

Social Competence and Sexual Orientations in Emerging Adults

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The current research survey aimed to find out the relationship of different sexual orientations (sexual attraction, behavior, and fantasy) on social competence of emerging adults. It was hypothesized that amongst bisexuals, gays/lesbians, heterosexuals, mostly heterosexuals and mostly gay/lesbians differ in terms of their social competence. The sample of this study ($N = 246$, women = 175, man = 49, transgender = 4, gender non-conforming = 18) were recruited using the snowball sampling technique. The data collection tools employed were Google Forms consisting of self-developed demographic information forms, the Multidimensional Assessment of Sexual Orientation (Vrangalova & Savin-Williams, 2010; 2012) and Social Competence Scale for Adolescence (Shujja et. al, 2015). The links to the online forms were posted on numerous social media platforms. The results indicate a non-significant relationship between sexual orientation and social competence. There were differences on the subscales of social competence. Further analysis revealed that the effect of demographic variables including education levels (which indicate undergraduate and graduate students) have higher self-efficacy and self-confidence compared to higher education and gender showed significant difference in self-efficacy and leadership. Further, individuals who believe in Islam reported higher levels of self-efficacy and better leadership skills as compared to those who are agnostic or have no religion. This study aims to create awareness about important protective factors such as social competence, that may aid in developing interventions and contribute to future research about sexual minorities.

Keywords: sexual orientation; social competence; emerging adults

Social competence can vary across populations based on multiple factors such as attachment with parents, attachment with peers, the role of culture and society (Laible, 2007; Rice et al., 1997). The social competence of emerging adult sexual minority populations should be explored, as they experience a unique set of stressors, that other non-sexual minority populations do not experience (Meyer, 2003). Sexual orientation refers to relative sexual attraction to men, to women, or to both. Non-heterosexual people represent a minority of adults (Bailey, et al. 2016). Sexual orientation may be heterosexual, same sex (gay or lesbian), or bisexual (APA, 2015). It is a bio-psychosocial phenomenon that may influence social competence due to group-specific processes or stressors such as homophobia and general processes such as identity formation (Meyer, 2003; Lytle, 2016).

The ability to manage social interactions effectively is referred to as social competence. In other words, social competence is the ability to get along with others, create and sustain intimate relationships, and respond appropriately in social situations (Orpinas, 2010). Being an important

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aspect of social functioning, social competence has been defined as acquiring effective social skills to manage social relationships (Dodge, 1985; Hubbard & Coie, 1994; Cavell, 1990; Gresham, 1986). It refers to socially effective actions and is exclusive of cognitive ability (Brown & Anthony, 1990; Ford & Tisak, 1983). This requires more than just social skills, as it is a complex and interconnected set of skills that enables us to navigate social interactions and initiate and maintain relationships with others (Stichter et al., 2012). A culturally validated study demonstrated social competence to be a composite of six factors: self-efficacy, sociability, adaptability, leadership, self-confidence, and social initiative (Shujja et al., 2015).

Sexual minority youth are at a high risk of depression and suicide (Marshal et al., 2011; Russell & Joyner, 2001; Fergusson et al., 2005; McLeod et al., 2016). Socially competent behavior is associated with peer acceptance (Ladd, 1999). They face social and interpersonal problems such as family issues, cultural issues, workplace harassment, bullying, homophobic name-calling, cyber-bullying, and discrimination (Sears & Mallory, 2011; Meyer, 2003). The Meyer (2003) Minority Stress model describes stress processes such as experiences of discrimination, expectations of rejection, hiding, concealing, internalized homophobia and coping processes associated with these stressors (Meyer, 2003). Stressors, which require an individual to adapt such as homophobia and/or sexual stigma, may cause a significant level of distress and impact physical and mental health (Dohrenwend et al., 1992).

