# EXAMINING THE ROLE OF GENDER AND SOCIO-ECONOMIC STATUS IN EMOTIONAL INTELLIGENCE OF SOME MYANMAR EARLY ADOLESCENTS

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# Abstract

The purpose of this study was to examine the role of gender and socio-economic status on the emotional intelligence of early-adolescent youth in Myanmar. The relationship between demographic variables (gender and socioeconomic status) and emotionality factors (adaptability, general mood, intrapersonal stress, interpersonal stress, and stress management) was examined using a non-experimental correlational design. The simple random sampling technique was used to select 382 students (197 males and 184 female) from three high schools in Mandalay. Early adolescent fifth graders, who ranged in age from 10 to 13, made up the participants. The participants were administered the Myanmar version of the Bar-On Emotional Quotient Inventory and a demographic questionnaire. The demographic sample was described using descriptive statistics. The relationship between the Bar-On EQI scales was examined using a Pearson correlation. The significance of the gender difference in the Bar-On EQI scales was determined using a t-test analysis. The significance of the difference in total emotional intelligence among socioeconomic status (SES) was assessed using an analysis of variance (ANOVA). The findings showed that in terms of intrapersonal stress skills, interpersonal stress skills, adaptability, mood, and overall emotional intelligence, girls generally score higher than boys. The higher socioeconomic status group reported greater adaptability, mood, and overall emotional intelligence.

Keywords: Emotional Intelligence, gender, socio-economic status, early adolescents, Myanmar

# Introduction

Without the proper coping skills, children around the world are dealing with a variety of stressors (Wang, Haertel, & Walberg, 1993). This is especially true for the early adolescent group (ages 10 to 13), as they go through biological, cognitive, and social-emotional changes as they establish relationships with peers, parents, and teachers and adjust to a new school (Jose & Kilburg, 2007; Roeser, Eccles, & Sameroff, 2000). According to research, social- emotional development between genders differs during childhood and adolescence. Gender differences in behavior problems, such as aggressive behavior and antisocial behavior (externalizing problems), during childhood and adolescence, are reported by Kelley, et al. (2000) and Lahey, et al. (2000), with boys showing greater rates of these problems than do girls. According to Hampel, Meier, and Kummel (2008), early adolescent girls are more vulnerable to interpersonal pressures that cause internalizing problems like depression.

It is becoming more and more clear that the early adolescent age group has a disproportionately high rate of academic and emotional failure as a result of their inability to identify, handle, and manage stress. According to Roeser, Eccles, and Sameroff's estimation from 2000, 25 to 50% of all young people between the ages of 10 and 17 are at risk of having their possibilities in education, employment, and other spheres of life reduced as a result of high levels of stress brought on by ineffective coping strategies and/or stress management. Additionally, it has been stated that between 60 and 80 percent of young people who are at risk originate from low socioeconomic situations (Roeser, Eccles, & Sameroff, 2000).

Evidence-based educational programs targeted at teaching stress management and useful coping skills to young adolescents may be beneficial, according to a growing body of research (Durlak & Wells, 1997). However, schools should carry out school and community risk and

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needs assessments to identify specific social and emotional demands before initiating intervention and prevention programs (Zins, Elias, & Greenberg, 2003). There is now an increasing number of research on the development and management of stress in middle and late adolescence as well as in adult populations. There is, however, little study on gender, stress, and coping as they relate to elements including socioeconomic status, level of education, race, and transitions in schools. The early adolescent group could be better understood through self-report and additional research on these ideas, which can then help school districts provide appropriate interventions.

Teachers believe that stress in kids can cause a range of behavioral issues, many of which are considered barriers to receiving a quality education (Beebe-Frankenberger et al. 2005; Webster-Stratton et al. 2004). Children who, for a variety of reasons, find themselves unable to manage interpersonal stressors, peer pressure on the playground, and the demands of learning in a classroom are particularly disadvantaged, as studies have shown that teachers frequently react negatively to the misbehaving child (Lane, Givner, & Pierson, 2004). In the past, teachers used to think that students who struggled in class were either mentally unfit or simply disruptive, and they would penalize them accordingly. As suggested by a growing body of research, many children who are "failing" in school are doing so because they have not yet fully developed their social and emotional skills and are unable to identify or manage stress (Chandler, 1984). In modern society, the idea that kids struggle with their incapacity to handle stress is not at all implausible. Previously considered to be an adult issue, researchers are now coming to the opinion that a particular youngster might be severely impacted by a variety of social challenges and alterations in family dynamics (Appleyard, et al. 2005).

