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Impact of Family Type on Mental Health of B.Ed. Trainees of Ahmedabad City

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Abstract

The present study investigates the impact of family type on the mental health of B.Ed. trainees in Ahmedabad city. A survey-based descriptive research design was employed, with a total sample of 320 B.Ed. trainees drawn from various teacher education colleges in Ahmedabad. The sample was categorized into four family types: nuclear, joint, single-parent, and extended. Mental health was measured using a standardized Mental Health Battery (Singh & Sengupta, 2014). Descriptive statistics, one-way ANOVA, and post-hoc analysis were used to analyze the data. Results indicate significant differences in mental health scores across family types ($F = 18.34$, $p < 0.01$). Trainees from joint families reported the highest mean mental health score (71.8), followed by extended family (68.9), nuclear family (62.4), and single-parent family (54.3). The findings highlight the critical role of family environment in shaping the psychological well-being of pre-service teachers and underscore the need for targeted mental health support for trainees from single-parent and nuclear family backgrounds.

Keywords: Family Type, Mental Health, B.Ed. Trainees, Ahmedabad, Joint Family, Nuclear Family, Survey

1. INTRODUCTION

The family is the primary social institution responsible for the psychological development, emotional security, and identity formation of individuals. The type of family — whether nuclear, joint, single-parent, or extended significantly shapes the nature and quality of interpersonal relationships, emotional support systems, and the availability of material and psychological resources. These factors, in turn, have profound implications for the mental

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health of young adults, particularly those navigating the demanding transitions of higher education.

B.Ed. trainees, or pre-service teachers, occupy a particularly challenging position within the educational system. During the course of their training, they are required to simultaneously manage academic responsibilities, teaching practice stress, professional identity formation, and personal life challenges. The family environment from which these trainees come can serve either as a protective buffer or as an additional source of stress, depending on its structural characteristics and functional quality (Sharma & Sharma, 2019).

In India, the family system has traditionally been categorized along a joint-nuclear axis. However, the rapid urbanization of cities like Ahmedabad has led to increasing diversification of family structures, including a growing number of single-parent households and reconstituted families. Research globally has established that family structure is significantly associated with mental health outcomes in young adults (Bjorkenstam et al., 2013; Amato, 2005). Yet, within the specific context of Indian teacher education, the relationship between family type and mental health remains insufficiently explored.

The present study addresses this gap by empirically investigating how different family types influence the mental health of B.Ed. trainees in Ahmedabad city. The study seeks to contribute to the growing body of literature on teacher trainee well-being and provide practical recommendations for teacher education institutions and policymakers.

2. REVIEW OF RELATED LITERATURE

A substantial body of research has examined the relationship between family structure and mental health outcomes across various populations. Amato (2005) conducted a comprehensive meta-analysis demonstrating that children and young adults from single-parent families consistently report lower levels of psychological well-being, academic achievement, and social adjustment compared to those from two-parent families. This deficit was attributed to reduced financial resources, lower parental monitoring, and diminished emotional support.

In the Indian context, the joint family system has historically been associated with strong social support networks, shared childcare responsibilities, and collective emotional resources (Seymour, 1999). Studies by Mishra and Singh (2015) found that college students from joint families reported significantly lower levels of anxiety and depression compared to

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those from nuclear families, supporting the hypothesis that the joint family structure provides a richer ecosystem of emotional support. However, other researchers have noted that joint families may also generate interpersonal conflicts, privacy constraints, and role ambiguity that can negatively impact mental health (Bhatt, 2018).

Nuclear families, which are increasingly prevalent in urban India, offer greater privacy and autonomy but may also result in reduced social support, particularly when faced with crises. Trainees from nuclear families may have fewer resources to draw upon during academically stressful periods, potentially increasing their vulnerability to psychological distress (Verma & Saraswathi, 2002). Single-parent family trainees represent the most vulnerable group in several studies, owing to economic hardship, parental role strain, and reduced availability of emotional support (Kjeldsen et al., 2014).