Similarly, Hatzenbuehler's Psychological Mediation Framework (2009) comprehensively illustrates how general psychological processes that mediate the relationship between minority stress and psychopathology, are also elevated in sexual minorities. Previous literature shows high levels of emotional dysregulation (Hatzenbuehler et al., 2008), low social support (Eisenberg & Resnick, 2006), maladaptive coping strategies (Matthews et al., 2002), high levels of hopelessness and low self-esteem (Plöderl & Fartacek, 2005; Wichstrom & Hegna, 2003) in Lesbian, Gay, Bisexual (LGBT) populations. Emerging adulthood, is a distinctive developmental period, aged roughly between 18-29 years, during which adolescents are in the process of physically and mentally developing into full adults (Arnett, 2000). It is the age of identity exploration and instability, self-focus as well as the age of feeling in between and the age of responsibilities (Arnett, 2000). Emerging adults have high rates of problematic substance use with co morbid serious mental health conditions (SMHCs) (Armstrong & Costello, 2002). Research findings support that developmental tasks of emerging adulthood (gaining independence, settling down, and identity formation) may exacerbate symptoms of depression (Kuwabara et al., 2007).

It is already known that sexual minorities face chronic interpersonal stress in the form of rejection from friends and family (Meyer, 2003). Hence, it can be said, that sexual minority emerging adults are at risk, on account of having both general processes and group-specific processes elevated, leading to developing psychological disorders. Research shows that homosexual men and women have low levels of self-efficacy in terms of safe sexual practices and coping (Denton et al., 2014; Alvy et al., 2011). Attachment security with parents is an important factor to develop social competence (Laible, 2007; Rice et al., 1997). Many LGBTQ youth face family rejection and peer rejection (Hershberger et al., 1997; D'Augelli et al., 1998) with more detachment with parents (Wilson et al., 2011).

The coping strategies used by sexual minority populations are usually maladaptive in nature such as suppression, reliance on alcohol and drugs, and risky sexual behaviors (Matthews et al., 2002; Kalichman & Cain, 2004; Kashubeck-West & Szymanski, 2008). All components of social competence proposed by Shujja (2015) seem to be impacted in sexual minorities. Social

competence is a protective factor in good mental health (Alduncin et. al, 2014). Adamczyk and Pitt (2009) found that, globally, Muslims disapprove of homosexuality more than people with other or no religions. Currently, 96.28% of the population of Pakistan is Muslim (“Population by Religion”, 2019). Similarly, Pew Research Centre in 2013 found that Pakistan falls amongst the least tolerant countries, in accepting homosexuality (since 2% responded with yes). Social attitudes towards homosexuality in Pakistan have been found to be rejecting (Janssen & Scheepers, 2018). These rejecting attitudes from society induce stress, which in turn may make homosexuals more vulnerable to psychopathological illnesses. Thus, it is necessary to determine the underlying factors that may predispose LGBTQ populations to difficulties in developing effective social skills (Janssen & Scheepers, 2018).

The significance of the current study relies on social competence as being an understudied topic, and to date, there is no unified definition of this concept (Zhang, 2012). Previous research has found that social competence can be impacted by psychological disorders, and that it serves as a protective factor in mental health. Due to the vast array of problems experienced by sexual minority emerging adults (which are different in nature and intensity) their social competence can be affected. Previous research has also focused on social functioning and social stressors experienced by sexual minority populations, but not the construct of social competence. Since, there is a dearth of research work combining the two variable of sexual orientation and social competence, our research will add to the literature about social competence and sexual minorities in an indigenous context and aid in devising culturally appropriate interventions for sexual minority populations.

Method

In this study survey research design was used in which social competence and sexual orientations in emerging adults was explored.

