

Descriptive Survey Approach Which Is Exploratory in Nature Was Considered Appropriate to Describe the Knowledge On Postretirement Psychosocial Problems and Its Prevention Among Rural Adults at Jaipur

Deepak Sharma

Vice Principal, Star Nursing College, Jaipur

Corresponding Author:

Deepak Sharma, Vice Principal, Star Nursing College, Jaipur

E-mail:

deepaksharma7073@gmail.com

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Abstract :

Background: In the developed world it is the nuclear family rather than the extended unit which is more typical. Other relatives often live many miles away, and the economic links between them are at best tenuous. In this instance the family is more a unit of consumption than of production parenting, and by implication lack of it, is the 'single largest variable implicated in childhood illness and accidents, teenage pregnancy and substance misuse, truancy, school disruption and under-achievement, child abuse, un-employment, juvenile crime and mental illness'.⁸ It is therefore described as 'the most important public issue facing ... society'.

Materials & Methods: The Research design of present study was descriptive comparative design. The subjects selected for the study was mothers of under five children residing in nuclear and joint family at Selected area of Jaipur. Sample of study consisted of 60 mothers. The study participants were selected by purposive sampling. The conceptual framework of the study is based on Von Bertalanffy (1998), the general systems theory. The tool used for the collection of data is structured knowledge questionnaire.

Results: The overall comparison of Nuclear and joint family mothers knowledge scores on behavioral problems shows that the mean score of nuclear family participants (109.120) with a standard deviation of 6.32 is found high when compared to the mean score of the joint family participants (96.24) with a standard deviation of 3.23. Hence 't' value 12.83 is significant at 5% level.

Conclusion: The study concluded that the mothers are having knowledge regarding behavioral disorder. There was significant association between knowledge regarding reactive attachment disorder and the demographic variable that is area of residence of working mothers.

Keywords: Mothers, Joint family, Nuclear Family, Behavioral problems.

INTRODUCTION

In today's fast paced world, almost every mother tells you that she has child problem on her hand. Whenever a child displays a pattern of behavior that confirms the basic expected or accepted norms of the society. If the behavior of child not as per society norms, culture, belief then child behavior know as abnormal.¹

A family plays important role in raising a child into an individual that he/she will become tomorrow. We all know and acknowledge that families are the first and most crucial socializing unit in any person's life. That depends upon the kind of family, i.e. joint or nuclear. Both joint and nuclear families do enjoy certain advantages but also have their

limitations, therefore making it imperative for parents to adopt parenting techniques that work best with their child.²

A child in a joint family is blessed with a lot of love and affection and learns how to adjust very easily in different environments – indeed a reason for parents to be happy. However, he/she can get easily confused with the mixed messages that he/she receives on discipline from different members of the family. In such situations it is best to clarify what rules should apply as far as the child's behavior is concerned with all household elders, so they too can follow the same rules, especially in your absence. While this can be difficult to implement immediately, it is worthwhile to talk about it with the family members and set the ball rolling.³

In nuclear family child-rearing methods become more democratic. Children spend more time outside the home and parents become more ambitious for their children. Presently there is a great increase in the number of working mothers than a few decades ago,⁴ and finally the grandparents disappeared from the home, taking with them all their traditional knowledge of how to cope with children, leaving behind their bewildered offspring to become parents as best they could. Consultants, baby magazines and other substitutes partly replaced them.⁵

In a nuclear family, a parent can easily imbibe qualities such as consistency in behavior and self reliance in a child, but this family set up comes with its own share of baggage. In an era of unprecedented time-saving devices, we are busier than ever and less connected to one another. When both parents working, in that case child's school and extra-curricular activities effected. In such a scenario a joint family seems like a blessing! Grandparents and other senior members of the family can fill in that crucial gap and therefore reducing the special effort that parents would have to otherwise make. Therefore, a weekend with the entire family or involving the grandparents in the day-to-day child cares activity.⁴

In present scenario more ever kids are separated, ignored, or neglected by their birth parents, shuttled between multiple foster parents, day care workers. They are traumatized by physical, sexual, or emotional abuse. Even while physically present, some mothers are yet incapable of providing adequate care and attention for their children.⁶

OBJECTIVES OF THE STUDY:-

1. To assess the behavioral problems of children among mother living in Nuclear family.
2. To assess the behavioural problems of children among mothers living in joint family.
3. To compare the behavioural problems of children among mothers living in Nuclear and joint family.
4. To find out the association between selected demographic variables of mother and behavioral problems of children among mothers & selected demographic variables.