With respect to teacher education specifically, Kyriacou and Kunc (2007) noted that pre-service teachers bring their family-of-origin experiences into their training, and that the quality of family relationships significantly predicts their professional self-efficacy and stress management capacity. Patel and Trivedi (2018) in their study of B.Ed. trainees in Gujarat found that family-related stress was among the top three sources of psychological distress reported by trainees. These findings collectively justify a focused investigation into the differential impact of family types on the mental health of B.Ed. trainees.

3. OBJECTIVES OF THE STUDY

1. To assess the mental health status of B.Ed. trainees in Ahmedabad city across different family types.

2. To compare the mean mental health scores of B.Ed. trainees belonging to nuclear, joint, single-parent, and extended family types.

3. To determine whether there is a statistically significant difference in the mental health of B.Ed. trainees on the basis of family type.

4. To provide recommendations for mental health support in teacher education based on findings.

4. HYPOTHESES

H01: There is no significant difference in the mental health of B.Ed. trainees on the basis of family type.

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H02: There is no significant difference in the level (high/moderate/low) of mental health among B.Ed. trainees belonging to different family types.

5. RESEARCH METHODOLOGY

5.1 Research Design

The present study employed a descriptive survey research design. Survey research is appropriate for gathering data about the characteristics, attitudes, and experiences of a defined population without manipulation of variables (Best & Kahn, 2010). The cross-sectional survey approach was adopted given the objectives of assessing and comparing mental health across groups at a single point in time.

5.2 Population and Sample

The population of the study comprised all B.Ed. trainees enrolled in teacher education colleges affiliated with universities in Ahmedabad city during the academic year 2023-24. Using stratified random sampling, a total of 320 trainees were selected across colleges. The sample was stratified by family type: nuclear (n=140), joint (n=110), single-parent (n=40), and extended (n=30). The relatively smaller samples for single-parent and extended family categories reflect their lower prevalence in the population, consistent with census data from Gujarat (Census of India, 2011).

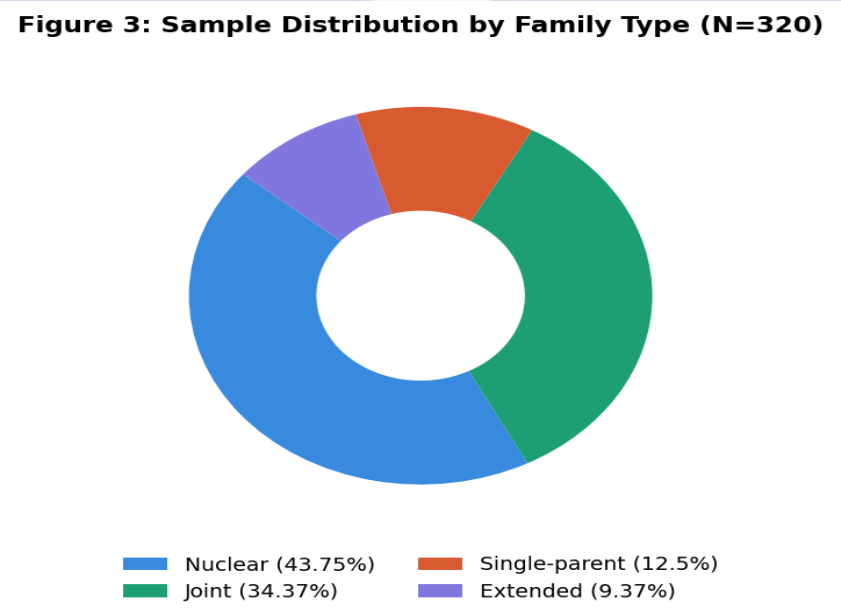

Figure 3: Sample Distribution by Family Type (N = 320)

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5.3 Tool

Mental health was assessed using the Mental Health Battery developed by Singh and Sengupta (2014), a widely used and validated instrument in the Indian context. The battery measures six dimensions of mental health: positive self-evaluation, perception of reality, integration, autonomy, group-oriented attitudes, and environmental mastery. The tool yields a composite mental health score ranging from 0 to 100, with higher scores indicating better mental health. The instrument has a reported reliability coefficient of 0.79 (Cronbach's alpha) and well-established content and construct validity.

