

## ORIGINAL ARTICLE

## FAMILY DYSFUNCTIONING AND SOCIAL COMPETENCE IN ADOLESCENTS: A COMPARATIVE STUDY OF FAMILY STRUCTURES

**Tamkeen Saleem, Seema Gul**

Department of Psychology, International Islamic University, Islamabad

**Background:** Family has a significant role to play in the social development of children. Family problems hamper the development of healthy and socially competent behaviors among children and adolescents. The objective of the current study was to compare family dysfunctioning and social competence between joint and nuclear family structures. **Methods:** This cross sectional comparative study was conducted at International Islamic University Islamabad. A total of 400 adolescents with age range of 12–18 years were included through purposive sampling. The data collection tools of the study included Multi-Dimensional Family Functioning scale (MFFS) and Youth Social Competence Scale. The tools are fully validated with high reliability. Analysis was done using SPSS version 21 and the significance level was kept at 0.05. **Results:** There were 200 (50%) males and 200 (50%) females with a mean age of  $15 \pm 2.16$  years. The family structure descriptive analysis revealed that 181 (45.3%) were from joint family structure, 193 (48.3%) from nuclear family structure, and 26 (6.5%) from extended family structure. Cronbach Alpha coefficient was 0.81 and 0.61 for MFFS and Social competence questionnaires respectively. Mean values of Family dysfunctioning for joint and nuclear family structures were  $63.69 \pm 22.30$  and  $75.07 \pm 20.97$  respectively and the difference was significant ( $p < 0.001$ ). The mean values for Social Competence for the two family structures were  $35.90 \pm 5.71$  and  $33.64 \pm 5.78$  respectively with significant difference between the means. Family dysfunctioning was shown to be the significant predictor of Social Competence ( $p < 0.01$ ). **Conclusions:** Provision of a hale and hearty family environment to adolescents is necessary for the development of healthy social skills.

**Keywords:** Family Dysfunctioning, Social Competence, Adolescents, Joint and Nuclear Families

Pak J Physiol 2016;12(3):19–22

### INTRODUCTION

Family is the fundamental constituent of the society. It satisfies the needs, desires and executes necessary operations that are obligatory for the stability, incorporation and transformation in the social system. The types and forms of family have gone through modification due to the demanding, technological and financial structure of the current era. Family can be largely perceived as an entity of at least two or in other cases more than two individuals unified by the bonds of marriage, blood, or adoption.<sup>1</sup>

In Pakistan, family structures exist in three forms; Joint, Nuclear and Extended family systems. The family structures differ due to their composition of the members and functions performed by them. The joint family is the one in which, members (parents, children and grandparents, many times uncle and aunts also) from various generations live collectively and function as one unit. In the extended family married sons and brothers live separately, but they have influence on each other, they maintain to have joint property and make collective decisions. A nuclear family mostly comprises of parents and children but at times grandparents also live with them.<sup>1</sup> Families in today's contemporary urban society are a combination of traditional and modern standards. Modern era has raised an individualistic approach for living and thinking which to some extent is

building and enhancing frustration and lowering tolerance among the adolescents.<sup>2,3</sup>

Systems Theory states that family is a unit enriched with its own features, linked jointly through the rules and patterns that exist in the family. At times alterations appear in the rules and patterns, but emergence of dysfunctionality is very much intricate and rigid.<sup>2</sup> When steady and recurrent problems, conflicts, misconduct, disregard and maltreatment surface in a family system, members accommodate to such happenings and family becomes dysfunctional. A family grows to be dysfunctional when it is deficient of abilities to defend the healthy state or to make use of changes consistent with the requirements of the conditions.<sup>4,5</sup>

The Literature review also reveals that a strong linkage exists between family constructs and social performance of children and adolescents.<sup>6,7</sup> Families carry out activities to make sure that the children within family develop healthy and socially competent behaviors. But when there are recurrent conflicts in a family system, the social skills education is not appropriately imparted to children. Therefore, children are unable to acquire skills to interact with other children and adults.<sup>8</sup> There is substantial body of evidence demonstrating that children belonging to unhappy families showed greater levels of stress and

have low competency in social activities.<sup>9</sup> Social competence relates to possession of shared, cooperative, commune and societal skills required to succeed in interpersonal actions and collective functioning as a member of society.<sup>10</sup>

