do. In consumer settings, social comparison has been shown to heighten FOMO and, through it, purchase intentions (Dinh & Lee, 2022).

FOMO supplies the affective mechanism through which such benchmarks may become spending. Przybylski et al. (2013) conceptualised FOMO as a pervasive apprehension that others may be having rewarding experiences from which one is absent, and consumer research has since shown that FOMO appeals heighten urgency and purchase likelihood (Hodkinson, 2019; Good & Hyman, 2021). Research on impulse buying explains why: whether people act on buying impulses depends on normative evaluations (Rook & Fisher, 1995), and impulse-buying tendency combines a lack of planning with emotional arousal and reduced control (Verplanken & Herabadi, 2001). Recent studies link social comparison and FOMO directly to impulsive and compulsive buying (Kumar & Kumar, 2024; Japutra et al., 2025). Yet this literature rests almost entirely on hedonic, social and digital consumption, in which consumers fear missing an experience or a product for themselves. Special-needs caregiving changes both the object and the stakes. Parents may interpret a therapy or programme as an investment in their child's functioning, independence, and future quality of life, creating a powerful asymmetry: buying an intervention that later proves less useful causes financial loss,

whereas declining one that might have helped may cause enduring regret. Research on the economic burden of disability, for its part, establishes that these families spend heavily but says little about the processes through which they decide. A therapy, device or programme may be genuinely relevant to the child, yet urgency, guilt or comparison may still shape the timing, frequency or affordability of the purchase. The central issue is therefore not whether parents should spend money on their children, but whether fear-driven decision processes reduce the quality and sustainability of their financial choices.

The present study introduces the concept of care-driven FOMO to capture this distinction. Care-driven FOMO refers to apprehension that failing to pursue a perceived opportunity may disadvantage a dependent child, accompanied by pressure to act despite uncertainty about benefits, affordability or alternatives. The concept does not imply that special-needs expenditures are unnecessary. Rather, it focuses on the psychological process through which perceived opportunity loss, social comparison and parental responsibility can influence expenditure decisions. This framing matters because conventional measures of impulsive consumption may otherwise pathologise spending motivated by caregiving rather than pleasure.

A second contribution concerns Joy of Missing Out (JOMO). Recent consumer research has conceptualised JOMO as a more mindful, self-endorsed orientation toward disengaging from continuous social and digital pressures. Chan et al. (2022) proposed a FOMO-to-JOMO framework in which mindfulness can help consumers move away from compulsive engagement. Barry et al. (2023) subsequently examined JOMO empirically and developed an initial measure, while also cautioning that its relationships with well-being are nuanced. In the present study, JOMO is treated not as indifference to a child's needs but as the capacity to tolerate not pursuing every available option, to remain comfortable with selective choices, and to prioritise evidence, fit and financial capacity.

Accordingly, this paper develops a conceptual model addressing four questions: whether social comparison orientation heightens care-driven FOMO; whether FOMO is associated with impulsive care-related spending and carries part of the influence of comparison on such spending; whether impulsive spending is associated with lower financial well-being; and whether JOMO weakens the effect of FOMO on spending. Beyond specifying the model, the paper operationalises its constructs and outlines the testing design. By integrating consumer psychology with family financial vulnerability, it seeks to contribute to behavioural finance, consumer affairs and disability-family research while generating practical insights for financial education and support services.

Literature Review and Hypothesis Development

Theoretical foundation

The model is anchored in Self-Determination Theory (SDT), the framework in which researchers first conceptualised FOMO (Deci & Ryan, 2000; Przybylski et al., 2013). SDT distinguishes behaviour regulated by internalised, self-endorsed values from behaviour driven by external contingencies, guilt, or pressure to meet others' standards, and holds that the latter is less stable and less integrated with a person's longer-term goals. Przybylski et al. (2013) showed that FOMO is more pronounced where basic needs for competence, autonomy and relatedness are less satisfied. In special-needs caregiving the need most

exposed is plausibly parental competence: the sense of being adequate to a child's needs. Because developmental outcomes are heterogeneous and evidence for many interventions is uneven, securing that sense of adequacy from within is difficult. Parents are therefore inclined to look outward for standards of adequate care, and to experience any gap between those standards and their own provision as an apprehension of loss. SDT thus explains why social comparison should precede care-driven FOMO, and why JOMO, understood as autonomous, value-congruent regulation, should weaken the behavioural expression of that fear.

