

Social Skills in adolescents and Family Functionality

Habilidades Sociales en adolescentes y Funcionalidad Familiar

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RESUMEN

La adolescencia es un periodo crítico donde las habilidades sociales juegan un papel importante en el desempeño personal de cada individuo, para lo cual la familia cumple un rol fundamental en el desarrollo y consolidación de dichas habilidades sociales. El artículo tiene como objetivo identificar la relación entre habilidades sociales en adolescentes y funcionalidad familiar. Método de investigación cuantitativo, tipo descriptivo – correlacional; con una población de 726 y muestra de 251 estudiantes de primero a quinto año de secundaria, se realizó mediante el muestreo probabilístico aleatorio estratificado. El instrumento que se utilizó es el test estructurado de habilidades sociales del Ministerio de salud y el APGAR familiar que evalúa cinco funciones básicas Adaptación, Participación, Gradiente de recurso personal, Afecto, y Recursos. Los resultados indican que existe correlación positiva entre habilidades sociales y funcionalidad familiar. En conclusión, el asertividad es la habilidad más desarrollada a diferencia de la comunicación que es donde se evidencia dificultades, por otro lado, la autoestima y la toma de decisiones son habilidades que se encuentran en nivel promedio.

Palabras claves: Habilidades sociales, funcionalidad familiar, adolescentes.

ABSTRACT

Adolescence is a critical period where social skills play an important role in the personal performance of each individual, for which the family plays a fundamental role in the development and consolidation of these social skills. The article aims to identify the relationship between social skills in adolescents and family functionality. Quantitative research method, descriptive - correlational type; With a population of 726 and a sample of 251 students from first to fifth year of high school, it was carried out using stratified random probability sampling. The instrument that was used is the structured test of social skills of the Ministry of Health and the family APGAR that evaluates five basic functions Adaptation, Participation, Gradient of personal resource, Affection, and Resources. The results indicate that there is a positive correlation between social skills and family functionality. In conclusion, assertiveness is the most developed skill, unlike communication, which is where difficulties are evident; on the other hand, self-esteem and decision-making are skills that are at an average level.

Keywords: Social skills, family functionality, teenagers.

INTRODUCTION

Adolescence constitutes a special period of the human being, characterized by biopsychosocial changes, becoming a vulnerable stage for exposure to risk factors (Amaral, Maia and Bezerra, 2015; Contini, 2015; World Health Organization, 2015). At the same time, it constitutes a moment of uncertainty and even despair, a phase of internal friendships, loosening of ties with parents, and dreams about the future (Barrios and Verdecia, 2016).

According to the United Nations Children's Fund UNICEF (2015) 110 million adolescents live in Latin America and the Caribbean, which represents 18.7% of the total population. The National Institute of Statistics and Informatics INEI (2017) reported that approximately 3.2 million adolescents live in Peru, representing 10.23% of the population. In the department of Puno, 132 thousand 827 adolescents were registered, representing 10.83%, of which 33 thousand 426 are in the province of San Román.

The human being is gregarious by nature, which conditions the adolescent in the acquisition of their identity and social skills, in addition his influence is observed in different areas such as personal, family, school and among others (Betancourth, Zambrano, Ceballos, Benavides, and Villota, 2017). Social skills are those specific behaviors or behaviors necessary to interact and relate to the other in an affective and successful way (Choque and Chirinos, 2009). A teenager with a low repertoire of social skills will not be able to understand and control their feelings and those around them (Sartori and López, 2016). Finally, Roca, (2014), affirms that, in addition to being learned habits and observable behaviors, they are a series of thoughts and emotions that favor the increase in interpersonal relationships.

