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Original Research Article

Mapping Adolescent Anger in Bangladesh: Sociodemographic Differences in Anger Dimensions

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Abstract: Adolescence is a critical developmental period during which difficulties in anger regulation may adversely affect psychological well-being, interpersonal relationships, and behavioral adjustment. Despite its importance, evidence on adolescent anger in Bangladesh remains limited. The present study examined whether instrumental anger, reactive anger, and anger control differ according to selected sociodemographic characteristics among Bangladeshi adolescents. A cross-sectional survey design was employed. A total of 360 adolescents aged 13–19 years (M = 15, SD = 1.61 years) were selected using a two-stage non-probability sampling procedure from educational institutions and residential communities in Bangladesh. Data were collected using a demographic questionnaire and the validated Bangla version of the Adolescent Anger Rating Scale (AARS). Independent-samples t-tests were conducted to examine differences by gender and family type, whereas one-way analyses of variance (ANOVA) were used to assess differences according to place of residence and parents' educational attainment. No significant differences were found in instrumental anger, reactive anger, or anger control according to gender or family type ($p > .05$). Place of residence was significantly associated with anger control, with urban adolescents reporting higher anger control than adolescents from suburban and rural areas. No significant differences were observed for instrumental or reactive anger. Significant differences were also found across fathers' and mothers' educational attainment for instrumental anger, reactive anger, and anger control (all $p < .001$). Lower paternal educational attainment was generally associated with higher instrumental and reactive anger and lower anger control, whereas the pattern across maternal education groups was less consistent. These findings suggest that parental educational attainment and residential context are important correlates of adolescent anger

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regulation in Bangladesh and support the development of targeted school- and family-based emotional regulation interventions.

Keywords: Adolescents; Anger; Anger Control; Bangladesh; Instrumental Anger; Reactive Anger; Sociodemographic Factors.

Introduction

Adolescence, defined as the period between 10 and 19 years of age, is characterized by rapid biological, cognitive, emotional, and social changes that shape psychological development and future well-being [1]. During this developmental transition, adolescents experience increasing autonomy, identity exploration, and expanding social relationships while simultaneously facing heightened emotional challenges due to the ongoing maturation of cognitive and self-regulatory processes [2–4]. Consequently, difficulties in emotion regulation are common during adolescence and may contribute to a range of psychological and behavioral problems [5].

Among these emotional challenges, anger has received considerable attention because of its association with aggression, interpersonal conflict, academic difficulties, and poor mental health outcomes [6,7]. Anger is a multidimensional construct encompassing instrumental anger, reactive anger, and anger control [8]. Reactive anger is an impulsive emotional response to perceived provocation, frustration, or threat and is often accompanied by heightened physiological arousal and poor emotion regulation [9]. In contrast, instrumental anger is a deliberate and goal-directed form of anger used to achieve desired outcomes or retaliate against others [8,10]. Anger control reflects an individual's ability to regulate and express anger in socially appropriate ways [11]. Together, these dimensions provide a comprehensive framework for understanding adolescent anger and its behavioral consequences.

The experience and regulation of anger are influenced by multiple demographic and contextual factors. Previous studies have reported mixed findings regarding sociodemographic differences in adolescent anger. Some investigations have found that boys exhibit higher levels of reactive or instrumental anger than girls, whereas others have reported minimal or no gender differences [12,13]. Similarly, parental educational attainment and residential context have been associated with anger regulation in some populations but not in others [14,15]. Furthermore, adolescents' emotional development is shaped by broader sociocultural contexts, indicating that patterns of anger may vary across societies depending on cultural norms, parenting practices, educational environments, and social expectations [16].

Despite growing international evidence, few empirical studies have simultaneously examined instrumental anger, reactive anger, and anger control among Bangladeshi adolescents, particularly in relation to multiple sociodemographic characteristics. Most existing studies have been conducted in Western or other high-income countries, limiting

the generalizability of their findings to South Asian settings. Moreover, previous studies have often focused on a limited number of demographic characteristics, providing an incomplete understanding of how different dimensions of anger vary across adolescents from diverse social backgrounds. Consequently, comprehensive evidence on instrumental anger, reactive anger, and anger control among Bangladeshi adolescents is still scarce.

