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Social competence among children of alcoholic and nonalcoholic parents

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Abstract:

BACKGROUND OF THE STUDY: A child's social competence depends on a number of factors including family atmosphere. Parental alcoholism effects the development of child directly or indirectly. Children of alcoholics (COAs) may have lower social competence. Addressing this problem at the earliest can significantly reduce the problems in future. The objective of the study is to compare the social competence between COAs and non-COA.

METHODS: A cross-sectional comparative study design was used. The study was conducted at a selected government high school located in Bengaluru urban. One hundred COA and 100 non-COA were recruited for the study by using simple random sampling technique. Children of Alcoholic Screening Test (modified) and Social Competence Scale were used in the study.

RESULTS: Results show that there is statistically significant difference between COAs and non-COAs with regard to prosocial attitude, social competition, social leadership, social tolerance, social maturity, social skills, and overall skills.

CONCLUSION: The study concludes that COAs have low level of social competence.

Keywords:

Parental alcoholism, social competence, social skills

Introduction

Social competence refers to the social, emotional, cognitive skills and behaviors that children need for successful social adaptation. Family atmosphere plays an important role in the development of social competence.[1] Several studies show that parental alcoholism effects the development of social competence among children.[2-4] Research findings indicate that social competence in children is a significant predictor of future outcomes across major domains, namely education, employment, substance use, and mental health.[5] Studies of the long-term consequences of poor social competence show that children experience a variety of negative social consequences in adolescence and adulthood.[6]

Children of alcoholics (COAs) are at an increased risk for a wide variety of negative outcomes such as anxiety and/or depression, antisocial behavior, relationship difficulties, behavioral problems, and/or alcohol abuse.[7-9] There is interlinking between the social competence and behavioral problems among children.[10,11] A longitudinal assessment shows that children with lower social competence at the age of 4 years exhibited more externalizing and internalizing behaviors at the age of 10 years and more externalizing behaviors at the age of 14 years.[12] Children with mental health problems and psychiatric disorders had demonstrated below-average levels of social competence,[13,14] and even psychosocial and emotional problems among children are linked with social competence.[15] Social competence is viewed as a primary component of healthy functioning and wholesome development among children,[16]

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and a child's self-regulating abilities mainly depend on this.[17]

Studies have shown that academic achievement is significantly related to social competence among school students.[18,19] The study conducted by Tabayian found that, by increasing the social knowledge of children, they will move toward desirable social behavior and eventually social competence and this by itself leads them to encounter with reinforcement; in other words, the acceptance of the peers as well as adults causes better performance on the side of the individual.[20] Teaching social and emotional skills in school can have positive long-term impact on students' academic performance.[21] Children who are equipped with social skill experience fewer psychopathological symptoms later[22] and lesser dropout of school, truancy, and repeating a grade.[23]

Research concerning COAs has largely focused on the risk for maladaptive behaviors in this population, indicating that COAs are more likely to show internalizing symptoms than their peers.[10,11] Little attention has been given to whether COAs show deficits in social skills linked to many other adaptive behaviors in school life and in the later part of life. To address these issues, the current study assessed the social competence among COAs and non-COAs.

Objectives of the study

1. To assess the social competence among COAs and non-COAs
2. To compare the social competence between COAs and non-COAs.

Methods

A cross-sectional comparative study design with simple random sampling technique was used. The study was conducted at a selected government high school, Bengaluru, and data were collected from July to October 2017. Power analysis was carried out by using G*Power (Institute of Experimental Psychology, Dusseldorf) analysis based on the findings of a pilot study, by keeping the power of study at 80% ($P = 0.05$ two tailed). The power analysis revealed that 88 participants in each group would be sufficient to find the difference between the two independent means (two groups). A total of 436 children were approached and screened for COAs by using Children of Alcoholic Screening Test (CAST) (modified). Out of the 436 children, 175 children had scores more than 3 in the CAST indicating alcoholic parents and 261 children had nonalcoholic parents. Out of the 175 children, 100 children were randomly selected and assigned to COA group. Out of the 261 children, 100 children were randomly selected and assigned to non-COA group. The inclusion criteria were age between 12 and 16 years and the study excluded children with learning disorders and with single parents. The study protocol was approved by the institutional Human Ethics Committee. Formal permission was obtained from Block education officer BEO and head master, and informed consent was taken from the children and their parents.

