Research Article

A Comparative Study to Assess the Social Maturity among Single Child and Child with Siblings in Selected Hospitals at Kolar

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A B S T R A C T

Background: A child's development depends not only on physical needs but also on parental love, affection, and a supportive home environment. The family serves as the first learning setting where children acquire cooperation, sacrifice, social responsibility, and behavioural patterns through parental attitudes and behaviours. Social maturity refers to the ability to function responsibly and appropriately in society by understanding and applying social norms.

Aim: This study aimed to assess the level of social maturity among single children and children with siblings at R.L.J. Hospital and Research Centre, Kolar.

Methodology: A non-experimental comparative survey design was adopted. The study included 50 children—25 single children and 25 children with siblings—who were either outpatients or inpatients at the 1100-bed tertiary multispecialty R.L.J. Hospital and Research Centre. Data were collected through structured interviews and analysed using descriptive and inferential statistics.

Results: All single children (100%) exhibited low social maturity. Among children with siblings, 92% (n = 23) showed low social maturity, while 8% (n = 2) demonstrated high social maturity. The mean scores were 91.82 (SD = 9.46) for single children and 93.64 (SD = 9.0) for children with siblings. A significant difference between the two groups was observed (t = 5.82, df = 48, p < 0.05), leading to rejection of H_{01}. Among socio-demographic variables, mother's educational status and marital status showed significant association with social maturity in single children (χ^2 = 8.43, df = 1, p < 0.05), whereas no significant associations were found for children with siblings.

Conclusion: The study found a significant difference in social maturity based on family structure. These findings underscore the need for parents and educators to support and foster social maturity in children according to their familial context.

Keywords: Social Maturity, Assessment, Single Child, Child With Sibling

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Introduction

Social maturity refers to the ability to interact appropriately in various social settings, encompassing self-care, empathy, communication, and adaptation.[1] A child's upbringing, family structure, and sibling presence can influence this development.[2] Sibling interactions often provide natural opportunities for social learning, while single children may lack early peer-like relationships at home.[3]

A child's personality formation is strongly influenced by the family setting in which they are raised. Among various factors, the presence or absence of siblings plays a vital role in shaping social maturity—the ability to respond to social situations in an age-appropriate and socially acceptable manner.[4] Social maturity encompasses emotional regulation, interpersonal skills, decision-making, responsibility, and adaptability in diverse social contexts.[5]

Children with siblings typically grow up in environments that demand constant negotiation, sharing, cooperation, and conflict resolution.[2,6] In contrast, single children may receive undivided parental attention and support, but they may also face challenges such as loneliness, overprotection, or difficulty in social cooperation due to limited peer interaction at home.[7]

India, traditionally known for its large joint families, has witnessed a shift toward nuclear family structures, particularly in urban and semi-urban areas.[8] As a result, the number of single-child families is on the rise, making it important to study how these changing family structures impact the social maturity of children.[9] Hospitals and paediatric care settings often provide opportunities to observe children from diverse backgrounds, making them suitable settings for such studies.[10]

Need for the Study

In recent years, the phenomenon of single-child families has become increasingly common due to changing socio-economic conditions, family planning practices, and urban living constraints.[8,9] While many studies focus on academic performance, mental health, or emotional development, relatively fewer have emphasised social maturity in the Indian context.[3,11]

Social maturity is crucial for overall well-being and future success, influencing a child's ability to build relationships, navigate challenges, and function effectively in society.[1,5] Children who lag in social maturity may experience difficulties in peer relationships, classroom behaviour, and later adult roles.[12] Hence, understanding whether the presence of siblings contributes significantly to developing social maturity is essential for parents, educators, and healthcare professionals.[4,6]

The cultural and familial expectations may differ significantly from metropolitan norms, which necessitates localised research.[8] A study focusing on children attending a selected hospital in Kolar can provide evidence relevant to semi-urban settings.[10] Therefore, this research examines the social maturity of single children and children with siblings, helping to guide parents and caregivers in fostering better social development.[12]

Review of Literature

Concept of Social Maturity

Social maturity refers to the ability of an individual to demonstrate socially appropriate behaviour in interpersonal relationships, group dynamics, and decision-making. Socially mature children are better equipped to handle challenges, show empathy, and adjust in various environments like school and community settings.[1]

