Social Competence and Quality of Life: A Comparative Study among Orphans and Non-Orphans

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Abstract

Aim of the comparative study to find out social competence and quality of life. Most orphaned children are placed in foster care or orphanages. Children institutionalized are vulnerable to various forms of psychopathology including, behavioral and emotional problems (Ellis, 2004). Social competence is influenced by an individual's social context and social skills. Orphans have very less opportunity to interact with the outside world which influences their ability to interact effectively .Their quality of life also influences their overall well-being.

This study compares the level of social competence and quality of life among orphans and non-orphans. The tools used for the present study are personal data sheet, SCS scale developed by Sreechithra V.G. & Sabeena P.K.(2014) and Quality of life (QoL) Scale developed by Dr. Vandana Kaushik and Ms. Purva Jaggi (2008). Samples were collected using convenient sampling method. The statistical technique used for the analysis was t-test. Results indicated that there is no significant difference among orphans and non-orphans in their level of social competence. However, a significant difference was found among orphans and non-orphans in quality of life.

Keywords: Social Competence, Quality of Life, Orphans.

Introduction

UNICEF defines orphan as a child who has lost one or both parents often through death. Evidence clearly shows that the vast majority of orphans are living with a surviving parent or grandparent or other family member.95 percent of all orphans are over the age of five (UNICEF). A study conducted on abandoned children shows that growing up in an orphanage inhibits both early mental and physical development(Tarko, 2006). Many children institutionalized in infancy and early childhood show severe emotional, behavioral and learning problems and are at risk for disturbed attachment relationships and psychopathology(Ellis, 2004).

Holy books of various religions have spoken about orphans and their rights. Protecting orphans is considered to be one of the most good deeds in various religions. In Islam, an orphan is the child or the minor who, by the will of Allah, has no parents or just one parent. The absence of a father may either by death or abandonment or any other reason results in the child becoming an orphan. The child remains an orphan till he/she reaches the age of maturity or puberty.

There is no doubt that supporting the orphans is emphasized by all the religions as well as the rejecters of religions. Islam has extensively mentioned orphans in the Quran and also in the traditions of the Prophet . In fact, the word orphan (Arabic word *Yatim)* has been mentioned more than 20 times in the Holy book indicating the importance that Islam lays down for the parentless children . It is mentioned in the Holy Quran (2:83). ".… And you shall do good to your parents, and to the near of kin and to the orphans….".

It has been explained by exegetes that orphans are mentioned right after the parents and the kin because when going outside the circle of relatives the orphans are the most

deserving of kindness. It is because they are deprived of a father who is the guardian, protector and bread-earner of the family. Next, the Quran (76:8) describes the righteous people as those who give food to the orphans- "And they give food out of love for Him to the poor and the orphan and the captive". In chapter 4, verse 127, Allah calls to justly treat the orphan children.

In addition to the pronouncement for doing good towards the orphans and oppressed children, the Holy Book also addresses the guardians regarding their responsibilities towards the needy children. Quran (4:2) states: "And give the orphans their property, and do not exchange something bad (of yours) for something good (of theirs), nor devour their property along with your own; (for) it is surely a great crime." The verse provides three instructions. Firstly, the guardian can take the property till the orphan is minor and keep it as a trustee. Secondly, the guardian should not consume the property of the orphans and thirdly, the guardian should not mix his property with that of the orphans.

Orphans in Christianity

The scripture includes many verses discussing orphans, as the Lord asks Christians to be kind and generous to the fatherless children of the world. Bible says in James (1:27) :" Our father accepts as pure and faultless is this: to look after orphans and widows in their distress and to keep oneself from being polluted by the world. Jesus says:"A father to the fatherless, a defender of widows is God in his holy dwelling (Psalm 68:5). In Psalm(146:9), Jesus says: "The Lord watches over the alien and sustains the fatherless and the Widow, but he frustrates the ways of the wicked". In Job(31:16), Jesus says: If I have denied the desires of the poor or let the eyes of the widow grow weary; If I've kept my bread to myself ,not sharing with the fatherless- but for my youth I reared him as would a father, and from my birth I guided

the widow."Jesus warns in Psalm (10:18), "defending the fatherless and the oppressed, in order that man who is of the earth, may terrify no more". In Jeremiah (7:6), Jesus says:" if you do not oppress the alien, the fatherless or the widow and do not shed the innocent blood in this place, and if you do not follow other gods to your own harm.

A positive interaction with others is essential for successive adaptation of an individual. These interactions include people in connections with us such as family, friends , peers and also people without such a direct connection to us who we come across in our everyday life (Fagan,2011). Russian developmentalist Lev Vygotsky portrayed child"s development as inseparable from social and cultural interactions. According to Vygotsky, children's social interactions with more skilled adults and peers are indispensable to their cognitive development (Holzman, 2009). It is through interactions with others that our experiences become richer and more significant and that we learn, engage and reflect.

