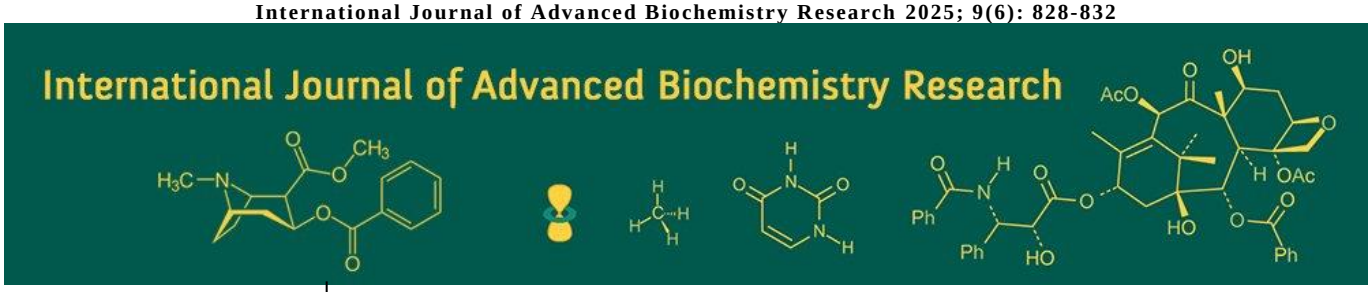

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Understanding the role of joint and nuclear families in shaping psycho-social health among urban middle-class after the pandemic

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Abstract
The pandemic has significantly impacted the psycho-social health of urban families, particularly within the urban middle class, where lifestyle disruptions, health anxieties, and social isolation were deeply felt. This study examines the role of family structure—specifically joint and nuclear families—in shaping the psycho-social health of urban middle-class households in the post-pandemic period. Using a structured questionnaire and standardized scales, data were collected from 360 families representing both family types. Key dimensions assessed included mental, emotional, social, and spiritual well-being, as well as intra-family communication, cohesiveness, and adaptability. The findings indicate that joint families demonstrated stronger emotional support, more effective communication, and greater adaptability compared to nuclear families, contributing to better overall psycho-social health. Conversely, nuclear families were more susceptible to psychological stress and reduced social engagement due to limited interpersonal support. The results emphasize the importance of family structure in fostering resilience and well-being during and after public health crises and suggest the need for targeted interventions to support nuclear families in strengthening internal dynamics and coping mechanisms.

Keywords: Family structure, joint families, nuclear families, psycho-social health, urban middle class, post-pandemic

Introduction
Family structure plays a vital role in determining the psycho-social well-being of individuals. In urban middle-class settings, the shift from traditional joint families to more independent nuclear units have introduced new dynamics in family life. These structural differences influence various dimensions of psycho-social health, including mental and emotional stability, social connectedness, and the quality of interpersonal relationships.

Joint families often provide a built-in support system through shared responsibilities and intergenerational interactions, which can enhance emotional resilience and adaptability. Conversely, nuclear families, while fostering independence and privacy, may face challenges related to limited social support and increased psychological pressures. As urbanization accelerates and lifestyle patterns evolve, understanding the influence of family structure on psycho-social health becomes increasingly important.

Psycho-social health encompasses several interrelated dimensions. Mental health refers to an individual's cognitive functioning, stress management, and psychological well-being. Emotional health involves the ability to recognize, express, and manage feelings in a constructive manner, contributing to inner balance and relationships. Social health reflects the quality of one's interactions, communication patterns, and sense of belonging within family and community. Spiritual health, though often overlooked, pertains to a sense of purpose, inner peace, and values that guide personal and collective life. Together, these dimensions provide a holistic understanding of well-being within the family system.

This study investigates how joint and nuclear family systems shape the psycho-social health of urban middle-class households, aiming to identify patterns and insights that can inform family welfare practices, mental health interventions, and social support strategies in modern urban contexts.

Methodology

Research Design

This study employed a descriptive and comparative research design to examine the relationship between family structure and psycho-social health among urban middle-class families. The approach enabled an in-depth assessment of differences in psycho-social health dimensions across joint and nuclear family systems.

