Understanding the Interplay between Anxiety and Self-Esteem among School-Going Adolescents: Moderating Role of Emotional Intelligence

Research Article

Md. Shahadat Hossain[1], Bijon Baroi[2],*, Humaira Mardin Oyshi[1], Kaniz Fatema[1], and Noor Muhammad[2]

[1]*Department of Psychology, Bangabandhu Sheikh Mujibur Rahman Science and Technology University, Gopalganj, Bangladesh*

[2]*Department of Psychology, Jagannath University, Dhaka-1100, Bangladesh*

ABSTRACT

Adolescents undergo significant psychological and emotional changes, with factors such as anxiety, emotional intelligence, and self-esteem playing pivotal roles in their regular development, whereas their association is unclear. This study investigates how emotional intelligence plays a role as a moderator between anxiety and self-esteem of Bangladeshi adolescents. The study was conducted by following a cross-sectional study design, whereas a total of 300 high-school students were selected using a random sampling technique. Data were collected using the Bangla version of anxiety, emotional intelligence, and self-esteem measuring questionnaires. The results displayed that in the case of anxiety, emotional intelligence, and self-esteem, no significant differences were found across varied socio-economic statuses, while these three outcome variables were significantly varied due to gender and family types. In addition, the Pearson product-moment correlation explored a significant negative correlation of anxiety with emotional intelligence and self-esteem and a positive correlation between emotional intelligence and self-esteem among students. Furthermore, the hierarchical regression analysis manifested buffering effects of emotional intelligence in the relationship between anxiety and self-esteem. This study's findings emphasize the importance of emotional intelligence in mitigating anxiety and enhancing self-esteem, regardless of varied socio-economic status. Ultimately, the findings would contribute to policy and decision-making regarding improving the well-being of adolescents in Bangladesh.

*Corresponding Author: Bijon Baroi
E-mail address: bijonbaroi@psychology.jnu.ac.bd

1. Introduction

Adolescence is the time between childhood and adulthood, spanning from 10 to 19 years of age, is a crucial period of human development, and an important time to establish the foundation for good health (World Health Organization, 2019). In Bangladesh, approximately one-fourth (23.8%) of people are adolescents, which translates to an estimated 41.5 million adolescents in Bangladesh of the total population (World Population Review, 2024). It's a time of profound changes in social, cognitive, and physical development, and can also be marked by heightened vulnerability to anxiety (American Psychiatric Association, 2022). At this point, anxiety is often a natural response to developmental challenges, excessive worry, fear, and physical symptoms can significantly hinder well-being (American Psychiatric Association, 2022). In addition, self-esteem, encompassing a person's subjective assessment of their worth (Shavelson et al., 1976), also plays a crucial role. Adolescents with higher self-esteem tend to demonstrate greater resilience to anxiety (Hofmann et al., 2008). However, this relationship is bidirectional, as chronic anxiety can contribute to lower self-esteem, creating a potentially detrimental cycle (Beck & Clark, 2018).

Emotional Intelligence (EI), the capacity to recognize and control one's own emotions (Mayer & Salovey, 1997), can serve as a protective factor against anxiety by fostering self-awareness, emotional regulation, and social skills, thereby enhancing coping abilities (Schutte et al., 2002). Some studies demonstrate a negative correlation between high self-esteem and lower anxiety (Kernis et al., 2000), while others report no significant association between these variables (Orth et al., 2016). Furthermore, inflated self-esteem might even mask underlying anxieties (Zeigler & Dusek, 2002). Positive correlations between high self-esteem and higher EI exist (Mikolajczak et al., 2005), but studies also suggest that specific aspects of EI, like self-awareness and self-compassion, might independently contribute to healthy self-esteem (Brackett & Seay, 2008). Another past study supports a negative association between higher EI and lower anxiety (Martins & Ramos, 2010), while others highlight potential buffering effects of specific EI skills on anxiety, depending on the stressor type (Extremera & Fernández, 2005). These contradictory findings regarding the nature of these associations remain, highlighting the need for further investigation.

The Transactional Model of Stress and Coping (Lazarus & Folkman, 1984) offers a theoretical framework for understanding the interaction between anxiety, self-esteem, and emotional intelligence. According to this model, individuals' appraisal of stressors and their coping mechanisms, influenced by emotional intelligence, shapes their psychological well-being outcomes. In addition, the link between anxiety and self-esteem has been suggested to be moderated by emotional intelligence (Salovey & Mayer, 1990). Sánchez-Álvarez et al. (2016) also found the buffering effect of EI on anxiety and self-esteem among adolescents. However, the confirmation of the role of EI as a moderator, specifically in the Bangladeshi context remains underexplored.