Children today more than ever have to deal with a variety of parental and social issues, including parental separation and divorce, growing up in single-parent families from birth, poverty, and experiencing family dysfunction, including substance abuse in the home, domestic abuse, and even child abuse. Research has shown that problems like substance abuse and domestic violence are not only a problem for poor socioeconomic family units (Anshel & Delany, 2001; Bradley & Corwyn, 2002; Garmezy, 1983) and that even children in average mainstream homes can be affected by family dysfunction. It is less probable that the child will receive help for their problems in a home where the parents are most likely stressed out when the family unit is also affected by poverty. Parents who are under stress may engage in inconsistent or unstable parenting behaviors, particularly when it comes to setting up boundaries for their kids' safety or supporting them while they're under pressure (Anthony et al., 2005). In these circumstances, the child must learn coping mechanisms for the stressors they experience at home and school.

However, intervention programs during a child's life can and do improve that child's capacity to react to stress more positively and deal with the effects of stressors they cannot control, according to more researchers (Hampel, Meier, & Kummel, 2008; Zins, Elias, & Greenberg, 2003). As a result, the outcome for these children does not necessarily have to be negative. School-based initiatives that have been proven to be effective include Capable Kids (De Wolfe & Saunders, 1995), Youth Understanding and Managing Stress (Romano, Miller & Nordness, 1996), and the Rochester Child Resilience Project (Pincus & Friedman, 2004). Data collection is a crucial step in the design of any intervention program and can be carried out through tools such as student self-reports (Zins, Elias, & Greenberg, 2003). The needs of the people being served are identified through this procedure. While a child's home environment and personality traits will always be mitigating factors in intervention programs, several research findings indicate that the school environment is particularly beneficial in enhancing psychological adjustment and subsequently improving academic outcomes for particular children (Brooks, 2006; De Wolfe & Sanders, 1995).

A great deal of literature regarding the thoughts of children on stress and social skills is fairly extensive. Taxis et al. (2004) found that self-reporting among young children about stress was not very effective in that many children described situations relating to feeling ill rather than to any major stress factors. This was attributed to the fact that young adolescents have distinct worldviews than younger children, and this difference needs to be taken into account when constructing interventions. While McGinnis and Goldstein (1997) held that enhancing interpersonal and stress-management abilities is crucial to achieving better outcomes for youth, Nettles, Mucherah, and Jones (2000) came to the opposite conclusion, concluding that the intervention must also focus on increasing access to resources and the development of adaptive processes. Adaptability, interpersonal stress, intrapersonal stress, general mood, stress management, and overall emotional intelligence were the emotionality factors that this study looked at to examine if there were any relationships between demographic factors like gender and socioeconomic status and these emotionality factors. The following research queries were addressed in more detail.

- 1. How do gender and the Bar On EQ-I scale's raw scores correlate?
- 2. What connection exists between socioeconomic status (SES) and the raw Bar On EQ-I Scale scores?

#### Method

# **Participants**

The Participants in the study were 382 fifth–grade students (198 male students, 184 female students) from No (5) B.E.H.S, San Hein Education Private High School, and Kantetkone Monastic Education High School in Chanayethazan and Mahaaungmye Townships, Mandalay. Their age ranged from 10-13 years. The students in this sample had a 10.97-year-old mean age. To take part in the study, every student volunteered.

## Procedure

Permission for the participants to take part voluntarily in the study during school times was obtained from the headmaster, principal, and Abbot of No (5) B.E.H.S, San Hein Education Private High School and Kantetkone Monastic Education High School. A prospective sample of 382 fifth-grade students was pooled and survey questionnaires were administered to all fifth-grade students present in the school on the scheduled day.