Participants

Data was collected from a sample which consisted of 246 emerging adults between the ages of 16-25. ‘Emerging Adulthood’ is a term used to describe a period of development which occurs between the ages of 18 and 29, and is experienced by most people in their twenties in Westernized cultures, as well as possibly in other parts of the world (Arnett, 2000). Participants’ sexual orientation was classified according to the Multidimensional Assessment of Sexual Orientation (bisexual $n= 86$, gay/lesbian $n=27$, heterosexual $n = 89$, mostly gay/lesbian $n = 25$, & mostly heterosexual $n = 19$). Participants included male, female, transgender, and gender non-conforming individuals (male $n = 49$, female $n = 175$, Transgender $n = 4$, Gender non-conforming $n = 18$). The participants were approached via snowball sampling technique since the population is sensitive and hidden to cultural and religious factors. Furthermore, as the purpose of this study was exploratory and of a basic nature, the selected methodology served to fulfill all requirements. The participants were approached through social media platforms such as WhatsApp, Facebook, Instagram, and Twitter. Participants of heterosexual, homosexual and bisexual sexual orientation within the ages of 16-25 and of Pakistani nationality were recruited, and included in the study. Participants having any serious physiological or psychological conditions were excluded from the study.

Assessment Measures

Multidimensional Assessment of Sexual Orientation

The Multidimensional Assessment of Sexual Orientation is based on Vrangalova and Savin-Williams' (2010; 2012) model of evaluating sexual attraction, sexual behavior, sexual fantasies, and self-identification as a certain sexual orientation. This assessment measures sexual orientation through three types of constructs which cater to the different areas mentioned above. This assessment required participants to rate the 7 items on the following options that are along a continuum, i.e. heterosexual, mostly heterosexual, bisexual, mostly gay/ lesbian and gay/lesbian classification of identity. The other questions involve queries about sexual behavior such as the number of partners or sexual fantasies.

Social Competence Scale for Adolescents (SCSA)

The scale used in this study to measure social competence in emerging adults, is the Social Competence Scale for Adolescents (2015) given by Sultan Shujja, Farah Malik and Nashi Khan. It consists of 53 items which contain the response format of Never (1), Sometimes (2), Often (3) and Always (4). These items are further divided into 6 subscales that are as follows Self-efficacy (n= 14, $\alpha = .80$), Sociability (n= 15, $\alpha = .78$), Adaptability (n= 08, $\alpha = .60$), Leadership (n= 07, $\alpha = .70$), Self-confidence (n= 05, $\alpha = .62$) and Social Initiative (n= 04, $\alpha = .70$). The total social competence scale is also significantly reliable ($\alpha = .87$). The scoring procedure is determined by means of the percentile method where 155 score carries 25th percentile and 176 lies in the 75 percentiles. Adults that score below 155 are categorized as being low in social competence, scores within the range of 155-176 as being average in social competence while scores greater than 176 are considered high in social competence.

Demographic Form

After taking informed consent the participants were provided with a demographic form; a self-developed form that was used to ascertain the participants' personal information regarding their age, education, gender, sexual orientation, socioeconomic status religion, birth order, relationship status and family structure.

Procedure

This study was conducted on individuals with sexual orientation to see the affect of sexual orientation on social competence of emerging adults. The first step was to take permission from the authors of the Social Competence Scale for Adolescents (SCSA) via email. To ensure confidentiality and anonymity, a Google form was developed consisting of different scales. Furthermore, in the demographic form, participants were asked to neither report their name or educational institute. The informed consent form was included at the beginning of the survey and individuals could wish to continue to the other parts of the survey after being informed of the nature of the study, and assured that the information provided would only be used for research purposes. The link to the form, along with a brief message explaining the nature of the study and requesting participants to forward it to more people who could fill it, was posted on online platforms such as Facebook, Instagram, and Twitter. Data was collected through the online survey targeting individuals with different sexual orientation within the age range of 16-25 years. Participants were asked to fill the survey form carefully and honestly. Upon completion, the participants were thanked for their input. The participants were assured that all information

provided would be kept confidential. In order to ensure complete anonymity, they were asked to neither report their name or educational institute in the survey. The participants were also informed of their right to partake in or withdraw from the study at any time.

Results

Statistical analysis of results has been done by SPSS (Statistical Package for the Social Sciences) version 22. Descriptive analysis is applied to obtain Mean, Standard Deviation, Kurtosis, Skewness, Cronbach's Alpha, and actual and potential range. Further analysis on demographic characteristics and the resultant effect on social competence was conducted.