Social competence can be broadly defined as the capabilities enabling individuals to live together in a world comprising aspects of interpersonal, intercultural, social context and civil competencies (Arendt, 1958). Social competence is about being able to manage and contribute to the social interactions that we have (Fagan, 2011). Rubin and Rose-Krasnor define social competence as the ability to achieve personal goals in social interaction while simultaneously maintaining positive relationships with others over time and across situations (1992).Social competence was also defined as "the effectiveness or adequacy with which an individual is capable of responding to various problematic situations which confront him." (Goldfried & D'Zurilla, 1969, p. 161).Mc Fall defined social competence as "a judgment by another that an individual has behaved effectively"(1982).

Hierarchal model of social competence was proposed by Guralnick in 1992. He made a hierarchal representation of the social competence. Therefore, emphasizes the dependence of socially competent interactions upon more foundational skills and abilities at differing levels of hierarchy. Tri-component model classifies social competence in 3 underlying sub components:

1. Social Adjustment : defined as an extent to which an individual achieves society's developmentally appropriate goals.(social , emotional , legal and familial statuses)

2. Social Performance: degree to which an individual's responses to relevant social situations meet socially valid criteria.

3. Social Skills: defined as specific abilities allowing for competent performance within social tasks. (E.g. overt behavior, emotional regulation).

The Quadripartite Model

The essential core elements of competence are theorized to consist of four super ordinate sets of skills, abilities and capacities:

1. Cognitive skills and abilities - cultural and social knowledge necessary for effective functioning in society (i.e., academic and occupational skills and abilities, decision making ability and the processing of information).

2. Behavioral skills- knowledge of behavioral responses and the ability to enact them (i.e., negotiation, role or perspective-taking, assertiveness, conversational skills and prosocial skills).

3. Emotional competencies--affect regulation and affective capacities for facilitating socially competent responding and forming relationships.

4. Motivational and expectancy sets- an individual's value structure, moral development and sense of efficacy and control.

Quality of life may be defined as subjective well-being. Quality of life reflects the difference and the gap between hopes and expectation of a person and their present experience (Jansen). According to Frankl (1963), Quality of life is tied to perception of meaning. The quest for meaning is central to the human condition and we are brought in touch with a sense of meaning when we reflect on that which we have created, loved, believed in or left as legacy. Nagla (1995) reported that quality of life is nothing more than new technique of social research. Quality of life (QOL) can be studied by two approaches: one approach considers the elite perspective of what people need to attain a better QOL. The second approach emphasizes the main perspective to ascertain what people "want". Quality of life is the subjective judgment of the extent to which one is living the good life. This perception of good life may be based on feelings of happiness, meaning in life and inner peace. Thus, quality of life does not reflect objective or external standards. Moreover, the definition of success could be based on the subjective judgment of the quality of one's life. If a person is happy and has inner peace and perceives that his or her life is meaningful, then the person could be viewed as being successful and achieving high quality of life. Moreover, learning how to live a good life can be viewed as involving learning how to increase inner peace, happiness and meaning in life. These can be viewed as three basic elements of a quality of life. The approach to the measurement of quality of life derives from the position that there are number of domains of living. Each domain contributes to one's overall assessment of the quality of life. The domain includes family and friends, work, neighbourhood, community, health, education and spiritual. In discussing the quality of life, the main concern is with „what

makes a life good for the person who lives it" and perhaps with the closely related question „ what circumstances constitute good conditions under which to live' These questions have priority in so far as we see improvement in the quality of people's lives as morally and politically important because of the benefit it brings to them. Several answers to the question of what makes a life good for the people who live it have been established in the literature as the standard alternatives to be considered. Farfit (1984) distinguishes hedonistic theories, desire theories and objective list theories.

The defining mark of hedonistic theories is what Griffin (1999) has called the experienced requirement that is the thesis that nothing can affect the quality of life except by affecting the experience of living that life. This has normally been done by specifying certain states such as pleasure or happiness as the ones which make a life better or worse. An alternative is to adopt the view that the experience of living a life is made better by the presence of those mental states in it, whatever they may be, which the person living in life wants to have and is made worse by containing those states which that person would prefer to avoid. Parfit (1984) calls this alternative view preference hedonism.

Methodology

Sample

The samples for the present study are 60 orphans and 60 non-orphans. Samples were collected using convenient sampling method.

Inclusion criteria

The study includes orphans who are institutionalized, college-going adolescents and non-orphans staying with parents.

Exclusion criteria

The study excludes adults of more than 22 years and differently-able students.

Sampling method

Samples were randomly selected using convenient sampling method. Convenience sampling is a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher. The sampling criteria considered here are orphans males and females. The age group of the sample is limited to 18-22 years.

Variables

The variable for the present study include psychological variables such as social competence and quality of life.

Samples	Numbers
Orphans	60
Non-orphans	60
Total	120

Tools

Personal data sheet

Personal data sheet consisted of questions regarding personal information of the participant including name, age, gender, and other relevant questions such as number of siblings and number of years in the orphanages.