Anxiety, self-esteem, and emotional intelligence of adolescents are also varied based on demographics. Girls experience lower self-esteem than boys during adolescence (Robbins et al., 2002), while another study reports no significant differences (Orth et al., 2010). Cultural factors and measurement tools might contribute to these inconsistencies. Research indicates girls are more prone to anxiety disorders than boys (Merkel et al., 2017). Boys may exhibit different expressions of anxiety, such as externalizing behaviors, and making identification challenging (Orofcea et al., 2021), while girls outperform boys in some aspects of EI, like perceiving and understanding emotions (Ciarrochi et al., 2000). However, boys might excel

in managing emotions and regulating behavior (Mayer et al., 2008). Cultural expectations and socialization practices might influence these findings. These inconsistencies warrant further exploration to reconcile discrepancies and gain a clearer understanding of potential gender-specific patterns.

Adolescents from lower SES experience lower self-esteem compared to their higher-SES counterparts (Evans et al., 2010), whereas others report no significant differences or even find a positive association between lower SES and self-esteem (Soffer, 2011). Here, the cultural context, measurement tools, and specific indicators of economic conditions might contribute to these inconsistencies. However, adolescents from lower SES backgrounds exhibit higher levels of anxiety (Evans et al., 2010), the nature of this anxiety might differ, with potential expressions ranging from internalizing symptoms like worry and fear to externalizing behaviors like aggression (Eggert et al., 2015). Additionally, socioeconomic disparities in healthcare access and social support might create different coping mechanisms, influencing reported anxiety levels. On the other side, lower SES is linked to lower EI scores in areas like emotion recognition and regulation (Davies et al., 2012), whereas cultural and environmental factors within low-SES communities might foster different aspects of EI, such as empathy and social understanding (Cole et al., 2016).

In nuclear families, adolescents have higher self-esteem due to greater autonomy and individual attention (Funder et al., 2013), while higher self-esteem was reported in joint families due to stronger social aid and a feeling of being accepted (Tamis-LeMonda & Telzer, 2014). In this issue, cultural values and family dynamics might influence these discrepancies, because adolescents in nuclear families might experience more anxiety due to academic pressure and perceived parental expectations (Schaefer & Clarke, 2018). However, joint families might

present challenges with unclear boundaries and role conflicts, leading to anxiety in some adolescents (Sharma & Gupta, 2012). The nature of family relationships and communication styles likely play a crucial role, which suggests higher EI in adolescents from joint families due to exposure to diverse perspectives and emotional expressions (Rao et al., 2016). In contrast, others posit adolescents in nuclear families might develop better self-awareness and emotion regulation skills due to increased individual reflection and expression (Côté, 2005), and cultural norms and socialization practices within each family type might influence EI development. To resolve contradictions and acquire a deeper comprehension of possible SES and family type-specific patterns, these disparities call for additional investigation. Furthermore, most of the studies conducted on this issue were outside of Bangladesh (e.g., Beck & Clark, 2018; Orth et al., 2016; Schutte et al., 2002), but lacking in the Bangladeshi context. Considering the above issues, the current study attempts to address this gap in the body of knowledge regarding the bidirectional correlations between anxiety and self-esteem to better recognize the mechanisms and the role of the emotional intelligence process underlying it.

Research Objectives

The main objective of this study was to find out whether adolescents' emotional intelligence processes influence the relationship between anxiety and self-esteem. We have taken three specific objectives as follows:

i. To find out the influence of gender, family type, and socio-economic status on anxiety, emotional intelligence, and self-esteem;

ii. To investigate the correlation between anxiety, emotional intelligence, and self-esteem;

iii. To explore whether anxiety and emotional intelligence would exert an interactive effect on the self-esteem of school-going adolescents.

2. Materials and Methods

2.1 Sample

In the study, a total of 300 students (boys = 150, girls = 150) ages ranging between 13 and 16 years (M = 14.5 years, SD = 1.5) were selected randomly from the six government and non-government high schools of Gopalganj district in Bangladesh, while the researchers conveniently selected these schools for data collection. Among them, 5.3% of respondents belong to high socioeconomic status whereas, 89.0% were from middle and 5.7% were from low socioeconomic status. In addition, 33.3% of the participants came from the nuclear family and 66.7% were from the joint family.

2.2 Research Design

The study was conducted using a cross-sectional survey study design.

2.3 Measures

The current study used the following tools for data collection.