Sample Selection

A total of 360 respondents from urban middle-class households were selected using purposive sampling. The sample was equally divided into 180 joint family members and 180 nuclear family members. Respondents were adults aged between 25 and 60 years, representing diverse professions and educational backgrounds. Inclusion criteria required participants to have lived in their respective family structures for at least three years.

Data Collection Tools

Data were collected using the following standardized instruments

Psycho-Social Health Scale (PSHS): A comprehensive tool covering four key dimensions:

- Mental Health
- Emotional Health
- Social Health
- Spiritual Health

Additionally, a background information proforma was used to gather demographic and family structure details.

Procedure

Participants were approached in residential communities, workplaces, and social centers across selected urban areas. After obtaining informed consent, face-to-face interviews were conducted in a private setting to ensure confidentiality and accurate responses. Each interview lasted approximately 30-40 minutes.

Data Analysis

The collected data were coded and entered into SPSS (Statistical Package for the Social Sciences) for quantitative analysis. Descriptive statistics (mean, standard deviation, frequency, and percentage) were used to summarize demographic variables and health dimensions. Inferential statistics, including mean, SD, Z-tests and Cohen's d, were applied to examine significant differences in psycho-social health and family functioning between joint and nuclear families. A significance level of $p<0.05$ was used.

Ethical Considerations

The study ensured voluntary participation, confidentiality of responses, and informed consent. Ethical approval was obtained from the affiliated academic institution prior to data collection.

Results

The data analysis revealed significant differences in psycho-social health between joint and nuclear families. Overall, joint families reported higher mean scores across all four dimensions of psycho-social health—mental, emotional, social, and spiritual—compared to nuclear families.

- **Mental Health:** Respondents from joint families exhibited better mental well-being, including greater psychological stability and effective stress management. The difference between joint and nuclear families was statistically significant ($p<0.05$).
- **Emotional Health:** Joint family members showed stronger emotional support, empathy, and healthier expression of feelings. They were more likely to share emotions openly, contributing to greater emotional resilience.
- **Social Health:** Social interactions were more frequent and meaningful in joint families. Higher levels of social connectedness, participation in shared activities, and a sense of belonging were reported, leading to better social health outcomes.
- **Spiritual Health:** Joint families demonstrated deeper engagement in shared spiritual practices and values. These experiences fostered a greater sense of purpose, inner peace, and connection to family traditions.

Across all four dimensions, the scores for nuclear families were consistently lower, with respondents often reporting reduced support systems and increased psychological strain:

Table 1: Distribution of family structure for their psycho-social health and its dimension in urban middle class families

n=360

Dimension of Psycho-social health	Level of Psycho-social health											
	Good				Average				Low			
	Joint		Nuclear		Joint		Nuclear		Joint		Nuclear	
	f	(%)	*f*	(%)	*f*	(%)	*f*	(%)	*f*	(%)	*f*	(%)
Mental health	36	20	39	21.6	97	53.8	63	35	47	26.1	63	35
Emotional health	28	15.5	28	15.5	101	56.1	78	43.3	51	28.3	74	41.1
Social health	31	17.2	24	13.3	107	59.4	103	57.2	42	23.3	53	29.4
Spiritual health	43	23.8	33	18.3	81	45	87	48.3	56	31.1	60	33.3
Overall Psycho-social health	23	12.7	23	12.7	123	68.3	103	57.2	34	18.8	54	30

