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Original Paper

Social Competence and Its Related Factors in High School Students: A Cross-sectional Study

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ABSTRACT

Introduction: Social competence can help adolescents achieve effective social interactions and establish and maintain successful relationships with peers and society.

Objective: The purpose of this study was to determine the status of social competence and its related factors in high school students in Rasht City, Iran.

Materials and Methods: In the cross-sectional analytical study, 491 high school students in Rasht were selected by multi-stage random cluster sampling. The study tool was a two-part questionnaire: the demographic characteristics of the participants and the social competence questionnaire. Descriptive statistics, 1-way analysis of variance (ANOVA), the Pearson correlation coefficient, independent t test, and multiple linear regression were used for statistical analysis.

Results: Of 491 students, 65.4% were female, 63.1% were the first child of the family, and 94.3% had normal sleep amount. Also, 94.1% of students lived with their parents. Their mean social competence was at the desired level (261.7±8.31, total score: 47-329). There was a significant relationship between school grade point average (r=0.271, P=0.001), duration of Internet use (r=-0.103, P=0.022), and students' sleep amount with social competence based on 1-way ANOVA test (P=0.005). Based on multiple linear regression analysis, a high-grade point average was associated with increased social competence (B=7.54, 95% CI; 5.43 to 9.78, P=0.001) and female gender (B=-6.71, 95% CI; -13.15 to -0.26, P=0.04), being the second child compared to the first (B=-8.19, 95% CI; -14.48 to -1.90, P=0.011), insomnia (B=-19.07, 95% CI; -36.14 to -2.01, P=0.029) and parental divorce and living with father (B=-46.47, 95% CI; -81.95 to -10.99, P=0.01) were associated with low social competence (R^2=0.16).

Conclusion: These results can help managers plan educational and training organizations and promote parents' awareness to eliminate everyday barriers and develop social competence in adolescents.

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Highlights

• Adolescence, one of the most critical periods of each individual's life, is accompanied by fast physiological, cognitive, emotional, and behavioral changes.

• Social competence is the ability to care for oneself and others. Social competence is defined based on four skills: cognitive, behavioral, emotional, and motivational.

• Lack of developing social competence in adolescents will lead to loneliness, behavioral problems, shyness, school anxiety, negative self-thoughts, and depression. In this regard, what seems to be necessary for adolescents is to strengthen their psychological capability.

Plain Language Summary

Adolescence is one of the most critical periods of each individual's life. The most important event of adolescence is the creation of social communication, as well as being accepted by the peer group, make it. Any disruption in socialization and social competence can expose adolescents to various behavioral, emotional, and academic disorders. Social competence is the ability to care for oneself and others. In our research, we found that no similar study has been conducted in the socio-cultural environment of Iran to examine social competence as an important dimension of mental health in the adolescent age group. Therefore, the researchers conducted the present study to determine the status of social competence and its related factors in Iranian adolescents. Based on the results high grade point average, people, female gender, being the second child of family insomnia, parental divorce and living with father were associated with low social competence.

Introduction

Adolescence, one of the most critical periods of each individual's life, is accompanied by fast physiological, cognitive, emotional, and behavioral changes. This period is defined as the preparation and acquisition of skills for adulthood life [1]. The creation of social communications, as well as being accepted by the peer group, are the most important events of this developmental period. Any disruption in socialization and social competence can expose adolescents to various behavioral, emotional, and academic disorders. Lack of social skills and competencies in adolescence is associated with various negative consequences, including social, psychological, and educational behaviors. These skills are so important that their lack is associated with loneliness, social anxiety, depression, low self-esteem, job and academic failure, and reduced responsibility [2]. In this regard, what seems to be necessary for adolescents is to strengthen their psychological capability [3].

Social competence is the ability to care for oneself and others. Social competence is defined based on four skills: cognitive, behavioral, emotional, and motivational [4]. Social competence can lead to improved self-control skills, interpersonal knowledge and skills, positive identity, cultural competence, acceptance of social values, decision-making and planning skills, supportive intervention strategies, and group activities [5, 6].

Lack of developing social competence in adolescents will lead to feelings of loneliness, behavioral problems, shyness, school anxiety, negative self-thoughts, and depression [7]. In a study aiming to compare social competence in students with different levels of academic achievement, Abolghasemi et al. showed that the mean scores of social competencies in students with high academic achievement were higher than that in students with moderate and low academic achievement [8]. In their study, Gebauer-Bukurov et al. found that adolescents with epilepsy who had less interaction with their friends and lower academic performance showed lower social competence than their healthy peers [9].