Therefore, the present study aimed to examine sociodemographic differences in adolescent anger among Bangladeshi adolescents. Specifically, it investigated whether instrumental anger, reactive anger, and anger control differ according to gender, family type, place of residence, and parents' educational attainment. By identifying demographic patterns of adolescent anger, this study seeks to provide context-specific evidence that may inform school-based mental health programs and family-centered interventions designed to promote healthy emotional development among Bangladeshi adolescents.

Method

Research Design

A cross-sectional survey design was employed to examine sociodemographic differences in adolescent anger and its dimensions among Bangladeshi adolescents.

Participants and Sampling

The target population comprised Bangladeshi adolescents aged 13–19 years (M = 15, SD = 1.61 years). A two-stage non-probability sampling procedure was employed. In the first stage, educational institutions and residential communities were purposively selected to ensure representation from diverse settings. In the second stage, participants were recruited using convenience sampling from the selected institutions and communities. A total of 360 adolescents participated in the study. Recruitment quotas were used to achieve equal representation across gender (180 males and 180 females), family type (180 from nuclear families and 180 from extended families), and place of residence (120 participants each from urban, suburban, and rural areas). Participants were enrolled in educational levels ranging from Grade 5 to Higher Secondary. Adolescents who were physically and mentally healthy at the time of data collection were eligible to participate.

Measures

Demographic Information Questionnaire

A brief demographic questionnaire was developed to collect participants' background information, including gender, family type, place of residence, and parents' educational qualifications.

Adolescent Anger Rating Scale (AARS)

Adolescent anger was assessed using the Bangla version of the AARS [17], originally developed by Burney and Kromrey [8]. The AARS is designed to assess anger expression and differentiate among three dimensions of adolescent anger: Instrumental Anger, Reactive Anger, and Anger Control. It is intended for use with adolescents aged 11–19 years. The scale consists of 41 items rated on a 4-point Likert scale ranging from 1

(*Hardly Ever*) to 4 (*Very Often*). It comprises three subscales: Instrumental Anger (20 items), Reactive Anger (8 items), and Anger Control (13 items). Total scores range from 41 to 164, with higher scores indicating greater levels of anger-related characteristics. The Bangla version demonstrated excellent translation reliability (r = .97), satisfactory test–retest reliability (r = .71–.79, $p < .01$), and acceptable construct validity, with validity coefficients ranging from .48 to .54 [17]. Cronbach's α was .76 for Instrumental Anger, .74 for Reactive Anger, and .81 for Anger Control in the present sample.

Procedure

Prior to data collection, permission was obtained from the authorities of the selected educational institutions and community settings. Written informed consent was obtained from participants and, where applicable, from their parents or legal guardians. Participants were informed about the purpose of the study and assured that their participation was voluntary, that their responses would remain confidential, and that they could withdraw from the study at any time. The questionnaires were administered in classroom and community settings under the supervision of the researcher. Standardized instructions were provided to all participants, and clarification was offered whenever necessary. Completed questionnaires were collected immediately upon completion to ensure data completeness and confidentiality.

Data Analysis

Data were analyzed using IBM SPSS Statistics (Version 26.0). Independent-samples *t*-tests were conducted to compare Instrumental Anger, Reactive Anger, and Anger Control scores by gender and family type. One-way analyses of variance (ANOVA) were performed to examine differences in the three anger dimensions across place of residence and fathers' and mothers' educational attainment. Statistical significance was determined at $p < .05$.