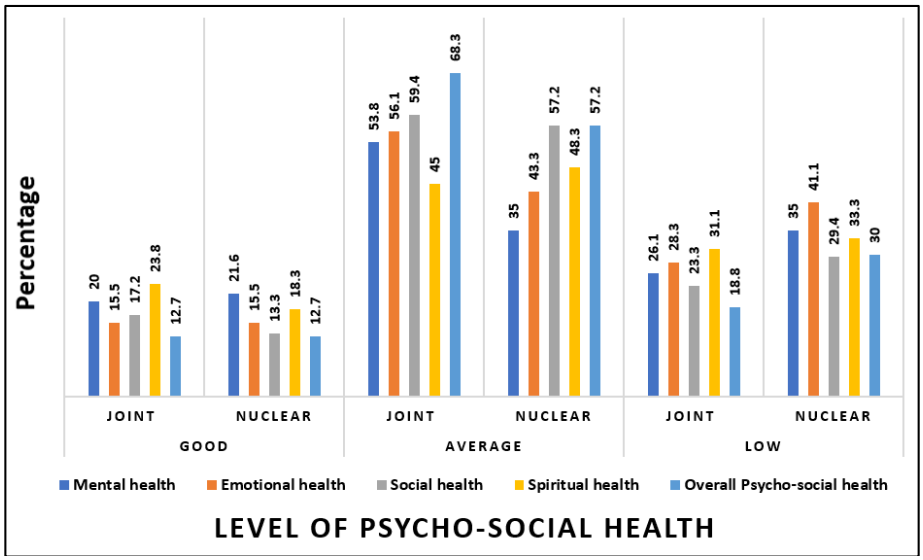

Fig 1: Distribution of family structure for the psycho-social health and its dimension in urban middle class families

Table 2: Family structure wise comparison of overall and dimensions wise Psycho-social health in UMCF after COVID-19

n=360

S. No	Dimension of Psycho-social health	Joint families n^1=180		Nuclear families n^2=180		Z-Value
		Mean	SD σ	Mean	SD σ	
1.	Mental health	43.91	9.24	36.2	11.3	2.48*
2.	Emotional health	34.33	8.36	28.35	6.46	2.6*
3.	Social health	37.86	7.96	31.22	7.45	2.22*
4.	Spiritual health	37.1	10.3	38.33	9.9	1.47 NS
5.	Overall Psycho-social health	148.96	28.7	141.62	31.3	0.02 NS

NS= Non-Significant
*= Significant at 5% level of significance
**= Significant at 1% level of significance

Table 3: Interpretation between Joint and Nuclear Families on Psycho-Social Health Dimensions

Dimension of Psycho-Social Health	Cohen's d	Effect Size Interpretation
Mental Health	0.75	Medium to Large
Emotional Health	0.80	Large
Social Health	0.86	Large
Spiritual Health	-0.12	Negligible
Overall Psycho-Social Health	0.24	Small

To assess the magnitude of difference between joint and nuclear families across various dimensions of psycho-social health, Cohen's d was calculated. The results are summarized below:

Discussion

The findings clearly highlight the influence of family structure on the psycho-social well-being of individuals in urban middle-class households. Joint families, by virtue of their collective living style, appear to foster healthier environments that support mental stability, emotional balance, social engagement, and spiritual growth. Shared responsibilities and continuous interpersonal interaction contribute to a strong network of emotional and social support, which positively influences individual well-being.

In contrast, nuclear families, while offering independence and self-sufficiency, may experience limitations in the form of emotional isolation, reduced opportunities for meaningful social interaction, and fewer shared spiritual experiences. These factors can increase vulnerability to stress and emotional exhaustion, especially in fast-paced urban environments.

Table No: 1 and fig no:1 indicates the distribution of respondents from family structure based on their psychosocial health. The mental health of joint and nuclear families where joint 53.8 percent joint and 35 percent nuclear families was average, 21.6 percent nuclear families had good mental health, and 35 percent nuclear families had low mental health scores. Regarding emotional health, husband 41.1 percent of nuclear families had low scores, 56.1 percent joint families had average scores, and 15.5 percent joint and nuclear families had good scores. For social health, 29.4 percent of nuclear families had low social health, 59.4 percent joint families had average social health, and 17.2 percent joint families had good social health. The spiritual health of 23.8 percent of joint families was good, 48.3 percent nuclear families were average, and 33.3 percent nuclear families were in the low category. Overall, the table reveals that joint and nuclear families 12.7 percent had good psychosocial health, 68.3 percent joint families had average psychosocial health, and 30 percent nuclear families had low or poor psychosocial health.