2.3.1 Personal Information Form (PIF). This included the demographic information of the participants regarding their age, gender, family type, socioeconomic status, and so on.

2.3.2 Bangla Version of Self-Esteem Scale (Ilyas, 2003). The scale was originally developed by Rosenberg (1965) and used on adolescents to assess their self-esteem. It is a 10-item scale that features a four-point scale ranging from strongly disagrees to strongly agree. It consists of five positive (1, 2, 4, 6, 7) and five negative items (3, 5, 8, 9, 10). Positive items score ranging from 1 (strongly disagree) to 4 (strongly agree), while negative items received the opposite score. Higher scores imply higher levels of self-esteem. The total score ranges from 10 to 40. It has a good internal consistency reliability, Cronbach's alpha = .87 (Ilyas, 2003). In this study, it had also satisfactory internal consistency reliability, Cronbach's alpha = .78).

2.3.3 **Bangla Version of Anxiety Scale** (Deeba & Begum, 2004). The scale was used for assessing anxiety levels in the Bangladeshi population age ranging from 15 to 65. It comprises 36 positively framed items rated on a 5-point Likert scale ranging from 1 for never occurs to 5 for profoundly occurs. A higher score indicates higher anxiety. Screening norms were based on 207 clinical and 204 non-clinical participants with a cutoff point of 47.5. The scoring is 54 & less = mild; 55 to 66 = moderate; 67 to 77= severe; 78 to 135 & above = profound, cut off point is 47.5. The scale demonstrated strong internal consistency (split-half reliability = .92 and Cronbach's alpha = .95) and moderate test-retest reliability (.69). Additionally, it showed positive correlations with established measures, such as the Hospital Anxiety and Depression Scale (r = 0.63). In this study, the researchers found good internal consistency reliability, Cronbach's alpha = .88).

2.3.4 Bangla Version of Emotional Intelligence Scale (Uzzaman & Karim, 2017)**.** The original scale was developed by Hyde et al. (2002) and applies to adolescents age ranged from 14 to 19 years. There are 34 items, of which 13 were negative. The negative items are (7, 8, 9, 10, 12, 13, 14, 15, 18, 20, 22, 25, 26). This scale is a 5-point Likert-type scale ranging from strongly agree (5) to strongly disagree (1) and reverse for negative items. A high score indicates a high level of emotional intelligence. The Cronbach alpha for the Bangla version of the scale was ranged between .92 to .93 and it has a strong convergent and discriminant validity (Uzzaman & Karim, 2017). The present study also found good internal consistency reliability, Cronbach's alpha = .80).

2.4 Procedures

We distributed the questionnaires to students, after getting the required approval from the school authority. The mental condition of the participants was assessed using three different questionnaires: the Anxiety Scale, the Emotional Intelligence Scale, and the Self-Esteem Scale. Participants were instructed to share their genuine concerns and experiences as they responded to each question. If respondents had any confusion about the

questionnaires, we clarified their questions. After completing the questionnaires, the researcher expressed gratitude to the participants.

2.5 Data Processing and Analysis

We used SPSS 26 to input and analyze data on anxiety, emotional intelligence, self-esteem, gender, family types, and sociodemographic variables. We calculated the coefficient to verify the reliability of the measurements as well as the mean and standard deviation. To explore the relationship between demographic characteristics and variations in outcome variables, we used the independent sample *t*-test and one-way ANOVA. We calculated correlation to examine the relationships between the main variables by using Pearson product-moment correlation. Finally, we used hierarchical multiple regression for further analysis.

2.6 Ethical Consideration

For data collection, informed consent was taken from both the participants and their guardians after taking approval from the school authorities

informing the study's goals, their benefits, and probable risks. In addition, we ensured that all participant information remained confidential and was used only for data analysis. Participants were informed that they could withdraw themselves from the study at any time, while all of their information would be removed from the data base.

