

**ARE THEY EMOTIONALLY – SOCIALLY
INTELLIGENT?
EXAMINING EMOTIONAL-SOCIAL INTELLIGENCE
AMONG ADOLESCENTS RESIDING IN A
CHILDREN’S HOME IN THE STATE OF SABAH,
MALAYSIA**

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Abstract: This study was conducted to investigate emotional-social intelligence among adolescent in a Children’s Home located Sabah, Malaysia. A total of 49 adolescents (11 males and 38 females) aged between 12 and 18-years-old were selected through purposive sampling to participate in the study. BarOn Emotional Quotient Inventory: Youth Version was used to collect quantitative data regarding the respondents’ experiences concerning emotional and social intelligence. In general, analysis shows that emotional-social intelligence among adolescent in this Children’s Home was reported to be low. No difference in emotional-social intelligence across gender and age groups was found. Stress management skill was the only domain found to be different between male and female adolescents. There were no major relations among emotional-social intelligence features. It was found that only adolescents’ skills of interpersonal and adaptability was moderately positively correlated. Information found from this study is deemed meaningful for the purpose of planning an intervention program to empower emotional intelligence among adolescent residing in children’s homes.

**Keywords: Sabah, Malaysia, Children’s Home, Emotional Intelligence,
Emotional Quotient, Emotional-Social Intelligence,
Institutionalized Adolescent**

INTRODUCTION

Malaysia is classified as a developing country (World Bank, 2018). It is a multiethnic nation with a growing population (Department of Statistics Malaysia, 2019) experiencing vast changes in lifestyles (Rampal, Rampal, Rahmat, Zain, Yap, Mohamed, & Taha, 2010). As a developing country, it is not surprising that there are vulnerable and marginalized population in this country primarily among adolescents due to social, economic and/or educational obstacles which in turn impacted their health and well-being. The establishment of children’s homes is an approach used to provide vulnerable and marginalized adolescents with these opportunities as well as to protect and empower their health and well-being. Empowering social and emotional skills among this specific group of population is important in preparing them with necessary skills to deal with pressures from their surroundings (Bar-On, 1997a, 1997b, 2006; Bar-On & Parker, 2000). Yet, research concerning emotional-social intelligence among adolescents in children's homes remains limited, although relevant for further investigation especially in the state of Sabah, Malaysia. Therefore, the current study intended to investigate emotional-social intelligence among adolescent residing in the Children’s Home located in Sabah, Malaysia.

Children’s Homes in Malaysia

Home is where children spend a larger part of their day (Peller, 2013). When in-home care is not possible, out-of-home care might be the last option for the children (Kääriälä & Hiilamo, 2017). A vigilant and informed community is required to make judgments and assertive actions for this small group of children to protect them from harm as well as from unnecessary interference and needs for judicious help (Departments of Education and Early Childhood Development & Department of Human Services, 2010). Out-of-home care seems a possible alternative strategy to protect the safety and wellbeing of the children in needs. Children’s Home

(or Children's House) refers to institutions established for the purpose of providing substitute care and protection for children in need.