Table 1

Mean, and standard deviation values for Sexual Orientation on social competence and its subscales Self-Efficacy, Adaptability, Leadership, Self-Confidence, and Social Initiative. (N=246).

Variable	Bisexual		Gay/ Lesbian		Hetero- sexual		Mostly Hetero- Sexual		Mostly Gay/ Lesbian		F	p	99% CI	
	n=89		n=27		n=86		n=19		n=25				LL	UL
	M	SD	M	SD	M	SD	M	SD	M	SD				
SCT	146.83	18.13	145.33	14.56	151.82	17.24	149.52	16.78	143.76	16.98	1.72		.16	6.59
SE	42.78	5.36	41.55	5.17	44.93	5.23	43.42	5.64	41	5.21	4.14*	.01	.62	7.24
ADP	22.28	3.58	21.37	2.80	21.90	4.07	22.73	2.80	21.60	3.53	0.62		.65	3.23
LD	19.32	3.31	20.07	2.78	21.26	3.13	20.36	2.69	19.24	2.93	4.88*	.00	.08	3.97
SC	11.80	2.74	12.22	3.25	12.63	3.09	12	2.90	12.32	3.22	0.88			
SI	8.84	3.12	8.81	2.93	9.58	2.59	9.26	2.46	9.24	3.23	0.83			

Note. **= $p < 0.01$, * = $p < 0.05$, SCT= Social Competence Total, SE = Self-efficacy, SCB = Sociability, ADP= Adaptability, LD= Leadership, SC= Self-confidence, SI= Social Initiative, CI= Confidence Interval, LL = Lower Limit, UL= Upper Limit.

Table 1 depicts that there is no significant difference in social competence across different sexual orientations ($p = .154$). However, there is a moderately significant difference between individuals with different sexual orientation in Self-Efficacy and Leadership.

Table 2

Correlation of Sexual Attraction, Behavior (with men and women), and Fantasies (of men and women) with Social Competence and its components. (N=246).

	1	2	3	4	5	6	7	8	9	10	11	12	13
1 SA (W/MEN)	—	-.26**	.258**	-.049	.61**	-.37**	.03	.03	.11	.02	.03	-.05	-.07
2 SA(W/WOMEN)		—	-.056	.047	-.41**	.49**	-.09	-.20**	-.03	.08	-.21**	-.04	.01
3 SB (W/MEN)			—	.028	.32**	-.12*	.00	-.06	.08	-.01	.01	-.00	.00
4 SB (W/WOMEN)				—	-.02	.10	.04	-.08	.09	.10	.02	.04	.04
5 SF (W/MEN)					—	-.41**	.11	.10	.15*	.05	.15*	.04	-.02
6 SF (W/WOMEN)						—	-.08	-.10	-.08	.01	-.09	-.01	-.04
7 SCT							—	.80**	.76**	.75**	.76**	.54**	.64**
8 SE								—	.47**	.54**	.55**	.47**	.38**
9 SCB									—	.48**	.50**	.13*	.46**
10 ADP										—	.50**	.38**	.36**
11 LD											—	.40**	.40**
12 SC												—	.35**
13 SI													—

Note. **= $p < 0.01$, * = $p < 0.05$, SA=Sexual Attraction, SB=Sexual Behavior, SF=Sexual Fantasies, SCT= Social Competence Total, SE = Self-efficacy, SCB = Sociability, ADP= Adaptability, LD= Leadership, SC= Self-confidence, SI= Social Imitative.

Table 2 shows that sexual attraction to men has a negative weak correlation with sexual attraction to women, and a weak positive correlation with sexual behavior with men. Sexual fantasy of men has positive strong correlation with sexual attraction towards men, and negative moderate correlation with sexual attraction to women. Similarly, sexual fantasy of men has a positive moderate correlation with sexual behavior towards men. Sexual fantasy of women has a negative moderate correlation with sexual attraction to men and a positive moderate correlation with sexual attraction towards women, as were as a negative weak correlation with sexual behavior towards men and a negative moderate correlation with sexual fantasy of men.

