RELATIONSHIP BETWEEN SELF REGULATION AND QUALITY OF LIFE AMONG THE ADOLESCENTS

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ABSTRACT:

Adolescence is commonly characterized by issues such as rebellious behavior, lying, cheating, school performance problems, negative attitudes, disobedience and disrespect, sibling rivalry, drug and alcohol abuse, pressures from peers, depression, and issues of emotional and psychological disturbances. This marks the need, role and contribution of them being assisted in rightly self regulating and emotionally channelizing their behavior for a holistic and potentially worthwhile growth and development. This paper looks at the issues, stages and various influences that a child experiences throughout their development into functioning adults.

Keywords: Adolescents, Child psychology, Self regulation

INTRODUCTION

Adolescent and child psychology involves looking at the issues, stages and various influences that a child experiences throughout their development into functioning adults. Adolescent psychology can be divided into two main areas - the actual process of psychological development that the child goes through when growing up and the analysis and treatment of the various problems that a child may face throughout their development.

Adolescence is commonly characterized by issues such as rebellious behavior, lying, cheating, school performance problems, negative attitudes, disobedience and disrespect, sibling rivalry, drug and alcohol abuse, pressures from peers, depression, and issues of emotional and psychological disturbances. This marks the need, role and contribution of them being assisted in rightly self regulating and emotionally channelizing their behavior for a holistic and potentially worthwhile growth and development. Self-regulation refers to 'self-generated thoughts, feelings and actions that are planned and cyclically adapted to the attainment of personal goals.

Life for many adolescents is a painful tug of war filled with mixed messages and conflicting demands from parents, teachers, friends, family and oneself. Growing up, negotiating a path between independence and reliance on others is a tough business. Adolescence can be a time of both disorientation and discovery. It describes the teenage years between 13 and 19 and can be considered the transitional stage from childhood to adulthood. However, the physical and psychological changes that occur in adolescence can start earlier, during the preteen or "teen" years (ages 9-12). This transitional period can bring up issues of independence and self-identity and is a particularly hard time for children as they experience all kinds of changes both in their body and mind. Furthermore, they often feel misunderstood, searching for identity as they are constantly struggling to leave behind their childhood heading towards stepping into the next developmental phase in their life. This marks the need, role and contribution of them being assisted in rightly self regulating channelizing their behavior for a holistic and potentially worthwhile growth and development. The present investigation is a leap forward in the same direction.

Self-regulation is the ability to monitor and manage your energy states, emotions, thoughts, and behaviors in ways that are acceptable and produce positive results such as well-being, loving relationships, and learning. Developing this ability requires self-awareness, emotional intelligence, efficient filtering of sensory stimulation, coping effectively with stress, relating well to others, and sustaining focus. It is one of the big developmental tasks of childhood.

The most distinguished characteristic of the mental function in humans is the ability to self-regulate, which is based on language acquisition and social reciprocity. Humans can use self-regulation to regulate their own mind

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and establish an ego. This self-regulation is unique to humans. It is realized by the highly developed prefrontal cortex and is established during adolescence. Adolescence is the phase in life when the prefrontal cortex matures and is thus an important period for establishing an ego. An inappropriate maturation of self-regulation among adolescents, on the other hand, could lead to the prevalence of serious mental health problems in modern society.

Self-regulation refers to 'self-generated thoughts, feelings and actions that are planned and cyclically adapted to the attainment of personal goals' (Zimmerman, 2000). In popular discourse, the term 'self-regulation' suggests self-control or self-discipline. However, research into self-regulated learning extends beyond the issue of how learners resist impulses or regulate their concentration. Self-regulated learning includes processes such as: 'setting goals for learning, attending to and concentrating on instruction, using effective strategies to organize, code and rehearse information to be remembered, establishing a productive work environment, using resources effectively, monitoring performance, managing time effectively, seeking assistance when needed, holding positive beliefs about one's capabilities, the value of learning, the factors influencing learning and the anticipated outcomes of actions, and experiencing pride and satisfaction with one's efforts..

It is being able to control your emotions and responses to situations and other people. It includes the ability to concentrate, become involved in group activities, restrain disruptive and impulsive behavior, and work autonomously – and its impact on learning and attainment. The core competencies of self regulations are:

- Emotional self-control – controlling impulsive emotions.
- Trustworthiness – being honest

and taking action that is in line with your values.

- Flexibility – being able to adapt and work with different people in different situations.
- Optimism – the ability to see opportunities in situations and the good in other people.
- Achievement – developing your performance to meet your own standards of excellence.
- Initiative – taking action when it is necessary.

