Self-Esteem, Peer Pressure, Personality Traits and Parental Bonding as Associated Factors of the Social Competencies of Adolescents

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This study advances self-esteem, peer pressure, personality traits and parental bonding as associated factors of the social competencies of adolescents. A quantitative research of correlational type was adopted, while the multistage technique was used to select a sample of 546 adolescents with an average age of 16.5 (56.2% female). Appropriate measuring tools were used for data collection. Three research questions were raised and answered using regression statistical tools. Results revealed that self-esteem, peer pressure, extraversion, agreeableness, openness and parental bonding had a significant positive association, with exception of conscientiousness and neuroticism which had a negative but significant relationship with the social competence. Further, the most potent contributor to social competence was extraversion ($\beta = 28.5\%$), followed by peer pressure ($\beta = 27.1\%$), parental bonding ($\beta = 26.7\%$), self-esteem ($\beta = 24.6\%$), agreeableness ($\beta = 17.7\%$) and openness ($\beta = 7.7\%$). Findings suggested that adolescents should give adequate consideration to those psychosocial causal factors that positively contributed to social competence and future research efforts can focus on moderating effect on any of these causal factors that have unique association with social competence.

**Key words:** Adolescents, Psychosocial Causal Factors, Social Competence.

Introduction

One of the most challenging developmental stages in life is the adolescence. This stage was identified by Erickson (1959) as a period when adolescents are preoccupied with identity task against role confusion, where adolescents decide their identity combined with self-
understanding and social roles (Lawrence & Tokede, 2017). There is little adolescent participation in societal based development projects and low social functioning, and adolescence’s major function of preparing young adults for meaningful social responsibilities has become somewhat abolished (Snowman, McCown & Biehler, 2009). Thus, the lack of adolescents’ social competence contradicts opportunities for the development and the preservation of productive social relationships, making it difficult to achieve required developmental task associated with this phase as theorised by Havighurst (1972). It further explains the increase in criminal activities, cybercrime, high-risk behaviours, the upsurge in the school dropout rate, delinquency, ritual killings, and many more (Kuranchie & Addo, 2015).

Certain skills that enable individuals to be cultured social beings who constantly relate well without offending others are a necessity for adolescents’ full development. This is why social competence was defined by Chen and French (2008) as the ability to accomplish success in social and interpersonal relationships. Glăveanu (2015) claims that there is a dimension of creativity in the social context that brings about social interaction, communication and collaboration. This socially valued dimension is characterised by high self-esteem, creativity, intellectual development, moral behaviour, and optimism or an internal locus of control.

Therefore, for the purpose of this study, social competence is conceptualised as adolescents’ ability to accomplish personal goals in any given society and to keep positive relationships with peers and other adults without comprising their moral standards. This is similar to Drozdz and Pokorski (2007)’s view that social competence is the effectiveness of one’s coping with, and performance, in everyday real life situations. This ability, among others, includes: effective interpersonal functioning, using both verbal and non-verbal cues; understanding of others’ needs and interests; acknowledgment of others’ strengths and weaknesses; and team spirit. Hence, socially competent individuals tend to understand, respect and be sensitive to others’ needs, interests, strengths and weaknesses and are thus able to manage interpersonal and social conflict. In line with this, three important social competence skills were identified by Han and Kemple (2006) as: (i) healthy and positive interpersonal relationships with the ability to resolve interpersonal and social conflicts; (ii) clear self-identity and national or social identity development; and (iii) responsible and caring citizens’ orientation. These three aspects of social competence are crucial for the full development of adolescents, who can then become agents of social transformation and responsible citizens. On the other hand, a lack of these social competence skills could pose a threat to social security and result in increased adolescents’ identity diffusion, drug abuse, social violence, cybercrime, terrorism, as well as other social vices (Sorlie et al., 2008).

Evidence abounds that adolescents with social competence ability are likely to be high achievers when compared with their peers who will be considered as socially incompetent (Deacon & Van Rensburg, 2018; Parker & Asher, 2013; Steadly et al., 2011). Favourable
environments characterised by safety and material adequacy, trustworthiness, resilience, creative energy, empathy, emotional capital and cooperative social relations promote the development of social competence in adolescents (Payton et al., 2011; Welsh et al., 2011). In order to promote the social competence ability of adolescents for society’s transformation, some indices such as personality type, self-esteem, peer pressure and parental bonding are inevitable.

