

# Globethics Repository

The logo for Globethics, featuring the word "Globethics" in white, sans-serif font centered within a solid blue rectangular background.

## ATTITUDE TOWARDS JOINT FAMILY SYSTEM AMONG UNDERGRADUATE STUDENTS OF A MEDICAL COLLEGE IN RURAL AREA

This page was generated automatically upon download from the Globethics Repository. More information on Globethics see <https://www.globethics.net>. Data and content policy of Globethics Repository see <https://repository.globethics.net/pages/policy>.

Item Type	Article
Authors	Prasher, C.L.;Bhardwaj, A.K.;Raina, Sunil Kumar;Chander, Vishav
Publisher	National Journal of Community Medicine
Rights	Creative Commons Copyright (CC 2.5)
Download date	2026-06-20 02:43:24
Link to Item	<a href="http://hdl.handle.net/20.500.12424/198371">http://hdl.handle.net/20.500.12424/198371</a>

**ORIGINAL ARTICLE**

## ATTITUDE TOWARDS JOINT FAMILY SYSTEM AMONG UNDERGRADUATE STUDENTS OF A MEDICAL COLLEGE IN RURAL AREA

C.L.Prasher<sup>1</sup>, A.K. Bhardwaj<sup>2</sup> Sunil Kumar Raina<sup>3</sup>, Vishav Chander<sup>4</sup>, B.P.Badola<sup>5</sup>, Abhilash Sood<sup>4</sup>

<sup>1</sup>Health educator, <sup>2</sup>Professor & Head, <sup>3</sup>Associate Professor, <sup>4</sup>Assistant Professor, Department Of Community Medicine, Dr. R.P. Government Medical College, Tanda, Himachal Pradesh, India.

<sup>5</sup>Associate Professor, College of Education, Kangra, Himachal Pradesh,

### Correspondence:

Dr. Sunil Kumar Raina

Associate Professor, Department Of Community Medicine

Dr. R.P. Government Medical College, Tanda

Himachal Pradesh, India.

Email: ojasrainasunil@yahoo.co.in Phone No: 094180-61066 (Mobile)

### ABSTRACT

**Introduction:** Since more women in India are joining the labor force without proper support and assistance often in the face of extended family and community opposition, an increase in family difficulties is to be expected. **Aim:** To assess the attitudes of MBBS students towards joint family. **Material and methods:** A cross-sectional study using a prestructured questionnaire was used for conducting this study. **Results:** Out of 118 respondents, a majority, 66.95 percent expressed their preference in it. 58 percent female respondents do not prefer the joint family living, only 42 percent women respondents preferred it.

**Keywords:** Attitude, Joint family, medical students

### INTRODUCTION

More recent crises in Indian families encompass many of the same kinds of problems that have plagued countries in the West at least since the 1960s. These include marital strain and dissolution, parent-child conflicts and various forms of family violence. Given these conditions and difficulties the future and well-being of the Indian family is uncertain.<sup>1,2</sup>

Subtle changes in family patterns especially with regard to the use of authority within the family as well as an increased focus on individual autonomy<sup>3,4</sup> are also likely to influence members' expectations of marriage and their choice of marriage partner. Educated middle class families are now more hesitant to make decisions for their offspring with regard to marriage, education, and employment.<sup>4</sup> With an increased onus of responsibility falling on the individual rather than on the entire family,

young Indian adults today face what Dr. Gore calls "choice anxiety" - increased autonomy and increased choice that have led to increased anxiety.<sup>4</sup>

Since more women in India are joining the labor force without proper support and assistance often in the face of extended family and community opposition, an increase in family difficulties is to be expected.<sup>5,6,7,8</sup>

With these facts in mind a study among undergraduate students of Dr. RP Government Medical College to assess their attitude towards joint family system was planned.

### MATERIAL AND METHODS

The present study was carried out in the state of Himachal Pradesh at Dr. Rajendra Prasad Govt. Medical College, Kangra at Tanda. The students of this college hail from the different parts of the

state representing all the communities and cultures of the state.

The Dr. Rajendra Prasad Govt. Medical College, Kangra at Tanda has on its rolls 250 students belonging to different levels of education viz. semester 1 to 9. The number and list of medical students in each year was procured from the office record. After this uniform proportionate sample of 50% from each semester was drawn by simple random technique using random table. Thus the total number students included in study were 118. For collection of information on personal and sociological background of the respondents included in the study an interview schedule was developed. It consisted of two parts: the first part contained questions on the personal and sociological background of the subjects, and second part contained questions on various aspects of the family such as reference for particular type of family living, marriage, divorce, kinship, identity, obligation, socialization, residence and household maintenance etc. attitudes towards these elements of family culture constitutes area of concern for research in family. The response to each question of the interview schedule was further divided into three categories i.e. "yes" "No", "No response".

The responses to each questions (contained in the interview schedule), it was thought, may not provide in a comprehensive way the attitudes of individuals toward joint family. Therefore, to overcome this attitudinal inventory was developed on the lines contained in the Likert method of scaling. For this purpose a pool of 29 statements on various aspects of joint family were prepared, each statement was assigned three response categories (i) "Strongly agree", (ii) "Disagree", (iii) "No definite opinion". The responses were given weights 1, 2 and 3 for positive statements and 3, 2 and 1 for negative statement.