Table 2 represents the family structure-based comparison of mean scores for psycho-social health of UMCF after COVID-19 across different dimensions. In the context of family structure and psychosocial health, mental health scores reveal a notable difference between joint and nuclear families. Specifically, the mean score for mental health in joint families stands at average level 43.91, whereas nuclear families exhibit a lower-level mean score of 36.2. Chourasiya *et al.* (2018) [3] found that families with higher

socioeconomic status reported greater stress, particularly in nuclear family settings, compared to joint families, which may have more resources and support systems in place. This disparity is statistically significant, as indicated by a z-value score of 2.48. Cheng *et al.* (2017) [2] found harmonious joint family environments improve mental health, while dysfunctional dynamics increase mental health issues during social transitions, highlighting family influence. These findings suggest that individuals in joint families may experience better mental health compared to those in nuclear families, highlighting the potential positive influence of family structure on psychosocial health. In terms of emotional health within the family structure, a significant difference emerged between joint and nuclear families. The mean score for emotional health in joint families is 34.33at moderate level i.e., while nuclear families reported a lower-level mean score of 28.35. A study by Rabi *et al.* (2018) [7] demonstrates that individuals from joint families tend to exhibit higher emotional stability and social adjustment, which are crucial components of emotional health. This difference is statistically significant, as reflected in the z-value score of 2.6. Batool *et al.* (2020) [1] highlighted that individuals living in joint family systems experience less anxiety due to the greater support available from family members, compared to those in nuclear family systems who often face increased anxiety due to limited family involvement. These results suggest that individuals in joint families may experience better emotional health compared to those in nuclear families, underscoring the potential benefits of family structure on psychosocial health.

In the context of social health, a notable distinction observed between joint and nuclear families. The mean score for social health in joint families stands at 37.86, whereas nuclear families have a mean score of 31.22. Coelho *et al.*, (2023) [4]. emphasize the importance of community and family networks in promoting mental health and social well-being. Their findings suggest that integrated family support systems, such as those found in joint families, can enhance access to resources and emotional support, which are critical for maintaining social health. This is particularly important in urban environments, where individuals may feel disconnected from broader community networks. This difference is statistically significant, as indicated by the z-value score of 2.22. Lodhi *et al.* (2021) [5] conducted a population-based study that found individuals in joint families reported better social support and quality of life compared to those in nuclear families. This aligns with the notion that joint families facilitate stronger social networks, which are crucial for emotional and social health. The interconnectedness of family members in joint families often leads to enhanced communication and support, which are vital for coping with life's challenges. These findings suggest that individuals residing in joint families tend to experience better social health compared to those in nuclear families, highlighting the positive impact of family structure on psychosocial health.

In the realm of spiritual health, the mean scores revealed a slight difference between joint and nuclear families. Joint families' respondents report a mean score of 37.1, while respondent from nuclear families have a slightly higher mean score of 38.33. Mishra's (2022) [6] worked on sociocultural drivers of spirituality emphasizes the influence of cultural context on spiritual health. The findings indicate that family structures, including joint families, can play a crucial role in shaping spiritual beliefs and practices. The z-value score of 1.47 indicates that this difference is not statistically significant. This suggests that, in terms of spiritual health, the family structure does not have a substantial impact, and both joint and nuclear families experience similar levels of spiritual well-being within the context of psychosocial health.

In examining overall psychosocial health, joint families exhibit a mean score of 148.96, while nuclear families show a mean score of 141.62. The z-value score of 0.02 indicates that this difference is not statistically significant. Coelho *et al.* (2023) [4] provided insights into community mental health care networks, emphasizing the need for adequate implementation of services that address psychosocial demands. Their study suggested that effective community support can enhance the psychosocial health of families, regardless of their structure. This finding suggests that the family structure, whether joint or nuclear, does not have a meaningful impact on overall psychosocial health, as both family types demonstrate comparable levels of psychosocial well-being. Thus, it can be inferred that factors other than family structure may play a more crucial role in influencing psychosocial health outcomes.