Influence of Family Structure on Social Maturity

Research has consistently shown that children with siblings often demonstrate higher social competence, emotional intelligence, and cooperative behaviour compared to single children. Sibling relationships offer early experiences in negotiation, conflict resolution, and empathy development.[2] Single children, while often excelling academically and benefiting from individualised attention, may lag in certain areas of social adjustment due to fewer opportunities for peer-level interaction within the home.[3]

Cultural and Societal Factors

Indian society traditionally encourages joint and extended family systems; however, urbanisation has led to a rise in nuclear families and single-child households. The social expectations placed on children vary between rural and urban areas, influencing their social learning experiences.[10] Children from joint families tend to score higher on social maturity scales due to exposure to diverse age groups and consistent socialisation.[11]

Gender and Social Maturity

Some studies suggest that girls may exhibit slightly higher social maturity levels due to socialisation patterns and emotional responsiveness encouraged in many cultures.[13]

Aim

To examine and contrast the social maturity levels of single children and those with siblings enrolled at a selected hospital in Kolar.

Objectives

- To assess the level of social maturity among single children aged 6–12 years attending a selected school in Kolar over a period of three months using a standardised social maturity scale.

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- To assess the level of social maturity among children with siblings by using a standardised social maturity scale.
- To compare the social maturity scores between single children and children with siblings.
- To determine the association between socio-demographic variables and social maturity among single children as well as with siblings.

Hypotheses

- H_{01}: There is no significant difference in the social maturity levels between single children and children with siblings attending a selected hospital.
- H_{02}: There is no significant association between socio-demographic variables and the social maturity levels of children.

Methodology

- **Research Design:** Non-experimental study, descriptive with comparative research design.
- **Study variables:** Social maturity of a single child and a child with sibling children.
- **Attribute variables:** Socio-demographic variables including age, gender, place of residence, birth order of the child, number of siblings, religion, parental education, parental occupation, type of family, family monthly income, social maturity score, and social age.
- **Setting:** R.L. Jalappa Hospital and Research Centre, Kolar, is the teaching hospital affiliated with Sri Devaraj Urs Medical College, which is part of Sri Devaraj Urs Academy of Higher Education and Research (SDUAHER), Kolar. It is one of the largest hospitals in Karnataka, with a capacity of over 1,100 beds.
- **Population & Sampling:** Children aged 6–12 years attending OPD or admitted to paediatric wards. Sample size: 50 (25 single children, 25 with siblings). Sampling: Non-probability purposive sampling.
- **Inclusion Criteria:** Children aged 6–12 years whose parents/guardians have provided consent and who are able to understand Kannada or English.
- **Exclusion Criteria:** Children with physical or psychological disabilities
- **Tools Used:** Socio-demographic data sheet, which includes age (in years),gender, type of family, religion, ordinal position of the child, number of siblings, education status of the father, education status of the mother, religion, year of studying, occupation of the father, occupation of the mother, area of residence, and family income per month.

Vineland Social Maturity Scale (VSMS – Indian adaptation). The Vineland Social Maturity Scale (VSMS) is a standardised tool used to assess social competence and adaptive behaviour across the lifespan, from infancy to adulthood.

It evaluates how well an individual adjusts to social and interpersonal demands. The tool assesses eight domains of social functioning: self-help general, self-help eating, self-help dressing, self-direction, occupation (work-related behaviour for older individuals), communication, locomotion, and socialisation. The scale consists of 89 items, each with age norms and scoring keys. Responses are recorded as pass (1) or fail (0). Scores are used to compute Social Age (SA) and Social Quotient (SQ) = (SA / Chronological Age) × 100 Interpretation of SQ: Below 70 – Low social maturity, 70–89 – Below average, 90–110 – Average, 111–130 – Above average, above 130 – High social maturity

- **Data Collection Procedure:** Formal written permission was obtained from the Medical Superintendent of R.L. Jalappa Hospital and Research Centre and the Head of the Department of Paediatrics prior to the commencement of the study. Based on the inclusion criteria, a total of 50 children (25 single children and 25 children with siblings) were selected using a non-probability purposive sampling technique. Participants were then assigned into two groups: the single-child group and the sibling group. On the day of data collection, the investigator introduced herself to the children and explained the purpose of the study in simple and understandable terms. The participants were assured of confidentiality, and informed consent was obtained from them and their guardians. Initially, socio-demographic data were collected, followed by administration of the Vineland Social Maturity Scale (Indian Adaptation) using the interview method. Each participant took approximately 20–30 minutes to complete the questionnaire. Data were collected using a self-administered questionnaire through an interview technique, with each participant allotted 20–30 minutes to ensure accurate and complete responses.
- **Data Analysis:** Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarise the socio-demographic variables and the levels of social maturity. Inferential statistics, including the unpaired 't' test and the Chi-square test, were employed to analyse and interpret the association and differences between the groups (single children and children with siblings).