Similar to many other countries such as Romania (Matei & Dumitrescu, 2012), Nordic countries (Kääriälä & Hiilamo, 2017), and Turkey (Erol, Simsek, & Münir, 2010), children's homes are also established in Malaysia. In Malaysia, children's homes known as "Children's Home" is an institution intended to provide care and protection for children as established under the Child Act 2001 (Commissioner of Law Revision Malaysia, 2006). The Children's Home is objectified to provide care for the children as well as promoting healthy physical, emotional and mental growth within a harmonious family environment (Department of Social Welfare, 2016). There are thirteen (13) Children's Home institutions in the country located in Penang, Perak, Kuala Lumpur, Pahang, Melaka, Selangor, Perlis, Sarawak, Negeri Sembilan, Kelantan, Johor, and Sabah. Those who are enrolled in a Children's Home are due to court orders based on Paragraph 30(1)(d) of Child Act 2001. These children are given care and protection for a period of three (3) years or up to the age of 18 whichever is shorter and may release earlier from amending, altering, or canceling orders. According to Department of Social Welfare, children can be enrolled into a Children's Home due to a) exposure to physical and emotional injuries and sexual abuse (or expected to experience abuse) inflicted by their parents or guardians, b) experience of being neglected or failure to provide food and shelter to the children, c) absences of a guardians or orphans, d) being abandoned by their parents, e) parents fight for the children custody rights, f) children's involvement with activities such as begging, presenting/offering anything for sale on the streets, and g) conducting illegal business such as gambling, lotteries or any activities that are deemed harmful to the welfare of the children. In general, the Children's Home in Malaysia is an alternative substitute care for the disadvantaged, vulnerable and marginalized children and adolescent in the country.

Emotional-Social Intelligence

Research on *emotional intelligence* can be traced as early as the seventeenth century when Spinoza (1677 in Sharma, 2008) believed that emotion and intellect collectively contributed to the measure of cognition which consists of three components named as emotional cognition, intellectual cognition, and a kind of intuition. In the early 20s, Thorndike (1920) defined three types of intelligence called mechanical, social and abstract in which an individual has varying amounts of different intelligences. Thorndike was the first to introduce *social intelligence* which is defined as one's ability to understand and deal with others as well as act wisely in relation to other people (Thorndike, 1920). According to him, the concept of social intelligence is divided into *emotional intelligence* and *motivational intelligence*. Since then, early studies have been focusing on describing, defining and assessing behavioral competencies within the social aspect (Thorndike, 1920; Moss & Hunt, 1927; Moss, Hunt, Omwake, & Ronning, 1927; Doll, 1935; Chapin, 1942; Wechsler, 1940, 1943).

When Thorndike introduced his notion of social intelligence, researches began to study and understand emotional intelligence. Researchers argue that the definition of social intelligence influenced the conceptualization of emotional intelligence (Zirkel, 2000; Bar-On, 2006). Popularized in the early 90s, Salovey and Mayer (1990) documented emotional intelligence as a subset of social intelligence that involves one's ability to monitor and differentiate one's emotion with others, and use that information to guide their thoughts and actions. They suggest that both emotion and social concepts are related to each other and may represent the interrelated elements of the same construct (Bar-On, 2006). While Goleman (1995) identified emotional intelligence as an individual's capability of managing their emotions properly and effectively and allows the individual to work with others to achieve a common goal.

In the meantime, after Thorndike introduced his theory, many studies have begun to explain the combination of emotional and social components (such as MacLean, 1949; Ruesch, 1948; Lane & Schwartz, 1987;

Appelbaum, 1973; Damasio, 1994; LeDoux, 1996; Gardner, 1983; Saarni, 1990). To then, Bar-On (1997b, 2000, 2006) came up with a concept of '*emotional-social intelligence*' – a combination of social and emotional intelligence – which is defined as a diverse set of abilities that are not cognitions but competencies, and skills that influence one's ability to successfully deal with the social demands and pressures. Accordingly, Bar-On refers to this construct as '*emotional-social intelligence*' – not 'emotional intelligence' nor 'social intelligence' – measured by self-report assessment (1997a, 1997b, 2000, 2006). Bar-On (2006) found that most of the descriptions, definitions, and conceptualization of emotional-social intelligence came from at least one or more key elements including (a) the ability to recognize, understand and express emotions and feelings, (b) the ability to understand how others feel and relate with them, (c) the ability to manage and control emotions, (d) the ability to manage change, adapt and solve problems of personal and interpersonal nature, and (e) the ability to generate positive affect and be self-motivated.