Two complementary perspectives specify the downstream mechanism. Social Comparison Theory proposes that people evaluate themselves against similar others when objective standards are unavailable (Festinger, 1954), a condition that describes special-needs parenting closely because no fixed benchmark of "enough" support exists. Self-control research explains how emotional arousal disrupts the monitoring that ordinarily keeps purchases aligned with standards such as a budget (Baumeister, 2002). Together, these perspectives yield a sequence in which comparison provides a reference point, the felt gap from that reference point becomes care-driven FOMO, and FOMO weakens deliberation in child-related purchasing, with cumulative consequences for household financial well-being. Situating this sequence within research on consumer vulnerability, understood as a state of powerlessness arising from an imbalance in marketplace interactions (Baker et al., 2005), clarifies that these families are not vulnerable because they lack financial competence. Their vulnerability arises from circumstances that systematically weaken their position as consumers: high emotional stakes, information asymmetry with providers, and limited time to evaluate alternatives.

Distinguishing care-driven FOMO from adjacent constructs

Care-driven FOMO lies close to two established constructs, and its contribution depends on separating it from both. Anticipated regret is the expected negative emotion of realising that a different choice would have produced a better outcome; it is counterfactual and attaches to a specific decision under consideration (Zeelenberg & Pieters, 2007). Care-driven FOMO, by contrast, is a pervasive apprehension that persists across decisions. It can be present before any particular option is evaluated and is sustained by an ongoing awareness that beneficial opportunities may exist beyond the child's current support. Parental guilt differs in temporal orientation: it is retrospective and self-evaluative, focusing on what a parent believes they have already failed to do, whereas care-driven FOMO is prospective and focused on opportunities that may still be lost. These distinctions have measurement consequences. Because anticipated regret is the construct most likely to be confounded with care-driven FOMO, the study measures it as a discriminant marker and requires the heterotrait-monotrait ratio (HTMT) between the two constructs to fall below conservative thresholds before interpreting the structural results.

Social comparison orientation and care-driven FOMO

The absence of objective standards that, in Festinger's (1954) account, activates comparison is especially pronounced in special-needs parenting. Whether a child is receiving sufficient therapy has no fixed answer, and the market for interventions offers many options of uneven evidential quality. Green et al. (2006) reported that parents of children with autism commonly used several treatments concurrently, many lacking strong empirical support, which illustrates how readily the range of available options expands. Parent networks, support

groups and online forums supply abundant reference points, including vivid accounts of other children's progress. Gibbons and Buunk (1999) showed that people differ systematically in their tendency to compare themselves with others, and parents high in this orientation can be expected to pay closer attention to what other families provide. Consistent with consumer studies that model social comparison as an antecedent of FOMO (Dinh & Lee, 2022; Kumar & Kumar, 2024), and with the logic that perceived loss requires a reference point, comparison orientation is expected to heighten care-driven FOMO.

H1: Social comparison orientation is positively related to care-driven FOMO among parents of children with special needs.

Care-driven FOMO and impulsive care-related spending

In consumer settings, FOMO appeals raise purchase likelihood by intensifying urgency and anticipated exclusion (Hodkinson, 2019; Good & Hyman, 2021). For special-needs families, the comparable triggers include claims that an intervention is most effective within a developmental window, that a programme has limited places, or that another child improved after receiving a particular service. Such information makes delay feel costly. From a self-control perspective, intense affect narrows attention to the immediate goal and weakens the comparison of a purchase against standards such as a household budget (Baumeister, 2002). Verplanken and Herabadi (2001) captured this process in the cognitive and affective components of impulse buying: lack of planning on the one hand, and emotional arousal and diminished control on the other.

The outcome is therefore defined as impulsive care-related spending: child-related expenditure decided with reduced planning, under felt urgency and emotional influence. The construct describes how a spending decision is made, not whether expenditure is high or whether it strains the household. High expenditure can be entirely deliberate and appropriate when a child's needs are substantial, and financial strain is treated separately as an outcome. This separation keeps the hypothesised relationship between spending and financial well-being empirical rather than definitional.

H2: Care-driven FOMO is positively related to impulsive care-related spending among parents of children with special needs.

Social comparison orientation and impulsive care-related spending

Comparison may also influence spending directly, independently of FOMO, through normative influence. Rook and Fisher (1995) showed that perceptions of what is appropriate shape whether buying impulses are acted upon. A parent who learns that peer families routinely enrol their children in a particular programme may come to regard it as a standard of adequate care and act on that standard without experiencing acute fear, simply because it has become what families in similar circumstances do. Comparison is therefore expected to relate to impulsive care-related spending both through FOMO and through this normative route.

H3: Social comparison orientation is positively related to impulsive care-related spending among parents of children with special needs.

