

Satisfaction of Young Indian Adults with their Family

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ABSTRACT

Family satisfaction refers to perceptions of family quality such as solidarity, happiness, and overall relational well-being. The present study aimed to examine the satisfaction of young Indian adults with their families. It focused on differences in family satisfaction based on gender, socio-economic status (Low/Middle/High), being the only child or having a sibling(s), and family type (Nuclear/Joint Family). In addition, it also examined the impact of family satisfaction on psychological well-being, physical health, and academic self-concept of the participants. A total of 154 participants (77 male and 77 female) aged 18-25 years were taken as the sample. The inclusion criteria were that the participant, along with their parents should be of Indian origin and should be citizens of India. They completed an online survey which contained all the four scales used in the study i.e., Family Satisfaction Scale (Carver & Jones, 1992) Psychological Well-Being Scale (Ryff, 1989), Physical Health Questionnaire (Rogers & Kelloway, 1997; Schat & Kelloway, 2000; 2003), and Academic Self-Concept Scale (Liu & Wang, 2005). The data collection was completed within two months and the data were analysed using IBM SPSS Statistics Software. Independent sample t-test indicated significant differences in family satisfaction based on family type ($t(152) = 2.392, p < 0.05$). Regression analysis indicated that family satisfaction significantly predicted psychological well-being ($\beta = 0.161, F(1,152) = 29.088, p < 0.001$) and physical health-related problems ($\beta = 0.131, F(1,152) = 22.884, p < 0.001$). The current study and its findings have wide implications in a diverse culture like India, where family as a unit is given considerable importance. It contributes to existing literature which can be utilized in developing intervention strategies by considering factors like family type of the individual and also while recommending appropriate parenting styles to parents by counsellors, family experts, and therapists. It also reveals the crucial role played by an individual's family satisfaction and how it can potentially impact other significant areas of their lives.

Keywords: *Family Satisfaction, Psychological Well-Being, Physical Health, Academic Self-Concept, Gender, Family Type, Socio-Economic Status*

Family satisfaction refers to “perceptions of family quality such as solidarity, happiness, and overall relational well-being. It has been conceptualized and operationalized in a variety of ways including individual perceptions, dyadic relationships (e.g., marital, sibling), and more global attributes of the family system” (Soliz & Kellas, 2014, p. 1020).

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Researchers have developed theories of behaviour over time that focus on various elements to explain family dynamics and are relevant to family situations. Some main theories include the Bioecological Systems Theory (Bronfenbrenner & Morris, 2007), Family Systems Theory (Bowen, 1976; 1978), Functionalism, Conflict Theories (e.g., Shornack, 1987), Symbolic Interactionism (LaRossa & Reitzes, 1993), and Psychological Perspectives (Freud, 1905; Piaget, 1954; Vygotsky, 1978; Erikson, 1982).

Gender and Family Satisfaction

Levin et al. (2012) evaluated young people's life satisfaction in the context of the family environment and discovered a link between family structure and life satisfaction for boys and girls aged 13 and 15 years. This relationship was mediated by family affluence, but the extent of mediation depended on age and gender both. Additionally, studies have shown that relationships and life experiences, particularly those that occur in the family context, have a significant impact on life satisfaction during adolescence (Gohm et al., 1998; Rask et al., 2003; Edwards & Lopez, 2006).

Yubero et al. (2007) found a relationship between parenting styles and personal adjustment, indicated by self-esteem, among 11-15 years old Brazilian adolescents. The four self-esteem dimensions evaluated were Academic, Social, Emotional, Family, and Physical.

According to Mishra et al. (2006), Indian adolescents reported more controlling parenting than German adolescents, and parental control was positively related with life satisfaction in India, but not in Germany. Parental rejection was the most powerful (negative) predictor of life satisfaction in Germany. The strongest predictors of adolescents' life satisfaction in both Germany and India were feeling emotionally close to and admired by parents.

Research by Stevens et al. (2018) finds that adolescents in nations with comparatively high levels of gender equality report higher life satisfaction than their peers in nations with lower levels of gender equality. For both boys and girls, there was an equally strong association between gender equality and adolescent life satisfaction, which was explained by social support from peers, family, and school. Therefore, gender equality encourages social support among community members, which in turn helps adolescents to feel satisfied with their lives. Among 500 Senior Secondary Students from Amritsar, Kaur and Kaur (2016) found significant gender differences in how they perceived their family and school environments. Females reported higher degree of life satisfaction as compared to males. Adolescents' life satisfaction was significantly influenced by their family and school environments, however the relationship differed qualitatively between male and female students.

Socio-Economic Status (SES) and Family Satisfaction

According to research conducted over the previous decade, satisfaction and stability in romantic unions, quality of parent-child relationships and many developmental outcomes for adults and children are all related with social class, or socio-economic status (Conger et al., 2010). Social status affects families across time, and socio-economic hardship has detrimental effects on both adults and children (e.g., Conger et al., 2002; Haas, 2006).

A growing body of research suggests that increases in family income may be advantageous for both parents and children (e.g., Huston et al., 2005; Leventhal, Fauth, & Brooks-Gunn, 2005; Morris, Duncan, & Clark-Kauffman, 2005). Malakar (2021) studied 100 Bengali parents from Kolkata who had children under the age of 10 years. The findings showed that problem behaviour in children differed significantly due to the variation in SES of the family

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and parent-child relationship. Thus, SES and parent-child relationship had a significant impact on problem behaviour among children.

A school-based study in East China (Qian et al., 2020) found that adolescents with lower SES had poorer social relationships (parent-child, peer, and student-teacher) than those with higher SES. The factors that predicted parent-child relationship were objective SES as determined by paternal education and occupation.

Type of Family and Family Satisfaction

A study by Lodhi et al. (2019) in Pakistan found that joint family members report higher levels of satisfaction than nuclear family members. In nuclear families, people with higher education level and higher socio-economic status (SES) were more satisfied as compared to no education and low SES respectively. Only high SES was a significant predictor of satisfaction in joint families, as compared to low SES.