Assessment

Children who fulfilled the inclusion criteria were administered the sociodemographic pro forma and Social Competence Scale.

1. Sociodemographic pro forma: It includes questions on children's age, sex, religion, class, educational qualification of father, educational qualification of mother, occupation of father, occupation of mother, monthly family income, type of family, number of siblings, and birth order
2. Social Competence Scale. This scale was developed by Dr. V. P. Sharma, Dr. Prabha Shukla, and Dr. Kiran Shukla for Indian children. It is a self-administered 5-point scale. The scale consists of 50 items that are rated as "very high," "high," "average," "low," or "very low" and scored 1, 2, 3, 4, and 5, respectively. The responses were summed to determine the scale score with a possible range from 50 to 250; the score below 160 indicates low, 160–189 indicates average and 190 and above indicates high level of social competence. The participants took 45–60 min to complete the questionnaires. The scale shows a test–retest reliability of 0.56 and its interrater reliability has been found to be 0.67.[24]

Screening tool

CAST (modified): This scale is a subsample of questions appearing on the CAST, developed by Jones and Pilat, and has been used to screen for COAs. Three or more yes answers indicate COAs. The internal consistency of a shortened CAST containing the six selected items (CAST-6) is 0.86.[25]

Statistical analysis

Data were analyzed using the Statistical Package for the Social Sciences software package (Version 23, International Business Machines Corporation, US), and results were presented in table form. Descriptive statistics were used for computing Social Competence Scales scores. Independent *t*-test was used for the comparison of means between the two groups. Chi-square test was used for the comparison of demographic data.

Results

Table 1 shows that there is no significant difference in the demographic characteristics between COAs and non-COAs, except class and type of family.

Table 1: Comparison of demographic characteristics between children of alcoholics and children of nonalcoholics

Demographic data	Items	Groups		χ^2/t	*P*
		COAs (*n*=100)	Non-COAs (*n*=100)		
Age (years), mean (SD)		14.58 (0.57)	14.74 (0.77)	−1.17	0.24
Gender	Male	58	52	0.278	0.59
	Female	42	48		
Class	8th	40	46	9.83	0.007
	9th	46	42		
	10th	14	12		
Educational qualification of father	No formal education	12	10	13.84	0.61
	Primary education	24	30		
	Secondary education	34	22		
	PUC and degree and above	30	38		
Educational qualification of mother	No formal education	46	40	7.14	0.62
	Primary education	36	44		
	Secondary education and PUC	18	16		
Occupation of father	Government job	8	4	6.79	0.65
	Private job	44	52		
	Business	32	30		
	Others	16	14		
Occupation of mother	Private job	32	24	2.54	0.86
	Business	20	24		
	Homemaker	48	52		
Monthly family income, mean (SD)		9400 (3295)	10,280 (3220)	−1.35	0.18
Type of family	Nuclear	62	52	5.12	0.02
	Joint	38	48		
Number of siblings	1	12	12	2.30	0.98
	2	66	76		
	More than 2	22	12		

SD=Standard deviation, COAs=Children of alcoholics

Figure 1 shows that majority (58%) of the respondents in COA group had low level of social competence, whereas in non-COA group, majority (50%) of the respondents had average level of social competence.

Table 2 shows that there is significant difference in the mean scores of prosocial attitude, social competition, social leadership, social tolerance, social maturity, social skills, and overall social competence between COAs and non-COAs. Mean prosocial attitude, social competition, social leadership, social tolerance, social maturity, social skills, and combined skills are high in non-COAs compared to that of COAs.