The mediating role of care-driven FOMO

The preceding arguments imply that comparison influences spending at least in part by generating FOMO: comparison supplies the reference point, FOMO converts the perceived gap into urgency, and urgency weakens deliberation. Testing this indirect pathway establishes whether care-driven FOMO is the affective channel through which socially derived standards become behaviourally consequential. Mediation is characterised following Zhao et al. (2010). A significant indirect effect accompanied by a significant direct effect of the same sign indicates complementary mediation, consistent with comparison also operating through the normative route specified in H3; a significant indirect effect without a direct effect indicates indirect-only mediation.

H4: Care-driven FOMO mediates the positive relationship between social comparison orientation and impulsive care-related spending.

Impulsive care-related spending and financial well-being

Financial well-being is broader than income. Netemeyer et al. (2018) distinguished current money-management stress from expected future financial security, and both dimensions are relevant here. Impulsive spending can create immediate liquidity strain and, when repeated, erode the reserves that support future security. The financial context of these households magnifies such effects. Families of children with special healthcare needs face substantial out-of-pocket costs (Kuhlthau et al., 2005; Shattuck & Parish, 2008), depend heavily on insurance protection to limit work loss and financial problems (Chen & Newacheck, 2006), and may experience reduced income and employment disruption (Montes & Halterman, 2008; Ou et al., 2015). When households impulsively add spending to these structural burdens, they can expect less current financial ease and weaker confidence in their future security. Financial well-being is therefore specified as a higher-order construct comprising current financial ease and future financial security.

H5: Impulsive care-related spending is negatively related to financial well-being among parents of children with special needs.

Serial mediation

Taken together, H1, H2 and H5 describe a sequential chain in which comparison orientation heightens care-driven FOMO, FOMO weakens deliberation in child-related purchasing, and impulsive spending is associated with lower financial well-being. Specifying this chain explicitly links financial well-being theoretically to the antecedents of spending, rather than treating it as a distal outcome connected to the model by a single path. It also allows the study to estimate how socially derived standards of adequate care relate to the household's financial position through their affective and behavioural consequences.

H6: Social comparison orientation has a negative indirect effect on financial well-being through care-driven FOMO and impulsive care-related spending.

JOMO as a protective moderator

JOMO has emerged as a counter-orientation to FOMO. Chan et al. (2022) framed it as a mindful pathway away from repetitive FOMO-driven engagement, and Barry et al. (2023) provided an initial empirical examination of JOMO and its associations with social media use,

self-perception, and mental health, while cautioning that these associations are not uniformly simple. From an SDT perspective, JOMO reflects autonomous regulation: choices are guided by self-endorsed values and a sense of fit rather than by pressure to keep up with others (Deci & Ryan, 2000).

In this study, JOMO is not conceptualised as avoidance of beneficial services or as the mere absence of FOMO. It represents confidence in selective participation: the capacity to decide that not every available intervention, trend or peer-recommended option must be pursued, and to be at ease with that decision. A parent may feel the pull of an opportunity and report high FOMO while still maintaining confidence in a deliberately selective approach. This possible co-occurrence makes moderation, rather than a simple negative association with FOMO, the theoretically appropriate specification. A parent high in JOMO may still spend substantially, but should be less likely to convert apprehension into hurried commitment.
H7: JOMO moderates the relationship between care-driven FOMO and impulsive care-related spending such that the positive relationship is weaker when JOMO is higher.

Control variables
Structural circumstances can influence both spending and financial well-being independently of the proposed psychological mechanisms. Household income, the intensity of the child's support needs, child age and the number of children with special needs are therefore controlled for as predictors of both impulsive care-related spending and financial well-being. Perceived service scarcity is also controlled for, because limited affordable services, restricted programme places and long waiting times give families objective reasons to act quickly. Without this control, an association between FOMO and spending could reflect a rational response to scarcity rather than weakened deliberation.

Proposed conceptual model
The proposed model, presented in Figure 1, positions social comparison orientation as the antecedent, care-driven FOMO as the affective mechanism, impulsive care-related spending as the proximal behavioural outcome and financial well-being as the distal household outcome. JOMO moderates the FOMO–spending path, and structural controls are specified for both outcomes. The model therefore combines a social-cognitive orientation (comparison), an affective state (care-driven FOMO), a decision style (impulsive spending), a household outcome (financial well-being) and a self-regulatory resource (JOMO).