Various studies have shown the importance of social competence and the factors affecting children. In addition to emphasizing the role of social competence in creating and maintaining successful relationships with peers, they suggested various factors such as the role of family, social class, economic status [10, 11], school, and the influence of peers [12] as effective elements in developing social competence. In this regard, most studies

in Iran have focused on other age groups, including children or specific populations of adolescents with physical or cognitive problems.

Regarding the factors related to social competence in adolescents, conflicting results have been reported [13]. Therefore, the researchers conducted the present study to determine the status of social competence and its related factors in Iranian adolescents.

Materials and Methods

The present study was a cross-sectional analytical study. The study population consisted of students of governmental and non-governmental high schools in Rasht City, north of Iran. In this study, the sample size was calculated using G * Power statistical software version 1.3. The sampling method was multi-stage cluster sampling. At first, 5 clusters were determined by geographical regions of Rasht (north, south, center, east, and west). In the second stage, based on the determined sample size, several schools were selected from each cluster using simple random sampling.

To determine the sample size, considering the type I error of 0.05, the type II of 0.2 (power 0.8) according to previous research [5, 6, 10] and the researcher's expectation, the effect size of 0.04 (less than average) and the number of independent variables (n=14), a sample size of 471 was determined. Accounting for a 10% drop, a total of 518 high school students from 25 girl schools and 20 boy schools were entered into the study. Finally, by removing 27 incomplete questionnaires, 491 questionnaires were analyzed. The inclusion criteria included studying in high school; lack of physical, mental, or cognitive disabilities as determined by self-report; and satisfaction to participate in the study. The exclusion criterion was incomplete filling out the questionnaires.

The study instrument was a questionnaire consisting of two parts. The first part was a questionnaire of personal, family, and educational characteristics consisting of 14 variables related to social competence such as gender, birth order, grade point average (GPA), duration of the Internet and virtual network use in 24 hours, sleep amount in 24 hours, chronic illness, parental education level, parental occupation, parental chronic illness, economic status (income), custody, and school type. The second part was the social competence questionnaire derived from the 4-dimensional model of social adequacy of Felner et al. [14], which was designed by Parandin et al. in Iran, and consent to use the questionnaire was obtained from her [4]. This questionnaire consisted of 47 questions in 4 dimensions of behavioral skills (34 items), cognitive skills (3 items), emotional skills (7 items), and motivational skills (3 items). The scoring of each question on the Likert scale was determined as follows: strongly disagree=1, disagree=2, partly disagree=3, no idea=4, partly agree=5, agree=6, and strongly agree = 7. Also, 19 questions of this questionnaire were scored in reverse. The total scores for each skill ranged from 34 to 238 for behavioral skills, 7 to 49 for motivational skills, 3 to 21 for cognitive skills, and 3 to 21 for emotional competence. The total score of the questionnaire was 47-329. In this questionnaire, social competence was defined in three levels of undesirable social competence (score 47-109), relatively desirable social competence (score 110-220), and desirable social competence (score above 220). A pilot study on 30 samples confirmed the reliability of the instrument. The Cronbach alpha coefficient of 0.80 and test-retest with 2 weeks interval based on an intraclass correlation coefficient (ICC) of 0.99 indicated the acceptable internal consistency and stability of the questionnaire.

Sampling was performed for one month in November 2020. To collect data, first, the main researcher (the first author) obtained sampling permission from the Deputy of Research and Technology of Guilan University of Medical Sciences and the General Education Administration of Guilan Province. Given the COVID-19 epidemic in the country and virtual education, to prevent the spread of the disease, the research questionnaire was designed electronically. Then, the researcher referred to the research environments, provided explanations about the objectives of the study to school officials, and after obtaining the consent of the parents, provided the questionnaires to the students of the selected schools through virtual education groups and also via the Shad Application (the approved educational application for virtual education of students in Iran). The students with consent to participate in the study completed the questionnaire.

In the present study, continuous variables were expressed as mean ± standard deviation (SD) and categorical variables as frequency (percentage). In univariable analysis, the Pearson correlation coefficient, independent t test, and 1-way analyses of variance (ANOVA) were performed to examine the relationships between demographic characteristics and social competency. Then, in multivariable analysis, multiple linear regression was conducted to determine factors associated with social competency. Statistical analysis was perfumed using SPSS for Windows, version 16.0 (SPSS Inc., Chicago, IL, USA), and a $P<0.05$ was considered statistically significant.