Rao and Rao (1976) found that 35% of their sample of Hyderabad college students preferred the joint family arrangement to remain in place. According to Bilal et al. (2013), both nuclear and joint family structures have significant relations with students' academic achievement. Rathore and Dashora (2020) found that both parental involvement and life satisfaction of parents are influenced by differences in working status (working and non-working) and family structure (nuclear and joint family).

Panchal (2013) reported that adolescents from joint families in India have better mental health compared to those from nuclear families. However, Jahan and Ali (2021) found no significant variation between college students from nuclear and extended families in terms of their psychological well-being and life satisfaction. Hence, depending on family type, mixed outcomes have been discovered regarding family satisfaction.

Siblings and Family Satisfaction

A study by Liu and Jiang (2021) in China found that in contrast to children from multiple-child families (including two-child families), only children were more likely to report having a close relationship with their mothers and fathers. While there were no significant differences between only children and last-borns, only children were more likely than first-borns to have close parent-child relationships. Daughters benefited more from being only children. However, having younger brothers was more likely to disadvantage female children, whilst male children benefited more from having elder sisters.

Jia et al. (2022) discovered that non-only children have better physical status and anaerobic fitness, while only children have better academic accomplishment and school sentiments (only for urban only child girls). According to Arora and Teotia (2021), Indian sibling children are observed to be better adjusted than only children. There were significant differences on the dimensions of neuroticism, extraversion, and openness to experiences, with sibling children being high on each.

Soysal (2016) reported that there were significant differences in life satisfaction, loneliness, and sibling relationships depending on gender, birth order, and sibling dyad (brothers, sisters, and siblings of the opposite gender). According to a meta-analysis by Falbo and Polit (1986), only children (OCs) surpassed all non-OCs, especially those from large families, in the positivity of the parent-child relation. The findings suggested that parent-child interactions

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are an important factor in the developmental outcomes reached by first-borns, OCs, and those from two-child families.

However, according to research by Nuttall et al. (1980), only children, first borns with siblings, and people of higher birth orders did not significantly differ from one another in terms of perceived happiness or life satisfaction. Chen and Liu (2014) discovered that singletons did not vary from both first-borns and later-borns with any number of siblings in terms of psychosocial outcomes such as psychological distress, susceptibility to negative peer pressure, and problem behaviours.

Additionally, research has shown that only children face overprotective attitude of parents (Howe & Madgett, 1975) and tend to experience increased parental pressure (Krynen, 2011) as compared to non-OCs. Hence, there have been contradictory findings regarding differences in life and family satisfaction between single children and children with sibling(s).

Physical Health and Family Satisfaction

According to a review by Hank and Steinbach (2018), family plays a significant role in a person's health throughout their life course – from early childhood, through adulthood, to old age. Mounting research evidence suggests that early familial connections can influence health outcomes into adulthood (Repetti, Taylor, and Seeman, 2002; Shonkoff, Boyce, and McEwen, 2009; Miller, Chen, and Parker, 2011).

Parent-child relationships that promote support and nurturance provide a child with helpful coping mechanisms and overall health protection (Meadows, 2010). As opposed to this, interactions between parents and children that are characterised by frequent conflict and distress can result in many issues including emotional instability, behavioural dysregulation, and chronic illness (Davies, Sturge-Apple, Cicchetti, & Cummings, 2008; Taylor, 2010).

Negative health outcomes can occur later in life for children who grow up in unsupportive circumstances (Shonkoff et al., 2009). Decreased familial support is associated with increased number of infections (Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997; Walker et al., 1999) and more frequent physical complaints (Gottman, Katz, & Hooven, 1996).

On the other hand, both parental warmth and sensitivity are associated with a cooperative relationship between parent and child (Campbell, 2002), and are correlated with a child's ability to regulate negative emotions (Denham & Kochanoff, 2002). According to a thorough review of marital conflict and child adjustment, supportive parent-child relations foster a child's well-being and protect children from the impacts of marital conflict (Grych & Fincham, 1990).

Studies have evidenced long-term advantages of positive family relationships. According to a 35-year prospective study, college students who gave their parents high ratings for parental caring had a lower risk of developing a chronic illness in middle age, including cardiovascular disease, duodenal ulcers, and alcoholism, than those who gave their parents low ratings (Russek & Schwartz, 1997).

Academics and Family Satisfaction

A study by Vautero et al. (2021) in Brazil found that while family support had a positive impact on academic and life satisfaction of college students, family expectations had the

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opposite effect. According to Langan et al. (2022), self-esteem and life satisfaction are influenced by family and academic satisfaction.

Zakaria and Halim (2017) conducted a study on high-achieving students. The study focused on four domain factors i.e., social, self, physical, and family. In terms of family support, the students reported high levels of life satisfaction. However, they reported moderate levels of satisfaction with their appearance.

Li and Qiu (2018) presented possible mechanisms via which family affects children's academic performance. One of them was that parenting behaviour and educational support for children could cultivate children's learning habits and affect academic performance.

According to Lai et al. (2004), adolescents' perceived maternal concerns and academic competences significantly predicted life satisfaction over time, but their perceived maternal restrictiveness did not. Research by Kumar and Lal (2014) discovered that Indian adolescents aged 15-18 years who had healthy family environments performed better academically as compared to their counterparts from impoverished families.

Psychological Well-Being and Family Satisfaction

Ghani et al. (2017) found that female children and children from joint families had better psychological well-being than male children and children from nuclear families. Videon (2005) discovered that the father-adolescent relationship has an independent effect on adolescents' psychological well-being, beyond the mother-adolescent relationship. Mothers and fathers had similar magnitude of effect on the well-being of their sons and daughters. However, compared to mothers, adolescents' relationships with their fathers were more volatile. Variations in the psychological well-being of sons and daughters are significantly influenced by changes in adolescents' satisfaction with their father-adolescent relationship.

A review by Baiocco et al. (2022) found evidence for a positive relationship between happiness and family functioning, across different age groups and cultures. Children's and adolescents' happiness was substantially predicted by family characteristics (like cohesion, communication).