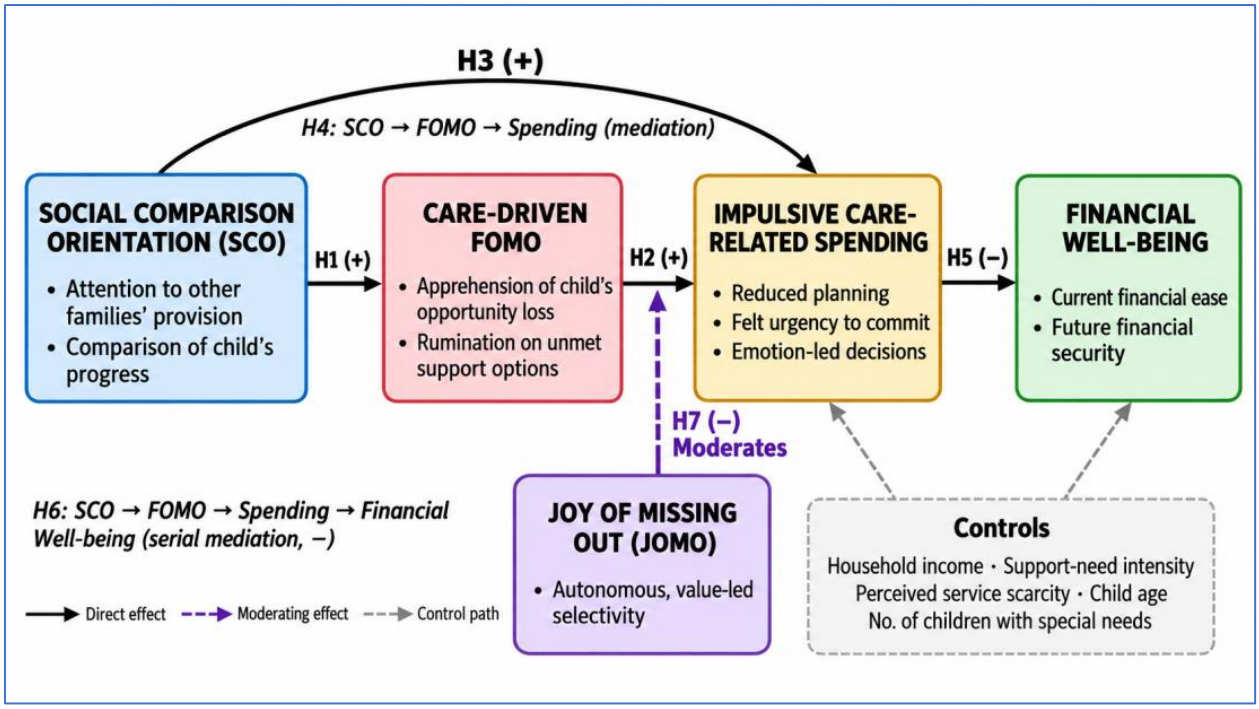


Figure 1 Proposed conceptual framework

Methodology

Research approach

This paper is conceptual: it develops and justifies a theoretical model rather than reporting empirical data. Conceptual papers contribute by building theory from existing knowledge, and their rigour lies in how transparently concepts are defined, theories are combined, and the resulting arguments are developed (Gilson & Goldberg, 2015; Jaakkola, 2020). Of the four designs Jaakkola (2020) identifies for conceptual articles, theory synthesis, theory adaptation, typology, and model, the present study adopts a model design that explains a focal phenomenon by specifying constructs and their relationships in a form that can subsequently be tested. The paper therefore makes three kinds of conceptual moves: it introduces a new construct, care-driven FOMO; it distinguishes that construct from adjacent constructs; and it integrates previously separate theoretical perspectives into a single explanatory account of financial decision-making in special-needs caregiving households. Because no data were collected from human participants, ethical approval was not required at this stage.

Domain and method theories

Following Jaakkola (2020), the study distinguishes the domain theory, which defines the phenomenon, from the method theories used to explain it. The domain is the financial vulnerability of households raising children with special needs. Research on the economic burden of disability documents elevated out-of-pocket costs and constrained earning capacity in these households (Kuhlthau et al., 2005; Montes & Halterman, 2008), and research on consumer vulnerability frames such households as disadvantaged by imbalances in their marketplace interactions (Baker et al., 2005). This literature establishes that these families face financial strain, but it says little about how parents decide what to spend under such conditions. Three method theories provide that explanation, each serving a distinct purpose. Self-Determination Theory accounts for the origin of care-driven FOMO in a threatened sense of parental competence and for the protective role of autonomous regulation (Deci & Ryan,

2000; Przybylski et al., 2013). Social Comparison Theory explains why parents look to other families for standards of adequate care (Festinger, 1954). Self-control theory explains how the resulting affect weakens deliberation in purchasing decisions (Baumeister, 2002). Assigning each theory a specific explanatory role prevents the model from becoming an additive collection of variables.