The family is the most important scene for the development of adolescents' social capacities and abilities, given that these do not occur innate nor are genetically predetermined (Torres, 2014). It is the dimension where values, rights, obligations and roles are acquired; in addition to preparing the person for the role they will play in the future (American Academy of Pediatrics, 2003). A functional family is the structuring base for the construction of behaviors in adolescents, in addition to allowing the growth and development of each member respecting their autonomy and their

individual space (Higuita and Cardona, 2016). In contrast, when the family begins to distort its main function (dysfunctional family), it favors risky behaviors, such as difficulties in communicating with friends, problems with self-esteem and decision-making (Arenas, 2009; Rivera, 2017).

Considering that adolescence is the time of greatest vulnerability and social skills are fundamental, from this, there are investigations that have revealed the strong relationship between proper family functioning and social skills. Chanco and Ramos (2018) obtained as a result that the type of family that prevails is the severe dysfunctional family where 52.7% of adolescents have a low level of social skills, 44% have a low average level; coinciding with the results of (Calderón and Fonseca, 2014) where 40.7% had low family functioning and 41.8% of adolescents with low-level social skills.

Therefore, the need to know the relationship between social skills and family functionality is important, due to the accelerated changes that appear in adolescence; reason why the evaluation must be comprehensive and not only cover the physical part but also go to the psycho-social sphere to prevent risks in mental health. Therefore, it is essential that the adolescent has favorable social skills so that these interactions are of quality, since the acquired skills are present in the daily life of their social relationships; Based on the aforementioned, it is necessary to incorporate social skills programs as a protection factor in school contexts in order to avoid future problems.

From this context, the objective was set to identify the relationship between social skills in adolescents and family functionality in the José María Arguedas Secondary Educational Institution, Industrial N° 45 Juliaca.

LITERATURE REVIEW

Adolescence

Adolescence is the period of human growth and development that occurs after childhood and before adulthood, between 10 and 19 years old. It is one of the most important transition stages in human life, characterized by an accelerated rate of growth and change (World Health Organization, 2015). In the same way (Torres, 2014) states that adolescence is a period characterized by important modifications in

both physical, mental and emotional development, and in interpersonal relationships, which provoke contradictions in the search for balance with oneself and with the society. The (UNICEF, 2015) explains that adolescents are in a period where they are moldable to the influences of social models and life surroundings.

Social skills

Braz, Comodo, Prette, Prette and Fontaine, (2013) mention that social skills (HHSS) are the ability of individuals to organize thoughts, feelings and actions, some of these are: express empathy, establish and maintain interpersonal relationships and problem solving. Therefore, the adolescent in his environment will demonstrate certain behaviors in the different situations that are generally found in an interpersonal environment, which can be both positive and negative attitudes.

There are many authors who carried out studies on social skills, among them Albert Bandura (1987) with the Theory of Social Learning, where he postulates that most of our social behaviors are acquired by seeing how others execute them; According to this theory, learning does not consist in the formation of a stimulus-response association, but in the acquisition of cognitive representations of model behavior, emphasizing imitation (Jara, Olivera and Elmer, 2018).

18 Social skills are a set of habits that allow us to improve our interpersonal relationships, feel good, get what we want, and ensure that others do not prevent us from achieving our goals (Maturana, 2007). It is the ability to relate to others in such a way that we achieve a maximum of benefits and a minimum of negative consequences, both in the short and long term; This includes related topics such as assertiveness, self-esteem and emotional intelligence (Roca, 2005). Likewise, social skills influence adolescents' perception of themselves, others and society and allow them to respond positively to stressful situations (Betina and Contini, 2011).

On the other hand, the Ministry of Health (2005) considers the following dimensions: a) Assertiveness: manifestation of oneself in its values, behaviors, thoughts and attitudes. b) Communication: express something through verbal and non-verbal signs. c) Self-esteem: ability

to recognize oneself and attribute an identity. d) Decision making: identification of alternatives.

The interpretation according to levels is as follows: a) Average: they require consolidating and increasing their social skills. b) High Average: with adequate social skills. c) High and Very High: competent in social skills. d) Low Average: with very basic social skills e) Low: with social skills deficit, which can put them at risk. (Ministry of Health, 2007).