Considering Self-efficacy, the above table shows that it has a negative weak correlation with sexual attraction to women, meanwhile it has a positive strong correlation with Social Competence total. On the other hand, Sociability has a positive weak correlation with sexual fantasy of men and a positive strong correlation with Social Competence total and a positive moderate correlation with Self-efficacy. Whereas, Adaptability has a positive strong correlation with Social Competence total and Self-efficacy, and a positive moderate correlation with Sociability. Leadership has moderate a negative correlation with sexual attraction towards women and weak positive correlation with sexual fantasies of men and positive strong correlation with Social Competence Total, Self-Efficacy, Sociability, and Adaptability. In Self-Confidence it has a positive strong correlation with Social Competence Total and Sociability, likewise it has a positive moderate correlation with Self-Efficacy, Adaptability and Leadership and has positive weak correlation with Sociability. Whereas, Social Initiative has a positive strong correlation with Social Competence total, and a positive moderate correlation with Self-Efficacy, Sociability, Adaptability, Leadership and Self-Confidence.

Table 3

Mean, standard deviation and statistical analysis for Education on Social Competence, Self-Efficacy, Adaptability, Leadership, Self-Confidence, and Social Initiative. (N=246).

Variables	Secondary school		High school		Under-graduate		Graduate		Post-graduate		F	p	95% CI		
	n=2		n=73		n=153		n=19		n=3				LL	UL	
	M	SD	M	SD	M	SD	M	SD	M	SD					
SCT	152	31.11	143.04	14.25	149.98	18.21	152.47	18.26	146.66	10.21	2.34			-13.65	-0.23
SE	43	9.89	41.37	4.69	44.79	5.54	44.79	5.42	42.33	1.52	3.38*	.010			
ADP	21.51	6.36	21.27	3.20	22.44	3.84	22.36	3.32	20.33	2.88	1.49				
LD	21.50	0.71	19.16	3.14	20.42	3.17	20.57	4.24	20.33	0.57	2.11				
SC	11.00	5.65	11.30	2.79	12.46	2.97	13.42	2.77	14.00	1.00	3.26*	.013		-2.30	-0.02
SCB	43.00	4.24	40.68	4.89	41.61	5.81	42.52	6.11	39.66	5.85	0.66			-4.18	-0.57
SI	12.00	5.65	9.24	3.10	9.08	2.81	8.78	2.69	10.00	0.00	0.66				

Note. **= $p < 0.01$, * = $p < 0.05$, SCT = Social Competence Total, SE = Self-efficacy, SCB = Sociability, ADP = Adaptability, LD = Leadership, SC = Self-confidence, SI = Social Imitative, 1 = Secondary School, 2 = High School, 3 = Undergraduate, 4 = Graduate, 5 = Post-graduate, CI = confidence Interval, LL = Lower Limit, UL = Upper Limit.

Table 3 shows that there is a significant difference in Self-efficacy and Self-confidence across different education levels. Undergraduate students have higher self-efficacy as compared to high school students ($p = .006$). Whereas, undergraduate ($p = .043$) and graduate ($p = .041$) students have greater levels of self-confidence as compared to high school students. Although the differences are significant, the results cannot be generalized due to a limited sample size (Secondary school $n = 2$, Postgraduate $n = 3$).

Table 4 depicts that there is a significant difference in self-efficacy and leadership among different genders. Male ($p = .034$) and female ($p = .002$) have higher levels of self-efficacy as compared to gender non-conforming individuals. Whereas male ($p = .023$) and female ($p = .005$) have higher leadership potential or skills as compared to Transgender individuals respectively. Although the differences are significant, the results cannot be generalized due to a limited sample size (Transgender $n = 4$, Gender non-conforming $n = 18$).

Table 4

Mean, standard deviation and F-values for Gender on Social Competence, Self-Efficacy, Adaptability, Leadership, Self-Confidence, and Social Initiative (N=246).