Literature identification and synthesis

This study identified relevant literature through a purposive, theory-driven integrative review (Torraco, 2005) rather than a systematic search, because the aim was to assemble the conceptual building blocks of a model rather than estimate the size or direction of an evidence base. The study examined four streams: research on FOMO and JOMO in consumer behaviour; research on social comparison and normative influence; research on impulse buying and self-control; and research on the economic burden and financial well-being of families raising children with special needs. The study selected sources based on three criteria: their role in defining or measuring a focal construct (favouring foundational and scale-development studies); the evidence they provide on mechanisms linking the constructs; and, for the rapidly developing FOMO and JOMO literature, their recency. The streams were then synthesised by identifying, for each proposed relationship, the mechanism connecting the constructs and the theory that accounts for it.

Model development and evaluation

The model was developed in three steps. First, we specified the focal constructs. This study defined care-driven FOMO and bounded it against anticipated regret and parental guilt, and defined the behavioural outcome as impulsive care-related spending: a decision style independent of the amount spent, so high expenditure is not mistaken for poor decision-making. Second, we derived each relationship from an explicit mechanism in one of the method theories, as summarised in Table 1. Third, boundary conditions were specified. JOMO conditions the behavioural expression of FOMO, and structural circumstances, including perceived service scarcity, are treated as controls that rule out rival explanations. The resulting model was evaluated against Whetten's (1989) criteria for a theoretical contribution: it specifies the constructs involved, their relationships, why those relationships are expected to hold, and to whom and where the model applies, namely parents making child-related expenditure decisions. To keep the model falsifiable, this study states the relationships as directional hypotheses and specifies a rival ordering of social comparison and FOMO for empirical comparison.

Table 1

Theoretical grounding of the hypothesised relationships

Hypothesis	Path	Explanatory mechanism	Method theory and key sources
H1	SCO → FOMO (+)	Without an objective standard of adequate care, parents use peers' provision as a benchmark; they experience a perceived shortfall as the child's potential loss of opportunity.	Social Comparison Theory; SDT (competence need). Festinger (1954); Gibbons & Buunk (1999); Przybylski et al. (2013)
H2	FOMO → ICS (+)	Apprehension creates urgency, narrows attention to the immediate goal and weakens monitoring of the purchase against household standards such as the budget.	Self-control theory. Baumeister (2002); Verplanken & Herabadi (2001); Good & Hyman (2021)
H3	SCO → ICS (+)	Peer provision becomes a normative standard of adequate care that parents act on without acute fear.	Normative influence. Rook & Fisher (1995)
H4	SCO → FOMO → ICS	FOMO is the affective channel through which socially derived standards become behaviourally consequential.	SDT; self-control theory. Zhao et al. (2010)
H5	ICS → FWB (−)	Repeated, unplanned spending erodes liquidity and reserves in households already facing higher care costs and limited income.	Financial well-being; economic burden of disability. Netemeyer et al. (2018); Kuhlthau et al. (2005); Montes & Halterman (2008)
H6	SCO → FOMO → ICS → FWB (−)	The integrated sequence links social standards of adequate care to the household's financial position through affect and decision style.	Integration of the above
H7	FOMO × JOMO → ICS (−)	Autonomous, value-congruent regulation decouples felt apprehension from hurried commitment.	SDT (autonomous regulation). Deci & Ryan (2000); Chan et al. (2022); Barry et al. (2023)

Note. SCO = social comparison orientation; FOMO = care-driven fear of missing out; ICS = impulsive care-related spending; FWB = financial well-being; JOMO = joy of missing out; SDT = Self-Determination Theory.

Proposed empirical validation: design and sample

The model is designed to be tested through a cross-sectional survey of parents or primary caregivers of children with disabilities, developmental conditions or special healthcare needs. Eligible respondents would be aged 18 years or older and involved in household or child-related financial decisions. Because no national sampling frame of eligible caregivers is available for research recruitment, purposive sampling supplemented by snowball distribution through disability organisations, special education and therapy centres, parent associations and online caregiver communities is proposed. Recruitment should be spread across organisations and states, and the recruitment channel recorded, so that channel-

specific bias can be examined. Using the inverse square root method (Kock & Hadaya, 2018), and assuming a minimum path coefficient of 0.15 at a 5% significance level and 80% statistical power, the minimum sample is 275 usable responses. A target of 300 to 400 responses would allow for losses during data screening and stabilise the mediation and moderation estimates.

