

Understanding the Protective Roles of Indian Joint Families for Children During the Early Phase of the COVID-19 Pandemic

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Abstract

Background: Although the recent pandemic's impact on adults has been extensively studied, little research has been done on its impact on children, despite the harmful effects COVID-19 has on them. We aim to understand the protective function of Indian joint families for the perceived life outcomes of children (9-12 years) in the early stages of the recent pandemic.

Methods: Using a qualitative research design, 25 full-time mothers from joint families with children (age range=9-12 years) were chosen through convenience sampling. The data were collected through a semi-structured telephone interview and the transcriptions were analyzed using the thematic analysis method.

Results: The qualitative study revealed six themes: perceived distress, the diversity of relationships, harmonious relationships, involvement in household activities, supportive roles of the elderly and collective values and practices. The uncertainty and fear enhanced the perceived distress of family members and concern for the children. The abundant supportive relational resources, involvement in household activities, warmth, optimism and cooperation of the elderly, as well as interdependence and religious practices, were the resources described to protect the children from the negative effects of the pandemic.

Conclusion: Indian joint families hold collectivist values that may have enabled greater support, cooperation, caring, interdependence, discipline, cultural knowledge, and conflict resolution mechanisms. Integrity, emotional stability, and caring from the elderly may have significant protective powers. Research, practice and policy implications are discussed.

Keywords: Children, Collective values, COVID-19 pandemic, Indian joint family, Thematic analysis method

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Introduction

The recent outbreak of the COVID-19 pandemic has led to the development of negative life outcomes for people of all age groups, including children (1,2). Among other things, children have been major victims of the pandemic due to school closures, restrictions on their social interactions, play, uncertainty and parental distress (1,3,4). The World Health Organization feared that some children may experience strong isolation, anxiety, boredom and uncertainty, as well as fear and grief, due to the negative impacts the pandemic is having on their

families (5). Research suggests that the uncertainties, fears and losses caused by the COVID-19 pandemic have led to the development of severe distress, panic and fierce challenges commensurate with the existence of both children and adults (1,4,6,7). In its initial observations, the United Nations Organization feared that children could be the greatest victims of this pandemic and that this could result in them facing the severe unavailability of essential resources and social support, which in turn could lead to distress, abuse and neglect and may therefore negatively impact their positive development and well-being (8-10).



The physical and mental health problems of children aged 9 to 12 years and their parents have been widely reported (11). Studies in India report that parents and families have experienced a loss of social networks, employment, financial security and the death of their relatives, negatively impacting their well-being and productivity in all walks of life (12,13). Given the conditions of social disruption, changing gender norms, school closures, lack of extracurricular/outdoor activities, new eating and sleeping habits, lack of peer relationships, and boredom, their positive development may be seriously hampered (12).

Among others, the restrictions of the pandemic have led to excessive and diverse demands on parents and families to deal simultaneously with their stress, uncertainty, and loss on the one hand and to protect their children from it on the other (14). Now, parents and families must devote more time than before to monitoring their children's daily activities, learning, play, and well-being, and these increased role demands have multiplied their burden (15). The nature and types of families may vary in their ability to cope with the challenges of the recent pandemic due to differences in their processes and resources. For example, in countries like Austria and Germany, where the nuclear family system is more prevalent, child rearing has become even more difficult due to the lack of substitute care (16). Conversely, joint families may have different child-rearing experiences during the pandemic (17).

A joint family refers to a consanguineal unit composed of two or more generations of kindred connected by either paternal or maternal line who share a common residence, and are subject to common social, economic and religious regulations (18). Research suggests that the joint family system nurtures collective values that include interdependence, reciprocity, shared identity, emotionality, and concern for others (19,20). Research suggests that a joint family is more supportive of children in achieving their psychological well-being than a nuclear family (21) because of differences in parental and social relationships (22) and parental resources, parent-child relationships, and quality of relationships (23). Children from joint families show better outcomes on measures of well-being and achievement indices (21) and lower scores on behavioural and emotional problems (24). A joint family system may also help reduce parental stress because of the family structure and inner parenting model (25,26).