The interview schedule and the attitudinal inventory so developed were pre-tested on twenty five respondents. On the basis of pre-testing ambiguous question were excluded and some others were reworded. Similarly some of the statements not understood by the respondents were excluded and some others reframed. The final version of the interview schedule and the attitudinal inventory was used to collect the data.

For the purpose of collecting data the respondents were contacted personally in their

respective departments after establishing rapport with them each respondent was interviewed personally. The responses of subjects were recorded in the interview schedule. A similar technique was adopted with regard to collection of information on attitudinal inventory. At the end of each interview, the schedule was thoroughly checked and the scores allotted to the responses of statements to yield total score.

In case of any inconsistency further probe for clarification was done. In case respondent gave response to question in terms of "no response", then the question was restated.

The questions in the interview schedule were coded and classified into various categories depending upon their frequencies. The data were accommodated in tables after decoding. To measure attitudes the mean and standard deviation of total Obtained by each respondent on the attitudinal inventory were computed on the basis of mean (64.40) and standard deviation (9.27) three attitudinal categories were made, as follows:

Category 1 = mean + I.S.D.  $64.40 + 9.27 = 73.67 = 74$

Category II = (Mean + I.SD) to (Mean-I.S.D.) =  $74 = 74$  to  $55$

Category III = Mean -I.S.D.  $64.40-9.27 = 55.13 = 55$

Category I, II and III for the purpose of convenience were designated as strongly favourable, favorable, as under: strongly favorable = score above 74

Favorable = score less than 55.

Each respondent was accommodated in the attitude category depending upon the total score obtained.

## RESULTS

Regarding preference for living in joint family, data cited in table 4 reveals that out of 118 respondents, a majority, 66.95 percent expressed their preference in it. This indicates that a large number of MBBS students are joint family minded as they wish to live in joint households. 58 percent female respondents do not prefer the joint family living, only 42 percent women respondents preferred it. Conversely which 67.65 percent respondents opted for joint family and only 32.35% men respondents voted against it. It is seen that there is a difference, though very slight between the respondents

whose parental families are in rural areas and those whose are in urban areas (Table 4.2) Amongst the former category 74 percent are in it favour and the member of respondents who do not desire to live in joint family is higher (54.41%) in urban area as compared to 26% in the rural area.

**Table-1:** Age and gender wise distribution of respondents

Variables	No. of Students (%)
Age group (Years)	
18-19	19 (16.1)
20-21	39 (33.1)
22-23	32 (27.1)
24-25	28 (23.7)
Sex	
Male	68 (57.6)
Female	50 (42.4)

Those who were born in village, 71.70 percent regard joint family as good arrangement, against 28.30% who consider that it is not good. Of those who were born in town 55.88% respondents considers joint family good where as 44.12% do not. Similar observation is made with regard to those born in city as 67.74% of them are in favour of joint living. The data pertaining to 'caste and preference for joint living' indicates that lower caste subjects though less in number (37) in our study sample prefers joint living. Of 81 respondents of higher caste barring 62.96% preferred joint living as good arrangement, thus shows that both higher and lower caste persons (66.10%) prefer predominantly joint family.

Out of those who lived in joint family 92.31% favoured it while 7.69% did not. Of those who belonged to nuclear families as lesser number 46.97% stood for joint living, while a majority, 53.93%, opposed it. Those who lived in large families prefer joint family living and of those who belong to medium sized family 72% wish for joint living and only 28% oppose it. Conversely, of those who lived in small family 58.73% prefer it and 41.27% did not.

Preference for joint family is much higher among respondents whose parents are agriculturists and horticulturists and low in case of employees' category (in both cases i.e. father and mothers occupation). Moreover in case of respondents whose mothers are housewives, majority (73.53%) do not prefer joint living. 55.55 percent of those whose families are in the lowest

income group (Rs. 2001-5000 P.M), 66.67 of those in the income group Rs. 5001-10,000 P.M. and 63.63% of those in the income group of Rs. 10,000-20,000 P.M and 71.42% of those with very high incomes prefer joint family living.

**Table-2:** Family profile of respondents

Family Profile	Students (%)
<b>Type of family</b>	
Nuclear	62 (52.5)
Joint	56 (47.5)
<b>Place of Birth</b>	
Village	53 (44.9)
Town	34 (28.8)
City	31 (26.3)
<b>No. of family members</b>	
3-5	63 (53.4)
6-8	50 (42.4)
≥9	5 (5.2)
<b>Education of Father</b>	
Illiterate	-
Matriculation	27 (22.9)
Graduation	61 (51.7)
Post graduation	30 (25.4)
<b>Education of Mother</b>	
Illiterate	10 (8.5)
Middle	22 (18.6)
Matriculation	35 (29.7)
Graduation	40 (33.9)
Post graduation	11 (9.3)
<b>Occupation of Father</b>	
Agriculture	26 (22.0)
Business	19 (16.1)
Govt. Service	73 (61.9)
<b>Occupation of Mother</b>	
Agriculture	26 (22.0)
Housewife	68 (57.6)
Govt. Service	24 (20.4)
<b>Income</b>	
2001-5000	9 (7.6)
5001-10000	24 (20.4)
10001-20000	64 (54.2)
20,001 and above	21 (17.8)