According to this model, emotional intelligence that consists of emotional, personal and social dimensions of intelligence comprises competencies related to understanding oneself and others, relating to people, adapting to changing environmental demands, and managing emotions (Bar-On, 2000, 2006). Based on this model, Bar-On (1997a, 1997b) developed his Emotional Quotient Inventory (EQ-i) used to measure emotional intelligence among adults. EQ-i was developed to measure and examine various components and its multiple sub-components including intrapersonal (self-regard, emotional self-awareness, assertiveness, independence, and self-actualization), interpersonal (empathy, social responsibility, and interpersonal relationship), stress management (stress tolerance, and impulse control), adaptability (reality-testing, flexibility, and problem-solving), and general mood (optimism, and happiness).

The development of EQ-i is widely based on the measurement of emotional intelligence among adult respondents (Bar-On, 1997a, 1997b, 2000). To measure emotional intelligence among young people, Bar-On

came up with BarOn Emotional Quotient Inventory: Youth Version (BarOn EQ-i: YV) from his original EQ-i for young people aged 7 to 18 years (Bar-On & Parker, 2000). It is a unique type of measurement with multidimensional sub construct to measure the core features of emotional intelligence among young people – *intrapersonal*, *interpersonal*, *adaptability* and *stress management* (Bar-On & Parker, 2000). Specifically, *intrapersonal* skill is described as an individual's ability in understanding their emotions as well as their ability to express and relate their feelings and needs. *Interpersonal* skill is the ability to build satisfying interpersonal relations by being good listeners as well as ability to understand and appreciate the feelings of others. Emotional intelligence of young people is also measured in their ability to flexibly, realistically, and effectively manage change which referring to their *adaptability* skill. This skills allows for good ability in identifying positive ways of dealing with everyday problems. *Stress management* skill is also considered as part of emotional intelligence whereby individuals with good stress management skill are generally calm and they work well under any pressures. The essence of stress management skill is emotion control which is needed when responding to stressful events. All four of these components makes up the overall emotional intelligence, whereby someone with high emotional intelligence are deemed to generally be effective in dealing with daily demands and are typically happy. The current study employed this measurement to assess emotional-social intelligence among adolescents enrolled in the Children's Home, located in Sabah.

Institutionalized Adolescents and Their Emotional-Social Intelligence

Adolescence is best understood based on the biopsychosocial readiness of young people to enter into adulthood (Sacks, 2003). Adolescence begins with the onset of physiologically changes characterized by puberty and ends when an adult entity and behavior are developed. This period of development corresponds roughly between the ages of 10 and 19 years, which is consistent with the World Health Organization's (WHO) definitions of adolescence (Sacks, 2003; Curtis, 2015; World Health Organization, 2019). The transition from childhood to adulthood involves

dramatic physical, sexual, psychological and social developmental changes, all taking place at the same time (World Health Organization, 2019). In conjunction with the development, this transition poses risks to their health and well-being (World Health Organization, 2019).

Institutionalized adolescents may come from disadvantaged, vulnerable and marginalized backgrounds. Auerswald, Piatt, and Mirzazadeh (2017) defined adolescent with disadvantaged, vulnerable and marginalized backgrounds as adolescents excluded from social, economic and/or educational opportunities due to numerous individual, family and social factors that are beyond their control. Individual factors include having a disability, ethnicity, suffering from behavioral and mental health problems, involvement in illegal business such as gambling or lotteries or activities that harmful to their welfare, and statelessness (Department of Social Welfare, 2016; Olson, 2007; Auerswald *et al.*, 2017; Allerton, 2017; Egelund, & Lausten, 2009; Kääriälä & Hiilamo, 2017). Family factors means to have originated from disadvantaged families such as asylum-seekers, refugees, irregular migrants, and undocumented parents resulting with the children being stateless (Taib, 2012). Disadvantaged group of adolescent also include those who were neglected, abused, and abandoned by their parents, as well as those from families with single parents who are unable to care for their children, unemployed parents, parents with lower education, parents who live on social welfare and poor family in general (Department of Social Welfare, 2016; Auerswald *et al.*, 2017; Ejrnæs, Ejrnæs, & Frederiksen, 2011; Franzén, Vinnerljung, & Hjern, 2008; Kestilä, Paananen, Väisänen, Muuri, Merikukka, Heino, & Gissler, 2012; Kääriälä & Hiilamo, 2017; Razack, 2009; Erol *et al.*, 2010). The insufficient, unnecessary, or impossible in-home care may lead an adolescent to reside in a care institution (Kääriälä & Hiilamo, 2017). Lastly, social factors involve obstacles such as economic inequality, violence, stigma, racism, and migration (Auerswald *et al.*, 2017). Placement of a child under societal care is the last line of option chosen when an adolescent is proven to be exposed to dysfunctional families, high-risk neighborhoods, mental health, or behavioral problems (National