Results

Gender and Family Type Differences in Instrumental Anger, Reactive Anger, and Anger Control

Independent-samples *t*-tests were conducted to examine whether instrumental anger (IA), reactive anger (RA), and anger control (AC) differed according to gender and family type. As presented in **Table 2**, no significant differences were found between male and female adolescents or between adolescents from nuclear and extended families on any of the three anger dimensions (all $p > .05$). These findings suggest that neither gender nor family type was associated with adolescents' instrumental anger, reactive anger, or anger control in the present sample.

Table 2

Mean Differences in Instrumental Anger (IA), Reactive Anger (RA), and Anger Control (AC) According to Gender and Family Type

Variable	Comparison	Group	N	Mean (M)	SD	df	*t*	*p*

IA	Gender	Female	180	38.56	9.90	348.37	-0.112	.911
		Male	180	38.68	11.71			
RA	Gender	Female	180	15.00	5.34	358	-0.783	.434
		Male	180	15.49	6.58			
AC	Gender	Female	180	32.44	6.55	358	0.188	.851
		Male	180	32.32	6.36			
IA	Family Type	Nuclear	180	38.41	11.24	358	-0.365	.716
		Extended	180	38.83	10.43			
RA	Family Type	Nuclear	180	15.40	6.36	358	0.483	.629
		Extended	180	15.09	5.61			
AC	Family Type	Nuclear	180	32.38	6.74	358	-0.008	.993
		Extended	180	32.38	6.16			

Note. IA = Instrumental Anger; RA = Reactive Anger; AC = Anger Control. For IA by gender, the *p*-value is reported from the "equal variances not assumed" row because Levene's test was significant.

Differences in Instrumental Anger, Reactive Anger, and Anger Control by Place of Residence

One-way analyses of variance (ANOVA) were conducted to examine whether instrumental anger (IA), reactive anger (RA), and anger control (AC) differed according to place of residence (urban, suburban, and rural). As presented in Table 3, no significant differences were found in IA. However, a significant difference was observed for AC, indicating that adolescents living in urban areas had the highest mean anger control score, compared with those living in suburban and rural areas.

Table 3

Differences in Instrumental Anger (IA), Reactive Anger (RA), and Anger Control (AC) According to Place of Residence

Variable	**Place of Residence**	**N**	**Mean (M)**	**SD**	***F***	***p***
IA	Urban	120	37.77	11.32	0.596	.552
	Suburban	120	38.85	11.26		

	Rural	120	39.24	9.88		
RA	Urban	120	14.81	6.15	0.974	.378
	Suburban	120	15.08	5.64		
	Rural	120	15.85	6.17		
AC	Urban	120	33.78	6.91	4.344	.014*
	Suburban	120	31.68	6.00		
	Rural	120	31.68	6.21		

Note. IA = Instrumental Anger; RA = Reactive Anger; AC = Anger Control; $p < .05$

Differences in Instrumental Anger, Reactive Anger, and Anger Control by Father's Education

One-way analyses of variance (ANOVA) were conducted to examine whether adolescents' anger dimensions differed according to fathers' educational attainment. As presented in Table 4, significant differences were observed for instrumental anger ($p < .001$), reactive anger ($p < .001$), and anger control ($p < .001$). This indicated that adolescents whose fathers had lower educational attainment generally reported higher levels of instrumental and reactive anger, whereas higher anger control scores were observed among adolescents whose fathers had higher educational attainment.

Table 4

Differences in Instrumental Anger (IA), Reactive Anger (RA), and Anger Control (AC) According to Father's Educational Attainment

Variable	Father's Education	N	Mean (M)	SD	*F*	*p*
IA	Uneducated	9	44.00	7.81	8.448	< .001***
	Primary	20	43.55	7.07		
	Secondary	58	41.76	9.52		
	SSC	84	42.69	11.81		
	HSC	104	35.77	10.77		
	Hon's	63	33.63	8.77		
	Master's	22	35.86	9.61		
RA	Uneducated	9	18.67	4.90	9.883	< .001***
	Primary	20	19.95	4.33		
	Secondary	58	17.64	6.28		
	SSC	84	16.68	6.75		