5.4 Data Collection Procedure

Data were collected through personal visits to teacher education colleges in Ahmedabad city between October and December 2025. Prior to data collection, informed consent was obtained from all participants. Trainees were categorized into family types based on self-report. The questionnaires were administered in group settings during regular class hours, and trainees were assured of the confidentiality of their responses.

5.5 Statistical Analysis

Descriptive statistics (mean, standard deviation) were computed for each family type group. One-way Analysis of Variance (ANOVA) was used to test for significant differences in mean mental health scores across family types. Post-hoc Tukey HSD tests were applied to identify specific between-group differences. The level of significance was set at $p < 0.05$.

6. RESULTS AND ANALYSIS

6.1 Descriptive Statistics

Table 1 presents the descriptive statistics and distribution of mental health levels for B.Ed. trainees across family types. The overall mean mental health score for the total sample was 64.9 (SD = 8.89), indicating a moderate level of mental health. Trainees from joint families obtained the highest mean score (M = 71.8, SD = 7.41), while trainees from single-parent families obtained the lowest mean score (M = 54.3, SD = 9.87).

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Table 1: Descriptive Statistics and Mental Health Levels by Family Type

Family Type	N	Mean Score	SD	% High MH	% Low MH
Nuclear	140	62.4	8.32	22%	33%
Joint	110	71.8	7.41	38%	20%
Single-parent	40	54.3	9.87	12%	50%
Extended	30	68.9	7.95	32%	24%
Total	**320**	**64.9**	**8.89**	**27%**	**33%**

Note: Mental health levels — High: Score > 70; Moderate: 50–70; Low: Score < 50

As evident from Table 1, trainees from joint families not only reported the highest mean score but also had the largest proportion of trainees in the 'high mental health' category (38%) and the smallest proportion in the 'low mental health' category (20%). In contrast, trainees from single-parent families had the lowest proportion in the 'high' category (12%) and the highest in the 'low' category (50%), suggesting the greatest psychological vulnerability among this group.

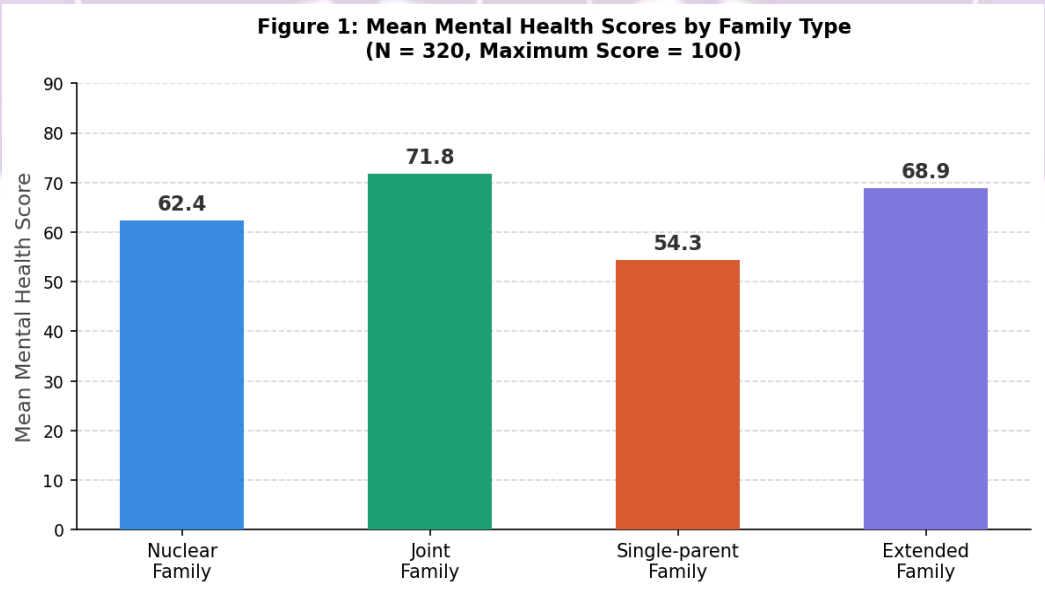

Figure 1: Mean Mental Health Scores by Family Type (N = 320, Maximum Score = 100)

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Figure 1 visually confirms the pattern observed in Table 1. The bar chart illustrates a clear ordering of mean mental health scores, with joint family trainees scoring substantially higher than their counterparts in nuclear and single-parent family groups. The gap between joint family (M = 71.8) and single-parent family (M = 54.3) trainees is particularly striking, representing a difference of 17.5 points on the 100-point scale.