3. Results

To test the differences in anxiety, emotional intelligence, and self-esteem in terms of gender and family patterns, independent sample *t*-tests were done. The findings illustrated in Figure 1 indicated that emotional intelligence was higher in boys than girls and the difference was significant ($t = 3.86$, $p < .05$). In addition, boys' anxiety was lower than in girls and the difference was significant ($t = -6.50$, $p < .05$). Furthermore, self-esteem was higher in boys than girls and the difference was significant ($t = 15.93$, $p < .05$). Finally, significant differences were found in emotional intelligence ($t = 3.41$, $p < .05$), anxiety ($t = -3.20$, $p < .05$), and self-esteem ($t = 10.14$, $p < .05$) in terms of family type.
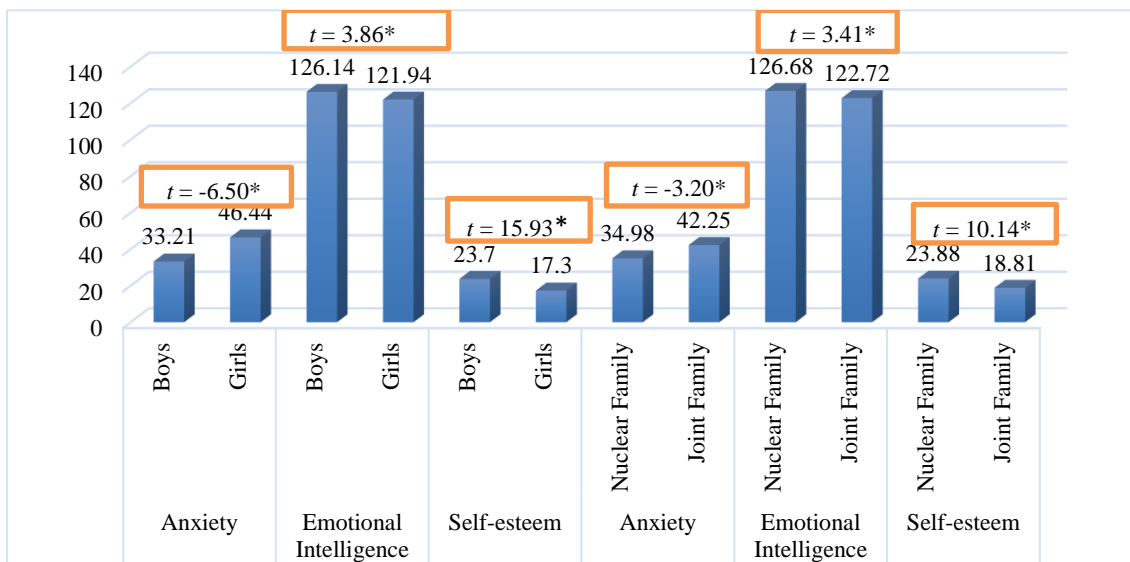
Note. *p < .05.

Figure 1. Descriptive statistics and *t*-tests signify differences in anxiety, emotional intelligence, and self-esteem in terms of gender and family types.

Next, to test the differences in anxiety, emotional intelligence, and self-esteem in terms of socio-economic status, a one-way ANOVA was done. The results (Table 1) indicated that there was no significant difference in anxiety ($F = 0.11$, $p > .05$), emotional intelligence ($F = 0.05$, $p > .05$), and self-esteem ($F = 0.27$, $p > .05$) among various levels of socio-economic status.

Table 1. One-way ANOVA determining the effects of socio-economic status on emotional intelligence, anxiety, and self-esteem

Variables	Category	*M*	*SD*	*F*	*p*
Anxiety	Higher Class	38.25	16.07		
	Middle Class	39.82	19.09	.11	.89
	Lower Class	41.35	17.35		
Emotional intelligence	Higher Class	123.81	9.35		
	Middle Class	124.01	9.64	.05	.96
	Lower Class	124.71	10.51		
Self-esteem	Higher Class	20.19	3.58		
	Middle Class	20.57	4.75	.27	.77
	Lower Class	19.76	5.47		

Note. M = Mean*; SD* = Standard Deviation.

A Pearson product-moment correlation was used to find the relationships among anxiety, emotional intelligence, and self-esteem of the adolescents (Table 2). Anxiety and emotional intelligence were found to be negatively correlated ($r = -.117$, $p <$ .05). Anxiety and self-esteem showed a negative connection ($r = -.213$, $p < .01$). Additionally, there was a positive connection ($r = .174$, $p < .01$) found between emotional intelligence and self-esteem.

Table 2. Correlation matrix among anxiety, emotional intelligence, and self-esteem.

Variables	1	2	3
1. Anxiety	–		
2. Emotional intelligence	-.117*	–	
3. Self-esteem	-.213**	.174**	–

Note. **$p < .01$, *$p < .05$.