The current study

Although there are studies on the impact of pandemics on children, these are among the less severe impacts than the recent pandemic (10). Additionally, there is limited research on the role of joint families in determining their impact on children during the recent pandemic (4). A joint family is unique in its structure, the types

of support, and the stimulations that result from the multiplicity of relationships between children, siblings, parents, grandparents, and other relatives. The presence of grandparents may have unique implications for raising children during the pandemic, as they are more agreeable and emotionally stable (27). Therefore, strong bonds, a positive environment, close supervision, and encouraging family activities in joint families may have a marked impact on parenting (28). Joint families also facilitate interdependence, obedience, proper behaviour, social obligations, and group accomplishments (29).

The present study chose a qualitative research design to understand the protective functions joint families have for their children, which are relevant to assessing individual, group, and community responses and helping to understand meaning, interactions, new insights, health, and illness (30). We recruited full-time mothers to understand their children's life outcomes as an important source as they have a deep understanding of their children's behaviours and experiences in India (7). Mothers' perceptions can help gain a thorough understanding of their children's behaviour and in developing an effective intervention plan. Children aged 9 to 12 were chosen for the study because they remain dependent on their parents and other family members. These children can share their experiences with their parents and have some sense of social realities, life goals, and broader human collectives (7). The aim of the study was to understand the role of Indian joint families in protecting their children during the restrictions in the early phase of the COVID-19 lockdown.

Methods

Research design, participants and recruitment

We utilized a narrative approach with realist paradigm in our research. The data were analysed using the thematic analysis method (31). The study recruited full-time mothers through convenience sampling. Twenty-nine mothers (age range = 35-45 years, mean = 39.28 years, SD = 3.34) initially gave their consent to participate in response to the study invitation sent via email, Facebook and WhatsApp from Sagar, Madhya Pradesh, India. Finally, 25 mothers who met the inclusion criteria: full-time mother, belonging to a joint family and at least one child between the ages of 9 and 12 answered the interview questions. They mostly belonged to middle-class Hindu families. The study was conducted in June and July 2020. The age of the sample children was between 9 and 12 years (Mean = 10.52 years, SD = 1.12). The demographics of the mothers and their children are presented in Table 1.

Data collection and analysis

Participants were briefed on the basic study goals and all interviews were conducted via telephone call. They were not paid any compensation for their participation. Data

Table 1. Demographics of the full-time mothers of the joint families and their children

S. No.	Details of the mothers			Details of the children			Codes
	Age (y)	Education	Domicile	Age (y)	Gender	Class	
1.	39	Graduate	Rural	9	Male	V Std.	M_1
2.	38	X Std.	Rural	11	Female	VII Std.	F_1
3.	35	Graduate	Urban	12	Male	VI Std.	M_2
4.	39	XI VIII Std.	Rural	9	Female	V Std.	F_2
5.	37	Graduate	Urban	11	Male	VII Std.	M_3
6.	44	Postgraduate	Urban	11	Female	VII Std.	F_3
7.	35	Graduate	Rural	9	Male	V Std.	M_4
8.	36	XI VIII Std.	Rural	10	Male	VI Std.	M_5
9.	41	X Std.	Urban	11	Female	VI Std.	F_4
10.	45	Postgraduate	Rural	12	Male	VII Std.	M_6
11.	38	XI VIII Std.	Rural	11	Male	VI Std.	M_7
12.	44	XI VIII Std.	Urban	9	Female	V Std.	F_5
13.	39	Postgraduate	Rural	9	Male	V Std.	M_8
14.	35	Graduate	Rural	12	Male	VII Std.	M_9
15.	39	XI VIII Std.	Urban	11	Female	VII Std.	F_6
16.	41	Graduate	Rural	11	Female	VI Std.	F_7
17.	35	Postgraduate	Rural	12	Male	VII Std.	M_10
18.	40	XI VIII Std.	Urban	11	Male	VI Std.	M_11
19.	44	X Std.	Rural	9	Male	V Std.	M_12
20.	38	Postgraduate	Rural	10	Female	VI Std.	F_8
21.	44	Graduate	Urban	9	Male	V Std.	M_13
22.	40	Graduate	Rural	10	Male	VI Std.	M_14
23.	36	XI VIII Std.	Urban	12	Female	VII Std.	F_9
24.	44	Graduate	Rural	11	Male	VII Std.	M_15
25.	36	Postgraduate	Urban	11	Male	VI Std.	M_16
Mean	39.28			10.52			
SD	3.34			1.12			