	HSC	104	13.50	4.66		
	Hon's	63	13.00	5.32		
	Master's	22	12.50	4.67		
AC	Uneducated	9	30.67	3.61	6.929	< .001***
	Primary	20	30.25	4.54		
	Secondary	58	30.78	5.91		
	SSC	84	30.50	5.11		
	HSC	104	32.63	6.44		
	Hon's	63	36.19	7.39		
	Master's	22	34.36	6.99		

Note. IA = Instrumental Anger; RA = Reactive Anger; AC = Anger Control; *** $p < .001$

Differences in Instrumental Anger, Reactive Anger, and Anger Control by Mother's Education

One-way analyses of variance (ANOVA) were conducted to examine whether adolescents' anger dimensions differed according to mothers' educational attainment. As shown in Table 5, significant differences were found for instrumental anger ($p < .001$), reactive anger ($p < .001$), and anger control ($p < .001$). Examination of the descriptive statistics revealed variation in instrumental anger, reactive anger, and anger control across maternal education groups. However, the pattern of mean scores was not consistent across educational levels. Overall, the findings indicate that adolescents' anger dimensions differed significantly according to mothers' educational attainment.

Table 5

Differences in Instrumental Anger (IA), Reactive Anger (RA), and Anger Control (AC) According to Mother's Educational Attainment

Variable	Mother's Education	N	Mean (M)	SD	*F*	*p*
IA	Uneducated	29	44.34	7.73	11.526	< .001***
	Primary	46	40.85	10.30		
	Secondary	53	40.04	12.00		
	SSC	88	35.72	10.94		

	HSC	73	33.42	8.41		
	Hon's	40	38.40	10.87		
	Master's	31	48.29	6.26		
RA	Uneducated	29	18.83	4.13	9.634	< .001***
	Primary	46	16.39	4.93		
	Secondary	53	15.94	5.53		
	SSC	88	13.19	4.77		
	HSC	73	13.15	6.27		
	Hon's	40	15.18	6.96		
	Master's	31	19.87	6.34		
AC	Uneducated	29	32.79	7.55	6.241	< .001***
	Primary	46	30.46	5.11		
	Secondary	53	30.13	5.20		
	SSC	88	32.03	6.35		
	HSC	73	35.29	7.06		
	Hon's	40	34.55	6.38		
	Master's	31	30.03	4.52		

Note. IA = Instrumental Anger; RA = Reactive Anger; AC = Anger Control; *** $p < .001$

Discussion

The present study examined sociodemographic differences in instrumental anger, reactive anger, and anger control among Bangladeshi adolescents. Overall, the findings indicate that gender and family type were not significantly associated with adolescents' anger dimensions, whereas place of residence and parents' educational attainment were significantly related to anger expression and regulation. These findings contribute to the limited literature on adolescent anger in Bangladesh by identifying demographic and contextual factors associated with adolescents' emotional functioning.

No significant gender differences were found in instrumental anger, reactive anger, or anger control. This finding is consistent with the validation studies of the Adolescent Anger Rating Scale, which reported relatively small gender differences in multidimensional anger among adolescents [18]. Similarly, recent evidence suggests that adolescents' emotional regulation is increasingly influenced by shared developmental experiences, school environments, and family relationships rather than by gender alone [19,20]. A recent systematic review also concluded that family support, parenting practices, and peer relationships are stronger predictors of adolescents' emotional regulation than demographic characteristics [21]. However, the present findings differ from studies reporting greater anger and aggressive tendencies among female adolescents [22]. These inconsistencies may reflect cultural differences, variations in measurement instruments, and changing gender norms across societies.