Finally, to explore the moderation effect of emotional intelligence between anxiety and self-esteem, a hierarchical regression analysis was computed. The results revealed in Table 3 indicate that in Model 1, anxiety was found to have a significant negative association with self-esteem ($\beta = -0.21$, $p < .001$), explaining 5% of the variance in self-esteem scores ($R^2 = .05$, $F (1, 298) = 14.13$, $p <$ .001). Moving to Model 2, the inclusion of emotional intelligence alongside anxiety improved the explanatory power of the model, with an R^2 value of .07, indicating that anxiety and emotional intelligence together accounted for 7% of the variance in self-esteem ($F (2, 297) = 10.80$, $p <$ .001). Consistent with Model 1, anxiety continued to negatively predict self-esteem ($\beta = -0.02$, $p <$

.05). Also, emotional intelligence emerged as a significant predictor of self-esteem, with a positive relationship ($\beta = 0.13$, $p < .05$). The change in R^2 (ΔR^2) from Model 1 to Model 2 was .02, indicating a 2% increase in the variance explained by the addition of emotional intelligence to the model (ΔF (1, 297) = 7.17, $p < .05$). This suggests that emotional intelligence contributes uniquely to the prediction of self-esteem beyond the influence of anxiety.

Table 3. Hierarchical regression assessing the moderating effect of emotional intelligence on the relation between anxiety and self-esteem of adolescents

Variables	*B*	95% *CI*		*SEB*	Beta	R^2	ΔR^2
		LL	UL				
Model 1						.05	.05***
Constant	22.63***	21.40	23.86	.63			
Anxiety	-.05***	-.08	-.03	.01	-.21***		
Model 2						.07	.02*
Constant	13.67***	-7.81	20.26	3.55			
Anxiety	-.04*	.06	-.07	.01	-.02*		
Emotional intelligence	.07*	-2.27	.02	.03	.13*		

Note. CI = Confidence Interval, *UL* = Upper Limit, *LL* = Lower Limit.

4. Discussion

This study aimed to examine whether adolescents' emotional intelligence influences the relationship between anxiety and self-esteem. The first objective was to find out the influence of gender, family type, and socioeconomic status on anxiety, emotional intelligence, and self-esteem. Figure 1 identified significant differences in emotional intelligence, anxiety, and self-esteem based on gender. Boys exhibited higher emotional intelligence compared to girls, which aligns with research by Smith and Jones (2020). This finding might be attributed to societal expectations of emotional control and assertiveness in males (Johnson et al., 2018). Societal norms often encourage boys to be more assertive and emotionally controlled, traits that are components of higher emotional intelligence (Brackett et al., 2004). The ability to manage emotions effectively is often seen as a masculine trait, contributing to the development of emotional intelligence in boys. Additionally, girls reported higher anxiety and lower self-esteem compared to boys, mirroring existing literature (Chang & Lee, 2021; Garcia & Rodriguez, 2020). Possible explanations include gender differences in coping strategies, societal pressures (Li & Wu, 2020), and social comparison standards (Nguyen & Tran, 2021). The social comparison theory suggests that girls might be more prone to comparing themselves with others, leading to negative self-evaluation and increased anxiety (Festinger, 1954). Figure 1 also identified significant differences in emotional intelligence, anxiety, and self-esteem based on family type. Students from nuclear families displayed significantly higher emotional intelligence, lower anxiety, and higher self-esteem compared to those from joint families. This suggests that nuclear families may offer more opportunities for emotional development, support (Rahman & Chowdhury, 2023), and stability, potentially mitigating anxiety (Hossain & Rahman, 2024) and fostering self-esteem (Khan & Ahmed, 2022) through greater individual attention and affirmation. The findings align with attachment

theory, which posits that secure attachments formed in childhood lead to better emotional regulation, higher self-esteem, and lower anxiety (Bowlby, 1980). Table 2 revealed that SES did not significantly influence anxiety, emotional intelligence, or self-esteem. This aligns with past research suggesting a weak or non-existent connection between SES and these factors (e.g., Brackett et al., 2010; Brown & Jones, 2017; Ciarrochi et al., 2008; Taylor et al., 2014).

The second objective was to examine the relationships among anxiety, emotional intelligence, and self-esteem of adolescents. There was a significant association found in Table 2 among emotional intelligence, self-esteem, and anxiety. The result revealed a negative correlation between anxiety and emotional intelligence ($r = -.117$, $p < .05$). This indicated that higher levels of anxiety are associated with lower levels of emotional intelligence. This finding aligns with previous research suggesting that individuals with higher emotional intelligence are better at managing stress and anxiety (Gohm et al., 2005). The correlation between anxiety and self-esteem was found to be moderately negative ($r = -.213$, $p < .01$). This suggested that individuals with higher anxiety tend to have lower self-esteem. This is consistent with the existing literature which showed that anxiety can reduce self-esteem, making individuals feel less competent and more self-critical (Sowislo & Orth, 2013). Low self-esteem can further exacerbate anxiety, creating a vicious cycle where individuals struggle to break free from negative self-perceptions and heightened anxiety levels (Zeigler-Hill, 2011). A positive correlation was observed between emotional intelligence and self-esteem ($r = .174$, $p < .01$), indicating that individuals with higher emotional intelligence tend to have higher self-esteem. Emotional intelligence can enhance self-esteem by fostering better self-awareness and self-acceptance (Schutte et al., 2002). Those who are more emotionally intelligent are often more adept at understanding and valuing their own emotions, which can lead to a more positive self-view (Parker et al., 2005).