## Measures

# Myanmar Version of the Bar-On Emotional Quotient Inventory

Based on a translation of Bar-On's (1997) original instrument, this study tried to create the Bar-On Emotional Quotient Inventory (Bar-On EQI) for use in Myanmar. Each fifth grader was administered the Bar-On Emotional Quotient Inventory, Myanmar version, during their routine guidance class. The BarOn EQ-I is a self-report rating scale used to assess emotional intelligence, according to Baron & Parker (2000). Bar-On added on to state that the questionnaire's six scales-total emotional intelligence, interpersonal stress, intrapersonal stress, adaptability, stress management, and general mood—help analyze the emotional, personal, and social dimensions of emotional intelligence. The ability to deal with demands and pressures from the environment is ultimately determined by these emotional, personal, and interpersonal characteristics. The Bar On EQ-i in Myanmar version has 121 items that participants are asked to rate on a 5-point Likert scale, ranging from "Very seldom or Not true of me" to "Very often true of me or True of me." Reliability coefficients were determined to be .81 for total emotional intelligence,.60 for intrapersonal stress,.61 for interpersonal stress,.64 for stress management,.57 for adaptability, and .62 for general mood according to the reliability analysis results of this study.

#### Socioeconomic Status

Sociologists and social scientists use the word "socioeconomic status" to refer to the individual's or a group's position in a hierarchical social structure. Socioeconomic factors such as parental education, family income and occupation, housing facility, and material belongings are used to assess this position (Adler et al., 1994). To determine the socioeconomic status of the parents in the current study, the researcher also considered their level of education, occupation, income, place of residence, and material possessions, such as a car, motorcycle, telephone, television, video, refrigerator, sewing machine, bicycle, radio, and cassette player. Each variable was given a numerical value, and for each study subject, the total SES score was computed. Considering the socioeconomic status of their parents, three groups were created out of all study participants. The classification was based on percentile values. Therefore, we discovered that the Low SES group was defined as having a score of 19 to 28 (26th to 75th percentile), and the High SES group as having a score of more than 28 (above the 75th percentile).

# **Results**

These results were reached after administering the Bar-On EQI Myanmar Version test to a sample of 382 respondents. Descriptive statistics about gender and socioeconomic status (SES), the Bar-On EQI scale, and the results of statistical tests of difference for gender and socioeconomic status are all included in the findings, which are organized into four categories.

## **Descriptive Statistics**

Four basic characteristics that offered demographic information about the participant group were collected. Age, gender, socioeconomic status (SES), and ethnicity are some of these characteristics. In further investigations, socioeconomic status and gender are included as differentiating factors. A frequency table for each of these characteristics is shown in Table 1. According to a general analysis of the descriptive statistics, the majority of the participants (n = 158) are under the age of 10, and the majority of the remaining participants (n = 115) are between the ages of 10 and 11. Male students make up the majority of respondents (n = 197). The SES distribution is normally distributed, with the average group comprising a sizable number of individuals (n = 194). When it comes to ethnicity, the majority (n = 303) are Bamar, with the minority (n = 79) being largely Pa-O (n = 19) or Shan (n = 17) in number.

## **Bar-On EQI Test Scores**

The results of the Bar-On EQI test for the entire group make up the second set of descriptive statistics that are presented. These scores are provided in their raw forms, and to illustrate how these scores relate to one another, a correlation table for the scale scores has also been created using the raw scores. Tables 2 through 7 include this information. The coefficient of

variation in the raw scores (Table 2) reveals that EQ and intrapersonal stress varied the least, while interpersonal stress and stress management varied the most. Significantly positive correlations between all of the variable pairs are shown in Table 3. While stress management and interpersonal stress had the least significant correlation (.122), EQ and intrapersonal stress have the largest link (.830).

# **Gender Differences**

The first set of inferential tests, which relate to research question 1, concentrated on gender distinctions. The t-tests employed in this analysis were for comparing gender differences in EQ, intrapersonal stress, interpersonal stress, stress management, adaptability, and mood. The raw scores were used for these analyses. Data from the t-test analysis for the overall EQ and subscales for intrapersonal stress, interpersonal stress, stress management, adaptability, and mood when broken down by gender are shown in Table 4. Table 4 demonstrates the results of the test for between-subjects effects, which revealed significant mean differences by gender for five of the six variables. Although there were differences in means of stress management as well, they were not approached significantly. According to Table 4, girls had higher mean scores on the EQ scales for mood, adaptability, intrapersonal stress, and interpersonal stress. The results of these tests allow us to respond to research question 1 as follows. Out of the subscales, only stress management revealed no significant variation in means depending on gender, while intrapersonal stress, interpersonal stress, stress management, adaptability, and mood did. In general, girls outperformed boys in the areas of intrapersonal stress, interpersonal stress, adaptability, mood, and total EQ, demonstrating that they may have somewhat better skills in these areas. As a result, the first research question has received an affirmative answer.