Results

Demographics

Regarding age, among single children, 80% were aged 7–10 years and 20% were 11–12 years. In the sibling group, 64% were 7–10 years old and 36% were 11–12 years old. In regards to gender, 68% of single children were females and 32% males, whereas among those with siblings, 56%

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were males and 44% females. Type of Family: 60% of single children and 68% of children with siblings belonged to nuclear families. Religion: The Majority of single children were Hindus (84%), followed by Muslims (12%) and others (4%). Among children with siblings, 56% were Hindus, 36% Muslims, and 4% each were Christians and others. Ordinal Position: 98% of single children were first-born. In the sibling group, 48% were first-born, 40% second-born, and 12% third-born. Number of Siblings: As expected, single children had no siblings. Among the sibling group, 40% had one, 32% two, 16% three, and 12% four or more siblings.

Father's Education: Among single children, 48% of fathers were graduates or above. In the sibling group, 44% had secondary education, and 24% had completed PUC.M Mother's Education: 32% of single children's mothers were graduates. In the sibling group, 32% had secondary education and only 4% were graduates. Year of Study: 36% of single children were in 3rd–4th standard, and 32% in 2nd. Among children with siblings, 56% were in 1st year and 36% in 2nd year. Father's Occupation: In both groups, government employees and coolies were common, with 36% of single children's fathers in government jobs and 32% of sibling children's fathers being self-employed or coolies. Mother's Occupation: Self-employment was common among mothers—36% in the single-child group and 60% in the sibling group.

Area of Residence: 52% of single children resided in rural areas, whereas 52% of children with siblings lived in urban areas. Monthly Family Income: Among single children, 36% had a family income of ₹10,001–20,000. In the sibling group, 60% had income below ₹10,000.

As shown in Table 1, all single children (100%) exhibited low social maturity, with none scoring in the high range. In contrast, among children with siblings, 8% (n=02)

demonstrated high social maturity, while 92% (n=23) fell into the low social maturity category.

Table 2 shows that the mean social maturity score of children with siblings (mean = 93.64, SD = 9.01) was slightly higher than that of single children (mean = 91.82, SD = 9.46). The independent t-test revealed a t-value of 5.82 with 48 degrees of freedom (df = 48), which was statistically significant at $p < 0.05$. Thus, the null hypothesis (H_{01}) is rejected, indicating a significant difference in social maturity scores between single children and children with siblings.

Table 3 presents the correlation between the social maturity scores of single children and children with siblings. The Karl Pearson correlation coefficient (r) is 0.0003, indicating a positive but extremely weak relationship between the two groups. Although the correlation is positive, its magnitude is negligible, suggesting that the social maturity levels of single children and those with siblings vary independently.

Table 4 represents that the difference in social maturity between single children and children with siblings **was not statistically significant** at the 0.05 level (p = 0.149). Although a higher proportion of children with siblings showed high social maturity (8%) compared to single children (0%), this difference could be due to chance.

Association between Socio-Demographic Variables and Social Maturity Scores: The association between socio-demographic variables and social maturity scores was analysed. For nearly all variables, the calculated chi-square values were less than the critical value at df = 1 and $p < 0.05$, indicating no statistically significant association between the socio-demographic variables and social maturity levels among single children. Therefore, the null hypothesis (H_{02}), which states that there is no association between socio-demographic variables and social maturity, was accepted.

Table 1.Frequency and Percentage Distribution of Social Maturity among Single Children and Children with Siblings

N = 50

Sl. No	Social Maturity Score	Single Child Frequency (f)	Percentage (%)	Child with Sibling Frequency (f)	Percentage (%)
1	High Social Maturity (>110)	0	0%	02	08%
2	Low Social Maturity (<70)	25	100%	23	92%

Single Child = 25, Child with Sibling = 25

Table 2. Comparison of Social Maturity Scores between Single Children and Children with Siblings

N = 50

Sl. No	Group	Mean	SD	't' Value	df	Inference
1	Single Child	91.82	9.46	5.82	48	SS (p < 0.05)
2	Child with Sibling	93.64	9.01			