Personality is a growing and dynamic entity and every adolescent has certain endowments that help them to develop their personality as they grow and interact with their environment. This personality concept centres on a person’s unique characteristics different from others. It is an inherent aspect of being human that differentiates individuals. This explains individual, unique characteristics and different reactions to the same situation or issues. Thus, personality determines how individuals relate, respond and react to social and environmental interactions, or individuals’ apparent expression of countless inner conditions and processes, including interests, intelligence, motives and attitudes (Lawrence, 2019; Oladele, 2005). In general, personality is the adolescents’ attributes or qualities and observable traits such as courtesy, compliance, shyness and openness, among others, which are exhibited. Personality experts such as Costa and McCrae (1992); Goldberg (1990); John and Srivastava (1999) have categorised personality into five types or traits: extraversion, neuroticism, openness, consciousness and agreeableness.

These personality types have significant connotations in the development of different adolescents’ behaviours. In particular, adolescents with the extraversion personality type are impulsive, hyperactive, have poor concentration, and sensation seeking may be likely to manifest in antisocial behaviour (Bartlett et al., 2007). Thus, adolescents’ personality type could significantly determine their social competence ability.

Adolescents’ level of self-esteem, which is about personal evaluation and the values attached to oneself, are often at times lowered by poor performance; and verbal and emotional abuse attributed to parental factors, and non-acceptance by peers could lead to the lack of social competence among adolescents. Although very little research evidence has established a relationship between adolescents’ level of self-esteem and social competence, Ngwoke and Obikwelu (2010) aver that high self-esteem is connected with personal values, relationships and accomplishments. In other words, self-esteem of individuals is the perceived actual self-image occasioned by past success or failure. Therefore, the consequences of the level of individuals’ self-esteem, either low or high, could affect the social competence ability of adolescents. A study by Harris and Orth (2019) on a related construct affirms that high self-esteem correlates with social acceptance, as did a meta-analytic study by Cameron and Granger (2019) on the influence of self-esteem on social relationships. It is not clear from the outcome of the study if self-esteem has any significant effect on social relationships. Thus, the present study seeks to bridge this gap in the literature.
Parents are often a key factor in adolescents’ social competence. Early parental bonding is vital in preparing a child for later life through adulthood, as well as for social responsibilities. In other words, a positive parental bond can shape good behaviours and a positive social orientation is capable of developing the social competence ability of adolescents. Okpako (2004) states that misfortune that befalls adolescents is traceable to their parents. Bonding allows parents and their adolescent children to express their feelings and thoughts, which is a form of effective communication that strengthens their relationships, thereby rendering the adolescents capable of building social competence (Greg, 2010). Bonding may, however, be disastrous if the parents are not worthy of emulation; this parental bonding may either make or mar the adolescents. Claims on a positive relationship between parental bonding and social competences are scarce, though Lee and Lok (2012) have pointed out that adolescents who enjoy parental bonds with warmth, acceptance and autonomy have better chances of being socially skilled than their counterparts who don’t enjoy such bonding. Earlier studies by Larose et al., (2005) affirm that adolescents who are securely attached to their parents show better psychological and social adjustment in college than adolescents who are insecurely attached. In short, Arbona and Power (2003) have established positive outcomes from parental bonding in terms of fewer behavioural problems, better emotional adjustment, a stronger sense of identity, and greater social competence among adolescents.

Most often at adolescence, a peer becomes the most important figure and adviser as it is believed that the peer group understands and feels the same way the adolescent feels. While the adolescent seek autonomy from his/her parents, identification and acceptance by peers increases. Interestingly, with rapid physical, emotional and social changes, adolescents often question adult standards, values and norms. Thus, the establishment of a social reputation and competence could be linked with peers since longer time is spent with friends (Rubin, et al., 2012). Past studies have indicated that peer relationships form adolescents’ social values, responsibilities and abilities (Rubin et al., 2012). Equally, a low level of peer pressure is perceived to be highly associated with prosocial behaviours, but negatively associated with antisocial behaviours among adolescents (Obiunu, 2015). Therefore, it is assumed that peer pressure can be a potential factor associated social competence of adolescents.

**Current Study**

This study considered some psychological factors (self-esteem, personality type: extraversion, agreeableness, conscientiousness, neuroticism and openness, peer pressure and parental bonding) associated with adolescents’ social competence in Nigeria.