Results

Of 491 students who participated in the current study, 65.4% were female, 63.1% were the first child of the family, and 94.3% had normal sleep amount. Also, 94.1% of students lived with their parents (Table 1). The Mean±SD total score of social competence was 261.7±31, and those of the subscales of behavioral skills, motivational skills, cognitive skills, and emotional competence were 189±23.1, 37.2±6, 18.3±0.3, and 16.5±2.9, respectively, indicating that the total score of social competence and the dimensions were at the desired level.

According to the results in Table 2, a significant positive but weak relationship was observed between the GPA and the total social competence score (r=0.271, P=0.001). Also, the total social competence score (r= -0.103, P=0.022) had significant negative but weak associations with Internet use. There was a statistically significant difference between the mean total score of students' social competence in terms of their sleep amount (η^2=0.013, $F_{2, 488}$=3.11, P=0.046).

Based on multiple linear regression analysis, high GPA was associated with increased social competence (B=7.54, 95% CI; 5.43 to 9.78, P=0.001), and female gender (B=-6.71, 95% CI; -13.15 to -0.26, P=0.04), being the second child compared to the first (B=-8.19, 95% CI; -14.48 to -1.90, P=0.011), insomnia (B=-19.07, 95% CI; -36.14 to -2.01, P=0.029) and parental divorce and living with father (B=-46.47, 95% CI; -81.95 to -10.99, P=0.01) were associated with low social competence. Other variables were not significantly related to social competence. The coefficient of determination (R^2) was 0.160, suggesting that 16.0% of the variance in social competence was explained by the individual, family, and educational variables (Table 3).

Discussion

This study was performed to determine the status of social competence and its related factors in high school students in the city of Rasht. According to the results obtained from this study, students' social competence is at the desired level.

This finding is consistent with Vu's findings, reporting a high level of social competence in students [15]. It is also compatible with Amani [16] and Allameh's [17] studies, showing a relatively desirable level of social competence.

The findings of the present study show that students whose mean score of social competence was higher both in total and separate dimensions had a higher GPA, although this relationship was weak. This finding is consistent with the results of the study by Okano et al., showing a significant relationship between GPA and social competence at some educational levels in adolescents [18]. However, this finding is inconsistent with the study by Lafavor et al., which showed a strong relationship between students' social competence and reading skills and academic scores [19]. In addition, Malik showed no association between students' academic achievement and social competence, which is not consistent with the results of the present study [20]. Given that the GPA of the last semester of students in this study has been considered the main criterion of academic achievement, and the classes and exams of this semester were held online, it seems that these conditions may affect the results and the strength of this relationship.

According to the findings, a significant negative relationship was seen between students' Internet use and social competence. In this regard, Eijnden et al. reported that with increasing the use of the Internet and social networks, students' academic performance and psychological and social competence decreased, which is consistent with the results of this study [21]. Another study also indicated that social competence has a significant difference between the two groups of Internet addicts and the other students [22]. In contrast, Mills et al. reported that adolescents who used social networking sites reported less peer-related loneliness than those who did not, and adolescents who used social networking sites for more than 2 hours a day had the social skills, competence, and healthy relationships with peers [23]. It seems that the inconsistency of these findings with the results of the present study could be due to the prevalence of coronavirus and the holding of school classes and other courses online, in which the time of Internet use on social networks is inseparable from virtual teaching and can affect the interpretation of the findings.

Based on the results, the mean score of social competence in students with insomnia was significantly lower than that in those with normal sleep. In our finding, there was a significant positive relationship between students' normal sleep and social competence. Tomisaki et al. also introduced sleep duration as an important factor in developing social competence [24]. In contrast, Philbrook et al. stated that sleep quality and individual differences were more important predictors

Table 1. Demographic characteristics of the students (n=491)

Variables		Mean±SD / No. (%)
Grade Point Average		18.70±1.25
Internet use (h)		6.50±3.69
Income (US $)		180±213.67
Gender	Male	170(34.6)
	Female	321(65.4)
Birth order	1st	310(63.1)
	2nd	144(29.3)
	3rd or more	37(7.5)
Sleep status	Insomnia	13(2.6)
	Normal	463(94.3)
	Hypersomnia	15(3.1)
Students' disease	No	468(95.3)
	Yes	23(4.7)
Father's education level	Under diploma	136(27.7)
	Diploma	191(38.9)
	University	164 (33.4)
Mother's education level	Under diploma	117(23.8)
	Diploma	243(49.5)
	University	131(26.7)
Father's Job	Employee	141(28.7)
	Worker	56(11.4)
	Freelance	221(45.0)
	Retired	51(10.4)
	Unemployed	4(0.8)
	Others	18(3.7)
Mother's Job	Employee	58(11.8)
	Worker	7(1.4)
	Freelance	29(5.9)
	Retired	5(1.0)
	Work at home	15(3.1)
	Housewife	377(76.8)
Parents' disease	Yes	74(15.1)
	No	417(84.9)
Custody	With parents	462(94.1)
	Father or mother's death	9(1.8)
	Divorce and living with mother	17(3.5)
	Divorce and living with father	3(0.6)
School type	State	466(94.9)
	Private	25(5.1)