The present study aimed to generate findings regarding the family structure and its significance in family functioning and social competence due to the reason that the social fabric of Pakistan is changing and bringing alterations in the setup of traditional family structure. Joint family and unity was considered as major sociological phenomena of Eastern Societies. The extended and joint family systems are taking form of nuclear family systems. The current study was planned to compare family dysfunctioning and social competence between joint and nuclear family structures. The findings of the study will be beneficial for taking measures for protection of the traditional joint family system due to its healthy effects on the family members.

### MATERIAL AND METHODS

This cross sectional comparative study was conducted at International Islamic University Islamabad, after getting formal approval from Ethical Board Committee of the institute. Written Informed consent was taken from all the participants. Sample size was calculated through slovin's formula. By keeping margin of error as 0.05, a sample size of 400 was calculated. The adolescents with age range of 12–18 years were included through purposive sampling. The data were collected from the private and government psychological and educational institutes of Islamabad and Rawalpindi. Participants were assured regarding the confidentiality of their responses.

The data collection tools of the study included demographic data sheet consisting of features like age, gender, family structure, family income, and socio economic conditions. For measuring family dysfunctioning, Multi-dimensional Family Functioning scale (MFFS) comprising of 26 items was used, responses were obtained on Likert type scale with the response category ranging from Always =5 to Never=1. The scores on MFFS range from 26 to 130 with midpoint of 78, where high scores signify Family Dysfunctioning and low scores signify Healthy Family Functioning. It is a fully validated instrument with Cronbach alpha reliability of 0.92.<sup>11</sup> Social Competence was measured through Youth Social Competence Scale with 14 items, which are responded on a 4-point Likert scale with response category of strongly agree=4 to strongly disagree=1. The total scores for social competence range from 14 to 56 with high scores indicating better social competence. It is also a fully validated tool with Cronbach alpha reliability of 0.72.<sup>12</sup> Analysis of the data was carried out using SPSS-21. Mean and standard deviation were

calculated for numerical variables whereas frequency and percentage were calculated for categorical variables. Family dysfunctioning and social competence were compared between joint and nuclear family structures by independent samples t test. Simple linear regression was applied to determine the predictive effect of family dysfunctioning on social competence, and  $p \leq 0.05$  was considered significant.

### RESULTS

In a sample of 400 participants, 200 (50%) were males and 200 (50%) were females with a mean age of  $15 \pm 2.16$  years. The family structure descriptive analysis revealed that 181(45.3%) were from joint family structure, 193 (48.3%) from nuclear family structure, and 26 (6.5%) from extended family structure. The mean values of total MFFS and Social Competence were  $70 \pm 22.49$  and  $34.53 \pm 6.04$  respectively. Cronbach Alpha coefficient was 0.81 and 0.61 for MFFS and Social competence respectively.

Comparison of mean values of Family Dysfunctioning and Social Competence is shown in Table-1 along with  $p$ -values and Cohen's d (effect size). Difference of means for both the variables between the joint and nuclear family structures is significant with medium degree of effect size as shown in Table-1.

**Table-1: Comparison of family dysfunctioning and social competence between joint and nuclear family structures**

Variables	Family Structure		p	Cohen's d
	Joint (n=181)	Nuclear (n=193)		
	Mean±SD	Mean±SD		
Family Dysfunctioning	63.69±22.30	75.07±20.97	<0.001*	0.52
Social Competence	35.90±5.71	33.64±5.78	<0.001*	0.39

\*significant

Regarding the predictive effect of Family Dysfunctioning on Social Competence, 39% of the variance in Social Competence was attributed to Family Dysfunctioning and the regression model was statistically significant ( $F=263.54, p<0.001$ ). Table 2 shows linear regression analysis showing Family Dysfunctioning as a significant predictor of Social Competence.