A study by Indumathy and Ashwini (2017) among Indian college students discovered a significant correlation between parental control, care, and psychological well-being. Gomez (2011) conducted a study among urban adolescents aged 11-15 years and found a significant relationship between subjective well-being and familial satisfaction.

Similar findings by Butler (2015) revealed that lower levels of adolescent life satisfaction and psychological well-being were significantly associated with poorer family functioning. Life satisfaction and psychological well-being were both associated with the family's capacity to adapt to problems.

Thus, previous literature supports the possible impact of children's family relationships and satisfaction on their physical health, academics, and psychological well-being. Differences along these parameters based on gender, socio-economic status, family type and being the only child or having a sibling, may exist.

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However, many of these studies have targeted the adolescent age group and literature is scarce for the age group of 18-25 years i.e., young adults. Hence, the current study considers young Indian adults in the age group of 18-25 years as the target population.

Moreover, in a diverse culture such as that of India, where family as a unit is given considerable importance, it becomes essential to study how an individual's satisfaction with family life can affect other key areas of their lives.

This can further help to comprehend how the family structure can be effectively modified to increase an individual's satisfaction, so that its impact remains positive on other significant life aspects. This may eventually facilitate the growth and development of the country's youth and thereby, of the country itself.

METHODOLOGY

Objectives

To determine the relationship between Family Satisfaction, Psychological Well-Being, Physical Health, and Academic Self-Concept of Young Indian Adults using Survey Method.

- i. To study differences in Family Satisfaction of Young Indian Adults based on gender, socio-economic status, being the only child or having a sibling(s), and family type (Nuclear/Joint Family).
- ii. To study the impact of Family Satisfaction on Psychological Well-Being, Physical Health, and Academic Self-Concept of Young Indian Adults.

Hypotheses

- i. **H1(a):** There will be differences in Family Satisfaction based on gender.
H1(b): There will be differences in Family Satisfaction based on and family type i.e., belonging to a Nuclear or Joint Family.
H1(c): There will be differences in Family Satisfaction based on being the only child or having a sibling.
H1(d): There will be differences in Family Satisfaction based on Socio-Economic Status.
- ii. **H2(a):** The level of Family Satisfaction will predict or have an impact on Psychological Well-Being.
H2(b): The level of Family Satisfaction will predict or have an impact on Physical Health.
H2(c): The level of Family Satisfaction will predict or have an impact on Academic Self-Concept.

Participants

The inclusion criteria for the sample of the current study were young Indian adults between the age group of 18-25 years. Additionally, the participant, along with their parents should be of Indian origin and should be citizens of India.

The total sample size was 154 participants. Although they came from states across India, majority of them belonged to the urban areas of North India and resided in and around Delhi NCR. The following table shows the socio-demographic characteristics of the participants.

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Table 1 Socio-demographic Characteristics of Participants

Characteristic	<i>M</i>	<i>SD</i>	Range	Number of Participants Total (n) = 154	Percentage (%)
Age	19.84	1.82	18-25 years		
Gender					
Male				77	50%
Female				77	50%
Working Status of Parents					
Father Working				139	90.3%
Mother Working				66	42.9%
Both Father and Mother Working				51	33.1%
Socio-Economic Status (SES)					
Low SES (Income between 0 – 2 Lakh per year)				14	9.1%
Middle SES (Income between 2 – 10 Lakh per year)				53	34.4%
High SES (Income more than 10 Lakh per year)				87	56.5%
Educational Qualification					
12th Pass				31	20.1%
Undergraduate				96	62.3%
Graduate				17	11%
Post-Graduate				9	5.8%
Doctoral / Ph.D.				1	0.6%
Occupational Status					
Working Full-Time				13	8.4%
Working Part-Time				14	9.1%
Non-Working				127	82.5%
Household Size	4.90	2.57	2-19 Members		
Type of Family					
Nuclear Family				124	80.5%
Joint Family				30	19.5%
Single Child/Have a Sibling					
Single Child				27	17.5%
Have a Sibling				127	82.5%
Number of Siblings	1.38	0.90	1-6 Siblings		

Research Design

The study followed a One-Shot Web Survey based Correlational Design. The data was collected using Non-Probability Sampling Techniques of Convenience and Snowball Sampling.

Variables

- **Independent Variable:** Family Satisfaction.
- **Dependent Variables:** Psychological Well-Being, Physical Health, and Academic Self-Concept.
- **Analytical Variables:** Gender, Family Type (Nuclear/Joint Family), being the Only Child or having a Sibling and Socio-Economic Status.

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Materials

The Family Satisfaction Scale was developed by **Margaret D. Carver and Warren H. Jones in 1992**, with the original version having 87 items. In the subsequent version of the scale, 19 items with the highest item-total scores were selected for retention.

It utilises a 5-point Likert scale, ranging from *1 (strongly disagree)* to *5 (strongly agree)*. The items are to be answered with respect to the family of origin, that is, the family in which the respondent was raised.

Reliability: The final version of the scale has substantial reliability. Internal consistency as measured by coefficient alpha was found to be around 0.95 in multiple studies (Carver & Jones, 1992). Test-retest reliability correlation was 0.88, $p < 0.01$, indicating satisfactory temporal stability of the scores (Carver & Jones, 1992).

Validity: Carver and Jones (1992) used several assessment procedures and correlational studies which demonstrated considerable criterion and construct validity of the scale.

The Psychological Well-Being Scale was developed by **Carol Ryff in 1989** to assess positive aspects of psychological functioning along six dimensions: Autonomy, Positive Relations with Others, Environmental Mastery, Personal Growth, Purpose in Life and Self-Acceptance (Ryff, 1989a, b; Ryff & Keyes 1995).

Many versions of the scale (18-item, 42-item, 54-item, and 84-item) have been developed. The concise 18-item scale was designed for use in a national survey study in the United States (Ryff & Keyes, 1995).