Research Council, 1993; Kääriälä & Hiilamo, 2017). Those who are enrolled in children's homes may have been enrolled since early childhood or during adolescence.

It is important to note that adolescents enrolled in children's welfare institutions need to have an environment that allows them to explore, understand, and use (Peller, 2013). Enrollment into a children's home means that they provided with a surrounding that complement their intelligence, allows them to be self-steered, allows them to apply their abilities, to make choice as well as to make mistakes without endangering themselves or others. However, adolescents placed in children's welfare institutions may experience negative outcomes. We refer to the effects of the living conditions that make them so on their emotional-social intelligence. Out-of-home care environment (such as living without birth family environment and negative characteristics of children's welfare institutions) may result in abnormal development among adolescents, which in turn results serious repercussions on them (Mihaela, 2014). Adolescents raised in out-of-home care have shown to have poor emotional intelligence as demonstrated by high level of inhibition, avoidance, and inability to take risks due to anxiety of failure, as well as limited ability to provide responses with appropriate emotion and behavior to their own life experiences (Matei & Dumitrescu, 2012; Mihaela, 2014). Poor emotional control leads to inadequate management of emotions. Matei and Dumitrescu (2012) noted that institutionalized adolescents do not have a successful positive outlook of getting through life. Lack of skills in positively procession emotions might affect their ability to adapt in children's welfare institutions. Thus, growth environment of care institutions plays important role on adolescents' poor emotional intelligence as they express their emotions and socialize in improper way (Mihaela, 2014).

Studies involving local disadvantaged, vulnerable and/or marginalized adolescents have been documented (for instance UNICEF Malaysia, 2018; Child Rights Coalition Malaysia, 2012, 2013; Allerton, 2017; Salman,

Samsudin, & Yusuf, 2017). However, none of these documentations intentionally examine the emotional-social intelligence of adolescents enrolled in institutional care especially the Children's Home. To our knowledge, the study on emotional-social intelligence among adolescents enrolled in a Children's Home located in the state of Sabah, Malaysia is still limited and there is a need for further investigation. Other than that, gender and age are crucial factors that need to be considered in assessing emotional intelligence among young people (Bar-On & Parker, 2000). Gender and age factors were adopted in order to clearly understand the emotional-social intelligence among adolescents in the Children's Home. According to the explanations above, research on this matter is still relevance. To fill this research gap, the current study objectified to examine the emotional-social intelligence among adolescents enrolled in a Children's Home located in the state of Sabah, Malaysia.

METHODOLOGY

Participants

Participants were recruited among adolescents enrolled in a Children's Home located in Sabah, Malaysia. In total, 49 adolescents aged between 12 and 18 ($M_{age} = 14.39$, $SD = 1.68$) years old were selected using total population sampling. Participants is involved were 11 males (22.45%) and 38 (77.55%) females.