	Frequency	Percent
Age		
10	158	41.4
11	115	30.1
12	70	18.3
13	39	10.2
Gender		
Male	197	51.6
Female	185	48.4
SES		
Low	94	24.6
Average	194	50.8
High	94	24.6
Ethnicity		
Bamar	303	79.3

 Table 1 Age, gender, socioeconomic status, and ethnicity of participants' frequency distribution (n = 382)

	Frequency	Percent
Pa-O	19	5.0
Shan	17	4,5
Palaung	10	2.6
Danu	10	2.6
Chinese	5	1.3
Wa	4	1.0
Chin	3	0.8
Kachin	3	0.8
Indian	3	0.8
Muslim	2	0.5
Naga	1	0.3
Rakhine	1	0.3
Mon	1	0.3

# Table 2. Results of the Myanmar Version of the Bar-On EQI test with descriptive statistics(N=382)

	Mean	Median	Mode	Standard Deviation	Coefficien t of	Range
Intrapersonal	110.62	109.00	102	12.764	.11	7
Interpersonal	68.29	68.00	74	9.464	.13	9
Adaptability	72.22	71.00	67	9.384	.12	5
Management	42.41	42.00	42	8.420	.19	4
Mood	109.58	110.00	112	12.732	.11	7
Total EQ	376.82	371.50	344	36.981	.09	208

 Table 3. Raw Score Correlations in the correlation matrix (n=382)

	1	2	3	4	5	6
1. Intrapersonal Stress	-					
2. Interpersonal Stress	.393***	-				
3. Stress Management	.585***	.122*	-			
<ol> <li>Adaptability</li> <li>Mood</li> </ol>	.564*** .410***	.415*** .569***	.401*** .151**	.446***	-	
6. Total EQ	.830***	.679***	.602***	.765***	.707***	

	Male (1	n=197)		Female (n=185)			
	Mean	SD	Mean	SD	t value		
Intrapersonal stress	108.78	(12.076)	112.59	13.208	-2.947**		
Interpersonal stress	66.09	10.109	70.64	8.115	-4.839***		
Stress management	42.04	8.174	42.81	8.677	-0.899		
Adaptability	70.50	8.957	74.05	9.506	-3.754***		
Mood	107.26	12.799	112.04	12.220	-3.724**		
Total EQ	368.37	34.880	385.82	37.122	-4.736***		

## Table 4 Myanmar's version of the Bar-On EQI scales: estimated marginal means by gender

# Table 5. socioeconomic status, intrapersonal stress, interpersonal stress, stress management, adaptability, and mood tests of between-subjects effects

Scale	D f	F	Sig
Intrapersonal Stress	2	1.172	.311
Interpersonal Stress	2	2.680	.070†
Stress Management	2	.985	.374
adaptability	2	3.089	.047*
Mood	2	5.271	.006*
Total EQ	2	3.623	.028*

Note: \*Indicates that the test is significant at the p < .05 level. † Indicates that the test is significant at the p < .10 level.

# **Socioeconomic Status Differences**

The second area of investigation involved determining if socioeconomic status (SES) affected the results of the component scales or the respondents' EQ scores. Low, average, and high SES were categorized according to percentiles. The remaining respondents were split between the two factors, with the majority of them reporting having an average socioeconomic level. The results of a one-way ANOVA between SES and the dependent variables (intrapersonal stress, interpersonal stress, stress management, adaptability, mood, and total EQ) are shown in Tables 5 and 6. The effects of adaptability (F (2, 382) = 3.089, p=.047), mood (F (2, 382) = 5.271, p =.006), and total EQ (F (2, 382) = 3.623, p =.028) were significant at p .05 and.01 in the test of between-subjects effects (Table 5). However, interpersonal stress did approach statistical significance (F (2, 382) = 2.680, p =.070, meeting the criteria of p .10). This would suggest that the results of this between-subjects effects test could be significant in a larger or more representative sample.

The descriptive statistics by SES are shown in Table 6 for each scale. Table 6 also demonstrates that scores on the total EQ scale, the mood scale, and the adaptability scale all tend to increase with SES. A more detailed post-hoc analysis that highlights differences between the groups is provided in Table 7 (using Tukey HSD analysis). Only the results for adaptability, mood, and total EQ are presented in Table 7, which includes Tukey HSD tests for group comparison. This is because only these variables significantly differed between groups. With a mean difference of -3.298, (p =.042), -5.127, (p=.004), and -11.845, (p =.029), these results demonstrate that the only statistically significant differences were between the low and high groups in adaptability, between the average and high groups in mood, and between the average and high groups in total EQ. The results of these tests provide an answer to Research Question 2. Only adaptability, mood, and Total EQ were found to have significant differences between SES

categories among the five scale variables (intrapersonal stress, interpersonal stress, stress management, adaptability, and mood), though the interpersonal scale variable approached significance (and could achieve significance in a larger or more representative sample).