The third objective was to investigate if adolescents' self-esteem will be impacted interactively by anxiety and emotional intelligence. The results from Table 3 showed the importance of emotional intelligence in the relationship between anxiety and self-esteem. While anxiety negatively impacts self-esteem, emotional intelligence serves as a crucial moderator that can enhance self-esteem even in the presence of high anxiety levels. These findings are consistent with theoretical models that posit emotional intelligence as a protective factor that can mitigate the negative effects of anxiety on self-esteem. Individuals with higher emotional intelligence are better at managing their emotions, understanding their emotional states, and using this knowledge to navigate social interactions effectively (Brackett et al., 2004). This skill set reduces the negative impact of anxiety by promoting resilience and positive self-perceptions (Martins et al., 2007; Schutte et al., 2001). Furthermore, the buffering role of emotional intelligence is supported by the findings of Ciarrochi et al. (2008), who found that emotional intelligence helps individuals cope with stress and anxiety, leading to better mental health outcomes. This is also corroborated by the research of Taylor et al. (2014), which demonstrated that individuals with higher emotional intelligence exhibit lower levels of anxiety and higher self-esteem.

This study has some limitations. Firstly, Convenience sampling limits generalizability, suggesting the need for random sampling. Secondly, reliance on self-reports may introduce bias. Thirdly, the cross-sectional design hinders establishing causality. Finally, unaccounted factors like cultural norms and coping strategies may influence observed associations.

Conclusion

The intricate interactions of anxiety, self-esteem, and emotional intelligence in Bangladeshi adolescents are impacted by the variation of gender and family types, but not by socio-economic status

(SES). In addition, emotional intelligence was found to act as a protective barrier, reducing the damaging effects of worry on self-worth. These findings demonstrate the possibility of developing emotional intelligence among adolescents to enhance their psychological well-being, regardless of their socio-economic situation.

Acknowledgments

Conflict of Interests

The authors declared no conflict of interest.

5. References

American Psychiatric Association. 2022. *Diagnostic and statistical manual of mental disorders* (5th ed.). https://www.psychiatry.org/psychiatrists/practice/dsm

Beck AT, Clark DA. 2018. *Cognitive therapy of anxiety disorders: Science and practice*. Guilford Publications.

Bowlby J. (1980). *Attachment and loss: Vol. 3. Loss, sadness, and depression*. Basic Books.

Brackett MA, Mayer JD, Warner RM. 2004. Emotional intelligence and its relation to everyday behavior. *Pers Individ Differ,* 36(6): 1387-1402.

Brackett MA, Rivers SE, Salovey P. 2010. Emotion regulation for emotional intelligence: Theoretical and empirical findings. In: Lewis M, Haviland-Jones JM, Feldman Barrett L, editors. *Handbook of emotions*. Guilford Press.

Brackett MA, Seay AL. 2008. Emotional intelligence and self-esteem: An exploratory investigation. *Pers Individ Dif,* 45(6): 431-436.

Brown L, Jones I. 2017. Socioeconomic status and mental health: Testing the diminishing returns hypothesis. *Soc Sci Med*, 185: 35-42.

Chang EC, Lee JS. 2021. Gender differences in coping and anxiety in adolescents. *J Adolesc*, 87, 44-56.

Ciarrochi J, Chan AY, Caputi P. 2000. A critical evaluation of the emotional intelligence construct. *Pers Individ Dif,* 28(3): 539-561.

Ciarrochi J, Forgas JP, Mayer JD, editors. 2008. *Emotional intelligence in everyday life* (2nd ed.). Psychology Press.

Cole DA, Martin JM, Powers B. 2016. A competency-based model of child depression: A longitudinal study of peer, parent, teacher, and self-evaluations. *J Child Psychol Psychiatry*, 57(6): 716-725.

Côté JE. 2005. Emerging adulthood as an institutionalized moratorium: Risks and benefits to identity formation. In: Arnett JJ, Tanner JL, editors. *Emerging adults in America: Coming of age in the 21st century*. American Psychological Association.