Procedure

The permission to implement the study in this institution was obtained from the Department of Social Welfare Malaysia (JKM) and the Children's Home in Sabah. During data collection, children aged between 12 and 18 years were invited to participate in the study. Children were informed that their participation in the study was voluntary and that they may withdraw at any time before, during or after data collection. They may also request the removal of collected data from being used in the study. Children were then asked to fill in the consent form upon their agreement to participate in the study. Those who cannot read, the

information of consent and questionnaire are read to them in understandable language by the research team. The questionnaires took an average of 45 minutes to complete. The current study employed the BarOn Emotional Quotient Inventory: Youth Version (EQ-i: YV; Bar-On & Parker, 2000) translated into Malay language and was used among university students (Lailawati, 2016). In the current study, the language of the items was simplified and words was modified into language that is familiar to respondents.

Measurement

The BarOn Emotional Quotient Inventory: Youth Version (BarOn EQ-i: YV) consists of 60 items were used to measure the emotional-social intelligence of young people aged 7 to 18 years (Bar-On & Parker, 2000). It was a revised version from its original scale – Emotional Quotient Inventory (EQ-i) that measure emotional intelligence of adults (Bar-On, 1997a, 1997b). BarOn EQ-i: YV involves four subscales that measure the core elements of emotional-social intelligence including interpersonal (12 items), intrapersonal (6 items), stress management (12 items) and adaptability (10 items). These four elements are used to measure the general emotional intelligence of young people. Responses were scored based on 4-point Likert-type of scale from ‘1 (Very seldom true of me) to 4 (Very often true of me).’ The items of BarOn EQ-i: YV consists of positive and negative items.

Raw scores obtained from each subscale is transformed into standard scores (Bar-On & Parker, 2000). As for the general emotional intelligence, the raw scores for intrapersonal, interpersonal, stress management and adaptability divided by its corresponding numbers of items. The four new numbers are then added together and then multiplied by 5 to produce the total emotional intelligence raw score. The raw scores for each observation are then transformed into standard scores according to the division of gender and age group as suggested in Bar-On and Parker’s (2000) guideline. The interpretation of emotional intelligence standard scores defined into ‘markedly low (standard score under 70), very low (standard

score between 70 and 79), low (standard score between 80 and 89), average (standard score between 90 and 109), high (standard score between 110 and 119), very high (standard score between 120 and 129) and markedly high (standard score 130 and above).’ The highest scores indicate atypically well-developed emotional and social capacity. While the lowest scores indicate atypically impaired emotional and social capacity. The standardized Cronbach’s alpha for overall observations is .71, .60, .74, .75, and .77 for general emotional intelligence, intrapersonal, interpersonal, stress management, and adaptability, respectively.

Statistical Analysis

Data were processed using the statistical software package IBM SPSS 25.0 for windows. The results were analyzed using descriptive statistical analysis including percentage, mean and standard deviation, as well as mean rank. Mann-Whitney U and Kruskal-Wallis tests was used to examine the difference of emotional-social intelligence across genders and age groups, respectively. While, Spearman’s correlation was used to examine the relationship between emotional-social intelligence dimensions. All p values were two-tailed and statistical significance was set at $p < .05$.

RESULTS

Level of Emotional-Social Intelligence

Generally, the total emotional intelligence scores among adolescents in Children’s Home was found to be low with a mean value of 89.51 ($SD = 11.22$) (see Table 1). Specifically, respondents scored average scores in intrapersonal ($M = 97.57$, $SD = 13.33$) and adaptability ($M = 94.06$, $SD = 15.21$) skills than low scores in interpersonal ($M = 86.31$, $SD = 14.24$) and stress management ($M = 89.06$, $SD = 12.85$) skills. At least more than one third or half of respondents reported average in their emotional intelligence.