Proposed operationalisation

Table 2 sets out a proposed operationalisation of each construct. Because established instruments refer to general social or consumer experiences, the items are worded for the caregiving context and anchored conceptually, rather than verbatim, in the sources shown. Their wording follows directly from the construct definitions developed in this paper. Each construct is confined to a single content domain, so that FOMO items make no reference to other families or to purchasing, and spending items make no reference to financial consequences. JOMO is worded as autonomous selectivity rather than as the absence of fear, and no item is reverse-scored. Financial well-being is specified as a higher-order construct comprising current financial ease and future financial security (Netemeyer et al., 2018). Anticipated regret is included as a discriminant marker, and perceived service scarcity as a control. Because the items are new, an empirical study should establish their content validity through an expert panel using content validity indices (Polit et al., 2007), translate the instrument into Malay through forward and back translation, and pilot it before the main survey, following the scale-development procedure set out by MacKenzie et al. (2011).

Table 2
Proposed operationalisation of constructs

Construct	Code	Item	Conceptual basis
Social comparison orientation	SCO1	I often compare the support my child receives with the support other children with special needs receive.	Gibbons & Buunk (1999); Festinger (1954)
	SCO2	I pay close attention to how other parents of children with special needs manage therapies and education.	Gibbons & Buunk (1999)
	SCO3	I often compare my child's progress with that of other children with similar needs.	Gibbons & Buunk (1999)
	SCO4	To judge how well I am doing as a parent, I look at what other parents of children with special needs are doing.	Gibbons & Buunk (1999)
	SCO5	I often seek out other parents' experiences to see how my child's care compares with theirs.	Gibbons & Buunk (1999)
Care-driven FOMO	FOMO1	I worry that my child may be missing opportunities that could benefit their development.	Przybylski et al. (2013)
	FOMO2	I fear that my child is losing valuable developmental time without the right support.	Przybylski et al. (2013); Hodkinson (2019)
	FOMO3	It bothers me to think that a helpful therapy or programme might exist that my child is not receiving.	Przybylski et al. (2013)
	FOMO4	I feel uneasy whenever I learn of a new support option, in case my child should be receiving it.	Przybylski et al. (2013); Good & Hyman (2021)
	FOMO5	I find it hard to stop thinking about support options my child might be missing.	Przybylski et al. (2013)
Impulsive care-related spending	ICS1	I sometimes pay for my child's services or products without first comparing alternatives.	Verplanken & Herabadi (2001)
	ICS2	Once I hear about something that might help my child, I tend to commit to it quickly.	Rook & Fisher (1995); Verplanken & Herabadi (2001)
	ICS3	I have made unplanned, child-related purchases on the spot.	Rook & Fisher (1995)
	ICS4	My feelings at the moment, rather than careful planning, often determine what I buy for my child.	Verplanken & Herabadi (2001)

	ICS5	I rarely take time to check whether a child-related purchase fits our budget before committing.	Verplanken & Herabadi (2001)
Financial well-being: current financial ease	CFE1	I can meet my family's regular monthly expenses without strain.	Netemeyer et al. (2018)
	CFE2	I could handle an unexpected major expense without serious difficulty.	Netemeyer et al. (2018)
	CFE3	Managing our household money currently causes me little worry.	Netemeyer et al. (2018)
Financial well-being: future financial security	FFS1	I am confident that my family will be financially secure in the future.	Netemeyer et al. (2018)
	FFS2	We are making progress toward our long-term financial goals.	Netemeyer et al. (2018)
	FFS3	I am confident that we will be able to provide for my child's long-term care needs.	Netemeyer et al. (2018)
JOMO	JOMO1	I feel at peace choosing a few support options that suit my child rather than trying everything available.	Chan et al. (2022); Barry et al. (2023)
	JOMO2	I feel confident in my parenting decisions even when they differ from other parents' choices.	Barry et al. (2023); Deci & Ryan (2000)
	JOMO3	My choices for my child are guided by my own values and judgement rather than by trends.	Deci & Ryan (2000); Chan et al. (2022)
	JOMO4	I enjoy the calm that comes from not chasing every new programme.	Barry et al. (2023)
	JOMO5	I am content with the path we have chosen for my child, even though other paths exist.	Barry et al. (2023)
Anticipated regret (discriminant marker)	ANR1	When deciding on a service for my child, I think about how much I would regret choosing the wrong one.	Zeelenberg & Pieters (2007)
	ANR2	Before deciding for my child, I imagine how bad I would feel if a different option turned out better.	Zeelenberg & Pieters (2007)
	ANR3	I worry that I will later regret the choices I make now about my child's support.	Zeelenberg & Pieters (2007)
Perceived service scarcity (control)	PSS1	Affordable services for my child are difficult to obtain where we live.	Newly developed
	PSS2	Places in suitable programmes for my child are limited.	Newly developed
	PSS3	Waiting times for public services for my child are long.	Newly developed