Reliability: In the initial validation study (Ryff, 1989b), each dimension was operationalized with a 20-item scale (that showed high internal consistency and test-retest reliability as well as convergent and discriminant validity with other measures). The test-retest reliability coefficients were above 0.80 for each of the six dimensions (Ryff, 1989). The shortened 18-item scale correlated from 0.70 to 0.89 with this parent scale.

The original paper (Ryff, 1989a) revealed that the six scales exhibit acceptable internal consistency (α), ranging from 0.86 to 0.93. Further, test-retest reliability over six weeks returned coefficients ranging from 0.81 to 0.88, suggesting sufficient reliability.

Validity: Convergent validity was evaluated by comparing the scales with existing measures of positive and negative functioning, such as the Self-Esteem Scale, the Life Satisfaction Index, and Zung's Depression Scale (Neugarten, Havighurst, & Tobin, 1961; Zung, 1965; Rosenberg, 1979). All correlations with these prior measures were significant and in the expected direction, suggesting that the scale exhibits convergent validity.

Regarding discriminant validity, the six scales exhibit significant and strong correlations with the pre-existing measures of positive and negative functioning assessed. The strongest of these was a quite high correlation of 0.73 between self-acceptance and the Life Satisfaction Index (Ryff, 1989a).

The current study utilizes the 18-item scale. The items are rated on a 7-point Likert scale, ranging from *1 (strongly agree)* to *7 (strongly disagree)*. Additionally, 10 items (Q.1, Q.2, Q.3, Q.8, Q.9, Q.11, Q.12, Q.13, Q.17, and Q.18) have reverse scoring which was done by

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the researcher after data collection. Reverse-scored items are worded in the opposite direction of what the scale is measuring.

The formula for reverse-scoring an item is: **(Number of scale points + 1) – (Respondent's answer)**, where the number of scale points is fixed at 7 in this case, and the respondent's answer varies accordingly.

The Physical Health Questionnaire (PHQ) measures somatic symptoms i.e., the level of physical health related problems. The original 32-item health scale was developed by **Spence, Helmreich, and Pred (1987)**. Based on item-total correlations, the 32-item scale was reduced to a 22-item scale.

A revised and abbreviated (14-item) version of Spence et al.'s (1987) scale was used by Rogers and Kelloway (1997) and Schat and Kelloway (2000, 2003) in their studies of workplace aggression and violence. This version consists of four dimensions – Sleep Disturbances (Items 1, 2, 3 and 4), Headaches (Items 5, 6 and 7), Gastrointestinal Problems (Items 8, 9, 10 and 11) and Respiratory Infections (Items 12, 13 and 14). It utilises a 7-point Likert scale, ranging from 1 (*Not at all*) to 7 (*All of the time*). Only item 4 was reverse scored. **Reliability:** Research suggests that the original and revised versions of the scale have reasonable levels of internal consistency (Spence et al., 1987). In studies by Rogers and Kelloway (1997) and Schat and Kelloway (2000, 2003), the subscale and overall scale reliabilities were above $\alpha = 0.80$.

Schat, Kelloway, and Desmarais (2005) found that the PHQ dimensions also showed acceptable levels of internal consistency reliability as measured by Cronbach alpha, which was majorly 0.80 or above. In their third study, the scale's internal consistency reliability was found to be greater than $\alpha = 0.70$.

Validity: Combined results of three studies by Schat, Kelloway, and Desmarais (2005) provide considerable evidence of the construct validity of the PHQ. In their first study, results of exploratory factor analysis showed that the PHQ is composed of four factors representing four types of physical symptoms – Sleep Disturbance, Headaches, Gastro-Intestinal Problems, and Respiratory Infections.

The Academic Self-Concept Scale by **Liu and Wang (2005)** was used to collect the participants' academic self-concept information. It has two sub-scales with 10 items each: (a) Academic Confidence, and (b) Academic Effort. The total 20-item questionnaire utilises a 5-point Likert scale, ranging from 1 (*strongly disagree*) to 5 (*strongly agree*).

The scale included both positively and negatively worded items to avoid same answers from the participants. Academic Confidence items were odd numbered (1, 3, 5, 7, 9, 11, 13, 15, 17, 19), while Academic Effort items were even numbered (2, 4, 6, 8, 10, 12, 14, 16, 18, 20).

Reliability and Validity: In the study by Matovu (2012), from the data collected, 0.795 and 0.802 were got for both validity and reliability of the instrument respectively.

Procedure for Data Collection

The data were collected from 154 young Indian adults aged between 18-25 years within two months (November 2022 to December 2022). The participants were majorly undergraduate students. The survey was conducted in online mode where the participants were asked to fill a

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google form. The form included items of the standardized scales measuring Family Satisfaction, Psychological Well-Being, Physical Health, and Academic Self-Concept and the respective instructions for answering them. Socio-Demographic details were also asked including age, gender, socio-economic status, family type, being the only child or having a sibling, and many more.

The participants were briefed about the broader objective of the survey through an initial introductory message followed by the link to the form. It was circulated through WhatsApp groups, E-mails, and other social media platforms like Instagram, Facebook, LinkedIn, etc. The response rate was approximately 80% and, on an average, each participant took one day to complete the survey. Informed consent was also considered, and the participants could proceed to fill the form only when they gave consent for the same. They were informed that their participation is voluntary and anonymous, and they have the freedom to withdraw their participation at any time.

Once the participant submitted the form, their answers were automatically recorded and later used for further analysis. The contact details of the researcher were also provided so that the participants could reach out to them in case of any doubts. They were also told that the results of the study can be shared with them post its completion and they can contact the researcher about the same.