were collected and coded by five authors (DNS, BR, AD, AKS, and PS) on telephone calls using a semi-structured interview (mean duration=51.12 minutes) protocol framed as per the goal of the study (The interview questions are given in Table 2). The other four authors (GKT, RP, SS, and RNM) helped manage and validate the study codes. These researchers have sufficient expertise and skills in planning and conducting qualitative research using interviews. The study questions were framed and chosen as per the study goals and the insights of previous relevant research (7,32). The study adopted sampling saturation criteria to decide when no further data was needed. The data collection showed saturation when no new themes and codes emerged from additional interviews (33). Saturation was reached at the 20th interview and 5 more data were collected to confirm this. The interview contents were audio-taped, transcribed, and analyzed using the thematic analysis method, which includes familiarisation, coding, theme generation, theme review, theme defining and naming, and writing (31). These

Table 2. Interview questions asked to the full-time mothers

S. No.	Interview Questions
1.	Can you please tell in detail the extent to which COVID-19 has impacted the life of your child?
2.	Please describe the role of elders in supporting the children of the family during the pandemic.
3.	How the relationships in your family helped your child during the pandemic?
4.	How does your family involve the child in household task and what are its consequences?
5.	How does your family work together to provide care for your child during the pandemic?

authors read and reread transcripts and assigned codes to increase familiarity with the interview content, inherent meaning, and useful insights. Using a handwritten codebook, these codes were organized, merged, and re-categorized to identify relevant codes.

After collecting data, the interview transcripts were carefully read multiple times to become familiar with

them and gain insights for labelling codes and grasping their underlying significance. Using an iterative method improved the coding quality by continually incorporating and reviewing pertinent codes until the analysis was complete. Based on Barbour, each participant's interview was coded multiple times, with the authors reviewing assigned codes and holding conferences to resolve inconsistencies, to increase validity, credibility, and trustworthiness (34). Lincoln and Guba suggest that trustworthiness in qualitative studies includes credibility, transferability, dependability, and confirmability (35). Measures such as prolonged engagement, systematic observation, peer debriefing, member checking, thick descriptions, inquiry audit, and triangulation were used to enhance trustworthiness. The authors independently assessed three interview transcripts for code generation, transcript richness, data usefulness, insights development, and coding framework finalization, aligning with the study goals.

To maintain methodological integrity, we ensured that data were sufficient and consistent with the research goals, and encouraged ongoing discussion among researchers for insights and coherence. Ethical standards were maintained with a consistent analysis process and a codebook. Each transcription was coded using a handwritten codebook listing their origins and coders. Senior authors regularly reviewed the coding framework for necessary adjustments to improve richness and relevance. Every five transcripts were checked for content congruence, which led to refining inclusions and exclusions. Through team discussions, the process was further refined and suggestions from relevant researchers were taken. This iterative approach facilitated the emergence of refined and relevant codes (36).

The coding framework was revised to streamline and categorize codes more effectively, discarding irrelevant codes and organizing them into broader categories. Changes and additions were carefully documented in the codebook to ensure that the original ideas were retained and utilized in the analysis. An iterative process was used to identify and include any missing relevant codes, reviewing previous transcriptions as needed. Following the interviews, transcripts underwent thorough coding checks to minimize bias and to ensure the maintenance of fresh perspectives (31,36). Bias was eliminated and controlled by using multiple coders, reviewing the results, verifying them from more data sources, looking for alternative explanations, and reviewing the findings with peers. Regular discussion, evaluation, consistent analysis, use of the codebook and focus on evidence helped achieve integrity.