Family functionality

Hernández (2005) mentions that the family contemplates three perspectives: a structural one, a functional one and an evolutionary one, which determine a worldview. The family by itself is a very complex and integrating context, in which various biological, psychosocial and ecological systems interact in which the fundamental processes of human development are executed (Martín and Tamayo, 2013).

According to (Durán, 1988) the family is the group of people linked by consensual, legal or consanguineous ties, constituting complex kinship networks that are updated episodically through exchange and cooperation; having rules, social and cultural guidelines among the members. White (2007) points out that the family is the entity in charge of the formation of its members, it also reminds us that the home fulfills the main function of the formation of children, providing emotional stability that will reverberate throughout their lifetime.

Regarding the main functions that every family must consolidate from the beginning of their formation (Rodríguez, Montes de Oca and Hernandez, 2014) is *socialization*, which consists of guiding to active participation in their social circle; *educational*, instills culture in the members; *protection*, contributes to emotional and affective stability and *axiological*, where conducts, behaviors and affection are learned.

Family functionality is a very useful topic in the field of public health, with the family being the context where the conditions exist for the initiation and strengthening of social skills in adolescents. For Higueta and Cardona, (2016) functional families are defined, by being healthy and by

presenting clear and direct communication, they define roles between their members, ability to solve problems, cohesion, understanding and solidarity, which allows them to advance. Likewise, Barrios and Verdecia (2016), have pointed out that the dysfunctional family is one that is characterized by failure in parenteral roles, total absence of explicit rules, the limits are generally confusing, and the presence of cyclical and repetitive crises.

Therefore, a good family function constitutes a protective factor against risk factors, particularly in adolescence, before problems develop, if they could continue to compromise health, these deteriorations would be able to change through early preventive intervention that favors the development of the individual and the strengthening of emotional competences.

According to Suarez and Alcalá, (2014) family functionality is classified with the following scores: 17-20 points suggests normal family function, 16-13 points mild family dysfunction, 12-10 points moderate family dysfunction and \leq a 9 points severe family dysfunction.

METHODOLOGY

The descriptive-correlational level quantitative approach was used. The population was made up of 726 and the sample of 251 adolescents, for which the stratified random probability sampling was used, with 58 adolescents being the first, second 50, third 47, fourth 51 and fifth 45 male and female students of the Institution José María Arguedas Secondary School, Industrial N° 45 Juliaca of the Province of San Román-Puno.

The applied technique was the survey and the questionnaire as an instrument. For the first variable, the structured social skills test (MINSA, 2005) was used, which was approved by the National Institute of Mental Health Honorio Delgado - Hideyo Noguchi; This test consists

of 42 items, where each item has 5 alternatives (never, rarely, sometimes, often, and always), presents the following dimensions: assertiveness, communication, self-esteem, and decision making; assigning them a minimum and maximum score.

For the second variable, the family APGAR prepared by (Smilkstein, 1978) validated with Cronbach's alpha of 0.86 by (Higuita and Cardona, 2016) in Colombia, and by Horna (2016) in Peru with 0.71 and 0.83, which is of the Likert type, the instrument consists of 5 items, presenting as answer 5 options, each question which are: (0) never, (1) almost never, (2) sometimes, (3) almost always, and (4) always.

In order to collect data, the IES authorities were coordinated and, with the prior informed consent of the adolescents, the data was collected during the tutoring hours, in the morning shift for students of the first and second year in the afternoons from third to fifth year of secondary school, up to covering the necessary fees according to the chosen sample.

Before applying the instrument to the respondent, confidentiality and anonymity were guaranteed, the purpose was also explained and respective indications were given, there were no difficulties during the resolution, so it was not necessary to refer to a health care center. The response and the respective delivery were made between 10 to 15 minutes.

For data analysis, the Statistical Package for the Social Sciences version 21 was applied.

RESULTS AND DISCUSSION

The results presented below allow us to identify the relationship between social skills in adolescents and family functionality, in its dimensions of assertiveness, communication, self-esteem and decision-making.