Single Child = 25, Child with Sibling = 25

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Table 3. Correlation between Social Maturity Scores of Single Children and Children with Siblings

N = 50

Group	Mean Score	Karl Pearson's Coefficient of correlation (r)	Remarks
Single Child	91.82	0.0003	Positive, very weak correlation
Child with Sibling	93.64		

Table 4.To assess whether the difference in social maturity levels between single children and children with siblings is statistically significant, a chi-square test of independence was performed

Group	High Maturity	Low Maturity	Total	Chi square value (χ^2):	Degrees of freedom	p-value
Single Child	0	25	25	2.083	(df): 1	0.149 (NS)
Child with Sibling	2	23	25			
Total	2	48	50			

Discussion

The present study aimed to compare the levels of social maturity between single children and children with siblings and to examine the association of socio-demographic variables with their social maturity scores. According to Table 1, all single children (100%) had low social maturity scores (<70), whereas a small proportion (8%) of children with siblings demonstrated high social maturity (>110). This suggests a trend toward better social adjustment and interpersonal competence among children with siblings.

This finding is consistent with previous research. For instance, Downey and Condron (2004) reported that children with siblings tend to develop better social skills due to frequent peer-like interactions at home. Falbo and Polit (2016) also highlighted that only children might have limited opportunities for practising social roles and negotiation skills, which can impact their social maturity.

As shown in Table 2, the mean social maturity score of children with siblings (M = 93.64, SD = 9.01) was slightly higher than that of single children (M = 91.82, SD = 9.46). The t-test revealed a statistically significant difference (t = 5.82, df = 48, p < 0.05), leading to the rejection of the null hypothesis (H_{01}). This confirms that sibling presence may influence the development of social maturity. While the difference in mean scores appears marginal, the statistical significance highlights the role of sibling dynamics in fostering social behaviours, empathy, and emotional regulation.

Table 3 revealed a very weak positive correlation (r = 0.0003) between the social maturity scores of single children and those with siblings. This suggests that the social maturity development in both groups may be influenced by different variables and evolves independently. Factors such as parenting style, peer interactions, school environment, and cultural context might play more dominant roles than sibling presence alone.

As presented in Table 4, the chi-square test indicated that the difference in social maturity levels between the two groups was not statistically significant (χ^2 = 2.083, p = 0.149). This result implies that while the t-test identified a difference in mean scores, the categorical distribution of social maturity (high vs. low) did not differ significantly between groups. The discrepancy between the two results may stem from the small number of participants scoring in the "high" category. The analysis showed no significant association between socio-demographic variables and social maturity among single children. This aligns with studies such as Bhargava and Sinha (2010), who observed that factors like age, gender, and parental occupation had minimal influence on children's social development compared to family dynamics and school engagement.

Implications of the Study

The findings suggest that parents of single children may need to create more structured peer interaction opportunities to compensate for the absence of sibling influence in developing social maturity. Teachers and school counsellors should be aware of the potential social skill differences and design group activities that promote collaborative learning and peer interaction. Child development programmes should consider incorporating social skills training, especially targeted toward only children in urban nuclear families. Identifying social maturity gaps early can help in designing behavioural interventions that aid interpersonal skill development.

Limitations

The study was limited to 50 participants, which may reduce the generalisability of the findings. The sample was drawn from a single hospital in Kolar, which may not reflect wider population variations. The use of rigid score categories (high vs. low) may have limited the sensitivity in detecting nuanced social maturity differences. Causality cannot be

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inferred; a longitudinal design would offer more robust insights into developmental trends.

Recommendations

Future research should involve larger and more diverse samples to enhance the validity and generalisability of the findings. Including qualitative data could uncover contextual influences on social maturity not captured by quantitative methods. Tracking social maturity development over time can provide a better understanding of critical periods and influencing factors. Workshops and resources for parents, especially of single children, can support at-home development of social skills. Implementation of peer-mentorship programmes or cooperative learning strategies in schools to boost social maturity among all children.

Conclusion

This comparative study found a statistically significant difference in mean social maturity scores between single children and children with siblings, with higher scores observed among children with siblings. However, categorical analysis using the chi-square test did not support a significant group difference, and correlation analysis showed negligible relationship strength between the two groups. No socio-demographic variables showed a significant association with social maturity levels among single children. These results highlight that while sibling presence may influence social maturity to a degree, it is not the sole determinant. A multifaceted approach considering school environment, parenting styles, and peer interactions is essential for fostering social development in children.

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