Results

We have selected and listed the quotes that best reflect the meaning described. Using the thematic analysis method

(31), six themes were identified, which are described below with selected relevant quotes:

Theme 1: Perceived distress

Novelty, uncertainties and strong fear led to the majority of mothers describing the situation as very distressing. These experiences are expressed in the following quotes:

"We have never seen, read and thought about such painful times in our lives. We were facing strong fear and depression. No medicines or vaccines were available. It was too fatal." (M_1)

"We have never heard of this disease. It came suddenly and affected all of human society. People were dying. Crying and pain were everywhere." (F_3)

Theme 2: Multiplicity of relationships

The big distress of the family consisted, among other things, in protecting and engaging their children. With the unique strengths of the family together, it could be easy if there were ample play and entertainment options, multiple learning resources, a diverse immediate and effective feedback system with a blend of rewards and punishments, and the occurrences of positive behaviours (e.g., respect, morality, emotion regulation), effective control, delay in gratification, good eating habits (variety, frequency, quantity, etc.), awareness of worldly events, availability of alternatives for meeting needs, and diverse learning opportunities and sources of emotional, interpersonal, and social skills. Describing these strengths of shared families during the pandemic, mothers said:

"We might face this odd situation since close relationships are there to take care of children. Members could engage the children in games, provide useful information, and create a positive and safe environment at home during lockdown." (M_5)

"We live in a joint family. The different age groups of the children could get involved in themselves. Older members watched them closely and engaged them in various games (e.g., ludo, chess), which helped to understand the situation and reality of human life." (F_9)

Theme 3: Harmonious relationships

Despite minor differences, joint families are generally headed by grandparents. They exercise full control over the behaviours of the members. Thus, we-feeling, shared identity, interdependence, compulsory cooperation, diverse outlet sources for negative emotions, manageable conflict, effective control mechanisms, availability of positive examples of couple relationships and practice of traditional role expectations of couple relationships due to the presence and practice of religiosity may have made the relationships harmonious in joint families. The following quotes reflected these realities:

"Since we live in a joint family, we share the food. The chores are divided according to experience, ability and

skill. We must take care of each other. My grandfather-in-law closely monitors the whole family as they are always present. In life's adversities, we become more united." (M_16)

"We were able to take care of the children because we all did it together. In general, younger children continue to play and learn with their grandparents. My younger parents-in-law regularly teach them and punish them if they disobey." (F_6)

Themes 4: Positive engagement in household activities

Joint families work cooperatively together. They remain active and offer opportunities for physical participation, the development of psychomotor skills, the development of social and emotional skills in completing domestic tasks, effective control of everyday life, and numerous opportunities for creativity, reciprocity and the values of work. These strengths may have helped them engage their children positively and saved them from the boredom and distress that most mothers experienced. The following excerpts reflect some of these characteristics:

"Because the school was closed and their play opportunities were limited, their grandparents and uncles involved them in watering plants, tending the cow, and collecting teacups." (M_11)

"At first, the children were bored. Their schedule has been seriously disrupted. Gradually, the elders of the family gave the children some household chores, such as helping grandparents take medicine and milk at the right time, organising clothes and taking care of pets." (F_7)

Theme 5: Facilitating role of the elders

The presence of older people has been described as a great resource for joint families during the pandemic. They satisfied various needs in the bad times. This could be possible because they are loving, empathetic, optimistic, outgoing, selfless, supportive, humble, emotionally stable, compassionate, moral, and more likely to express positive emotions. They also have higher experiential knowledge of worldly life, positive life stories, effective strategies for emotion regulation, and generativity. They have positive life stories and are generally acceptable to regulate the behaviours of family members to cushion against life's adversities. The majority of mothers described the presence of these attributes. Some of the similar reflections are:

"My grandfather-in-law takes of care and supervises the children's learning and play activities. They generally tell stories filled with wit, knowledge, and morality. Family children regularly gather around them and ask them to tell the stories. They teach the children or motivate them to devote themselves to learning." (M_14)

"The lockdown restrictions have been very scary and unsafe. We regularly hear that someone dies. My grandfather-in-law comforts us and tells us that this time is very short. Everything will become normal.

They refer to examples from the Ramayan (a holy Hindu religious book). They regularly tell the children about their previous life challenges and their success stories. They monitor their study, play and whereabouts throughout the day." (F_2)

Theme 6: Collective values and practices

Joint families are the source of collective values. For example, interdependence, we-feeling (more use of "we" rather than "I"), shared identity, source of pain resistance, compassion, tolerance, sacrifice, mutuality, closely connectedness, group goal-orientation, bear ambiguity, relational orientation, and collective religious and spiritual practices are some of them. These values, actions, and relationships may have helped protect children from facing distress and other worse negative outcomes.