## DISCUSSION

Most of the studies undertaken so far seem to have been obsessed with a single question " is the joint family in India breaking down or its existence ( importance) and undergoing a process of nuclearization at least some of them seem to have accepted the assumption that a general tendency exists towards the breakdown of the joint family and some other seems to have rejected this assumption by putting forward the

argument that the joint families are still intact i.e. this institution is as strong today as it was . Kapadia pointed that any analysis of institutional change must examine its three phases : attitudinal change , structural change and ideological change.<sup>10</sup> The western contact has brought about remarkable attitudinal change in respect of some of our social and cultural institutions. As a result of it and under the impact of various other forces the structural change is also evident in some respects.

**Table-3:** Reasons for the preference for living in Joint Family

Reason	N (%)
Mutual help in difficulties and necessities	32 (40.5)
Better economic progress, mutual love, cooperation , help in difficulties, better division of labor and better care of children	20 (25.3)
Mutual love and cooperation	18 (22.8)
Help in difficulties and better economic progress	9 (11.4)

**Table-4:** Reasons for non preference for living in Joint Family

Reason	N (%)
Conflict among family member	22 (56.4)
Negligence towards children	10 (25.6)
Lack of freedom	7 (18.0)

Male students in larger number, no doubt, still hold traditional attitude toward joint family. This is perhaps due to the fact that female respondents for certain reasons do not like to live in joint family therefore tendered preferences against it. Rural born student hold more traditional attitude than the urban ones, in matters of liking for joint terms of place of residence i.e. those MBBS students who live in rural areas were more prone to joint living than those who live in urban areas. This reflection may be due to the impact of education and urbanization on urban youths who do not prefer to live in joint family.

Furthermore, caste seemed to be a more important factor in determining individual's preference for type of family and in this regard it was observed that both higher and low caste respondents expressed their preference for joint family. This may be attributed to the persistence of influence of caste on the members of society

in Himachal Pradesh. However among higher caste subjects a significant number voted against joint family, this indicates the departure from traditional pattern and emergence of non-traditional attitude. This again is attributable to diversities of occupation to which different castes are exposed to.

Family type-wise preferences show that the students living in joint family wish to continue in it while those having experienced nuclearisation do not prefer jointness. It was also found that higher the educational level of parents of respondents lesser is the preference for joint family. Preference for joint living was also noticed among certain occupational groups such as agriculture and horticulture but those whose parents were in service significantly disliked joint living. It was found that preference for joint living is much frequent among almost all income groups (high & low). However the number of those who do not prefer joint living though not large, but are considerable in each income category.

Reasons advanced by those who prefer joint family were; mutual love and cooperation, help in difficulties and necessities, better economic progresses and better division of labour, etc. on the other hand reasons tendered by respondents for not preferring joint living include; lack of freedom, conflict among family members and negligence toward children.

The cumulative attitude toward joint family in terms of three categories i.e. strongly favorable, favorable and not favorable, revealed the traditional attitude of majority of respondents. In other words attitude of larger number of graduates was in favour of joint family.

## REFERENCES

1. Chowdhury A. Employed mothers and their families in India. *Early Child Dev Care* 1999;113: 65-75.
2. Das RC. Marriage in transition: A biosocial approach. In: Baral AK, Chowdhury A, editors. *Family in transition: Power and democracy*. New Delhi: Northern Book Centre; 1999. p. 16-20.
3. Sinha D. The family scenario of a developing country and its implications for mental health: The case of India. In: Dasen PR, Berry JW, Sartorius N, editors. *Health and cross cultural psychology: Towards application*. Newbury Park: Sage Publications; 1988.
4. Gore MS. Key note address. In: Bhatti RS, Varghese M, Raguram A. Editors. *Changing Marital Family Systems- Challenges To Conventional Models in Mental Health*. Proceedings of the National Symposium on Changing Marital and Family Systems held during August 1994 at NIMHANS, Bangalore. NIMHANS Publication; 2003.

5. Chowdhury A, Carson DK, Carson CK, editors. Jaipur: Rawat Publications; 2006. Family Life Education in India: Perspectives Challenges and Applications.
6. Parameswaran U. Indian families in the world. In: Dasgupta S, Lal M, editors. The Indian family in transition. New Delhi: Sage Publications; 2007.
7. Sengupta J. Society, family and the self in Indian fiction. In: Dasgupta S, Lal M, editors. The Indian family in transition. New Delhi: Sage Publications; 2007.
8. Walsh JE. As the husband, so the wife. In: Dasgupta S, Lal M, editors. *The Indian family in transition*. New Delhi: Sage Publications; 2007.
9. <http://himachal.nic.in/tour/glance.htm>
10. Kapadia, K.M. in *The family in India: Structure and Practice*. Sage publications 2005