HYPOTHESIS:-

H₁: There will be a significant association between selected demographic variables of mothers living in Nuclear and Joint family and behavioural problems of children.

MATERIALS & METHODS

Methodology of research indicates the general pattern for organizing the procedure for the empirical study together with the method of obtaining valid and reliable data for the problem under investigation.

RESEARCH APPROACH:-

RESEARCH DESIGN:-

The research design used in this study was descriptive comparative design.

RESEARCH VARIABLES:-

- a) **Independent Variable** - The behavioural problems of children among mothers living in Nuclear and Joint Family
- b) **Dependent Variable** - Knowledge level of mothers regarding behavioral problems.

c) Demographic Variables –

Age, religion, education, occupation, family income, family type, number of children, gender of the child, previous knowledge, source of information about behavioral problems.

SETTING OF THE STUDY:-

The research setting is done in selected area of Jaipur.

POPULATION:-

The target population for the present study includes the mothers of under five children from nuclear and joint family in selected area of Jaipur.

SAMPLE:- The sample of 60 mothers from nuclear family and 60 mothers joint family at selected area at Jaipur.

SAMPLING TECHNIQUE:- Sampling refers to the process of selecting a portion of the population to represent the entire population.³⁴

In the present study the samples were selected through purposive sampling.

SAMPLE SELECTION CRITERIA:-

Sampling criteria is the list of characteristics essential for inclusion or exclusion in the target population.³⁵

Inclusion Criteria:

- Mother of a single child living in nuclear family.
- Mother living in joint family.
- Age of the children should be between 1-5 years.
- Mothers who speak and read Hindi and English.

Exclusion criteria:

- Nuclear family with more than one child.
- Who are not willing to participate

ETHICAL CONSIDERATION:-

Prior permission was obtained from the research committee of Jaipur Nursing College of Jaipur, then from the authorities of Primary Health Center in selected area at Jaipur. Informed consent was obtained from the subjects.

DEVELOPMENT & DESCRIPTION OF TOOLS:-

The data collection tool was by Behavioral problem assessment scale. Criteria checklist was prepared to assess the behavioral problem of the children in response to family system. It was considered to be the most appropriate instrument to elicit the response from the subject.

Structured knowledge questionnaire

It includes three domains with relevant questions. According to the content area in blue print, adequate number of items was prepared in each area. Then the prepared items were subjected to content validation, pre-testing and estimation of reliability.

DEVELOPMENT OF CRITERIA CHECK LIST

Criteria check list for validation of tool was developed.

Part – I – comprises of demographic data

Part – II – comprises of modified behavioral problem assessment questioner for mothers with children from nuclear and joint family.

RESULT

Both descriptive and inferential statistics were used to analyze the data. Analysis is organized under the following tables.

Table - 1: Frequency and percentage distribution of Respondents by Age in years

S.N.	AGE	Nuclear Family		Joint Family	
		Frequency	Percentage	Frequency	Percentage
1	Below 30 Yrs	33	55%	40	67%
2	31-40 Yrs	25	42%	19	32%
3	41-50 Yrs	2	3%	1	1
4	Above 50 Yrs	0	0	0	0
	Total	60	100	60	100

Table - 2: Frequency and percentage distribution of respondent's Religion

S.N.	Religion	Nuclear Family		Joint Family	
		Frequency	Percentage	Frequency	Percentage
1	Hindu	35	58	43	72
2	Muslim	15	25	9	15
3	Christian	10	17	8	13
4	Any other	0	0	0	0
	Total	60	100	60	100

Table - 3: Frequency and percentage distribution of Respondents by Education

S.N.	Education	Nuclear Family		Joint Family	
		Frequency	Percentage	Frequency	Percentage
1	Illiterate	31	52	21	35
2	Primary school	15	25	30	50
3	Secondary School	9	15	7	12
4	Graduate and above	5	8	2	3
	Total	60	100%	60	100%

Table - 4: Frequency and percentage distribution of Respondents by Occupation

S.N.	Occupation	Nuclear Family		Joint Family	
		Frequency	Percentage	Frequency	Percentage
1	Working	38	63	47	78
2	Non - Working	22	37	13	22
	Total	60	100%	60	100%

Table - 5: Frequency and percentage distribution of Respondents by Monthly Income of family (in Rs.)