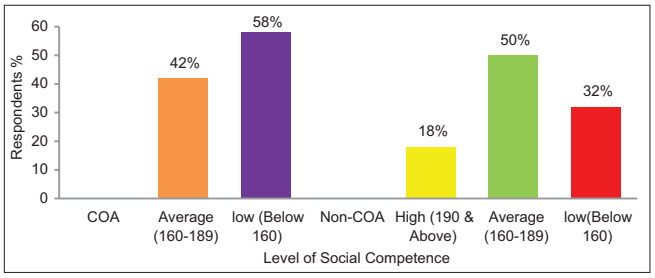

Figure 1: Bar diagram showing the classification of respondents according to the level of social competence

Discussion

Development of social competence in childhood has become an area of interest for researchers, mainly because of its undeniable constructive role in shaping adjustment abilities both in childhood and adulthood. Social competence is the product of a wide range of cognitive abilities, emotional processes, behavioral skills, social awareness, and personal and cultural values related to interpersonal relationships.[26] Studies from Western countries have identified that parental alcoholism effected the development of social skills among children.[2,4] Only few studies have been conducted in India among COAs mainly focusing on behavioral problems, so the present study focused on assessing social competence among COAs and non-COAs, which is essential for children to adapt with the society.

The study revealed that majority (58%) of the respondents in the COA group had low level of social competence. Our findings echo previous research evidence which shows low level of social competence among children from alcoholic families.[2-4,27] Children from alcoholic families experience high levels of interpersonal conflict, domestic violence, parental inadequacy, abuse, and

Table 2: Comparison of social competence among children of alcoholics and children of nonalcoholics

Aspects/factors	COA (*n*=100)		Non-COA (*n*=100)		*t*	df	*P*
	Mean	SD	Mean	SD			
Pro-social attitude	35.72	4.39	40.00	5.06	4.51	98	0.000
Social competition	19.22	2.16	21.06	3.13	3.41	98	0.001
Social leadership	17.86	2.40	19.66	3.56	2.95	98	0.004
Social tolerance	18.74	2.38	21.18	3.34	4.20	98	0.000
Social maturity	38.48	7.05	41.78	4.99	2.70	98	0.008
Social skills	22.66	3.34	24.00	2.83	2.16	98	0.033
Combined	152.68	15.25	167.68	17.06	4.63	98	0.000

SD=Standard deviation, COAs=Children of alcoholics

negligence, which influence the development of social competence.[28]

In non-COA group, the highest number (50%) of respondents had an average level of social competence; this was supported by a prior study conducted by Syiem and Nongrum on social competence of secondary school students in Shillong town, India, which shows that majority (60.24%) of the students in their study had average social competence.[29] In a study conducted by Kataria in Punjab, India, among senior secondary school students, the social competence level of male and female students was average,[30] but in a study conducted by Sanwal at Rajasthan, India, 93.33% of the respondents fell in the low and very low categories of social competence level.[31] The present study also revealed that 18% of respondents in non-COA group had high level of social competence; this was supported by a prior study conducted by Pardhasaradhi and Goel in Uttar Pradesh, India, which shows that boys have high level of social competence.[32]

The present study revealed that the mean scores of social competence among non-COAs is higher than that of COAs; this was supported by a prior study conducted by Nachiketa which also shows that non-COAs have higher level of social competence compared to COAs.[27]

Early identification of developmental disabilities is a high priority for the World Health Organization to allow action to reduce impairments.[33] Social skill deficits are a marker of the underlying psychopathology;[34] hence if problems are identified at an earliest age, the social skills can be improved.[5]

The limitations of the study are that, as the data were self-reported, under or over-reporting of data may have taken place due to the stigma related to parental alcoholism. Data were not collected from private schools, as it was not permitted. Data were not collected on psycho-socio-cultural problems of family which may influence the development of social competence.

Conclusion

The study findings had shown that COAs have low level of social competence compared to non-COAs. Poor social competence is linked with a variety of negative experiences in adolescence and adulthood, so early identification by health-care team is very important for the prevention of complications. Further research is needed to identify effective strategies for improving social competence among COAs.

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Conflicts of interest

There are no conflicts of interest.

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