Variables	Female		Male		Transgender		Gender Non-conforming		p	95% CI		
	n = 175		n = 49		n = 4		n = 18			LL	UL	
	M	SD	M	SD	M	SD	M	SD				
SCT	149.65	16.65	147.21	19.40	131.50	26.38	140.00	12.29		149.65	16.65	147.21
	43.81		42.98		41.00	5.71			4.83*	43.81		42.98
SE		5.20		6.03			39.10	3.36			5.20	
	22.17					4.54		3.74		22.17		
ADP		3.66	21.88	3.58	20.00		22				3.66	21.88
	20.44		19.75						5.54*	20.44		19.75
LD		3.06		3.62	15.00	5.59	18.68	2.31			3.06	
			12.17				11.47					12.17
SC	12.36	2.86		3.21	9.25	3.86		2.69		12.36	2.86	
SCB	41.56	5.67	41.11	5.51	38.75	8.05	41.21	4.22		41.56	5.67	41.11
SI	9.30	2.90	9.30	2.94	7.50	2.64	7.52	2.22		9.30	2.90	9.30

Note. **= $p < 0.01$, *= $p < 0.05$, SCT=Social Competence Total; SE=Self Efficacy; SCB=Sociability; ADP=Adaptability; LD=Leadership; SC=Self-Confidence; SI=Social initiative; CI=Confidence Interval; LL=Lower Limit; UL=Upper Limit.

Table 5 depicts that there is a significant difference in Self-efficacy and Leadership across different religions. The table above depicts that there is a significant difference in Self-efficacy and Leadership across different religions. Individuals that believe in Islam have higher levels of self-efficacy as compared to those who are Agnostic ($p = .007$) or have no religion ($p = .041$). Similarly, Muslims also have higher leadership potential or better leadership skills as compared to Agnostic individuals ($p = .009$).

Table 5

Mean, standard deviation and F-values for Religion on Social Competence, Self-Efficacy, Adaptability, Leadership, Self-Confidence, and Social Initiative (N=246).

	Islam N=177		Hinduism N=4		Christianity N=3		Agonistic N=23		None N=3		Atheist N=20				95% CI			
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD	F	P	LL	UL
SCT	150.74	17.21	139.75	33.23	131.33	4.04	141.26	175.54	142.1	12.95	148.0	10.14	143.1	15.78				
SE	34.28	5.14	41.75	7.50	42.66	3.05	40.13	5.44	40.55	5.31	40.33	8.96	41.15	4.49	4.25	.00	0.726	7.58
ADP	22.28	3.72	20.25	5.05	18.33	0.58	22.30	4.03	21.20	2.41	21.00	3.60	21.75	3.40			0.085	7.39
LD	20.61	3.15	19.75	6.39	66	18.13	3.36	19.45	2.79	18.33	1.15	19.2	2.87	3.8*	.001	0.39	4.56	20.61
SC	12.35	3.03	11.25	4.34	33	11.39	2.49	12.70	2.55	10.66	3.21	12.05	2.85					12.35
SCB	41.81	5.60	39.25	8.99	66	40.52	4.65	39.70	5.32	47.66	6.35	40.45	4.98					41.81
SI	9.38	2.98	7.55	2.38	6	8.78	2.99	8.50	2.43	10.00	1.00	8.50	2.41					9.38

Note. **= $p < 0.01$; *= $p < 0.05$; SCT = Social Competence Total; SE = Self-Efficacy; SCB = Sociability; ADP = Adaptability; LD = Leadership; SC = Self-Confidence; SI = Social-Initiative; 1 = Female; 2 = Male; 3 = Transgender; 4 = Gender Non-Conforming; CI = Confidence Interval; LL = Lower Limit; UL = Upper Limit.

Discussion

In the present research, the focus was to identify social competence across different sexual orientation specifically in emerging adults. The aim of the study was to find out the differences in social competence of young adults based on their sexual orientation.

Sexual orientation isn't openly discussed in our society, and individuals feel hesitant to discuss this topic with others. Just as individuals have very little awareness about sexual directions which is the explanation for the less judgmental and bias about these individuals. These things are consistently keep covered up by family or friends or even by that individual, so they get disregarded or avoided by the society they reside in. The individuals whose sexual orientations are different from the majority in that society, really feel awkward to discuss it via social media also, and it is hard for them to find their partner with a similar preference effectively so instead of talking about it they like to hide their feelings' which is viewed as more appropriate.