RESULTS

After data collection, descriptive statistical techniques for calculating mean and standard deviation were applied. Inferential statistical techniques of correlation, regression, independent sample *t*-test, one-way ANOVA (Analysis of Variance) and calculating the effect sizes were also applied. IBM SPSS Statistics Software was used for data analysis. The following tables show the Differences in Family Satisfaction based on Gender, Socio-Economic Status, being the Only Child or having a Sibling, and Family Type (Nuclear/Joint Family)

Table 2 Differences in Family Satisfaction based on Gender

Variable	Gender				<i>t</i> (152)	<i>p</i>	Cohen's <i>d</i>
	Male (n=77)		Female (n=77)				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Family Satisfaction	75.06	12.52	71.87	11.87	-1.625	0.106	-0.262

Independent sample *t*-test was used to identify differences in Family Satisfaction based on gender. No significant differences were found in Family Satisfaction scores between male ($M = 75.06$, $SD = 12.52$) and female participants ($M = 75.06$, $SD = 11.87$). Hence, they did not differ in the satisfaction level towards their families ($t(152) = -1.625$, $p = 0.106$). The results obtained were not significant and the effect size was also small ($d = -0.262$).

Table 3 Differences in Family Satisfaction based on Family Type (Nuclear/Joint Family)

Variable	Family Type				<i>t</i> (152)	<i>p</i>	Cohen's <i>d</i>
	Nuclear (n=124)	Family	Joint Family (n=30)				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Family Satisfaction	74.61	11.93	68.73	12.72	2.392	0.018	0.487

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Independent sample *t*-test was again used to identify differences in Family Satisfaction based on family type i.e., nuclear and joint family. There were significant differences in Family Satisfaction scores between participants living in nuclear families ($M = 74.61, SD = 11.93$) and participants living in joint families ($M = 68.73, SD = 12.72$) at $\alpha = 0.05$.

Participants living in nuclear families scored significantly higher and were more satisfied with their families as compared to those in joint families ($t(152) = 2.392, p < 0.05$). Significant results were obtained and the effect size was medium ($d = 0.487$).

However, the sample size of the two groups was not equivalent and the difference was too wide. Therefore, these results should be interpreted with caution.

Table 4 Differences in Family Satisfaction based on being the Only Child or having a Sibling

Variable	Only Child (n=27)		Had a Sibling(s) (n=127)		<i>t</i> (152)	<i>p</i>	Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Family Satisfaction	76.89	10.40	72.74	12.54	1.604	0.111	0.340

Independent sample *t*-test was again used to identify differences in Family Satisfaction based on being the only child or having a sibling. No significant differences were found in mean scores of participants who were the only child ($M = 76.89, SD = 10.40$) and that of participants who had a sibling(s) ($M = 72.74, SD = 12.54$). Hence, they did not differ in their satisfaction level towards their families ($t(152) = 1.604, p = 0.111$). The results obtained were not significant and the effect size was also relatively small ($d = 0.340$).

However, the sample size of the two groups was not equivalent and the difference was too wide. Therefore, these results should be interpreted with caution.

Table 5 Differences in Family Satisfaction based on Socio-Economic Status

Variable	Socio-Economic Status (SES)						<i>F</i> (2,151)	<i>p</i>	η^2
	Low SES (n=14)		Middle SES (n=53)		High SES (n=87)				
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			
Family Satisfaction	71	11.29	71.77	13.36	74.90	11.64	1.386	0.253	0.018

One-way ANOVA was used to identify differences in Family Satisfaction based on low, middle, or high Socio-Economic Status (SES) of families. There was no significant difference between the groups ($F(2,151) = 1.386, p = 0.253$). The effect size was also small ($\eta^2 = 0.018$).

A Tukey post-hoc test revealed that there was no statistically significant difference between the low-income ($M = 71, SD = 11.29$) and middle-income group ($M = 71.77, SD = 13.36, p = 0.976$), between the middle-income and high-income group ($M = 74.90, SD = 11.64, p = 0.311$) and between the low-income and high-income group ($p = 0.512$). Hence, participants did not differ in Family Satisfaction based on the Socio-Economic Status of their families.

However, the sample size of the three groups was not equivalent and the difference too wide. Therefore, these results should be interpreted with caution. The following table shows the

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Difference in Psychological Well-Being, Physical Health and Academic Self-Concept based on the Family Satisfaction Level of Participants.

Table 6 *Difference in Psychological Well-Being, Physical Health and Academic Self-Concept based on the Family Satisfaction Level*

Variable	Family Satisfaction						F(2,151)	p	η^2
	Low (n=22)		Average (n=108)		High (n=24)				
	M	SD	M	SD	M	SD			
Psychological Well-Being	81.82	14.53	89.96	11.40	99.00	11.12	12.158	<0.001	0.139
Physical Health	51.36	11.79	42.56	11.79	37.13	13.86	8.120	<0.001	0.097
Academic Self-Concept	62.09	11.24	63.43	6.02	63.58	4.80	0.380	0.684	0.005

One-way ANOVA was used to identify differences in Psychological Well-Being, Physical Health and Academic Self-Concept based on low, average, or high Family Satisfaction Levels of participants.

There was a statistically significant difference between the groups on Psychological Well-Being ($F(2,151) = 12.158, p < 0.001$). The effect size was also large ($\eta^2 = 0.139$).

A Tukey post-hoc test revealed that there was a statistically significant difference between the low ($M = 81.82, SD = 14.53$) and average family satisfaction group ($M = 89.96, SD = 11.40, p < 0.05$), between the average and high family satisfaction group ($M = 99.00, SD = 11.12, p < 0.01$) and between the low and high family satisfaction group ($p < 0.001$).

There was also statistically significant difference between the groups on Physical Well-Being i.e., Physical Health ($F(2,151) = 8.120, p < 0.001$). The effect size was also medium to large ($\eta^2 = 0.097$).

A Tukey post-hoc test revealed that there was a statistically significant difference between the low ($M = 51.36, SD = 11.79$) and average family satisfaction group ($M = 42.56, SD = 11.79, p < 0.01$) and between the low and high family satisfaction group ($M = 37.13, SD = 13.86, p < 0.001$). However, there was no statistically significant difference between the average and high family satisfaction group ($p = 0.119$).

There was no statistically significant difference between the groups on Academic-Self Concept ($F(2,151) = 0.380, p = 0.684$). The effect size was also small ($\eta^2 = 0.005$).

The following table shows the correlation between Family Satisfaction, Psychological Well-Being, Physical Health, and Academic Self-Concept scores of the participants.