The findings revealed that family structure influences specific dimensions of psychosocial health, with joint families showing better mental, emotional, and social health scores due to stronger support systems and networks. Spiritual health and overall psychosocial health scores indicate minimal differences between joint and nuclear families. This suggests that while family structure plays a role in certain aspects of psychosocial health, other factors, such as community resources and individual coping mechanisms, may be more critical.

Table 3 examine the magnitude of differences in psycho-social health between joint and nuclear families; effect sizes were calculated using Cohen's *d*. The analysis revealed that individuals from joint families exhibited notably higher levels of mental, emotional, and social health compared to those from nuclear families, with effect sizes ranging from moderate to large (mental health: $d = 0.75$; emotional health: $d = 0.80$; social health: $d = 0.86$). These findings suggest a substantial practical difference favouring joint families in these domains. In contrast, the effect size for spiritual health was negligible ($d = -0.12$), indicating no meaningful variation between the two-family structures. For overall psycho-social health, the difference was small but still favoured joint families ($d = 0.24$). Collectively, these results highlight the psychosocial advantages associated with joint family living arrangements, particularly in fostering stronger mental resilience, emotional support, and social well-being during times of societal stress and transition.

The results suggest that joint family systems inherently provide protective benefits for psycho-social health. However, with the growing prevalence of nuclear families in urban areas, there is a pressing need to promote strategies that enhance emotional connection, social interaction, and value-based living within smaller family units. Programs that encourage family bonding, community participation, and mindfulness-based practices may help bridge the gap in psycho-social well-being.

These findings contribute valuable insight into how modern family structures affect individual and collective health, and they underscore the need for context-specific family support interventions in urban societies.

Conclusion

This study highlights the significant impact of family structure on the psycho-social health of individuals in urban middle-class households. The findings reveal that joint families offer a more supportive and enriching environment for mental, emotional, social, and spiritual well-being compared to nuclear families. The shared experiences, intergenerational support, and collective values typical of joint families contribute to greater psychological resilience, emotional stability, social connectedness, and spiritual harmony.

In contrast, nuclear families, while providing autonomy and privacy, may lack the depth of interpersonal interaction and emotional support needed to sustain overall psycho-social health. The increasing trend toward nuclear living in urban areas underscores the importance of creating mechanisms within smaller family units that can replicate the protective factors found in joint families.

As family structures continue to evolve, it is essential for policymakers, mental health professionals, and community organizations to recognize the role of family dynamics in shaping individual well-being. Promoting emotional literacy, family bonding activities, and community engagement can serve as effective strategies to enhance psycho-social health across all types of family systems. Future research could further explore the role of technology, cultural practices, and generational perspectives in influencing family-based mental and social well-being.

References

1. Batool S, Khan A, Ahmad N. Emotional support and anxiety levels among individuals in joint and nuclear families. Journal of Psychological Research. 2020;45(2):120-128.
2. Cheng H, Wang M, Liu X. Family functioning and mental health during social transition: The mediating role of harmony and conflict. Journal of Community Psychology. 2017;45(3):314-328. https://doi.org/10.1002/jcop.21857
3. Chourasiya S, Patel R, Verma K. Socioeconomic status and family structure as predictors of stress in urban families. Indian Journal of Health and Wellbeing. 2018;9(4):516-519.
4. Coelho ML, Fernandes L, Silva R. Community mental health care networks: Barriers and facilitators in urban environments. International Journal of Social Psychiatry. 2023;69(1):22-31. https://doi.org/10.1177/00207640221134012
5. Lodhi FS, Shahzad A, Rana MA. Family structure and perceived social support: A population-based study in South Asia. BMC Public Health. 2021;21:1021. https://doi.org/10.1186/s12889-021-11097-9
6. Mishra A. Sociocultural determinants of spirituality in Indian family systems. Indian Journal of Spirituality and Psychology. 2022;14(1):35-42.
7. Rabi F, Thomas J, George S. Family structures and emotional stability: A comparative study of joint and nuclear families. Asian Journal of Psychology and Education. 2018;8(2):77-83.