Social competence scale

Social competence scale developed by Sreechithra V.G. & Sabeena P.K.(2014). Measures four aspects of social competence: cognitive skills, emotional skills, behavioral skills and motivation and expectancy. Cognitive skills and abilities- cultural and social knowledge

necessary for effective functioning in society (i.e., academic and occupational skills and abilities, decision making ability and the processing of information). Behavioral skills-knowledge of behavioral responses and the ability to enact them (i.e., negotiation, role or perspective-taking, assertiveness, conversational skills and pro social skills). Emotional skills-affect regulation and affective capacities for facilitating socially competent responding and forming relationships. Motivational and expectancy sets-an individual's value structure, moral development and sense of efficacy and control.

Quality of Life Scale

Quality of Life Scale developed by Dr. Vandana Kaushik and Ms. Purva Jaggi (2008). The scale is based on following dimensions: physical dimension, cognitive dimension, emotional and social dimension Physical dimension- various spheres included are personal health, material possession, community facilities, quality of food enjoyed, the environment around the individual and the overall standard of living. Cognitive dimension-this dimension has items pertaining to cognitive qualities in the individual that can affect the overall quality of life. The various spheres included are intelligence, ideational, fluency, originality, farsightedness, educational qualifications and judging capacities. Emotional dimension- this dimension is meant to measure the emotional quality of life of the individual. The items on different sub-dimensions are positivity, confidence level, self-actualization, mental peace, sensitivity and self-respect. Social dimension- constitutes of spheres like harmonious living, feeling of security, the social relations, the freedom the individual can enjoy, the image in society and the family relations.

Procedure for Data Collection

The study aims to compare social competence and quality of life among orphans and non-orphans .For this purpose, Social competence scale and Quality of life scale were used. Data was collected by directly approaching the participants. Questionnaires were given to the subjects and following instructions were given: „these questionnaires are meant for research purpose and consist of few statements related to your personal information and your thoughts or feelings about you. Read each statement carefully and put a tick against the most appropriate answer. Your response will be kept confidential". After completion of the questionnaire, they were collected back and the participant was conveyed thanks.

Statistical Analysis

The statistical technique which was used for the study is t-test. T-test is a statistical examination of two population means. This test is commonly used when the variances of two normal populations are unknown and a small sample size.

Results And Discussion

The study aims to compare the level of social competence and quality of life among orphans and non-orphans. Social competence scale and quality of life scale were administered. Results indicated that there is no significant difference among orphans and non-orphans in their level of social competence. However, a significant difference was found among orphans and non-orphans in quality of life.

Table 1: Mean and Standard Deviation

Variables	Mean	Standard deviation	N
Social competence Orphans Non-orphans	76 79	8.85 8.64	60 60
Quality of life Orphans Non-orphans	64.58 68.08	10.48 8.68	60 60

Illustration table 1 In the case of social competence in orphans, mean obtained is 76 and standard deviation is 8.85 whereas in case of non-orphans, mean obtained is 79 and standard deviation is 8.64. While considering quality of life, mean obtained by orphans is 64.58 and standard deviation is 10.48 in case of non-orphans, mean obtained is 68.08 and standard deviation is 8.68. Mean and standard deviation obtained in social competence by non-orphans is higher compared to orphans. Whereas, mean obtained in quality of life by orphans is less compared to non-orphans; standard deviation of orphans in quality of life was higher compared to non-orphans. There is no significant difference in social competence among orphans and non-orphans. However, a significant difference exists among orphans and non-orphans in quality of life.

Table 2: **Independent Sample t-test**

Variables	T	Sig.(2-tailed)
SCS	1.89	0.60*
QOL	1.9	0.60*

*$p < 0.05$

Illustration table 2 shows that the t-test value of orphans and non-orphans in social competence and quality of life. By considering the social competence, t value is 1.89 and the significant 2 tailed value is 0.60. While considering the quality of life, the t value is 1.9 and significant 2 tailed values is 0.60 t-test values show that significant difference does not exists among orphans and non-orphans in their level of social competence. However, there exists a significant difference among orphans and non-orphans in quality of life. Thus, the hypothesis is partially accepted.

Summary and Conclusion

Results indicated a significant difference in quality of life among orphans and non-orphans. Hence, efforts can be put to provide a stimulating environment and better resources. Results also indicated no significant difference in social competence among orphans and non-orphans. Thus, training can be provided to enhance their competence skills. They must be provided with opportunities to express themselves and motivated to come forward in their lives.

Limitations of the Study

1. Limited sample size

2. Used purposive sampling method

3. Sampling confined to a particular geographical area.

Suggestions and Recommendations

Findings indicated that non-orphans had higher quality of life than orphans. So, future studies can be conducted to find out the factors that affects the quality of life of orphans.

Results also indicated that no significant difference among orphans and non-orphans in Social competence. Future studies can be conducted to find out whether social competence and quality of life are co related or not.

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