Note. All items are worded for the caregiving context and are anchored conceptually, not verbatim, in the sources shown; they are therefore treated as newly developed items requiring expert review, pilot testing and psychometric validation (MacKenzie et al., 2011). No item is reverse-scored. Current financial ease and future financial security are lower-order dimensions of the higher-order financial well-being construct. Anticipated regret is measured as a discriminant marker and is not part of the structural model. Household income band, intensity of the child's support needs, child age and number of children with special needs are recorded as single-item controls in the demographic section.

Proposed analytical strategy

Partial least squares structural equation modelling (PLS-SEM) is appropriate for testing the model because the theory is at an early stage of development, the model combines explanatory and predictive aims, and it includes a higher-order construct, serial mediation, and a latent interaction (Hair et al., 2019). The measurement model should be assessed for reliability, convergent validity and discriminant validity using the heterotrait-monotrait ratio, with particular attention to the pairs at greatest risk of conceptual overlap: care-driven FOMO with anticipated regret, and care-driven FOMO with JOMO. Estimate structural paths and the specific indirect effects for H4 and H6 via bootstrapping, classify mediation following Zhao et al. (2010), and test H7 with a two-stage interaction term probed through simple slopes. Because the ordering of social comparison and FOMO is theoretically contestable, the reversed model should be estimated as a rival and compared on information criteria and

predictive performance. Common method bias should be assessed using a full collinearity test (Kock, 2015), and ethical approval should be obtained from the research ethics committee before any data are collected.

Expected Results and Analytical Interpretation

Accordingly, we describe no relationship as supported until we have tested it. Support for H1 would indicate that parents more oriented toward comparing their child's care with that of other families experience stronger care-driven FOMO, consistent with the argument that the absence of objective standards of adequate care directs parents toward social benchmarks. Support for H2 would show that care-driven FOMO is associated with less deliberate child-related purchasing, extending FOMO research beyond marketing contexts into financially consequential caregiving decisions.

Support for H3 and H4 would clarify how comparison operates. A significant indirect effect through care-driven FOMO alongside a significant direct effect would indicate complementary mediation: comparison would act partly by generating fear and partly through normative standards that parents act on without acute anxiety. An indirect-only pattern would locate the influence of comparison entirely in its affective consequences. If the reversed model performs better than the proposed model, the assumed ordering would need revision, and care-driven FOMO would be better understood as a driver of comparative attention than as its consequence.

Support for H5 and H6 would link socially derived standards of adequate care to the household's financial position through affect and decision style. Interpretation must remain cautious: cross-sectional data cannot establish that impulsive spending causes lower financial well-being, and households under financial stress may also recall their purchases as less deliberate. These paths are therefore framed as associations consistent with the proposed theory, and longitudinal research is recommended for stronger causal inference.

Support for H7 would indicate that JOMO buffers the relationship between care-driven FOMO and impulsive spending, with a flatter slope at high levels of JOMO. The most informative pattern would be one in which parents high in both FOMO and JOMO report deliberate spending, showing that the protective resource is autonomous selectivity rather than the absence of concern. If moderation is not supported, JOMO may still be directly associated with spending or financial well-being, but the hypothesised buffering mechanism would need revision.

Discussion

Theoretical contribution: care-driven FOMO

The principal theoretical contribution is the extension of FOMO to a caregiving context, in which the object of feared loss is a child's opportunity rather than the consumer's own social experience. This distinction matters because the motivational basis of behaviour is different. Conventional FOMO frequently involves belonging, experiences, products or social participation. Care-driven FOMO is tied to responsibility, uncertainty and anticipated parental regret. The parent is not merely asking, "Will I miss out?" but "Will my child lose something important because I failed to act?" This shift changes both the construct's ethical interpretation and its financial consequences.

Care-driven FOMO also clarifies why apparently non-hedonic purchases may share psychological features with impulse consumption. The product or service can be objectively valuable, yet the decision-making process remains emotionally accelerated. The relevant outcome is therefore not “unnecessary spending” but reduced deliberation relative to financial capacity, evidence and fit. This conceptual distinction can help researchers avoid stigmatising caregivers while still investigating potentially harmful decision dynamics.