Figure 2: Distribution of Mental Health Levels by Family Type (%)

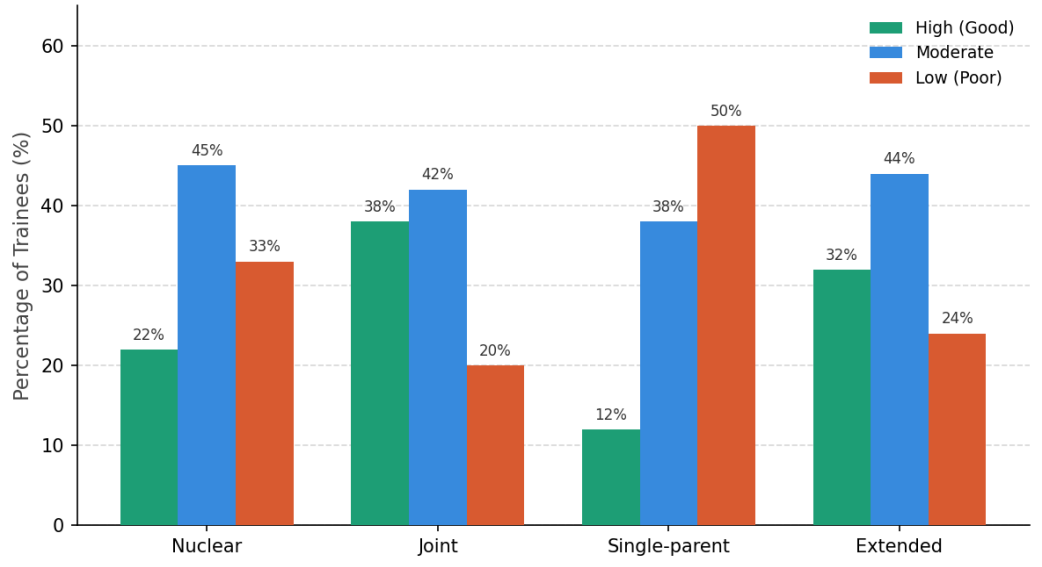

Figure 2: Distribution of Mental Health Levels by Family Type (%)

Figure 2 provides a more granular view of the distribution of mental health levels across family types. The grouped bar chart reveals that joint and extended family trainees share a broadly similar pattern of high and moderate mental health, while nuclear family trainees show a notably higher proportion in the 'low mental health' category (33%) compared to joint (20%) and extended (24%) family trainees. Single-parent family trainees stand apart from all other groups, with half of their sample falling in the 'low mental health' category.

6.2 Inferential Statistics: One-Way ANOVA

To determine whether the observed differences in mean mental health scores across family types were statistically significant, a one-way ANOVA was conducted. The results are presented in Table 2.

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Table 2: One-Way ANOVA – Mental Health Scores by Family Type

Source	SS	df	MS	F	Sig.
Between Groups	4862.3	3	1620.8	18.34*	0.000
Within Groups	27986.1	316	88.56	—	—
Total	**32848.4**	**319**	**—**	**—**	**—**

** Significant at p < 0.01 level*

The ANOVA results ($F(3, 316) = 18.34$, $p < 0.001$) indicate a statistically significant difference in mean mental health scores across the four family type groups. Accordingly, the null hypothesis H01 is rejected. The effect size (eta-squared = 0.148) indicates a medium-to-large practical significance, suggesting that family type accounts for approximately 14.8% of the variance in mental health scores among B.Ed. trainees.