Discrimination and disapproval of the LGBT individuals along with the associated social stigma, mostly stem from religious beliefs and make it difficult for LGBT people to have steady relationships. Nevertheless, the LGBT community is still able to socialize, organize, and date.

As demonstrated in the results, there were no significant differences in social competence across different sexual orientations. This could be due to several reasons. Considering sexual orientation and social competence in a collectivistic culture, one reason could be that there is an emphasis on conformity, and deviance is less tolerated (Fukushima et al., 2009). Since, Pakistan also has a collectivistic culture, sexual minority individuals might mask and conceal their orientation, thereby preventing exposure to the negative factors associated with coming out. Another important aspect of the population filling our survey is that they are at higher levels of education (61.1% Undergraduate) and belonging to the middle class (86.6%), which may suggest that they have the opportunity to access resources online about LGBT rights and issues, such as access to forums or access to other people of the same population additionally. Currently, the number of internet users in Pakistan as reported by PTA (2019) stands at 76 million for 3G/4G subscribers and 74 million for Broadband subscribers. This indicates that many residents of Pakistan have access to the internet. As a result, they can openly talk about these issues; voice their opinions to others like them, free from the restrictions of society.

The results also revealed that social competence across the different categories of sexual orientation (i.e., heterosexual, bisexual, and homosexual) lies in average range. This discussion will more to social competence, which in accordance with the theory selected for this research, is considered as a general construct. Studies on conformity in collectivistic cultures have shown that conformity is usually exercised as compliance, rather than internalization (Oh, 2013). This could be one of the reasons why hidden, sexual minority individuals thrive in their own communities which can buffer many negative effects. This brings us to the family-of-choice hypothesis which suggests that to seek support and cope up, LGBT+ individuals may form a 'family of choice'. Having alternative support that includes families of choice, and access to online network can aid LGBT individuals in seeking support and overcoming difficulties (Saltzburg, 2007). However, since protective factors were not the scope of the current study, this can be an important area for future research directions.

The analysis indicated that there is a significant difference in social competence across different education levels, genders, and religions. The main differences are in self-efficacy, leadership, and self-confidence. When viewing the differences in self-efficacy and leadership between heterosexual and gay/lesbian and mostly gay/lesbian individuals, it has been seen that

self-doubt in LGBT+ individuals lead to self-esteem issues which may impact their self-efficacy (Zubernis & Snyder, 2007).

Another highlighted factor in the research findings is self-confidence and social competence, which may vary across different educational levels. The reasons are, as individuals grow older and are exposed to a variety of situations (from education levels), their self-confidence also increases. University students also have a higher rate of availability on social networking sites and engage in many different social and extracurricular activities. It has been seen that self-doubt in LGBT+ individuals leads to self-esteem issues, which may affect their self-efficacy (Zubernis & Snyder, 2007).

Another finding is that individuals belonging to different religions vary in levels of self-efficacy and leadership. Religion has long been considered a protective factor for mental health. In fact, much research shows the positive effects of religious and spiritual beliefs on mental health outcomes (Cotton et al., 2006). Religion has been shown to be linked with psychological adjustment (Huuskes et al., 2016).

As far as values for correlation are concerned, sexual attraction to men has negative weak correlation with sexual attraction to women ($r = -.264$), and a weak positive correlation with sexual behavior with men ($r = .258$). Sexual attraction leads individuals to seek sexual gratification, which explains the relationship between sexual attraction and sexual behavior. In fact, extroversion has been found to be positively correlated with sexual intentions and behavior (Meston et al, 1998; Shafer, 2001). Although attraction and fantasies have been linked with sexual behavior, this may not be applicable to the sample of the current study due to a lack of sexual knowledge and concealing attitudes (Hennick et al., 2005).