Family type (nuclear versus extended) was also unrelated to instrumental anger, reactive anger, and anger control. This finding suggests that adolescents' emotional experiences may depend more on the quality of family interactions than on family structure itself. Previous research has consistently shown that supportive parenting, positive family communication, and emotional warmth contribute more strongly to adolescents' emotional adjustment than whether they live in nuclear or extended families [23]. Likewise, recent evidence from South Asia indicates that family cohesion and positive parenting practices play a greater role in promoting emotional regulation than family composition alone [24]. Therefore, adolescents from different family structures may demonstrate similar anger experiences when they receive comparable emotional support.

Place of residence was significantly associated with anger control but not with instrumental or reactive anger. Adolescents living in urban areas reported higher anger control than those residing in suburban and rural settings. One possible explanation is that urban adolescents may have greater access to educational opportunities, extracurricular activities, mental health awareness, and school-based psychosocial support, all of which facilitate the development of emotional regulation skills. This interpretation is consistent with recent studies suggesting that supportive educational environments and community resources enhance adolescents' capacity to regulate emotions [25,26]. Nevertheless, because post hoc analyses were not performed, the specific residential groups responsible for the

observed differences cannot be identified, and this finding should therefore be interpreted cautiously.

Parental educational attainment emerged as an important correlate of adolescent anger. Adolescents whose fathers had lower educational attainment generally reported higher instrumental and reactive anger, whereas those whose fathers had higher educational attainment demonstrated greater anger control. This finding aligns with previous research showing that higher parental education is associated with more adaptive parenting practices, effective communication, and greater socioeconomic resources, all of which contribute to healthier emotional development and emotion regulation among adolescents. Recent evidence further suggests that educated parents are more likely to model constructive emotional regulation and employ supportive parenting strategies that reduce maladaptive emotional responses in children and adolescents [27].

Significant differences were also observed according to mothers' educational attainment. However, unlike the pattern observed for fathers' education, the descriptive statistics did not demonstrate a consistent linear relationship across maternal education groups. Although adolescents' anger dimensions differed significantly according to mothers' educational attainment, the findings suggest that maternal education alone may not adequately explain adolescents' anger experiences. Previous research indicates that maternal educational attainment often interacts with parenting style, maternal employment, family stress, parent–child communication, and socioeconomic conditions in influencing adolescents' emotional development [27]. Therefore, the present findings highlight the need to consider broader family and contextual influences when examining the role of maternal education in adolescent anger.

Practical Implications

The findings of this study have several practical implications. School-based emotional regulation and anger management programs may help adolescents develop healthier coping strategies, particularly in communities where psychosocial resources are limited. In addition, parent-focused psychoeducational interventions that promote positive parenting, effective communication, and emotional coaching may strengthen adolescents' anger regulation regardless of family structure. Integrating life-skills education and social-emotional learning into school curricula may further support adolescents' psychological well-being.

Limitations and Strengths

Several limitations should be acknowledged. First, the cross-sectional design precludes conclusions regarding causal relationships among the study variables. Second, convenience sampling limits the generalizability of the findings to the broader adolescent population in Bangladesh. Third, all measures relied on self-reports, which may be influenced by social desirability and response bias. Future studies should employ longitudinal designs and probability sampling while examining additional variables such as parenting style, socioeconomic status, family functioning, and emotion regulation

strategies. Despite these limitations, the present study provides one of the few comprehensive examinations of sociodemographic differences in instrumental anger, reactive anger, and anger control among Bangladeshi adolescents. By demonstrating that contextual characteristics—particularly place of residence and parents' educational attainment—are more strongly associated with adolescents' anger than gender or family type, the findings contribute to the growing literature on adolescent emotional development in low- and middle-income countries. These findings may inform culturally appropriate school- and family-based interventions aimed at promoting healthy emotional regulation and preventing anger-related behavioral problems among Bangladeshi adolescents.

Conclusion

This study found that place of residence and parents' educational attainment were significantly associated with adolescents' anger, whereas gender and family type were not. Urban adolescents demonstrated better anger control, and higher paternal educational attainment was generally associated with healthier anger regulation. These findings suggest that contextual and family-related factors play a more important role in adolescent anger than demographic characteristics alone. The results highlight the need for school- and family-based interventions that promote emotional regulation and positive parenting. Future longitudinal studies with representative samples are needed to better understand the factors influencing adolescent anger among Bangladeshi adolescents.