6.3 Post-Hoc Analysis (Tukey HSD)

Post-hoc Tukey HSD tests were conducted to identify which specific pairs of family types differed significantly. Results indicated that: (a) joint family trainees scored significantly higher than nuclear family trainees ($p < 0.01$); (b) joint family trainees scored significantly higher than single-parent family trainees ($p < 0.001$); (c) single-parent family trainees scored significantly lower than all other groups ($p < 0.01$ in all comparisons); and (d) the difference between nuclear and extended family trainees did not reach statistical significance ($p = 0.12$). These findings confirm that family type, particularly single-parent status, has a significant and practically meaningful impact on the mental health of B.Ed. trainees.

7. DISCUSSION

The findings of the present study provide compelling evidence that family type is a significant determinant of mental health among B.Ed. trainees in Ahmedabad city. The superiority of joint family trainees in mental health scores corroborates existing literature from the Indian context (Mishra & Singh, 2015; Seymour, 1999). The joint family system, with its built-in networks of emotional, financial, and instrumental support, appears to provide a robust psychological buffer against the stressors of teacher training. Elders and extended kin within

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joint families may offer guidance, encouragement, and practical support that reduce the psychological burden on trainees.

The relatively lower scores of nuclear family trainees, while moderate in absolute terms, suggest that the reduced support network of nuclear households may leave trainees more exposed to the demands of the B.Ed. programme. In urbanizing contexts such as Ahmedabad, nuclear families are often spatially and socially isolated from extended kin networks, which may intensify the experience of academic and professional stress without adequate support mechanisms (Verma & Saraswathi, 2002).

The markedly poor mental health outcomes of single-parent family trainees are perhaps the most concerning finding of the study. Single-parent trainees are likely to carry dual burdens: the academic and professional demands of teacher training, and a reduced or absent parental support structure. Financial instability, often associated with single-parent households in the Indian context, may further compound psychological vulnerability. These findings are consistent with international research (Amato, 2005; Bjorkenstam et al., 2013) and point to the urgent need for targeted institutional support for this sub-group.

The extended family group, which scored closely to joint family trainees, suggests that the presence of multiple family members — even in non-traditional structural arrangements — can be protective for mental health. What appears to matter is not merely the structural configuration of the family but the quality and quantity of social support it provides. This aligns with the stress-buffering hypothesis of social support (Cohen & Wills, 1985).

8. IMPLICATIONS AND RECOMMENDATIONS

The findings of this study carry important implications for teacher education institutions in Ahmedabad and across urban India. First, colleges should conduct systematic mental health screenings at the time of admission, incorporating information about family type as a risk indicator. Trainees from single-parent and nuclear families should be proactively identified and offered additional counselling and mentoring support.

Second, peer support programmes and mentoring circles can serve as surrogate social support networks for trainees who lack robust family support systems. Creating community within the college environment can partially compensate for deficits in the home environment. Third, college counsellors should be sensitized to the differential mental health needs of

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trainees from different family backgrounds, enabling more tailored and culturally responsive psychological interventions.

Fourth, the B.Ed. curriculum should incorporate modules on self-care, stress management, and family communication skills, which can equip trainees not only to manage their own mental health but also to address the social-emotional needs of their future students. Finally, at the policy level, the National Education Policy (2020) framework for teacher well-being should explicitly recognize family background as a contextual factor in mental health support planning.

9. CONCLUSION

The present study has demonstrated that family type exerts a statistically significant and practically meaningful impact on the mental health of B.Ed. trainees in Ahmedabad city. Trainees from joint families are the most psychologically well, benefiting from the rich social support ecosystem of the joint family structure, while those from single-parent families are the most vulnerable. These findings challenge teacher education institutions to move beyond a purely academic model of support and to recognize the holistic, contextual needs of their students.

Mental health is not merely a personal matter but a systemic concern with far-reaching consequences for the quality of education. A B.Ed. trainee who enters the classroom burdened by unaddressed psychological distress is unlikely to be the empathetic, resilient, and effective teacher that students and society need. Investing in the mental health of teacher trainees — with sensitivity to the family contexts from which they come — is, ultimately, an investment in the future of education itself. Future research should extend these findings through longitudinal designs, qualitative approaches, and the examination of additional mediating variables such as family functioning quality, parental education, and economic status.

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