Scale	Socioeconomic Status group	Mean	Standard	N.
	(Family Income)		Deviation	
Intrapersonal Stress	Low	110.82	11.768	94
	Average	109.76	12.196	194
	High	112.20	14.702	94
	Total	110.62	12.764	382
Interpersonal Stress	Low	68.06	11.188	94
	Average	67.48	8.063	194
	High	70.20	10.087	94
	Total	68.29	9.464	382
Stress Management	Low	41.53	8.085	94
	Average	42.43	8.058	194
	High	43.26	9.423	94
	Total	42.41	8.420	382
Adaptability	Low	70.84	8.703	94
	Average	71.96	8.613	194
	High	74.14	11.192	94
	Total	72.22	9.384	382
Mood	Low	109.34	12.156	94
	Average	107.98	12.483	194
	High	113.11	13.228	94
	Total	109.58	12.732	382
EQ	Low	374.15	35.496	94
	Average	373.82	33.328	194
	High	385.67	43.961	94
	Total	376.82	36.981	382

Table 6	Intrapersonal stress,	interpersonal stress,	stress	management,	adaptability,	and
	mood- descriptive inf	formation for SES gro	oups			

Dependent Variable	(I) SES	(J) SES	Mean Difference (I – J)	Std. Error	Sig.	95% Confidence Interval	
						Lower	Upper
						boun	Bound
Adaptability	1	2	-1.118	1.173	.607	-3.88	1.64
		3	-3.298	1.361	.042*	-6.50	-0.09
	2	1	1.118	1.173	.607	-1.64	3.88
		3	-2.180	1.173	.152	-4.94	0.58
	3	1	3.298	1.361	.042*	0.09	6.50
		2	2.180	1.173	.152	-0.58	4.94
General	1	2	1.361	1.582	.666	-2.36	5.08
Mood		3	-3.766	1.837	.102	-8.09	0.56
	2	1	-1.361	1.582	.666	-5.08	2.36
		3	-5.127	1.582	.004*	- 8.85	-01.40
	3	1	3.766	1.837	.102	-0.56	8.09
		2	5.127	1.582	.004*	1.40	8.85
EQ	1	2	0.324	4.616	.997	-10.54	11.18
-		3	-11.521	5.357	.081	-24.13	1.08
	2	1	-0.324	4.616	.997	-11.18	10.54
		3	-11.845	4.616	.029*	-22.71	-0.98
	3	1	11.521	5.357	.081	-1.08	24.13
		2	11.845	4.616	.029*	0.98	22.71

Table 7 Results of post hoc testing for adaptability, mood, and overall EQ by SES, including Tukey HSD and Games-Howell

Notes: Differences with an asterisk (\*) signify that they are statistically significant at p .05.

So, in response to research question 2, will children in the higher SES category do better in terms of adaptability, mood, and overall EQ? It is possible to respond positively. Following is a general summary of the analysis findings. First, in response to Research Question 1 (How do gender and the Bar On EQ-I scale's raw scores correlate?), it was discovered that there was a difference between the genders in terms of intrapersonal stress, interpersonal stress, adaptability, mood, and total EQ, with girls reporting statistically significantly higher scores than boys in these areas. The only difference observed in adaptability, mood, and overall EQ was in Research Question 2 (What connection exists between socioeconomic status (SES) and the raw Bar On EQ-I Scale scores?). The highest SES group in this case reported a considerably greater adaptability score than the average and lowest SES groups, as well as higher scores in the mood and overall EQ categories. The interpersonal variable approached to be significant, but it fell short of being significant.

## Discussion

The current study aims to learn more about emotional intelligence and how it affects the development of male and female early adolescent youth in Myanmar. The following two major research questions served as the basis for the study's key findings:

- 1. How do gender and the Bar On EQ-I scale's raw scores correlate?
- 2. What connection exists between socioeconomic status (SES) and the raw Bar On EQ-I Scale scores?