Table 7 *Correlation between Family Satisfaction, Psychological Well-Being, Physical Health, and Academic Self-Concept*

Variable	Family Satisfaction
Family Satisfaction	1
Psychological Well-Being	0.401**
Physical Health	-0.362**
Academic Self-Concept	0.090

Note. **. Correlation is significant at the 0.01 level (2-tailed)

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Bivariate Correlation was used to calculate the correlation coefficient between the respective pairs of variables.

A significant positive correlation was found between Family Satisfaction and Psychological Well-Being ($r(152) = 0.401, p < 0.001$). However, a significant negative correlation was found between Family Satisfaction and Physical Health ($r(152) = -0.362, p < 0.001$). A positive correlation was found between Family Satisfaction and Academic Self-Concept. However, it was weak and was not significant ($r(152) = 0.090, p = 0.264$).

The following table shows the results of linear regression analysis which was conducted to study the impact of Family Satisfaction (Independent Variable) on Psychological Well-Being, Physical Health, and Academic Self-Concept (Dependent Variables) of the participants.

Table 8 Regression results to study the impact of Family Satisfaction on Psychological Well-Being, Physical Health, and Academic Self-Concept

Variable	Family Satisfaction				
	R^2	β	t	$F(1,152)$	p
Psychological Well-Being	0.161	0.401	5.393	29.088	<0.001
Physical Health	0.131	-0.362	-4.784	22.884	<0.001
Academic Self-Concept	0.008	0.090	1.120	1.255	0.264

The dependent variables were regressed on the predicting variable i.e., Family Satisfaction (FS). FS significantly predicted Psychological Well-Being ($F(1,152) = 29.088, p < 0.001$) which indicates that FS can play a significant role in shaping Psychological Well-Being. $R^2 = 0.161$ depicts that the model explains 16.1% of the variance in Psychological Well-Being. Similarly, FS significantly predicted Physical Health ($F(1,152) = 22.884, p < 0.001$). $R^2 = 0.131$ depicts that the model explains 13.1% of the variance in Physical Health.

However, FS did not significantly predict the Academic Self-Concept of the participants ($R^2 = 0.008, F(1,152) = 1.255, p = 0.264$) which indicates that FS does not play a significant role in shaping Academic Self-Concept.

Hence, Family Satisfaction significantly predicted Psychological Well-Being and Physical Health but not the Academic Self-Concept of the participants.

DISCUSSION

The aim of the present study was to study differences in Family Satisfaction of Young Indian Adults based on gender, socio-economic status, being the only child or having a sibling(s), and family type (Nuclear/Joint Family). The aim was also to study the impact of Family Satisfaction on Psychological Well-Being, Physical Health, and Academic Self-Concept of Young Indian Adults.

The sample consisted of 154 participants aged 18-25 years from across India. The independent variable was Family Satisfaction, the dependent variables were Psychological Well-Being, Physical Health, and Academic Self-Concept and the analytical variables were gender, socio-economic status (SES), being the only child or having a sibling(s), and family type (Nuclear/Joint Family).

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Descriptive statistical analysis of the data was done using mean and standard deviation, while inferential statistical analysis of data was done using correlation, regression, independent sample *t*-test, one-way ANOVA and calculating the effect sizes.

Looking at gender, there were no significant differences in family satisfaction based on gender. In conservative gender regimes like that of India, females can be expected to be less satisfied with their families as compared to males (Fischer et al., 2007; Nordenmark, 2017; Audette et al., 2018) due to the gender-based discrimination, where sons are preferred more than daughters and are given preferential treatment (Pande & Malhotra, 2006; Kugler & Kumar, 2017; Stevens et al., 2018). Female children may be forced to adhere to traditional norms and customs of their families and may be denied access to certain opportunities as compared to their male counterparts.

However, in the current sample, majority of the participants were from urban areas in and around Delhi NCR where parents and families are rarely conservative and are mostly open-minded. They treat their sons and daughters equally and believe that both have equal capabilities to do well in their lives and should be provided with equal opportunities. Females in such areas are given adequate freedom and exposure to things like education, independent social outings and travelling, dressing type, etc. Thus, gender differences in family satisfaction do not surface.

Moving on to differences based on family type (nuclear/joint family), participants living in nuclear families scored significantly higher and were more satisfied with their families as compared to those in joint families. Other studies have demonstrated mixed results on family satisfaction based on family type (Rao and Rao, 1976; Bilal et al., 2013; Panchal, 2013; Reddy et al., 2017; Lodhi et al., 2019; Rathore & Dashora, 2020; Jahan & Ali, 2021).

The reasoning for the current results could be as follows. A nuclear family just consists of a couple and their children and has a small size. The average household size of the current sample was also 4.90. This may allow the parents to properly focus on their children's development, upbringing, and fulfilment of their overall needs. The children also perceive their parents and siblings (if any) as their immediate and close family and thus come up to be satisfied with their family lives.

However, in case of joint family, the focus and attention of all family members, including the child's parents, gets divided. Frequent conflicts and hassles are common which may expend the precious time and energy of the members and divert focus from the children themselves. Thus, children brought up in joint families may be less satisfied with their family lives.

Family Systems and Family Conflict Theories provide supporting evidence. **Family Systems Theory** elaborates on the exchanges of behaviour that take place during interactions between family members. It states that both problematic and non-problematic behaviours are elicited, maintained, and perpetuated by the ways in which family members interact with one another (Johnson & Ray, 2016). **Family Conflict Theory** also emphasizes the role of power in family life and states that family can be a place where power struggles can happen.

Nuclear families are in majority in India i.e., 52.1% (Census India, 2011), particularly in regions like Delhi NCR where the individualistic culture takes precedence. Jha and Singh (2011) found that in northern India, collectivism level was lower at higher urbanization levels. This may have led to a wide difference in the sample size of the two groups, with most

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participants coming from nuclear families. Therefore, we caution against strong interpretation of these results.