**Research Questions**

The following research questions were asked:
1. What types of association exist among the psychosocial factors of the social competence of adolescents?
2. Was there any joint contribution of self-esteem, parental bonding, personality and peer pressure on the social competence of adolescents?
3. Which of these psychosocial factors (self-esteem, parental bonding, personality and peer pressure) uniquely associated with the social competence of adolescents?

Method

A quantitative research design method of correlational type was adopted. This was suitable for this study because the researcher did not have direct control over the variables of interest. It was done in order to investigate how the social competence of adolescents could be influenced by measures such as self-esteem, parental bonding, personality and peer pressure.

Sample and Sampling Techniques

Six hundred secondary school adolescents in South West Nigeria were surveyed for the study on a voluntary basis, using a multistage sampling procedure consisting of three stages. At stage one, five secondary schools were selected from each of the six states in South West Nigeria using simple random selection. The second stage involved the selection of twenty students between the ages of thirteen to eighteen, who were willing to take part in the study. A total of five hundred and forty-six adolescents took part in the study.

Research Instrument

The following are the measuring instruments used for this study.

Social Competence Scale (SCS): The social competence construct was measured with an adapted Tromso Social Intelligence Scale (Silvera, et al., 2001). The scale has twenty items that cover three major areas of social competence: positive interpersonal relationships, self-identity and social roles. Examples of the items are: I am good at interacting with peers I meet for the first time and I do not display interest in the immediate environment. The scale response format ranges from (1) = strongly disagree to (4) = strongly agree. Content validity of the scale was confirmed to be appropriate with internal reliability of 0.86 using Cronbach Alpha.

Self-Esteem Scale (SES): Rosenberg’s (1965) Self-Esteem Scale was adopted. The scale has ten items of universal self-worth. The scale measures positive and negative feelings about oneself, and has been used across diverse cultures. All items were answered on a four-point rating from (1) = strongly disagree to (4) = strongly agree. An example of the items is: I am satisfied with myself on a whole. The validity of the scale was appropriate when pilot tested and the Test-Retest reliability using Cronbach Alpha coefficient of 0.88 was accounted for.
**Peer Pressure Inventory (PPI):** The Peer Pressure Inventory developed by Clasen and Brown (1985) to measure five areas of peer behaviour was adopted. It measures peer group influence in five areas of behaviour. The responses of the respondents for both the positive and the negative influences were added and a mean obtained for them. The validity of the scale was accurate and the Cronbach’s Alpha reliability result obtained for the present study was 0.73.

**The Big Five Inventory (BFI):** A modified version of the Big Five Inventory (BFI) by Soto and John (2009) was adopted to assess the personality traits of openness, neuroticism, agreeableness, extraversion and conscientiousness. The scale contains 44 items using a 5-point Likert scale ranging from (1) = disagree strongly to (5) = agree strongly. Openness scored $\alpha = 0.70$; neuroticism scored $\alpha = 0.78$; agreeableness scored $\alpha = 0.89$; extraversion scored $\alpha = 0.78$; and conscientiousness scored $\alpha = 0.79$.

**The Parental Bonding Instrument (PBI):** The Parental Bonding Scale of Parker, Tupling and Brown (1979) was used. The scale contains 25 items that describe parent-child attachments. In the present study, validation of the scale was equally affirmed to be suitable, while the internal consistency which yielded 0.90 after administration of the scale to a sample of respondents different from the target sample. Some examples of the items were: *My parents used to speak to me in a warm and friendly voice and my parents are affectionate to me.* The scale response format was on a scale ranging from (1) = strongly disagree to (4) = strongly agree.