Conflict of Interest

The authors declare that there is no conflict of interest.

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Ethics approval and consent to participate

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. The study protocol was reviewed and approved by the Human Research Ethics Committee of the Department of Psychiatry, Southern Medical College (Reference No. SMCH/Chairman (IERB)/07/26/71).

Before data collection, all participants were informed about the study's objectives, the voluntary nature of their participation, their right to withdraw at any time without penalty, and the confidentiality of the information they provided. Written informed consent was obtained from all participants prior to their enrollment in the study. Verbal consent was also obtained to ensure that participants fully understood the study procedures before providing written consent.

References

1. Parrish AM, Tremblay MS, Carson S, Veldman SLC, Cliff D, Vella S, et al. Comparing and assessing physical activity guidelines for children and adolescents: a systematic literature review and analysis. *Int J Behav Nutr Phys Act.* 2020 Dec;17(1):16. doi:10.1186/s12966-020-0914-2

2. Sahi RS, Eisenberger NI, Silvers JA. Peer facilitation of emotion regulation in adolescence. *Dev Cogn Neurosci.* 2023 Aug;62:101262. doi:10.1016/j.dcn.2023.101262

3. Sharma P, George LS, Rai S, Noronha JA. Factors affecting and the strategies to enhance emotional regulation among adolescents in South Asian countries: a systematic review. *BMC Public Health.* 2025 Oct 14;25(1):3485. doi:10.1186/s12889-025-24793-8

4. Soutter AK, Friesen MD, Sotardi V, Dutton H. 'Owning up', 'distracting myself', 'accepting it and getting on with life': Exploring the nuances of youth coping strategies in Aotearoa New Zealand. *Int J Adolesc Youth.* 2026 Dec 31;31(1):2662384. doi:10.1080/02673843.2026.2662384

5. Clinchard C, Casas B, Kim-Spoon J. Childhood maltreatment impacts emotion regulation difficulties, but not strategy use, throughout adolescence and young adulthood. *Emotion.* 2026 Feb;26(1):141–52. doi:10.1037/emo0001568

6. Anjanappa S, Govindan R, Munivenkatappa M, Bhaskarapillai B. Effectiveness of anger management program on anger level, problem-solving skills, communication skills, and adjustment among school-going adolescents. *J Educ Health Promot.* 2023 Mar;12(1). doi:10.4103/jehp.jehp_1216_22

7. Lochman JE, Palardy NR, McElroy HK, Phillips N, Holmes KJ. Anger management interventions. *J Early Intensive Behav Interv.* 2004;1(1):47–56. doi:10.1037/h0100283

8. Burney DM, Kromrey J. Initial Development and Score Validation of the Adolescent Anger Rating Scale. *Educ Psychol Meas.* 2001 Jun;61(3):446–60. doi:10.1177/00131640121971310

9. Jambon M, Colasante T, Peplak J, Malti T. Anger, Sympathy, and Children's Reactive and Proactive Aggression: Testing a Differential Correlate Hypothesis. *J Abnorm Child Psychol.* 2019 Jun;47(6):1013–24. doi:10.1007/s10802-018-0498-3

10. Boxer P, Tisak MS, Goldstein SE. Is It Bad to Be Good? An Exploration of Aggressive and Prosocial Behavior Subtypes in Adolescence. *J Youth Adolesc.* 2004 Apr;33(2):91–100. doi:10.1023/B:JOYO.0000013421.02015.ef

11. Shahsavarani AM, Noohi S, Heyrati H, Mohammadi M, Mohammadi A, Sattari K. Anger management and control in social and behavioral sciences: A systematic review of literature on the biopsychosocial model. *Int J Med Rev.* 2016;3(1):355–64.