**Table-2: Linear Regression Analysis showing Family Dysfunctioning as a predictor of Social Competence**

Independent variable	Unstandardized coefficients (B)	p	95% confidence interval for B
Constant	46.40	<0.001*	44.89 to 47.91
Family dysfunctioning	-0.17	<0.01*	-0.19 to -0.15

\*significant

## DISCUSSION

Results of the present study revealed that adolescents from nuclear family structure had higher levels of family dysfunctioning in contrast to the adolescents from joint family structure. These findings correspond to the literature review and cultural backdrop of Pakistani society. A research conducted in Pakistan revealed that adolescents from nuclear family units have an elevated incidence of perceived inter-parental conflicts as compared to the adolescents from joint family units.<sup>13</sup>

The possible explanation for such results is that the senior or elderly members like grandparents in the joint families of Pakistan, watch over the communication patterns, relations, actions, customs, traditions, rights and wrongs, hierarchical order in the family, food habits, and entertainment inclinations of their children and grandchildren. These things may pop up conflicts among family members, thus, the elders in the family serve as a shock absorber between the partners; parents and children; and siblings by settling the conflicts among family members.

The present research also endeavored to examine social competence in adolescents from joint and nuclear family structures. Results indicated that adolescents from joint family structure are more socially competent than adolescents from nuclear family structure. These results are supported by other researches. A research performed on social competence with a sample of adolescents from senior secondary schools indicated that students belonging to joint family unit are more socially skillful in contrast to students from nuclear family unit.<sup>14</sup> Likewise, another research accounted that adolescents from joint family system have greater social competence than adolescents from nuclear family system.<sup>15</sup>

In Pakistani joint family structure, children and adolescents reside with grandparents who facilitate the social and emotional development of the children or adolescents in the family. Care, nurturance and advices provided by the elders in the family enable children and adolescents conscious of the positive aspects prevalent around them. Thus, it all helps in advancement of healthy outlook and perception. Furthermore, the other family members also get engaged to groom and shape personality and skills of a child. The child is looked after by many family members in a joint family structure in comparison to nuclear family structure, consequently, it produces a variety of exposure and know-how. The children and adolescents become skilled in responding at right time, in a right manner, with so many members in the family. Hence, the joint family structure fosters social skillfulness at an early age which continues to grow through adolescence to adulthood.

The present study also aspired to investigate family dysfunctioning as a predictor of poor social competence among adolescents. The results showed that family dysfunctioning leads to poor social competence of adolescents. These results are in line with other researches. Zubrick et al established in their study that there was a strong positive relationship between family functioning and social skillfulness.<sup>16</sup> The families where adolescents live a sorrowful childhood, witnessed poor parenting habits and experienced lack of interpersonal support, face problems in social activities. Another research reported that unhealthy family functioning produces conflicts, irregularity and difficulties in conversing the social situations among adolescents.<sup>17</sup> An Iranian research investigated family functioning via affective involvement and behavior control in family along with social competence. Results established that low family affective involvement and high degree of behavioral control forecast reduced social skillfulness.<sup>18</sup> Healthy family functioning system is fundamental for the nurturance of social skills in the adolescents.<sup>19</sup>

Formation of nuclear family units brings on various vigorous effects at one hand but on the other hand it transpires some unhealthy consequences which are generating difficulties in the social composition of Pakistani society. Thus, the traditional flavor of family jointness should be maintained for healthy functioning of families and to have positive effects in the various domains of the life of adolescents and to nurture a healthy society.

## CONCLUSIONS

The present study provides vital information regarding the significance of family structure in functioning and competence of adolescence. Adolescence is a vulnerable and over sensitive period of life, where appropriate supervision, guidance, affection, and parent-child pleasant relationship can be fueling for the development of healthy social skills. The more the family members the more attention will be paid to the development of children as in the joint family structure. Availability of a hale and hearty family environment to adolescents is vital for healthful adolescents in social, psychological, emotional domains.

## CONFLICT OF INTEREST

Authors declare no conflict of interest.