The five subscales (Intrapersonal Stress, Interpersonal Stress, Adaptability, Stress Management, and Mood) as well as the total EQ score were used to test these research issues. SPSS was used to produce these research results. The sample (n = 382) consisted mostly of male

respondents who were 10 to 13 years old. Bamar made up the majority of the responders. Most responders had SES levels that were about average. Regarding the distribution of scores, intrapersonal stress and total EQ exhibited less variability in the raw scores, while interpersonal stress management showed a higher degree of variation. All of the comparisons of the variables revealed statistically significant relationships, with EQ and intrapersonal stress having the highest connection (r =.83). One-way ANOVA was used to conduct inferential tests on the connection between gender and socioeconomic status as demographic categories and EQ and its subscales.

Testing for gender revealed significant differences in Intrapersonal Stress, Interpersonal Stress, Adaptability, Mood, and Total EQ, with girls scoring higher. By gender, there was not a significant distinction in stress management. When SES was tested, only Adaptability and Mood reached significance for the subscales. For intrapersonal stress, interpersonal stress, and stress management by SES, there were no significant differences. When SES was tested, it was shown that there was a considerable difference in total EQ, with the high SES group having higher EQ ratings.

The results of this study confirm a significant correlation between demographic factors like gender and socioeconomic status and the outcome of the Bar-On EQI scale scores or overall score. This implies that significant demographic disparities among early adolescents can be identified using this score. The differences in individual performance can be assumed to be primarily the result of individual variations in intrapersonal stress, interpersonal stress, adaptability, mood, and emotional intelligence, allowing for more careful targeting of assistance for children in need. Even though these findings are illuminating in terms of differences between adolescent groups, they do provide an excellent opportunity for practice. Without question, ongoing stress can hurt an adolescent's development, as study has amply demonstrated. Some children who experience stress, nevertheless, may not always suffer negative consequences. These children are resilient and able to deal with stress in the right way and adapt to it. The reasons why the respondents may have scored highly on the emotional intelligence scale may have been related to their awareness of stress and ability to cope with it, which may have made them more "stress-resistant" and better able to benefit from supportive role models, supportive parents, or supportive social networks (Dubow & Tisak, 1989; Garmezy, 1983).

Initially, it is important to be able to recognize in each child the impacts of interpersonal stress and their capacity for problem-solving to prevent harm that might be irrevocable. Several studies that highlight the effects of emotional intelligence on academic achievement and school experience (Beebe-Frankenberger et al., 2005; Webster-Stratton, Reid, & Hammond, 2004) outline the need for the ability to identify whether a given child is experiencing interpersonal stress strains or excessive degrees of stress, as tested by the Bar- On EQI scale. Due to their frequent struggles with problem-solving in the classroom and social situations outside of it, these children may particularly encounter unfavorable responses from teachers (Lane, Givner, & Pierson, 2004). Thus, this has a detrimental impact on the child's academic success as well as the teacher's readiness to help with the environment's adjustment for learning and social interaction. The literature began to acknowledge in the middle of the 1980s that children who had previously been seen as disruptive or acting out were having trouble solving interpersonal conflicts (Chandler, 1984).

However, social issues, changes in family dynamics, and learned personal coping mechanisms are among the issues that children face and that may adversely affect their ability to function; as a result, they may not be recognized by the teacher or classroom assistant (Appleyard et al., 2005; Anshel & Delany, 2001). Therefore, schools must be able to transform behavioral observations, such as acting out, into more tangible causes, including family stress, social stress,

the impacts of poverty, or social or physiological problems. According to research, children may develop these types of emotional intelligence abilities and resilience best in the context of a school setting where they are already adjusted to structured teaching and learning activities (Brooks, 2006; De Wolfe & Sanders, 1995). The school will need tools to use, though, to accomplish this.

The current study provides evidence that demographic factors, such as gender and socioeconomic status, can be utilized to predict aspects of emotional intelligence in any particular way. Significant correlations existed between the EQI score's various subscales and these demographic factors. A difference in test outcomes based on known differences in emotional intelligence depending on these demographic variables is also supported by the literature currently in existence. The research's conclusions were therefore not necessarily unexpected. The greatest evidence is in the gender category, where it was shown that women had much greater emotional intelligence skills than men (the four important categories). Numerous research examining the relationship between gender, adaptability, and stress indicators revealed a link between the EQI subscale scores, overall score, and gender. The biological stress indicators have received a lot of attention in these distinctions. This implies that women may be naturally more resilient to stress than men.