**Table 1: Frequencies, Means and Standard Deviations of BarOn EQ-i:
YV Dimensions**

	Frequency (%)						Mean (SD)
	Markedly low	Very low	Low	Average	High	Very high	
Intrapersonal		6 (12.2)	6 (12.2)	26 (53.1)	10 (20.4)	1 (2.0)	- (13.33)
Interpersonal	8 (16.3)	9 (18.4)	10 (20.4)	20 (40.8)	1 (2.0)	1 (2.0)	- (14.24)
Stress management	3 (6.1)	10 (20.4)	12 (24.5)	22 (44.9)	1 (2.0)	1 (2.0)	- (12.85)
Adaptability	2 (4.1)	8 (16.3)	10 (20.4)	18 (36.7)	10 (20.4)	-	1 (2.0)
Total EQ	2 (4.1)	6 (12.2)	17 (34.7)	23 (46.9)	1 (2.0)	-	- (11.22)

Emotional-social intelligence across genders

A Mann-Whitney U test indicated that there was no significant difference of total emotional intelligence ($U = 151.00, p > .05$) and its features of intrapersonal ($U = 168.50, p > 0.05$), interpersonal ($U = 189.50, p > .05$), and adaptability ($U = 205.00, p > .05$) between male and female respondents (see Table 2). Only stress management skill was significantly greater for male (Mean Rank = 39.14) than female (Mean Rank = 20.91), $U = 53.50, p < .01$. These findings indicate that male and female adolescents have the same level of emotional intelligence especially in intrapersonal, interpersonal and adaptability skills but not in stress management skill.

**Table 2: Mann-Whitney U Test of BarOn EQ-i: YV Dimensions Across
Genders**

	Genders	Mean Ranks	Mann-Whitney U
Intrapersonal	Male	21.32	168.50
	Female	26.07	
Interpersonal	Male	26.77	189.50
	Female	24.49	
Stress management	Male	39.14	53.50**
	Female	20.91	
Adaptability	Male	25.36	205.00
	Female	24.89	
Total EQ	Male	30.27	151.00
	Female	23.47	

Note: ** $p < .01$

Emotional-social intelligence across age groups

A Kruskal-Wallis test indicated that there was no significant difference of total emotional intelligence ($X^2(2) = 0.97, p > .05$) and its features of intrapersonal ($X^2(2) = 4.19, p > .05$), interpersonal ($X^2(2) = 0.21, p > .05$), stress management ($X^2(2) = 0.05, p > .05$) and adaptability ($X^2(2) = 1.88, p > .05$) skills across age groups (see Table 3). These findings show that adolescents in Children’s Home have the same level of emotional intelligence regardless of age groups differences.

Table 3: Mean Ranks and Kruskal-Wallis Test of BarOn EQ-i: YV Dimensions Across Age Groups

	Age group	Mean Ranks	df	X^2
Intrapersonal	10 – 12 years old	36.90	2	4.19
	13 – 15 years old	22.87		
	16 – 18 years old	25.50		
Interpersonal	10 – 12 years old	25.40	2	0.21
	13 – 15 years old	24.32		
	16 – 18 years old	26.46		
Stress management	10 – 12 years old	25.40	2	0.05
	13 – 15 years old	25.24		
	16 – 18 years old	24.27		
Adaptability	10 – 12 years old	23.10	2	1.88
	13 – 15 years old	23.35		
	16 – 18 years old	29.65		
Total EQ	10 – 12 years old	30.50	2	0.97
	13 – 15 years old	23.85		
	16 – 18 years old	25.62		

Relationship between emotional-social intelligence dimensions

Spearman’s correlation was run to determine the correlation between emotional intelligence dimensions. As shown in Table 4, there was a moderate and strong positive correlations between total emotional intelligence and its features of intrapersonal, interpersonal, stress management and adaptability skills, which was statistically significant, $\{r_s(49) = .48, p < .01, r_s(49) = .60, p < .01, r_s(49) = .49, p < .01$ and $r_s(49) = .57, p < .01$, respectively}. Among its dimensions, only adaptability skill

moderately positively significantly correlated with interpersonal skill, $r_s(49) = .41, p < .01$.