Table 2. The univariable analysis for factors related to social competence in students (n = 491)

Variables		Social Competence Score	
		Mean±SD/r	P
Grade Point Average		0.274	0.001*
Internet use (h)		-0.143	0.022*
Income (US $)		0.042	0.350*
Gender	Male	262.5±30.5	0.667**
	Female	261.2±32.5	
Birth order	1st	263.6±31.0	0.207***
	2nd	258.5±32.7	
	3rd or more	257.9±34.1	
Sleep status	Insomnia	244.0±34.0	0.046***
	Normal	262.5±31.6	
	Hypersomnia	250.7±32.1	
Students' disease	No	262.2±31.1	0.121**
	Yes	251.7±43.6	
Father's education level	Under diploma	259.0±35.0	0.440***
	Diploma	263.6±31.3	
	University	261.7±29.5	
Mother's education level	Under diploma	261.5±34.2	0.996***
	Diploma	261.8±32.0	
	University	261.6±29.3	
Father's Job	Employee	260.5±31.6	0.274***
	Worker	268.1±34.6	
	Freelance	259.9±32.1	
	Retired	262.9±26.6	
	Unemployed	289.5±10.0	
	Others	263.2±34.6	
Mother's Job	Employee	261.6±31.0	0.195***
	Worker	260.3±28.3	
	Freelance	269.9±30.6	
	Retired	273.6±22.1	
	Work at home	243.9±44.6	
	Housewife	261.6±31.5	
Parents' disease	Yes	260.3±29.6	0.690**
	No	261.9±32.2	
Custody	With parents	261.1±32.0	0.104***
	Father or mother's death	263.3±20.9	
	Divorce and living with mother	262.2±27.4	
	Divorce and living with father	216.3±37.5	
School type	State	261.4±31.9	0.318**
	Private	267.9±29.3	

* The Pearson correlation coefficient; ** Independent t test; ***One-way ANOVA

Table 3. The multiple linear regression analysis for factors related to social competence in students (n=491)

Variables		Social Competence Score				
		B	SE	P*	95% CI	
					Lower	Upper
Grade point average		7.54	1.18	0.001	5.13	9.78
Internet use (h)		-0.46	0.39	0.247	-1.23	0.32
Income (US $)		0.36	0.27	0.180	-0.17	0.90
Gender	Male	Ref.				
	Female	-6.71	3.28	0.041	-13.15	-0.26
Birth order	1st	Ref.				
	2nd	-8.19	3.20	0.011	-14.48	-1.90
	3rd or more	-5.21	5.70	0.361	-16.43	6.00
Sleep status	Normal	Ref.				
	Insomnia	-19.07	8.68	0.029	-36.14	-2.01
	Hypersomnia	-10.97	8.13	0.178	-26.94	5.01
Illness	Yes	Ref.				
	No	-2.20	6.91	0.750	-15.77	11.37
Father's education	Under diploma	Ref.				
	Diploma	5.24	3.77	0.165	-2.17	12.65
	University	2.61	5.24	0.619	-7.70	12.91
Mother's education	Under diploma	Ref.				
	Diploma	-2.89	3.83	0.452	-10.42	4.65
	University	-3.86	5.31	0.489	-14.11	6.75
Father's job	Employee	Ref.				
	Worker	7.32	5.96	0.220	-4.39	19.03
	Freelance	1.12	4.12	0.786	-6.98	9.22
	Retired	2.32	5.29	0.662	-8.07	12.71
	Unemployed	28.26	15.89	0.076	-2.98	59.49
	Others	3.15	8.09	0.697	-12.75	19.04
Mother's job	Employee	Ref.				
	Worker	-14.38	13.51	0.288	-40.93	12.17
	Freelance	14.02	7.40	0.059	-0.53	28.65
	Retired	13.15	14.27	0.357	-14.88	41.18
	Work at home	-17.49	9.31	0.061	-35.79	0.81
	Housewife	0.25	5.11	0.961	-9.79	10.28
Parents' illness	No	Ref.				
	Yes	-0.69	4.10	0.867	-8.57	7.37
Custody	Parents	Ref.				
	Death of parents	-2.17	10.74	0.840	-23.28	18.59
	Divorce and living with mother	-6.72	7.77	0.387	-21.99	8.54
	Divorce and living with father	-46.47	18.05	0.010	-81.95	-10.99
School type	State	Ref.				
	Private	4.43	6.51	0.497	-8.37	17.23

B: Regression coefficient; SE: Standard Error; CI: Confidence Interval, R2: 0.160, * Linear regression analysis

of social competence, but sleep duration did not affect social competence [25]. One of the most important subjects emphasized in social competence ability at different ages is the appropriate sleep duration from 7 to 11 hours per day [26].