**Procedure**

Ethical clearance was sought from Social Science Researcher Ethics Committee (SSREC) of the University of Ibadan, Nigeria with registration number: UI/SSHREC/2019/001. All the ethical considerations concerning the participants and procedures were strictly observed. The participants were given an inform consent form to seek their interest in the study as the participants were mainly young adults of ages 14 to 19 years. The researcher explained to the participants the purpose of the study and the reason for them being asked to complete the questionnaire; and then assured them of the confidentiality of the information provided. They were implored to be sincere with their responses as there were no right or wrong answers to the items; rather the researcher was seeking their perception of the subject matter. Six hundred copies of the questionnaire were administered and five hundred and forty-six were retrieved fully completed.
Results

Table 1: PPMC summary showing the association of the psychosocial factors of social competence among adolescents

<table>
<thead>
<tr>
<th>Measures</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Competence</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self Esteem</td>
<td>0.307*</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parental Bonding</td>
<td>0.327*</td>
<td>0.392*</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peer Pressure</td>
<td>0.352*</td>
<td>0.275*</td>
<td>0.586*</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extraversion</td>
<td>0.404*</td>
<td>0.057</td>
<td>0.215*</td>
<td>0.317*</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agreeableness</td>
<td>0.204*</td>
<td>0.293*</td>
<td>0.606*</td>
<td>0.668*</td>
<td>0.051</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>-0.133*</td>
<td>0.010</td>
<td>0.140*</td>
<td>0.323*</td>
<td>0.041</td>
<td>0.460*</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neuroticism</td>
<td>-0.127*</td>
<td>0.239*</td>
<td>0.064</td>
<td>0.308*</td>
<td>-0.080</td>
<td>0.300*</td>
<td>0.088</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Openness</td>
<td>0.143*</td>
<td>0.140*</td>
<td>0.065</td>
<td>0.054</td>
<td>0.080</td>
<td>-0.143*</td>
<td>-0.586*</td>
<td>0.375**</td>
<td>1</td>
</tr>
</tbody>
</table>

Table 1 shows the inter relationship among the measures of social competence (self-esteem, parental bonding, personality and peer pressure). The results revealed that social competence was significantly related with self-esteem (r = 0.307; p < 0.05); parental bonding (r = 0.327; p < 0.05); peer pressure (r = 0.352; p < 0.05); extraversion (r = 0.404; p < 0.05); Agreeableness (r = 0.204; p < 0.05); conscientiousness (r = -0.133; p < 0.05); neuroticism, (r = -0.127; p < 0.05); and openness (r = .143; p < 0.05. This implied that to a large extent, adolescents’ social competence is associated with self-esteem, parental bonding, some personality traits and peer pressure.

Table 2: Summary of regression showing the joint contributions of the psychosocial factors to the prediction of social competence among adolescents

<table>
<thead>
<tr>
<th>Analysis of variance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sum of square (SS)</td>
</tr>
<tr>
<td>Regression</td>
</tr>
<tr>
<td>Residual</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
Table 2 indicates that there was a significant joint contribution of the predictive measures to the prediction of adolescents’ social competence. The results indicated that all eight predictive measures, when pulled together, had a significant contribution to adolescents’ social competence. The value of R was obtained as 0.622; R² as 0.387 and R² (adjustment) was obtained as 0.366. The analysis of variance performed on the multiple regressions yielded an F- ratio value of 18.771 and was found to be significant at 0.05. This showed that the eight independent variables combined together to account for 36.6% of the variance in adolescents’ social competence.

Table 3: Summary of regression showing unique association of the psychosocial factors to adolescents’ social competence

<table>
<thead>
<tr>
<th>Model</th>
<th>Unstandardised Coefficients</th>
<th>Standardised Coefficients</th>
<th>T</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>Std. Error</td>
<td>Beta</td>
<td></td>
</tr>
<tr>
<td>(Constant)</td>
<td>27.907</td>
<td>4.189</td>
<td>6.663</td>
<td>0.000</td>
</tr>
<tr>
<td>Self Esteem</td>
<td>0.243</td>
<td>0.056</td>
<td>0.246</td>
<td>4.325</td>
</tr>
<tr>
<td>Parental Bonding</td>
<td>0.262</td>
<td>0.065</td>
<td>0.267</td>
<td>4.668</td>
</tr>
<tr>
<td>Peer Pressure</td>
<td>0.109</td>
<td>0.032</td>
<td>0.271</td>
<td>3.409</td>
</tr>
<tr>
<td>Extraversion</td>
<td>0.766</td>
<td>0.152</td>
<td>0.285</td>
<td>5.039</td>
</tr>
<tr>
<td>Agreeableness</td>
<td>0.123</td>
<td>0.059</td>
<td>0.177</td>
<td>2.092</td>
</tr>
<tr>
<td>Conscientiousness</td>
<td>-0.222</td>
<td>0.072</td>
<td>-0.235</td>
<td>-3.101</td>
</tr>
<tr>
<td>Neuroticism</td>
<td>-0.082</td>
<td>0.083</td>
<td>-0.050</td>
<td>-0.579</td>
</tr>
<tr>
<td>Openness</td>
<td>0.110</td>
<td>0.115</td>
<td>0.227</td>
<td>2.607</td>
</tr>
</tbody>
</table>