Male babies displayed a higher stress reaction than female newborns, including symmetrical brain activity and outward stress symptoms, such as crying, according to a study done on newborns (Fox, Bell, & Jones, 1992). These findings weren't, however, conclusive. Although the reasons for this stress reduction were not evident, observational research done on preschool children in China revealed that female children displayed fewer apparent signs of stress than male children. According to a study conducted at the primary school level, girls were found to be more likely than boys to adopt change management strategies (adaptability), such as social support or problem-solving. However, several studies have revealed that in unusually stressful circumstances, there is no proof that female children are more able to handle stress (Ruckman et al., 1999; Smith & Prior, 1995).

Overall, the results confirm the claim made in the literature that girls are slightly more capable of managing change (adaptability) and social skills than boys. According to several studies, girls typically have superior problem-solving skills than boys, in large part because they are more able to ask for support by receiving assistance and using active coping to lessen or eliminate the stressor. Boys, on the other hand, frequently employ stress-free avoidance techniques (Gilbert & Orlick, 1996). Additionally, the results provide evidence that girls do not feel as much stress as boys do, particularly in the areas of interpersonal and intrapersonal stress. This provides evidence in support of infant physical studies that point to a lowered physical stress response in female newborns.

Between children from families with low socioeconomic level (SES) and those from families with high SES (i.e., the groups with the lowest and highest SES), there is only a difference in adaptation and mood. There are several potential risk factors for SES-based differences in social skills. Although parent education level was not considered a mediating factor in this study, it is significant to note that families with lower SES tend to have lower educational levels (i.e., high school) in comparison to families with higher SES (i.e., graduate degrees) (Rutter, 1985). In their study of young adolescents, Ristkari et al. (2008) concluded that lower parent educational levels were connected with poor self-coherence, which can diminish the ability to handle obstacles in life and manage stress.

Additionally, lower-SES households may experience resource constraints, such as food scarcity and other circumstances, which put children under physiological stress (Bradley & Corwyn, 2002). Early physical stress—such as malnutrition or food scarcity—could lead to

emotional stress as well as dysregulated hypothalamic-pituitary-adrenal axis activity, which could lead to hyperactivity and hostility in behavior, a weakened immune system, and dysregulated serotonin systems (Bradley & Corwyn, 2002). The evidence also supports the idea that parental practices can have a detrimental effect on an adolescent's emotional health (Webster-Stratton et al., 2001; Webster-Stratton & Reid, 2003). According to Bradley & Corwyn (2002), parents who have highly strict or extremely loose parenting practices might cause low self-esteem and improper social adjustment in their adolescent children. When psycho-social interventions are implemented, positive parenting among children with behavioral difficulties produces favorable outcomes, as suggested by Webster-Stratton et al. (2001). However additional research on the subject of children's stress response (Anshel & Delany, 2001) has not revealed a difference in response to stress in different situations.

Because ethnicity was included in this study primarily to ensure demographic accuracy, this response was not surprising. There are still a few potential problems with this finding, though. Specifically, it is shown in these results that internalized stereotyping may amplify perceptions of disparities in stress reaction and behavior attributed to variations in ethnicity. Conversely, it can be difficult to identify cultural and racial differences, especially from a psychological or developmental standpoint. The idea that childrearing practices might be fundamentally different from one culture to the next is supported by research, nonetheless. Badri (1978) studied child-rearing practices in a patriarchal Sudan study where the parents had little tolerance for their energetic, inquisitive, and inquiring children. Instead, they required that their children be submissive and silent. Grotberg, Badri, and King (1987) found considerable differences in childrearing practices. The researchers watched parents helping their children feel protected, showing them how to handle difficulties, and encouraging their children to talk and express their feelings. Planning change management and social-skills interventions for individuals or groups should take cultural considerations into account.

## Conclusion

Several statistically significant correlations between the EO scores and subscale scores (raw scores) and demographic variables like gender and SES were found in this study, which had a high level of statistical findings. Given the previous research, which suggests that these demographic variables may have a variety of effects that could alter the results, this discovery was anticipated. These results mostly support the body of research that demonstrates how demographic factors can affect conditions that alter intrapersonal stress, interpersonal stress, adaptability, mood, and coping mechanisms as well as the pressures that children can reasonably be expected to experience. However, even though these results are rather underwhelming in terms of identifying possible variations in teenagers' coping skills generally, they do have significant practice-related consequences. If the Bar-On EQI scale scores vary depending on demographic factors, in particular, this suggests that the instrument will be accurate in determining emotional intelligence and its various components, such as adaptability, mood, and other significant variables, for a wide range of adolescents. To effectively provide services to help with stress management, it is crucial to effectively screen adolescents for stress and coping abilities. As such, this is a potentially important area of practice that might be improved or strengthened.