S.N.	Income (Rs.)	Nuclear Family		Joint Family	
		Frequency	Percentage	Frequency	Percentage
1	Below 5,000	28	47	10	17%
2	5,001 - 10,000	18	30	15	25%
3	Above 10,001	14	23	35	58%
	Total	60	100%	60	100%

Table 6: Frequency and percentage distribution of Respondents by Number of Children

S.N.	Number of Children	Nuclear Family		Joint Family	
		Frequency	Percentage	Frequency	Percentage
1	1	34	57	4	7
2	2	20	33	37	62%
3	Above 2	6	10	19	31%
	Total	50	100%	60	100%

Table – 7: Frequency and percentage distribution of Respondents by Gender of the Child

S.N.	Gender of the Child	Nuclear Family		Joint Family	
		Frequency	Percentage	Frequency	Percentage
1	Male	42	70	40	67%
2	Female	18	30	20	33%
	Total	60	100	60	100%

Table - 8: Frequency and percentage distribution of Respondents by Previous Knowledge

S.N.	Previous Knowledge	Nuclear Family		Joint Family	
		Frequency	Percentage	Frequency	Percentage
1	Yes	10	17%	12	20%
2	No	50	83%	48	80%
	Total	60	100%	60	100%

Table - 9: Frequency and percentage distribution of Respondents by Source of Information

S.N.	Source of Information	Nuclear Family		Joint Family	
		Percentage	Frequency	Percentage	Frequency
1	Friends	5	8%	3	5%
2	Neighbors	7	12%	3	5%
3	Media	48	80%	23	38%
4	Family	0	0%	31	52%
	Total	60	100%	60	100%

Table - 10: Frequency distribution of level of attitude regarding behavioral problems among Children from Nuclear and Joint Family

Sl.	Level of attitude	Nuclear Family		Joint Family	
		No.(60)	%	No.(60)	%
1.	Mild (<50%)	10	17%	49	82%
2.	Moderate (50 -75%)	48	80%	11	18%
3.	Sever (75%)	2	3%	0	0%
	Total	60	100	60	100

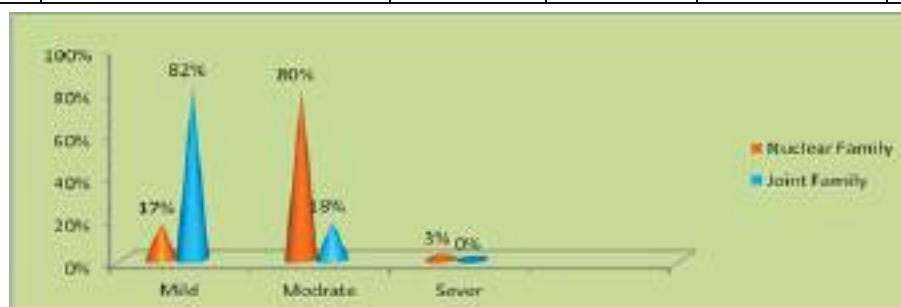


Figure 1: Pyramid diagram showing level of attitude regarding behavioral problems among Children from Nuclear and Joint Family

The obtained chi-square value for Participants source of knowledge (2.508) is less than the table value (5.99) which indicates that there is no significant association between knowledge score and source knowledge of the respondents at degree of freedom (1, $P > \text{level}$). Hence the research hypothesis is rejected and null hypothesis is accepted.