Table 4: Intercorrelation of Baron EQ-I: YV Dimensions

	1	2	3	4	5
1 Total EQ	-				
2 Intrapersonal	.48**	-			
3 Interpersonal	.60**	.08	-		
4 Stress management	.49**	-.03	.03	-	
5 Adaptability	.57**	-.05	.41**	.01	-

Note: ** $p < .01$

DISCUSSION

The current study was intended to examine the emotional-social intelligence among adolescents in Children's Home located in the state of Sabah, Malaysia. We examined the levels of emotional-social intelligence and its differences in terms of gender and age group as well as relationships between its dimensions.

Firstly, this study revealed that adolescents in Children's Home are more likely to experience low levels of emotional-social intelligence. They are less capable to make use of all specific features of emotional intelligence – intrapersonal, interpersonal, stress management and adaptability skills). We assume that adolescents placed in Children's Home are unable to express and communicate their own emotions and needs, poor interpersonal relations with others, inappropriate emotional responses to a stressful events and poor capabilities to deals with their daily life obstacles. The current study was in line with other studies stated that institutionalized adolescents are prone to have poor emotional intelligence (Matei & Dumitrescu, 2012; Mihaela, 2014). They may be able to perceive clearly, correctly and direct their emotions, but they are lacking in practicing appropriate emotions and behavior towards their own life experiences (Matei & Dumitrescu, 2012). This finding can be explain through the emotional way of thinking of institutionalized adolescents that restraint them to adapt in institutional care (Matei & Dumitrescu, 2012). It

happens when individuals' emotional reasoning and actions lead to impaired emotional control which in turn provoke improper emotional management. In fact, most of institutionalized adolescents don't have the successful positive outlook of getting through life. They may not have a clear purpose of life as they live in institutional care. Mihaela (2014) stresses that growth environment of care institutions plays important role on adolescents' poor emotional intelligence as they express their emotions and socialize in improper way.

Secondly, the current study found that the total emotional intelligence and its specific feature of intrapersonal, interpersonal and adaptability was not differed between males and females. Only stress management skill was found to be different between genders which male adolescents were found to score significantly higher than female adolescents. Based on this findings, adolescent males and females was different as well as shared similar emotional and social abilities. But most of the emotional intelligence skills are not different between adolescent males and females in the current respondents. We concluded that no major gender difference in relation to emotional-social intelligence which is somewhat in line with other studies (Verma & Dash, 2014; Fernández-Berrocal, Cabello, Castillo & Extremera, 2012; Meshkat & Nejati, 2017; George *et al.*, 2017). Many studies, however, documented that females have higher emotional intelligence than that of males (Bhat, 2017; Cabello, Sorrel, Fernández-Pinto, Extremera & Fernández-Berrocal, 2016; Punia & Sangwan, 2011; Tapia, 1998; King, 1999; Sutarso, 1999; Bar-On & Parker, 2000; Das & Sahu, 2015; Mayer, Caruso & Salovey, 2000) or vice versa (Ahmad, Bangash & Khan, 2009). Perhaps, gender difference may exist in styles of emotional intelligence which is females are emotionally better than males (Eisenberg, 1994). Originally, Bar-On and Parker (2000) found that young people shares differences in intrapersonal and interpersonal skills as well as similarity in adaptability skill between young males and females in which not supported by our study. Contrary to our study, Bar-On and Parker found that stress management ability among young people was not different between genders. As for stress management among our research

respondents, we assume that adolescent males are more manageable to stressful situations than the adolescent females. Previous studies documented that men show more management to the situations than the women (Ahmad *et al.*, 2009). One possible reason for this is that men are more tolerance to stressful events than women. Accordingly, we agree with Bar-On and Parker (2000) and Eisenberg (1994) that males and females in our study shares similarity and differences in features of emotional-social intelligence. However, we assume that no major differences of emotional intelligence across gender among adolescents in Children's Home as found in Verma and Dash (2014), Fernández-Berrocal *et al.* (2012), Meshkat and Nejati (2017) and George *et al.* (2017).