## **Implications**

As was previously mentioned, children may have trouble managing their stress and developing coping mechanisms, but this does not mean that nothing can be done to help them.

According to numerous studies, intervention programs that teach resilient behavior and emotional traits, like stress management, can have a significant positive impact on the development of effective coping skills (Hampel, Meier, & Kummel, 2008; Zins, Elias, & Greenberg, 2003).

Children's social and academic outcomes can be improved in particular through enhancing interpersonal, intrapersonal, and stress management abilities as well as access to stress-management tools (Nettles et al., 2000). A strategy for identifying students who need intervention and help must be in place before children may be offered intervention programs. This data is gathered using a variety of methods, the majority of which rely on student selfreports of emotional traits and states (Zins, Elias, & Greenberg, 2003). Self-reporting, however, is frequently unsuccessful, especially in younger children who may not be able to accurately characterize the symptoms of stress or associate physical signs of stress with illnesses (Taxis et al., 2004). Therefore, there needs to be a more thorough process for identifying which children need social learning abilities.

# Limitations and Future Research

This study's design and measurement have a few limitations that could have impacted the results. The study's limited sample size of fifth-graders from three high schools in two townships is one of its shortcomings. Because of this limitation, It is challenging to generalize the results to other grade levels, other schools (e.g., suburban vs. urban), other parts of the country, or other ethnically or culturally diverse populations. The data set's inability to examine external stressors to correlate with emotional stability is another limitation. The researcher has no way of knowing which external factors may have boosted or decreased each emotionality measure in this study without using external stressors.

Given the results of this study, the main suggestion for practice is that the Bar-On EQI test be taken into consideration for use as a screening tool to identify which children need more social support. Naturally, this cannot be used as the only screening approach because other psychological and physiological disorders that may also affect social function must also be taken into consideration. Additionally, more study needs to be done to confirm that this method is successful in identifying children who need more social skills training. This is especially pertinent given that this study did not attempt to categorize specific behaviors or relate these behaviors to EQI scores; further research is required to confirm the validity of the Bar-On EQI test in identifying children who require additional social skills intervention. A subsequent study could be conducted to establish the effectiveness of the Bar-On EQI test as a screening instrument. The construct of emotional intelligence was noted earlier to be of controversy, as is its operationalization. The current investigation used the self-report or trait approach to EI assessment, and it would be interesting if an ability EI assessment approach would be able to replicate these results, as some inconsistencies between these two assessment approaches have been indicated in other research studies (Emmerling, Shanwal, and Mandal, 2008). Thus, further research is needed in this area.

Another theoretical consideration for future research includes the examination of gender differences in terms of biological sex as well as socialized gender roles. As suggested by Bornstein's (1994,1998) classification described earlier, other aspects of gender were not evaluated in the present study, in part because of a lack of validated assessment instruments. Researchers need to be cautious about confounding the different aspects of gender which has resulted in sociological differences being construed as biological. Theoretically, the results suggest that males and females appear to be innately less alike in terms of their coping styles, while the extent to which they have internalized stereotypically feminine and masculine

characteristics has a stronger influence on individual differences in coping behavior. Validated assessment instruments that evaluate the different aspects of gender are required.

Future research may wish to consider the influence and possible interactions of socioeconomic status, education, and cultural differences along with gender. For example, perhaps more well-educated men have more feminine characteristics than less well-educated men, which may affect their emotional competencies and coping styles.

# Acknowledgments

We wish to express our deepest gratitude to Rector Dr. Khin Thant Sin, Pro-Rector Dr. Win Mar, and Pro-Rector Dr. Sandar Khar, at the Mandalay University of Distance Education, for their encouragement to publish this research. We especially thank the headmaster, principal, and Abbot of No. (5) B.E.H.S, San Hein Education Private High School and Kantetkone Monastic Education High School in Chanayethazan and Mahaaungmyay Townships, Mandalay, for helping us to collect the data.

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