Coming to differences based on being the only child or having a sibling, only children and those having a sibling(s) did not differ significantly in their family satisfaction levels. Mixed results regarding differences in life and family satisfaction between single children and children with sibling(s) have been found (Liu & Jiang, 2021; Jia et al., 2022; Arora & Teotia, 2021; Soysal, 2016; Nuttall et al., 1980; Chen & Liu, 2014).

Falbo and Polit (1986) found that parent-child relations are a major factor in producing the developmental outcomes achieved by only children, first-borns, and individuals from two-child families. Numerous other studies have shown the crucial role that parent-child relationships play in children's developmental outcomes, such as their level of learning engagement (Shao & Kang, 2022) and their sense of self-worth (McAdams et al., 2017), among others.

Thus, children may see their family environment as being more affected and governed by the role that their parents play. Whatever may be the type of the relationship that they may share with their siblings or with other relatives, they may see their parents as the ones who can moderate, modify, and give direction to these familial relations with other members.

As a result, most children may see their parents as playing the central role in the family structure. Hence, their family satisfaction may not differ and may not be contingent upon whether they have a sibling, but instead on what kind of role their parents assume and act upon.

The share of one child families in India is very low at 5% (The Wire, 2017) and most families have at least two children. This led to a wide difference in the sample size of the two groups, with most participants having a sibling(s). Therefore, we caution against strong interpretation of these results.

Looking at the Socio-Economic Status (SES) of families, participants did not significantly differ in Family Satisfaction based on low, middle, or high SES of their families. This result is contrary to previous findings (Conger et al., 2010; Haas, 2006; Huston et al., 2005; Leventhal, Fauth, & Brooks-Gunn, 2005; Morris, Duncan, & Clark-Kauffman, 2005; Malakar, 2021; Qian et al., 2020) and may be partly due to the unequal sample size in each of the three groups. Had the sample size in each group been equivalent, possible significant differences in family satisfaction may (or may not) have been observed.

Moreover, majority of the participants (87 out of total 154) belonged to high SES and may not be experiencing economic difficulties. They may be enjoying a quality of life where their desires, beyond their basic needs and wants, are being met. Thus, they may not realise or perceive their SES as an important factor contributing to their family satisfaction.

The results may also be attributable to some unique characteristics of the sample. The sample may have individuals high on achievement motivation, who focus on the resources they currently have and how to use them constructively to move forward in their lives and improve their current situation (Self-Determination Theory; Deci & Ryan, 2008).

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Thus, their families' SES may not matter to them and does not impact their family satisfaction levels. They may focus on building their lives independently, rather than always have their families provide a soft cushion for them to, in case, fall back on. Similar are the characteristics of people living in individualistic and competitive environments such as that of Delhi NCR, where most of the participants reside. However, we caution against strong interpretation of these results.

Additionally, there was a significant difference in psychological well-being based on low, average, or high family satisfaction levels of participants. Participants high on family satisfaction scored significantly higher on psychological well-being as compared to participants who were low and average on family satisfaction.

This finding is supported by the significant positive correlation observed between family satisfaction and psychological well-being i.e., higher the family satisfaction, higher would be the psychological well-being and vice-versa. Regression results also showed that family satisfaction significantly predicted psychological well-being.

All the above findings are in line with each other and are also in line with past researches. Individuals may be satisfied with their families due to previous positive experiences (like childhood memories; Daines et al., 2021; Huang et al., 2021). Their family may serve as their backbone that would always stay with them and guide them, even during the worst of times (Schnettler et al., 2014; Toyoshima & Nakahara, 2021). They may see their family as a group of people to whom they can always turn to, rely upon and trust blindly. This may impact and enhance certain dimensions of psychological well-being like Environmental Mastery, Personal Growth and Positive Relations.

Positive and supportive family environments may also urge individuals to become independent, competent, find a meaningful purpose to achieve and accept oneself as what they truly are, regardless of one's strengths and weaknesses. This may impact other dimensions of Autonomy, Purpose in Life and Self-Acceptance and thus may consequently increase an individual's psychological well-being.

On the other hand, low family satisfaction due to negative and problematic family environments, conflicts with parents and other family members, etc. may lead to children perceiving a lack of support and warmth from people who are the closest in relation to them. This may contribute to decreasing an individual's psychological well-being (Behere, et al., 2017; Upali, 2017).

There was also a significant difference in the state of physical health based on low, average, or high family satisfaction levels of participants. A higher score on the Physical Health Questionnaire (PHQ) indicates higher level of physical health-related problems. Participants high on family satisfaction scored significantly lower on the level of physical health problems as compared to participants who were low on family satisfaction.

This finding is supported by the significant negative correlation observed between family satisfaction and physical health i.e., higher the family satisfaction, lower would be the level of physical health problems and vice-versa. Regression results also showed that family satisfaction significantly predicted the level of physical health problems.

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All the above findings are in line with each other and are also in line with past researches. Effectively functioning families, where children are mostly happy and satisfied, may encourage children to be physically active, play regularly and eat what is healthy for them to maintain the overall balance of their body. Such families may pay particular attention to ensure that their child devotes considerable time to physical activities and provide them with nutritious foods.

Such individuals would hold their families in high regard as a guiding figure and would be willing to follow such directions. They also have beneficial coping resources which safeguard their general health (Meadows, 2010) and are better able to regulate negative emotions (Denham & Kochanoff, 2002). Thus, satisfaction with their families may urge individuals to listen to them and take adequate care of their physical health.

On the other hand, families may not be able to properly focus on the children's health outcomes if there is frequent conflict and cold and negligent relationships due to which children may be dissatisfied. According to the **Risky Families Model** given by Repetti et al. (2002), such family features can lead to vulnerabilities in children that could disrupt many biological systems and put them at risk for developing chronic health issues in the future.

Environmental challenges like stress affect the immune system (Seegerstrom & Miller, 2004), and a large body of evidence indicates that prolonged stress can hamper the immune system's protective functions (Glaser et al., 1996). As demonstrated by continued cardiovascular activation above baseline levels, psychosocial factors like conflict and aggression can have an impact on the cardiovascular system by delaying its recovery from acute stresses (Steptoe, 2007; Chida & Steptoe, 2010).