DISCUSSION:-

The discussion presents the findings of the study in relation to its objectives and hypotheses. The study compared behavioral problems among children of mothers living in nuclear and joint families in selected areas of Jaipur. The findings showed differences in selected demographic characteristics between the two groups. Behavioral problems were mainly moderate (80%) among children from nuclear families, whereas 82% of children from joint families had mild behavioral problems. The mean score was higher in the nuclear family group (109.12 ± 6.32) than in the joint family group (96.24 ± 3.23). The findings indicated a significant difference in behavioral problems between children from nuclear and joint families. However, no significant association was found between behavioral problem scores and the selected demographic variables at the 0.05 level of significance. Therefore, the null hypothesis was accepted and the research hypothesis was rejected.

CONCLUSION:-

This section deals with the conclusion, implications, recommendations and limitations of the study. The present study was done to assess the knowledge of behavioral problems among mothers from nuclear and joint family. The overall comparison of Nuclear and joint family mothers knowledge scores on behavioral problems shows that the mean score of nuclear family participants (109.120) with a standard deviation of 6.32 is found high when compared to the mean score of the joint family participants (96.24) with a standard deviation of 3.23. The obtained chi - square value for age (.034) is less than the table value (7.82) (3, $P > 0.05$ level), religion (0.203) is less than the table value (5.99) (1, $P > 0.05$ level), Occupation (0.325) is greater than the table value (9.49) (4, $P > 0.05$ level), education (2.122) is less than the table value (7.82) (3, $P > 0.05$ level), monthly income (5.135) is less than the table value (5.99) (1, $P > 0.05$ level), Gender of children (2.508) is less than the table value (7.82) (3, $P > 0.05$ level), previous knowledge (5.135) is less than the table value (5.99) (1, $P > 0.05$ level), source of knowledge (2.508) is less than the table value (5.99) (1, $P > 0.05$ level). are not significant at 0.05 level of significance.

IMPLICATIONS:- Findings of the study have implications in the following areas:

Nursing Practice

The current concept of expanded role in nursing practice indicates changing role and function of the nurses. Expanded practice demands increased skill and knowledge that results in significant outcome. The concept of rendering care to the severely handicapped and mentally disabled has gained popularity in today's generation that is facing this burning problem. Understanding and assisting the daily activities of mentally disabled is an essential part of nursing process.

Nursing Education

- Teachers can use the structured teaching programme to teach the students during mental health nursing postings, so that the students can deliver health teachings more effectively.
- The statistical findings of present study suggest that there is an increased need for teaching programmes regarding behavioural disorder.
- Parent's education groups may be held in community, pediatric clinics, day care centres, special schools and in hospital settings. Nurses who are responsible for the groups can use their knowledge of communication skills, teaching and learning theories, problem solving, parenting and help the parents in resolve their problems.

Nursing Administration

Administration plays an important role in regulating and co-ordinating the laws. The quality of administrator is determined by the quality of their subordinates.

- A nursing administrator has a significant role in encouraging and motivating the staff nurses to improve their knowledge in order to keep in pace with the changing needs of the society.
- It is important for the nurse administrators to facilitate programme to improve the knowledge of nurses regarding emerging concepts such as care of an mentally challenged in nursing field.
- The nurse administrator should give ample of opportunities for innovative ideas, interest and ability in educating public regarding growth and development of children.

Nursing Research

The deficiencies in the knowledge among nurses can result in poor quality of services to the clients.

- The findings of the study serve as the basis for the professionals and student nurses to conduct the future quantitative and qualitative research on knowledge of parents regarding behavioural disorder and to enhance the performance in providing the quality care thereby improving the nursing standards.
- The study will motivate the initial researches to conduct the same study on large scale and the study will be reference for the research scholars.
- The study will motivate the initial researches to conduct structured teaching programme on behavioural problems among parents.

RECOMMENDATIONS:-

- A similar study can be replicated on a large scale for wider generalization.
- An experimental study can be done by including control and experimental group in the study.
- This study can be done among the school teachers.
- Very few studies were conducted in INDIA on behavioural disorder, so Descriptive / prevalence study can be done on behavioural disorder.
- This study can be done as intervention study between working mothers and home makers.

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CONFLICTS OF INTERESTS: There is no conflict of interest

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