Table 1.
Family Functionality and Social Skills

SOCIAL SKILLS	FAMILY FUNCTIONALITY								TOTAL	
	Severe		Moderate		Mild		Normal		N	%
	N	%	N	%	N	%	N	%		
Low	15	6.0	4	1.6	0	0.0	0	0.0	19	7.6
Low average	6	2.4	40	15.9	6	2.4	0	0.0	52	20.7
Average	2	0.8	19	7.6	47	18.7	2	0.8	70	27.9
High average	0	0.0	2	0.8	19	7.6	27	10.8	48	19.1
High	0	0.0	0	0.0	3	1.2	38	15.1	41	16.3
Very high	0	0.0	0	0.0	0	0.0	21	8.4	21	8.4
TOTAL	23	9.2	65	25.9	75	29.9	88	35.1	251	100

SOURCE: Survey applied to the students of the I.E.S José María Arguedas - Juliaca.

DEGREE OF CORRELATION		
Spearman's Rho	Family functionality	Social skills
	Correlation coefficient	1.000
Family functionality	Sig.	,875**
	N°	251

** Correlation is significant at the 0.01 level

Table 1 generally shows that social skills (HHSS) in adolescents are at an average level of 27.9% and with mild family dysfunction of 29.9%; results that could limit the development of HHSS to a high level due to the negative interaction between its members. Regarding the relationship between family functionality and social skills, the results show that 18.7% have mild family dysfunction and average level of social skills, followed by moderate family dysfunction with 15.9% and low average level of social skills. Based on these results, we could affirm that a dysfunctional family leads to certain family environments, which favor risk behaviors in adolescents, limiting their emergence, as this is a critical period for the acquisition and practice of more complex social skills.

According to the results obtained, it is specified that there is a direct positive correlation between social skills and family functionality with a value of $Rho = 0.875$ and a significance level of $p=0.00$; data that resembles those found by (Chanco & Ramos, 2018) prevailing severe family dysfunctionality where 52.7% have a low level of social skills. Like the results of (Calderón and Fonseca, 2014),

they showed that adolescents with low family functioning presented low-level social skills and (García, 2005) found a positive and significant correlation between social skills and the social climate in the family.

Most of the adolescents present an average level of social skills followed by a low average level, results partially consistent with that described by (Morales, Benitez, and Agustín, 2013) since their results show a medium and medium high level; data that according to the literature are adolescents who need to consolidate and increase their social skills (Ministry of Health, 2007).

In reference, Morán and Olaz (2014) the study of social skills has been one of the most productive, due to the implications, such as educational, clinical and developmental psychology. Peres (2005), affirm that these aspects could influence their daily lives as independent young people, protagonists of their lives. Likewise, Betina & Contini (2011) have revealed that the presence of these deficits can negatively affect the affirmation of identity.

Table 2.
Family Functionality and Assertiveness

ASSERTIVENESS	FAMILY FUNCTIONALITY								TOTAL	
	Severe		Moderate		Mild		Normal		N	%
	N	%	N	%	N	%	N	%		
Low	6	2.6	3	1.2	0	0.0	0	0.0	9	3.6
Low average	9	3.6	12	4.8	5	2.0	2	0.8	28	11.2
Average	3	1.2	18	7.2	17	6.8	8	3.2	46	18.3
High average	3	1.2	19	7.6	25	10	16	6.4	63	25.1
High	1	0.4	12	4.8	25	10	37	14.7	75	29.9
Very high	1	0.4	1	0.4	3	1.2	25	10	30	12
TOTAL	23	9.2	65	25.9	75	29.9	88	35.1	251	100

SOURCE: Survey applied to the students of the I.E.S José María Arguedas - Juliaca.

DEGREE OF CORRELATION		
Spearman's Rho	Family functionality	Assertiveness
Family functionality	Correlation coefficient	1.000
	Sig.	,549**
	Nº	251

** Correlation is significant at the 0.01 level

Table 2 shows that 10% of adolescents have a high average level of assertiveness and mild family functionality, followed by 7.6% with a high average level and moderate family functionality. Statistically, the Rho Spearman test indicates a positive correlation of 0.549 with a significance level of $p = 0.00$.