As a result, such individuals may fall sick often and may have physical health-related problems (like quality of sleep, digestion problems, headaches, and respiratory problems, as measured by PHQ).

There was no significant difference in academic self-concept based on low, average, or high family satisfaction levels of participants. This finding is supported by the weak and insignificant positive correlation observed between family satisfaction and academic self-concept. Regression results also showed that family satisfaction did not significantly predict academic self-concept.

All the above findings are in line with each other. However, these are contrary to previous researches. Such results may be attributable to some unique characteristics of the sample. The individuals in the sample may be high on achievement motivation who do not let their family circumstances impact their academic confidence and academic effort i.e., the two dimensions measured by the Academic Self-Concept Scale (Self-Determination Theory; Deci & Ryan, 2008).

They may consider their family and academic life as two separate arenas, independent of each other. They may focus on building their lives on their own, irrespective of receiving support from their families. Similar are the characteristics of people living in individualistic and competitive environments such as that of Delhi NCR, where most of the participants reside.

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This reasoning also supports how no significant differences were observed in family satisfaction based on the SES of families. SES is linked to the quality of education that parents can offer their children, which may impact their academic self-concept. However, no significant differences were observed with regard to children's family satisfaction as influenced by these factors.

CONCLUSION

The findings of the current study suggest that there were no significant differences in family satisfaction based on gender (male/female), which is not in line with hypothesis H1(a). There were significant differences in family satisfaction between participants living in nuclear families and participants living in joint families, where nuclear family participants were more satisfied. This is in line with hypothesis H1(b).

No significant differences in family satisfaction were observed based on being the only child or having a sibling. This is not in line with hypothesis H1(c). Similarly, no significant differences in family satisfaction were observed based on the socio-economic status of families. This is not in line with hypothesis H1(d).

The findings also indicated that family satisfaction significantly predicted psychological well-being, which is in line with hypothesis H2(a). It also significantly predicted the level of physical health-related problems, which is in line with hypothesis H2(b). However, it did not significantly predict the academic self-concept of the participants, which is not in line with hypothesis H2(c). These findings have also been supported by the results of the correlational analysis.

Hence, both hypotheses H1 and H2 were partially proved. Family satisfaction differs across factors like the family type (Nuclear/Joint Family) and impacts important areas of an individual's life such as their psychological well-being and level of physical health-related problems.

Implications

The current study and its findings have wide implications, especially in the Indian context. India, with a rather intermediate score of 48 (Hofstede Insights, n.d.) on Individualism (Hofstede's Cultural Dimensions) on a scale of 0 to 100, is a society with both collectivistic and individualistic traits. Thus, it is essential for parents to provide their children with a balanced family environment where they are given adequate freedom and independence while simultaneously teaching them social cohesion, interdependence, and respect towards their families.

These and many other factors will subsequently shape the child's perception of their family which may impact their psychological well-being and physical health, as found. A child's upbringing and early experiences can mould many future outcomes. Thus, parents and other family members should try to keep such experiences on the positive side for the child and modify their approach according to the child's personality.

The study contributes to existing literature which can be utilized in developing intervention strategies. Such interventions can be implemented by training parents on how to optimally upbringing the child and create a satisfactory home environment and family life.

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Interventions can also be modified based on the family type in which the individual lives as this factor was found to create significant differences in family satisfaction in the present study. Although not supported by the current research, previous researchers have found differences based on gender, socio-economic status, and whether the child has a sibling(s) or is the only child. Hence, interventions can be altered in terms of these factors.

Such factors can also be considered while recommending appropriate parenting styles to parents by counsellors, family experts, and therapists. Through other awareness-based programs, parents can be encouraged to approach such professionals regarding serious family matters to get ideal solutions. They can be educated about the importance of their children's family satisfaction and how it can potentially impact other significant areas of their lives.

Limitations

Non-Probability Sampling Techniques of Convenience and Snowball Sampling were used which often produce non-representative samples. Random Sampling could not be used due to resource and time constraints.

Although the participants came from states across India, majority of them belonged to the urban areas of North India and resided in and around Delhi NCR. Hence, the sample did not equally represent different regions, cultures, economic disparities, educational backgrounds, etc. across India.

In case of the analytical variables of family type, being the only child or having a sibling(s), and socio-economic status of families, the sample size within each sub-group was not equivalent and varied too widely. Thus, we caution against strong interpretation of results related to these three variables.

The collected data lacks depth and quality due to the quantitative nature of the research and the fairly large sample size. There may be a possibility of courtesy bias, social desirability, acquiescence, naysaying, random responding, etc.

Excluding the items asking demographic details, the total number of items across all the scales was 71. The large number of items in the form was taxing for the participants to sit through and fill and many complained about the length of the form. This may have led to increased random responding.

The survey included self-report questionnaires. This means that the data was collected based on people's beliefs about themselves and their families. But people cannot be considered as the best judge of themselves or their environment as they view it through their own distinct perspectives. Additionally, every respondent may not interpret the questions in the same manner.

Future Directions

For future research, the limitations and gaps associated with the current research can be overcome. A more representative and comprehensive sample can be taken for more reliable and valid results. Short interviews can be conducted with few selected participants to add a qualitative aspect to the research which can further help and enrich the interpretation of data. Moreover, further research can examine the impact of different parenting styles on the family satisfaction level of children. Future research can consider how the family satisfaction of young Indian adults changed before, during, and after the COVID-19 pandemic. Besides

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studying the gender differences among males and females, differences along these dimensions can also be studied among the queer community in India and even globally; how satisfied they are with their families, particularly with regard to their family's take on their gender identity.

Research can be undertaken on different age groups such as people in their early adolescence, late adulthood, middle age, or old age. This can help to study the differences among multiple age groups or even generations on satisfaction with their respective families and identify potential factors that influence the same. Similar studies can also be conducted in different regions or cultures within India or globally to address the regional and cultural differences.

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