Based on the results, girls' social competence was lower, but Foley et al. concluded in their study that the social competence of girls' students was higher than that of boys [27]. Yang et al. also reported more social competence in girl adolescents than the boys [28]. In contrast, Bandura et al. reported no significant difference in the social competence of girls and boys [29]. The reason for the inconsistent results may be the cultural differences between Iran and other countries and differences in parenting methods. In some cultures, parents believe that girls and boys have different needs for social skills and value the development of this skill difference between the two genders [30].

Also, according to the results, the second child has less social competence than the first child, while Nobelga et al. reported a significant correlation between children's birth order and social competence [31]. Another study indicated that birth rank influences social competence [32]. Singletary et al. also believed that social competence in children with an older sibling is higher due to communication with more available people [33].

The findings showed that the students in divorced families living with fathers have lower social competence than the others. Shek et al., in a longitudinal study, concluded that there is a significant positive correlation between social competence and family type [34]. Leung et al. reported that divorce disrupts family functioning and directly impacts adolescents' social competencies [35].

In contrast, Leme et al. stated that family type was not a predictor for adolescents' psychological well-being and social competence [36]. As only three students, due to their parent's divorce, lived with their fathers, the significance of the relationship is unreliable.

According to the results of multiple regression, a high GPA is associated with higher social competence, and insomnia is associated with lower social competence, which confirms the findings of univariate analysis.

Unlike other studies, in this study, students' social competence was at a desirable level. In this study, there was no significant difference in social competence between boys and girls in univariate analysis. However, with the control of other variables in multiple linear regression analysis, girls' social competence was lower than boys', which conflicts with the results of other studies. This difference can be due to factors such as culture, parenting styles, and higher education of parents than the national average, as Shafipour et al. showed that the most parenting style in Rasht is the authoritative style that reduces behavioral problems and increases communication skills in adolescents compared to other styles [37].

This study showed that adolescents' social competence was at an optimal level. Social competence also had a positive relationship with normal sleep and higher GPA and a negative association with the duration of Internet use in adolescents. These results can help the planning of managers in educational and training organizations as well as parents' awareness to eliminate everyday barriers and to develop this important skill in adolescents.

This study also has some limitations that need to be considered. In the present study, our participants primarily were in the second stage of high schools from Rasht City. Therefore, our samples may not represent similar-aged students who are not in urban areas or do not have access to computers or the Internet.

The study used student ratings in the assessment of their social competence. Student ratings of social skills should be combined with teacher or parental ratings of children's behaviors in further studies to gain a complete picture of the phenomenon. Although student ratings have been used in many studies, caution should be warranted in interpreting the results. Due to the COVID-19 pandemic, data were collected by electronic questionnaires through the virtual education groups of schools and without supervision, which is another limitation of this study.

Ethical Considerations

Compliance with ethical guidelines

This study was conducted with the approval of the Ethics Committee (code: IR.GUMS.REC.1399.294) of Guilan University of Medical Sciences. Before participating in the study, the researcher provided some explanations regarding the objectives of the study, the confidentiality of the information, as well as voluntary participation in the study. Before sampling, informed written consent was obtained from school officials. The researchers also considered the completion of the questionnaires by the participants as their consent to participate in the present study.

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Authors' contributions

Study concept and design: Abdolhosein Emami Sigaroudi, Fatemeh Hosseinzadeh Siboni, and Moluk Pouralizadeh; Acquisition, analysis, and interpretation of data: Fatemeh Hosseinzadeh Siboni and Abdolhosein Emami Sigaroudi; Drafting of the manuscript: Moluk Pouralizadeh and Fatemeh Hosseinzadeh Siboni; Statistical analysis: Saman Maroufizadeh and Fatemeh Hosseinzadeh Siboni; Study supervision, administrative, technical, or material support, and critical revision of the manuscript for important intellectual content: Abdolhosein Emami Sigaroudi and Moluk Pouralizadeh; Final version was approved by all authors.

Conflict of interest

All authors declared no conflict of interest.

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