These results are similar to those of (Flores, 2018) where he found a high level of assertiveness as well as the results of (Flores, Garcia, Calsina, and Yapuchura, 2016) who in their study showed that 46% had a sincere behavior and fair, without being impulsive or passive.

The findings indicate that the assertiveness dimension is the most developed, which could be due to the ease of learning, since we apply it at every moment of our existence, however, there is a low and low average percentage of students who need to reinforce this ability and thus self-affirm their own ideas without manipulating others. Rodríguez and Montanero (2017) in a social skills training program in social competence, shows a significant increase in the assertive responses of boys, in the ability to put themselves in the place of others and to resolve conflicts in a group that is had detected a high degree of conflict.



Table 3.
Family Functionality and Communication

COMMUNICATION	FAMILY FUNCTIONALITY								TOTAL	
	Severe		Moderate		Mild		Normal		N	%
	N	%	N	%	N	%	N	%		
Low	1	0.4	0	0.0	0	0.0	0	0.0	1	0.4
Low average	4	1.6	11	4.4	9	3.6	2	0.8	26	10.4
Average	16	6.4	34	13.5	27	10.8	8	3.2	85	33.9
High average	2	0.8	11	4.4	23	9.2	18	7.2	54	21.5
High	0	0.0	5	0.2	14	5.6	26	10.4	45	17.9
Very high	0	0.0	4	1.6	2	0.8	31	12.4	37	14.7
Low	0	0.0	0	0.0	0	0.0	3	1.2	3	1.2
TOTAL	23	9.2%	65	25.9	75	29.9	88	35.1	251	100

SOURCE: Survey applied to the students of the I.E.S José María Arguedas - Juliaca.

DEGREE OF CORRELATION			
Spearman's Rho		Family functionality	Communication
Family functionality	Correlation coefficient	1.000	,584**
	Sig.		,000
	Nº	251	251

** Correlation is significant at the 0.01 level

Table 3 shows 13.5% have a low average level in communication and moderate family functionality, followed by 10.8% with a low average level in communication and mild family functionality. Data that clearly show concern, since positive communication in the family with the adolescent is essential for relating in any social situation, being a means of solving difficulties and finding favorable solutions. Therefore, poor fluid communication within the family is a risk factor for adolescent development, due to the various changes it undergoes during this stage. Statistically, the Rho

Spearman test indicates a positive correlation of 0.584 with a significance level of $p = 0.00$.

Similar results to those of (Cari and Zevallos, 2017) who showed a low level of this ability in more than half of their sample. Similarly (Flores, Garcia, Calsina, and Yapuchura, 2016) found an intense positive correlation between social skills and interpersonal communication. On the other hand (Barboza-Palomino et al., 2017) point out that the participants perceive family communication that influences the construction of their life project.

Table 4.
Family Functionality and Self Esteem

SELF ESTEEM	FAMILY FUNCTIONALITY								TOTAL	
	Severe		Moderate		Mild		Normal		N	%
	N	%	N	%	N	%	N	%		
Low	4	1.6	7	2.8	0	0.0	0	0.0	11	4.4
Low average	12	4.8	29	11.6	11	4.4	1	0.4	53	21.1
Average	6	2.4	21	8.4	38	15.1	15	6.0	80	31.9
High average	1	0.4	5	2.0	17	6.8	28	11.2	51	20.3
High	0	0.0	3	1.2	8	3.2	31	12.4	42	16.7
Very high	0	0.0	0	0.0	1	0.4	13	5.2	14	5.6
TOTAL	23	9.2	65	25.9	75	29.9	88	35.1	251	100

SOURCE: Survey applied to the students of the I.E.S José María Arguedas – Juliaca.