Table 3 shows that the predictive measures (individual belief system and perceived stressful events) predicted adolescents’ social competence. It was noted that extraversion made a significant contribution to adolescents’ social competence (Beta = 0.285; t = 5.039; p < 0.05); followed by peer pressure (Beta = 0.271; t = 3.409; p < 0.05); parental bonding (Beta = 0.267; t = 4.668; p < 0.05); self-esteem (Beta = 0.246; t = 4.325; p < 0.05); openness (Beta = 0.227; t = 2.607; p < 0.05); agreeableness (Beta = 0.177; t = 2.092; p < 0.05) then conscientiousness (Beta = -0.235; t = -3.101; p < 0.05). However, neuroticism (Beta = -0.050; t = -0.579; p > 0.05) did not significantly predict the social competence of secondary school adolescents. This implied that there was a high likelihood that the social competence of adolescents increased with factors such as extraversion, peer pressure, parental bonding, self-esteem, openness, agreeableness and conscientiousness.

Discussion of the Findings

The first research question stated in this study examined the pattern of the relationships that existed among the measures of the social competence of adolescents. The result established that there was a significant connection between the predictive measures (self-esteem,
personality, parental bonding and peer pressure) and the social competence of adolescents. This indicated that adolescents’ social competence had something to do with factors such as self-esteem, personality, parental bonding and peer pressure. This meant that adolescents or youths as the major agents of transformation in society needed social competence that could be built through a high level of self-esteem, a good personality type, parental bonding where values and culture were transferred, and where peer influence served as peer role modelling. This finding substantiated the findings of Lindsey et al., (2010) and Overbeek et al., (2007) who found that high self-esteem, personality traits and parent-child attachment related positively with peer relationships; and that secure attachment was linked with positive parenting practice and social cognition. And social cognition was needed to develop social competence.

The second research question determined the joint contribution of all the psychosocial factors to the social competence of adolescents. The finding from this study revealed that all eight factors jointly contributed to the prediction of adolescents’ social competence in this study. This implied that all eight factors were indicators of adolescents’ social competence. The third research question sought to examine which of these psychosocial factors uniquely associated with social competence of adolescents. The results showed that extraversion, peer pressure, parental bonding, self-esteem openness, agreeableness and conscientiousness. This indicated that adolescents’ social competence could be determined by factors such as personality, peer pressure, parental bonding and self-esteem. This finding agreed with the findings of Baldwin et al., (2004); Falaye (2014); Falaye & Olabode (2016); Zaidi, et al., (2013). However, Lawrence and Falaye (2018) and Mendez et al., (2002) established that social competence was determined by other factors among which are parental socio-economic status, peer attachment, dispositional and contextual factors, social media, peer influence, parenting styles and religion.

Limitations

This study investigated psychosocial factors association of adolescents’ social competences in Nigeria. Constructs border of this present study limit the generalisability of the findings. For example, psychosocial factors, while this study considered personality, self-esteem and peer pressure, other studies such as Lawrence and Falaye (2018) and Mendez et al., (2002) mentioned other constructs of social competencies of adolescents.

Conclusion and Recommendations

Based on the outcomes of this study, it was established that adolescents’ social competence was uniquely associated with: personality type (neuroticism, extraversion, conscientiousness and agreeableness); parental bonding; self-esteem; and peer pressure. By this, it became evident that personality type, high self-esteem and positive peer experiences helped adolescents to be socially adjusted and shun all forms of antisocial behaviours. It is therefore recommended that adolescents should see themselves as the agents of social transformation, and take up social
roles that will prepare them for leadership or adult roles. Counselling practice should be geared towards building social competency skills that are based on the measures mentioned in this study, most especially those with the highest contributions towards transforming society for national peace and economic development. Parents and community leaders should serve as good role models to future adults.

**Future suggestions**

Further study can consider moderating effect on any factor that showed unique association with social competences of youths generally. Also, data analysis such as Hayes’ PROCESS macro could be very useful.
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