## REFERENCES

1. Bahadur A, Dhawan N. Social value of parents and children in joint and nuclear families. *J Indian Acad Appl Psychol* 2008;34:74-80.
2. Kumar A. The changing face of family and its implications on the mental health profession in Delhi. *Delhi Psychiatry J* 2011;1:5-9.

3. Murgeppa P, Malipatil KS. Social values of parents and children in changing conditions of Indian Family –A comparative study of joint and nuclear families in Gulbarga City. *GRT* 2015;4(11):1–8.
4. Nwankwo BE, Eya RN, Balogun SK. Familial factors predicting resilience among adolescents in South Eastern Nigeria. *SJASS* 2012;4(2):15–33.
5. Larson JH, Taggart-Reedy M, Wilson SM. The effects of perceived dysfunctional family of origin rules on the dating relationships of young adults. *Contemp Fam Ther* 2001;2(4):489–512.
6. Rubin KH, Burgess KB. Parents of aggressive and withdrawn children. In: Bomstein MH, editor. *Handbook of parenting: Vol. 1: Children and parenting*. 2<sup>nd</sup> Lawrence Erlbaum; Mahwah, NJ: 2002. pp. 383–418.
7. Tariq T, Masood S. Social competence, parental promotion of peer relations, and loneliness among adolescents. *Pak J Psychol Res* 2011;26(2):217–32.
8. Rashid T. Development of social skills among children at elementary level. *Bull Educ Res* 2010;32(1):69–78.
9. Bomstein MH. *Handbook of parenting: Vol. 1: Children and parenting* (2<sup>nd</sup> ed.). Mahwah, NJ: Lawrence Erlbaum Associates Publishers. 2005.
10. Bharadwad A, Basanti. Social competence among tribal adolescents in relation to their level of intelligence. *COK* 2013;1(1–2):10–5.
11. Saleem T, Gul S. Emotion regulation, social competence and parental bonding in functional and dysfunctional families: A comparative study. Paper presented at: ICPG 2016. Proceedings of the 6<sup>th</sup> International Conference on Psychology of Gender in Perspective: Issues and Challenges; 2016 Nov 17–18; National Institute of Psychology, Quaid-e-Azam University, Islamabad.
12. Lyons EM. The effects of a leadership and diversity awareness program on adolescents' attitudes and behavior [PhD Thesis]. University of South Florida; 2005.
13. Yousaf I, Zafar N, Kausar R. Perceived inter-parental conflicts, emotional security and self discipline in adolescent. *Psychological Abstracts*, Institute of Applied Psychology, University of the Punjab, Lahore-Pakistan. 2014.
14. Goel U. Study of social skills of Sr. Secondary School students in relation to their gender, locale and type of family. *Indian J Appl Res* 2015;5(4):834–6.
15. Singh R, Pant K, Valentina L. Impact Analysis: Family structure on social and emotional maturity of adolescents. *Anthropologist* 2014;17(2):359–65.
16. Zubrick SR, Williams AA, Silburn SR, Vimpani G. Indicators of social and family functioning. A report by Department of Family and Community Services [Internet] 2000 [cited 2016 Jul 07] Available from: [https://www.dss.gov.au/.../indicators\\_of\\_social\\_and\\_family\\_functioning\\_full\\_report.pdf](https://www.dss.gov.au/.../indicators_of_social_and_family_functioning_full_report.pdf)
17. Lee C. Self efficacy and behavior as predictors of subsequent Behavior an assertiveness program. *Behavi Res Ther* 2002;21:225–35.
18. Mousavi SH, Taran H, Ebrahimi A, Mohammadi MS, Kalantari S. The Relationship between Family Functioning and Social Competence among Students. *IJARP* 2015;2(1):80-6.
19. Saleem T, Gul S. Dimensions of Parental Bonding and Social Competence in Functional & Dysfunctional Families. *Pak J Public Health*, 2016; 6(2):36-9.

### Address for Correspondence:

**Tamkeen Saleem**, Lecturer, Department of Psychology, International Islamic University, Islamabad. **Tel:** +92335412281  
**Email:** tamkeen.saleem@iiu.edu

Received: 28 Aug 2016

Revised: 15 Sep 2016

Accepted: 22 Sep 2016