DEGREE OF CORRELATION			
Spearman's Rho		Family functionality	Self Esteem
Family functionality	Correlation coefficient	1.000	,687**
	Sig.		,000
	N°	251	251

** Correlation is significant at the 0.01 level

Table 4 illustrates the relationship between self-esteem and family functionality where 15.1% have an average level of self-esteem and mild family functionality, followed by 11.6% with a low average level of self-esteem and moderate family functionality. The research findings suggest that self-esteem is below the average level, this value indicates that people have less independence and social creativity, which is essential for emotional balance, since altered family functioning has effects on development of the adolescent. Statistically, the Rho Spearman test indicates a positive correlation of 0.687 with a significance level of $p = 0.00$.

31.9% of adolescents present an average level of self-esteem, results that are somewhat similar to those found by (Chávez, Limaylla and Maza, 2018) since 23.9% presented a medium level.

Gutiérrez, Camacho and Martínez (2007) conclude that family dysfunction is a risk factor for the development of self-esteem with repercussions in the school environment. Likewise, Schmidt, Maglio, Messoulam, Molina, & Gonzalez (2010) point out that functional family communication allows the development of a positive self-concept.

Therefore, to improve self-esteem at these ages, it is suggested to produce changes in the educational guidelines of parents in the family environment, as well as in the school environment, this being a particularly favorable place to produce improvements in self-esteem feedback. For this it is important that the adolescent feels accepted and appreciated by their family, teachers and peers.



Table 5.
Family Functionality and Decision Making.

DECISION MAKING	FAMILY FUNCTIONALITY								TOTAL	
	Severe		Moderate		Mild		Normal		N	%
	N	%	N	%	N	%	N	%		
Low	10	4.0	12	4.8	1	0.4	0	0.0	23	9.2
Low average	8	3.2	33	13.1	30	12	4	1.6	75	29.9
Average	4	1.6	14	5.6	35	13.9	24	9.6	77	30.7
High average	1	0.4	4	1.6	8	3.2	27	10.8	40	15.9
High	0	0.0	2	0.8	1	0.4	28	11.2	31	12.4
Very high	0	0.0	0	0.0	0	0.0	5	2.0	5	2.0
TOTAL	23	9.2%	65	25.9	75	29.9	88	35.1	251	100

SOURCE: Survey applied to the students of the I.E.S José María Arguedas – Juliaca.

DEGREE OF CORRELATION		
Spearman's Rho	Family functionality	Decision Making
Correlation coefficient	1.000	,673**
Sig.		,000
N°	251	251

** Correlation is significant at the 0.01 level

Table 5 shows the relationship between decision-making and family functionality, where 13.9% have an average level of decision-making and mild family functionality, followed by 13.1% with a low average level and moderate family functionality. This result could be due to the complexity of this skill and therefore requires critical thinking to evaluate and detect a problem or situation that requires a decision. On the other hand, family functionality is important for the psychological and social development of family members. Statistically, the Rho Spearman test indicates a positive correlation of 0.673 and a significance level of $p = 0.00$.

In this regard (Camacho, Nakamura & Mathews, 2009) they affirm that a mid-level of family functioning level leads to a family dynamic with a tendency to dysfunctionality, where the adolescent limits spontaneous growth and can generate fear for decision-making.

In relation to the results obtained in the analysis, it is suggested to consider intervention programs and training in social skills.

CONCLUSIONS

The research results make patent that there is a positive correlation between the variables (social skills and family functioning), which indicates that the type of family dysfunction is one of the

factors that determine the level of social skills in adolescents.

Social skills in adolescents are relatively basic and with deficits, with respect to family functionality, it is specified that more than half have some type of family dysfunction, indicating that these students require a greater increase and reinforcement of these skills.

Regarding the dimensions, assertiveness is the most developed by adolescents with a high level, unlike communication, which is where difficulties with a low average level were evident. On the other hand, self-esteem and decision-making are skills that are found at average level.

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Conflicts of interest

The authors declare that they have no conflict of interest.

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