For the given sample, correlations among components of social competence range from $r = .137$ to $.808$ which are all significant positive values. This depicted that the components of social competence (Self-efficacy, Sociability, Self-Confidence, Adaptability, Leadership and Social Initiative) were all positively correlated for the given sample.

This study explored differences in social competence of varying sexual orientations. Since discussing sexuality is still considered taboo in our society, some participants seemed hesitant to fill out the online forms. Nevertheless, the response rate was efficient, and a comparable amount of data was collected. Furthermore, the literature which was relevant to its norms and values was highly limited. Nonetheless, this proved to be an important reason for many further studies to give attention to various dynamics of sexual orientation in the Pakistani society. The forms being online, may have caused some difficulty in eliciting data from individuals who were not familiar with Google Forms or did not have emails or access to the internet, however, with the rising trend of technological advancement, most merging adults, in addition to adolescents, have a steady internet connection and do spend a fair amount of time on the internet.

Many variables such as social competence, which also includes its components such as self-efficacy, leadership and others, are relatively lacking in research regarding the LGBT community in Pakistan.

Based on the findings, it was concluded that there is no significant effect of sexual orientation on social competence, which could be due to cultural or general factors. Previous literature has shown that factors similar to social competence are impacted in sexual minority populations. However, our research combines the variables of sexual orientation and social competence in cultural context. The affect of demographic variables such as education, gender

and religion were also observed. This study can serve as an important therapeutic resource and aid them in overcoming the problems they face.

The aim of the research was to attain generalizable results, so a larger sample size is recommended, especially in rural and urban areas. It is also recommended to use qualitative methods such as interviews and case studies that can provide in-depth knowledge about these communities. Future research can include variables, education, gender, and religion as they were related, when working with the construct of social competence. More exploratory research about the protective factors especially in devising effective therapeutic interventions is also recommended. Furthermore, the current research also underlines the need for a census of LGBT individuals (as many countries have already done this) to recognize the trends and the prevalence of the LGBT communities in Pakistan.

Implications

The aim of this research was to increase knowledge about the differences in social competence across different sexual orientations. Although the results show there is no significant difference, this is an important resource that can be especially beneficial when designing therapeutic interventions for LGBT individuals. Since social competence has been determined as a protective factor for mental health (Andújar-Bello et al., 2006), it can aid the therapy process if incorporated. Moreover, the purpose of this study is also to create awareness about the issues faced by LGBT community in Pakistan. As seen, social competence does vary across genders and there is a possibility that experiences of transphobia and discrimination based on gender identity impact social competence of transgender and gender non-conforming individuals. Pakistani people generally have a negative and stereotypical attitude towards transgender people and this may influence their behavior.

Although, research related to LBGT populations in Pakistan may not lead to widespread change or legal reforms, it can still highlight important issues faced by the community and the impact on their functioning. Increasing awareness is the first step to change.

Conclusion

This study was conducted with the aim of figuring out the effect of Sexual Orientation on the Social Competence in the Emerging adults. We tried to find the answer of many questions regarding the social competence in people with different sexual orientations including Homosexual, Bisexual and heterosexual within and to get an answer social competence varies for different sexual orientation. And if there is any relationship between sexual orientation and social competence. On the bases of the findings it was concluded that there is no significant affect of sexual orientation on social competence which indicates that social competence is a separate factor which cannot increase or decrease from different sexual orientation, but it may be affected by other factors such as socioeconomic status and education level. Pakistan is an underdeveloped country where there are no facilities for the people with minority sexual orientations and they cannot express their preferences openly as the majority can. Previous literature shows that sexual orientation is linked with minority stress, lower level of confidence and social competence, but there is very less work done on these variables and on the basis of previous literature and the findings of this study we can say that social competence may be effected by sexual orientation. However, other factors can alternate the result as our study was based on a population where the majority of participants was educated, and this could be the reason that they were able to cope with their problems and were able to maintain their relationship with other people. It will serve

to aid parents, teachers, social competence researchers, counselors, educationists, and clinical psychologists in order to develop intervention strategies and training programs.

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