12. Björkqvist K. Gender differences in aggression. *Curr Opin Psychol.* 2018 Feb;19:39–42. doi:10.1016/j.copsyc.2017.03.030

13. Potegal M, Archer J. Sex differences in childhood anger and aggression. *Child Adolesc Psychiatr Clin N Am.* 2004 Jul;13(3):513–28. doi:10.1016/j.chc.2004.02.004

14. Cabello R, Gutiérrez-Cobo MJ, Fernández-Berrocal P. Parental Education and Aggressive Behavior in Children: A Moderated-Mediation Model for Inhibitory Control and Gender. *Front Psychol.* 2017 Jul 10;8:1181. doi:10.3389/fpsyg.2017.01181

15. Otterpohl N, Wild E, Havighurst SS, Stiensmeier-Pelster J, Kehoe CE. The Interplay of Parental Response to Anger, Adolescent Anger Regulation, and Externalizing and Internalizing Problems: A Longitudinal Study. *Res Child Adolesc Psychopathol.* 2022 Feb;50(2):225–39. doi:10.1007/s10802-021-00795-z

16. Weinrib T. *Multilevel Item Response Theory Analysis of the Anger Regulation and Expression Scale: A Cross-Cultural Study of Anger in Youth.* St. John's University (New York); 2021.

17. Islam S, Chowdhury L. Adaptation of Adolescents' Anger Rating Scale According to Age and Sex. *Dhaka Univ J Psychol.* 2011;30:35–8.

18. Burney DM. An investigation of anger styles in adolescent students. *Negro Educ Rev.* 2006;57(1/2):35.

19. Aldridge JM, McChesney K. The relationships between school climate and adolescent mental health and wellbeing: A systematic literature review. *Int J Educ Res.* 2018 Mar;88:121–45. doi:10.1016/j.ijer.2018.01.012

20. Goagoses N, Bolz T, Eilts J, Schipper N, Schütz J, Rademacher A, et al. Parenting dimensions/styles and emotion dysregulation in childhood and adolescence: a systematic review and Meta-analysis. *Curr Psychol.* 2023 Aug;42(22):18798–822. doi:10.1007/s12144-022-03037-7

21. Delgado E, Serna C, Martínez I, Cruise E. Parental Attachment and Peer Relationships in Adolescence: A Systematic Review. *Int J Environ Res Public Health.* 2022 Jan 18;19(3):1064. doi:10.3390/ijerph19031064

22. Shaban N, Kumar P. Young adults and aggression: a comparative study of gender differences. *Int J Indian Psychol.* 2016;3(4):106–14.

23. Lu L, Ma G, Hao N, Gao X. Strict father, kind mother? Effects of congruent and incongruent parental emotional warmth on academic procrastination. *Acta Psychol (Amst).* 2026 Mar;263:106265. doi:10.1016/j.actpsy.2026.106265

24. Srivastava A, Kewalramani S. Relationship Between Emotion Regulation and Family Environment Among Young Adults: A Correlational Study. *Int J Indian Psychol.* 2025;13(2).

25. Mulyati H, Yusuf Ln S, Supriatna M. Emotion Regulation in Adolescents. In: *Proceedings of the International Conference on Educational Psychology and Pedagogy - "Diversity in Education" (ICEPP 2019)* [Internet]. Bandung, Indonesia: Atlantis Press; 2020 [cited 2026 Jul 24]. Available from: https://www.atlantis-press.com/article/125933651 doi:10.2991/assehr.k.200130.097

26. Sharma P, George LS, Rai S, Noronha JA. Factors affecting and the strategies to enhance emotional regulation among adolescents in South Asian countries: a systematic review. *BMC Public Health.* 2025 Oct 14;25(1):3485. doi:10.1186/s12889-025-24793-8

27. Fatima J, Dangwal P. The Role of Parenting Practices in Developing Emotional Regulation Among Children. *Int J Indian Psychol.* 2025;13(2).