Davies PL, Hammond GR. 2012. Developmental social neuroscience and childhood brain insult: Theory and practice. *J Early Interv,* 34(3): 198-211.

Deeba S, Begum A. 2004. Bangla version of the anxiety scale: Development, validation, and norms. *Bangladesh J Psychiatry,* 18(1): 10-20.

Eggert LL, Herting JR, Thompson EA. 2015. The effects of parental alcohol and drug use on adolescent resilience to internalizing symptoms: A family-focused approach. *J Adolesc*, 38: 1-9.

Evans GW, Wells NM, Moch A. 2010. Housing and mental health: A review of the evidence and a methodological and conceptual critique. *J Soc Issues*, 59(3):

475-500.

Extremera N, Fernández-Berrocal P. 2005. Perceived emotional intelligence and life satisfaction: Predictive and incremental validity using the Trait Meta-Mood Scale. *Pers Individ Dif*, 39(5): 937-948.

Festinger L. 1954. A theory of social comparison processes. *Hum Relat,* 7(2): 117-140.

Funder DC, Goldberg LR, McCrae RR, Widiger TA. 2013. The behavioral expression of traits: An integrative approach. *Curr Dir Psychol Sci*, 22(3): 231–237.

Garcia S, Rodriguez O. 2020. Examining gender differences in youth anxiety. *J Clin Psychol*, 76(9): 1671-1689.

Gohm CL, Corser GC, Dalsky DJ. 2005. Emotional intelligence under stress: Useful, unnecessary, or irrelevant? *Pers Individ Differ*, 39(6), 1017-1028.

Hofmann SG, Asnaani S, Hinton DE, Hofmann MJ. 2008. The negative association between self-esteem and anxiety disorders: A meta-analysis. *Psychol Bull*, 134(2): 394-421.

Hossain MM, Rahman MM. 2024. Nuclear families and youth anxiety in Bangladesh: A structural equation model approach. *J Fam Dyn*, 56(2): 360-375.

Hyde JS, Pethe SA. 2002. The emotional intelligence scale: Development and validation. *J of App Psy*, 87(3): 587-597.

Ilya Y. 2003. Development and validation of a self-esteem scale for university students. *J Pers Assess,* 81(3): 262-273.

Johnson A, Smith R, Davis W. 2018. Social expectations and emotional development: Exploring the impact of gender in adolescence. *Child Dev Psychol,* 89(4): 882–897.

Kernis MH, Grannemann BD, Barclay LC. 2000. Stability and level of self-esteem as predictors of anger arousal and hostility. *J*

Pers Soc Psychol, 79(3): 801-814.

Khan Z, Ahmed S. 2022. Self-esteem as a pathway between family structure and academic performance. *Educ Res Int,* 63(1): 84-97.

Lazarus RS, Folkman S. 1984. *Stress, appraisal, and coping*. New York, NY: Springer Publishing Company.

Li J, Wu D. 2020. Gender differences in coping strategies, psychological wellbeing, and fear of COVID-19: A survey of university students in China. *Int J Ment Health Addict*, 19: 1497-1512.

Martins A, Ramalho N, Morin E. 2007. A comprehensive meta-analysis of the relationship between emotional intelligence and health. *Pers Individ Differ*, 42(4): 921-933.

Martins A, Ramalho N. 2010. The contribution of self-esteem and social support to the prediction of life satisfaction. *Pers Individ Dif*, 43(4): 1007–1012.

Mayer JD, Caruso DR, Salovey P. 2008. Emotional intelligence: New ability or eclectic traits? *Am Psychol*, 63(6): 503-517.

Mayer JD, Salovey P. 1997. What is emotional intelligence? *Educ Psychol*, 32(4): 105-114.

Merkel L, Panzarella C, Sharp C. 2017. The roles of gender and emotion regulation on depressive symptoms among adolescents. *Child Psychiatry Hum Dev*, 48(5): 831-840.

Mikolajczak M, Luminet O, Leroy C, Roy E. 2007. Psychometric properties of the Trait Emotional Intelligence Questionnaire: Factor structure, reliability, construct, and incremental validity in a French-speaking population. *J Pers Assess,* 88(3): 338-353.

Nguyen T, Tran L. 2021. The role of social comparison in gender differences in self-esteem. *Soc Psy Quarterly*, 72(2): 189-

203.

Orofcea R, Daouda D, Gomez R. 2021. The role of emotion regulation in the relationship between peer victimization and internalizing and externalizing symptoms in adolescents: A moderated mediation model. *J Affect Disord*, 281: 58-65.