Thirdly, we found that there was no age group differences of emotional-social intelligence among our respondents. We concluded that emotional-social intelligence among adolescent in Children's Home is similar despite different age groups. These aspects did not differ among our respondents as early as 12 to 18 years old. We also noted that the difference in the number of observations for each age group is not a major factor that can affect the differences in emotional-social intelligence. It is well documented that there is significant effect of age on emotional intelligence (Keefer, Holden, Parker, 2013; Bar-On, 2000; Lopes, Salovey & Straus, 2003; Bar-On & Parker, 2000). Researchers stated that the ability of emotional intelligence differs with age as an individual grows (Cabello *et al.*, 2016; Dhillon, 2018; Bar-On, 1997b; Mayer *et al.*, 2000; Goleman, 1998 in King, 1999). However, our findings were not in line with these studies as we found no major differences of emotional-social intelligence across age group among adolescents in Children's Home. Cakan and Altun (2005) suggest that age has no significant effect on emotional intelligence. While, Punia (2002) suggest at some point emotional intelligence met its peak and start to decline. In a longitudinal study also found that emotional-social intelligence for each male and female adolescent are relatively homogenous with slight increases, decreases or plateaus (Esnaola, Revuelta, Ros & Sarasa, 2017). However, we assume that a major similarity of emotional intelligence across age groups among adolescents

in Children's Home is due to poor ability to perceive their own emotions for many of them. As found in Sharma (2017), there is possibilities that they may not have the right idea about their own emotions as they must not be clear about their strength, weaknesses, opportunities and threats.

Lastly, the current study found no major relations between features of intrapersonal, interpersonal, stress management and adaptability skills among adolescents in Children's Home. Only their adaptability and interpersonal skills positively significantly correlated to each other. Yet, all these features of emotional-social intelligence significantly moderately correlated to its total emotional intelligence. Though institutionalized adolescents are less sociable (Mihaela, 2014), adolescents in Children's Home may be still gaining interpersonal skill which in turn increase their ability to adapt in home care center or vice versa. Only that their interpersonal and adaptability skills are moderately correlated. In general, however, these findings not really coincide with other studies documented the correlations among the emotional-social intelligence dimensions (Bar-On & Parker, 2000, Keefer *et al.*, 2013; Esnaola *et al.*, 2017). Originally, Baron and Parker (2000) found that all the features of emotional-social intelligence are interrelated to each other among young people. Perhaps, the current study shows no major relations between all features of emotional-social intelligence not because of they function separately of each other. We assumed that these findings were influenced by the methodological matters – *common method variance*. Future studies may be needed to confirm these findings.

The current study has several limitations. First, this was a cross-sectional study, and thus could not identify causal relationship. It is therefore possible that, for example, the interpersonal skill induces their adaptability in home care, or that their adaptability in home care encourage interpersonal relationship. A second limitation is that our survey did not include information about their life history that led them into care center. Although this information are important factor that might influenced their emotional-social intelligence, we considered the issues of sensitivity that

might influence their willingness to participate in this study. A third limitation is that the number of subjects was relatively small (the population in the Children's Home is small). Finally, this was a care center-based study, in which not all respondents have the ability to read and write. Therefore, they answered the questionnaire with the assistance of the research team.

CONCLUSION

The current study objectified to investigate the emotional-social intelligence among adolescent of Children's Home in the state of Sabah, Malaysia. It is found that adolescents enrolled in Children's Home has a low level of emotional-social intelligence. No major differences of emotional intelligence across gender and age groups. Finally, their interpersonal, intrapersonal, stress management, and adaptability skills doesn't prove major relations to each other. It is important to implement interventions for adolescents placed in Children's Home in order to increase their emotional-social intelligence.

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