"Our family always remains united in the face of external threats. We face them together. We regularly observe fasting and participate in Pooja (worship). It gives us strength in the adversities of life." (M_13)

"The restriction was very painful and uncertain. We fought it together. We care about each other. The family monitors all members, including children, to observe essential precautions." (F_5)

Discussion

The findings support the claim that joint families act as a buffer mechanism against the fear, uncertainty, and distress of the COVID-19 pandemic. This may have become possible because they contain many resources that are generally not available to people living in nuclear families. The mothers described that the lockdown experience was distressing and painful due to its novelty, fatality and uncertainties (Theme 1). The finding lends support from previous research that reports similar experiences with the recent pandemic for all age group people (1,4,7).

The presence of relational resources in the form of a multiplicity of relationships has been described (Theme 2). This is the basic feature of a joint family in which a variety of relationships cohabit. It has been suggested that these relational resources are effective in dealing with the negative consequences of the pandemic (6,23). The mothers also described the presence of harmonious relationships in their families that help ensure that children are better cared for and protected from distress during the pandemic (Theme 3). Research reports that collective values of interdependence and shared identity allow joint families to function undisturbed (37). Theme 4 denotes that children were involved in some household activities that may have kept them from getting bored and feeling under-stimulated. These engagements provide a good opportunity to learn responsibility, caring, cooperation and a sense of togetherness (6,23,32).

The presence of elders in joint families has been a

dependable source during the hard times of the recent pandemic (Theme 5). Research suggests that older members are a good source of unbroken affection, optimism, support, and positive emotionality. Research also suggests that older people are more agreeable, report less neuroticism and have higher positive emotionality than people of other age groups (27). These strengths may have made them a good and effective buffer against the negativity and fear of the recent pandemic. They also offer moral support with their extensive life experiences and successful past life skills. Their positive role in the recent pandemic may have also been guided by the presence of generativity, which may have been useful in caring for and raising children (38). Their rich life experiences, wisdom, emotional maturity, positive stories, and forgiveness may also have contributed to their positive role in dealing with the threat of the pandemic (39). The presence of collective values and practices was also described by the mothers (Theme 6). Research suggests that joint families nurture and cultivate a set of collective values such as interdependence, shared identity, tolerance of ambiguity, compassion, group goal orientation, and collective enhancement practices (19). These values may have acted as a collective way of confronting the threats to life posed by the recent pandemic.

Limitations

The study is not without limitations. The first limitation is the use of a small sample. Another limitation is the use of only qualitative methods. The content of the interview was originally recorded in Hindi and translated into English. Some of the meanings may have been lost in translation. It is the third limitation.

Conclusion

The study findings show that the mothers described the restrictions of the pandemic lockdown as distressful affecting badly the life outcomes of their children. The positive qualities of joint families such as the presence of a multiplicity of relationships with harmonious inclination, involvement in household activities, the supportive role of elders, and adherence to the collective values and practices provide essential protection, guidance, positive involvement, and a way of life that could protect the children from the dire consequences of the recent pandemic.

Findings indicate that some form of family-based intervention may have helped keep children safe from the negative effects of the pandemic. Group-based cognitive behaviour therapy, self-compassion therapy, and mindfulness therapy may help guard families and children during difficult times. Future research may attempt to understand the positive family processes in diverse cultural groups, which are relevant to overcoming adversities in life. Findings may be useful for researchers,

practitioners, and policymakers alike to plan family-based interventions to effectively address the challenges of recent and future pandemics.

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Authors' Contribution

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Competing Interests

The authors declared no conflict of interest.

Data Availability Statement

The data may be provided on a genuine request. An early version of the manuscript is available as a preprint.⁴⁰

Ethical Approval

The study was approved by the Ethics Committee of Doctor Hari Singh Gour University, Sagar, 470003, Madhya Pradesh, India. The institutional ethical committee approval number is DHSGV/IEC/2021/9.

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