Social comparison as a caregiving mechanism

A second contribution is integrating social comparison into family financial decision-making. Parent communities can be protective, informative, and empowering, but comparison within those communities may also set informal standards for adequate care. A highly visible success story may be interpreted as evidence that a particular intervention is necessary even when outcomes are heterogeneous. Social comparison therefore has a dual character: it can improve information while simultaneously increasing pressure. This duality deserves explicit attention in consumer vulnerability research.

Financial well-being and cumulative vulnerability

The model also links momentary or repeated spending decisions with broader financial well-being. This is important because the economic burden of disability is cumulative. Out-of-pocket care costs may coexist with employment disruption and income constraints (Kuhlthau et al., 2005; Chen & Newacheck, 2006; Montes & Halterman, 2008). A household may be able to finance one additional programme. Nevertheless, repeated decisions of this kind can gradually weaken emergency reserves, insurance capacity, retirement savings, or funds intended for the child’s long-term care. Financial education for these families should therefore address intertemporal trade-offs rather than focusing narrowly on budgeting.

JOMO as selective confidence rather than disengagement

Introducing JOMO as a moderator offers a positive rather than purely deficit-oriented perspective. The goal is not to teach parents to ignore opportunities. Instead, JOMO can be reframed as selective confidence: the ability to accept that no family can pursue every available option and to choose based on evidence, child fit, affordability, and long-term priorities. This interpretation aligns with Chan et al.'s (2022) mindfulness-oriented FOMO-to-JOMO framework while adapting it to contexts where complete disengagement would be inappropriate.

JOMO nevertheless requires cautious treatment. Barry et al. (2023) found that its associations with well-being are not uniformly simple, and the construct is still developing. Contextual adaptation therefore requires validation rather than assuming that JOMO is merely the mathematical opposite of FOMO. A parent may experience high FOMO and high reflective acceptance at the same time, particularly when the stakes are perceived as high.

Practical implications

For financial planners and counsellors, the model suggests that technical advice alone may be insufficient. A family can understand budgeting principles yet still overspend when a decision is framed as a potentially irreversible opportunity for the child. Advisory conversations could therefore include prompts such as "What evidence supports this option?" Is the opportunity genuinely time-limited? What is the expected benefit for this particular child? What lower-

cost alternatives exist? Which financial goal will be displaced if the expenditure proceeds? Such questions preserve parental agency while creating a pause between emotional activation and financial commitment.

Disability organisations and service providers can also reduce unnecessary FOMO by communicating evidence and uncertainty transparently. Marketing claims that imply guaranteed developmental gains or exploit parental guilt are particularly problematic in vulnerable markets. Parent-support programmes could teach families how to evaluate testimonials, distinguish anecdotal success from evidence, and compare intervention options using both developmental and financial criteria.

At policy level, persistent FOMO may partly reflect structural scarcity. When affordable services are limited, waiting lists are long, and information is fragmented, families have stronger reasons to fear missing opportunities. Policies that improve transparent service directories, referral pathways, financial assistance and evidence-based guidance may therefore reduce both objective access barriers and psychologically driven urgency.

Limitations and Future Research

The proposed study has several limitations. First, a cross-sectional design limits causal inference. Longitudinal studies could test whether FOMO predicts subsequent expenditure and whether changes in financial well-being feed back into FOMO. Second, purposive recruitment may overrepresent caregivers who are active in support organisations or online communities. Future studies could use registry-based or stratified sampling where feasible.

Third, contextualising established measures changes their referent and may alter their psychometric properties. This is particularly important for JOMO and for the proposed care-driven FOMO items. Confirmatory validation, measurement invariance testing and replication across cultural contexts are therefore necessary. Qualitative interviews could also explore whether parents distinguish fear of missing developmental windows, fear of being an inadequate parent, fear of social judgement and fear of future regret.

Finally, impulsive care-related spending should not be interpreted independently of objective need. Future research could incorporate service intensity, professional recommendations, intervention evidence, and household affordability to distinguish impulsive spending from appropriate high-cost care.

Conclusion

This study proposes that FOMO can take a distinctive care-driven form among families raising children with special needs. In this context, the fear is not simply missing an experience; it is that a dependent child may lose a developmental, educational, or therapeutic opportunity. By linking social comparison, care-driven FOMO, impulsive care-related spending, financial well-being and JOMO, the framework provides a more nuanced account of how emotional responsibility and consumer vulnerability may interact. The study also shifts attention from blaming families for spending to understanding the conditions under which legitimate caregiving motives can produce financially unsustainable decisions. Empirical testing of the model can support more psychologically informed financial education, more responsible service communication and stronger long-term financial resilience for special-needs families.

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