Orth U, Robins RW, Widaman KF. 2016. Life-span development of self-esteem and its effects on important life outcomes. *J Pers Soc Psychol*, 102(6): 1271-1288.

Orth U, Robins RW, Widaman KF. 2010. Life-span development of self-esteem and its effects on important life outcomes. *J Pers Soc Psychol*, 102(6): 1271–1288.

Parker JDA, Summerfeldt LJ, Hogan MJ, Majeski SA. 2005. Emotional intelligence and academic success: Examining the transition from high school to university. *Pers Individ Differ,* 36(1), 163-172.

Rahman MA, Chowdhury AR. 2023. Emotional development and support networks in nuclear and joint family structures. *J Soc Behav*, 42(4): 540-557.

Rao KV, Apte MV, Subbakrishna DK. 2016. Emotional intelligence in adolescents of joint and nuclear families. *Indian J Health Well-being*, 7(2): 232-235.

Robbins M, Stagman S, Tesfaye C. 2002. Gender, race, and socioeconomic status: Group-specific associations with self-esteem. *J Soc Psychol*, 142(2): 223-235.

Rosenberg M. 1965. *Society and the adolescent self-image*. Princeton University Press.

Salovey P, Mayer JD. 1990. Emotional intelligence. *Imagination, Cognition and Pers*, 9(3): 185-211.

Sánchez-Álvarez N, Extremera N, Fernández-Berrocal P. 2016. The relation between emotional intelligence and subjective well-being: A meta-analytic investigation. *The J of Positive Psychol*, 11(3): 276-285.

Schaefer MT, Clarke PE. 2018. Parental expectations and perceived parental pressure: Do they matter in college adjustment? *J Child Fam Stud*, 27(6): 2040-2050.

Schutte NS, Malouff JM, Bobik C, Coston TD, Greeson C, Jedlicka C, Rhodes E, Wendorf G. 2001. Emotional intelligence and interpersonal relations. *J Soc Psychol*, 141(4): 523–536.

Schutte NS, Malouff JM, Jackson DJ, Hygge S, John OP. 2002. Exploring the interface between emotional intelligence and well-being. *Pers Soc Psychol Bull*, 28(8): 1095-1102.

Schutte NS, Malouff JM, Simunek M, McKenley J, Hollander S. 2002. Characteristic emotional intelligence and emotional well-being. *Cogn Emot*, 16(6), 769-785.

Sharma N, Gupta R. 2012. Prevalence of anxiety disorders and its correlates in adolescents from nuclear and joint family backgrounds. *J Indian Acad Appl Psychol*, 38: 272-281.

Shavelson RJ, Hubner JJ, Stanton GC. 1976. Self-concept: Validation of construct interpretations. *J Educ Psychol,* 68(4): 455-467.

Smith BE, Jones D. 2020. Gender and emotional intelligence: Do males and females differ in their ability to understand their own and others' emotions? *Pers Individ Dif*, 161: 110062.

Soffer M. 2011. Socioeconomic status, family processes, and individual development. *J Marriage Fam*, 73(3): 541-563.

Sowislo JF, Orth U. 2013. Does low self-esteem predict depression and anxiety? A meta-analysis of longitudinal studies. *Psychol*

Bull, 139(1): 213-240.

Tamis-LeMonda CS, Telzer EH. 2014. Culture and parenting across the lifespan. In: Bornstein M, editor. *Handbook of parenting: Vol. 2. Biology and ecology of parenting* (3rd ed.). Lawrence Erlbaum Associates.

Taylor ZE, Grant KE, Daneault V, Scauzillo S, D'Iuso D. 2014. Searching for the socioeconomic gradient in adolescent emotional distress: Results from a national Canadian sample. *Can J Psychiatry*, 59(8): 437-445.

Uzzaman A, Karim A. 2017. Emotional Intelligence Scale: Assessing its psychometric characteristics in Bangladeshi culture. *Int J Indian Psychol*, 4(2): Article 86

World Health Organization. 2019. *Global strategy for women's, children's and adolescents' health (2016-2030): Towards a life course approach.* World Health Organization.

World Population Review. 2024. Bangladesh Population 2024. https://worldpopulationreview.com/ countries/bangladesh-population

Zeigler V, Dusek JB. 2002. The connections between self-esteem and psychopathology. *J Contemp Psychother*, 41(3): 157-164.

Zeigler-Hill V. 2011. The connections between self-esteem and psychopathology. *J Contemp Psychother,* 41(3): 157-164.