As per my understanding self-regulated students take time to plan. They think about their academic goals and consider whether the goals are relevant, valuable, rational and achievable. Once they set a goal, these students are motivated to achieve the goal and act autonomously to do so. They exert effort, feel confident and ensure to succeed. Self-regulated adolescents understand and use problem solving strategies. They select strategies to achieve their goals, sequence the strategies selected, set standards to gauge the quality of their performance, manage their attention and monitor the degree to which they are acting in accordance with their standards and making progress in achieving their goals. If they become frustrated along the way, these students work to overcome the problem. They do not procrastinate and are aware of discrepancies among their actions, goals and performance standards self-regulated learners engage in self-evaluation. They compare the results of their efforts with their intentions, attach meaning to the outcome, and think about whether they have acted according to their own standards or principles. When pleased with the results, these youth experience positive emotions that further enhance their motivation. When they are not happy with the results, they often become distressed but when they do, they can use that feeling as motivation to improve.

Quality of life (QOL) is an important subjective measure of one's condition. QOL encompasses several domains of subjective experience including physical ability, psychological well-being, social interactions and school or work performance Further research however, is needed to comprehend the same. In basic terminology we in our society have recently become more concerned about quality in general, for example, in product development and manufacturing and consumer services. This development has seen parallels in considerations for the human condition. Examples are concerned about the contribution of services, programs, and policies to the life experience of individuals. Recently, there has been a sharp increase in research concerning the role of emotion- related self-regulatory processes in children's school readiness and academic outcomes that ultimately improves the quality of life.

As per adolescents, quality of life is about the positive cycles of life. Feeling good, being satisfied with oneself and having an overall positive attitude are in most cases described as the starting points of a positive cycle. To get into and stay in the positive cycle, a positive self-image, good friends and good family relations are important. Consequently, adolescents' quality of life is threatened when these factors are negative. Friends seem to be the most significant factor. It is extremely difficult to be without friends and none of the adolescents would admit that they were, not even to themselves, although it was rather obvious in some cases. Self-image and popularity are factors associated with the ability to get friends.

The complete understanding the adolescent's view of quality of life emphases the importance of focusing on their psychosocial health and in particular their peer relations, to promote and sustain their quality of life.

Self-regulation is essential to the learning process (Zimmerman, 2008). It can help students create better learning habits and strengthen their study skills , apply learning strategies to enhance academic outcomes, monitor their performance, and evaluate their academic progress. Teachers thus should be familiar with the factors that influence a learner's ability to self-regulate and the strategies they can use to identify and promote self-regulated learning (SRL) in their classrooms. In addition to self-regulation, motivation can have a pivotal impact on students' academic outcomes (Zimmerman, 2008). Without motivation, SRL is much more difficult to achieve.

All of these researchers have informed my research study and in particular, the work of Zimmerman has shaped my theoretical framework considerably. From these readings, I developed a basic understanding of the descriptors of a self-regulated learner. I was now connecting this theory with my present research.

Duncan et al. (2007); McClelland et al. (2000) from their studies concluded that there exists a positive overall relationship between self-regulation and academic achievement. Children and young people with more adaptive personal skills and learning resources are more likely to succeed academically. Furthermore, individual elements of self-regulation – e.g. attitudes towards learning, attention and persistence – are also related to academic achievement (Yen et al., 2004). Duncan et. al further indicated that aspects of self-regulation such as attention, persistence, flexibility, motivation and confidence can all be improved as a result of effective teaching and learning practices. Research has also indicated that stresses associated with low income, such as residential instability, psychological distress among adults and low-quality childcare settings, may hamper the development of self-regulation skills.

A study conducted by Saranya & Velayudhan (2008) among 30 male and 30 female university students regarding gender differences related variables revealed that there exists no significant difference in self- awareness, self regulation, social awareness and social skills among day scholar boys and girls (Source: Cited in Review of Literature, 2010)

Though, the above review of literature has indicated that gender has contributed to self regulation , but there is dearth of related literature on how gender has impacted both self regulation and quality of life cumulatively, which is a major gap in research. Taking this into consideration, the present investigation is an ambitious attempt to quantify the same.

Ponitz, et. al. (2009) examined gender differences in self-regulation in the fall and spring of kindergarten and their connection to gender differences in 5 areas of early achievement: applied problems (math), general knowledge, letter–word identification, expressive vocabulary, and sound awareness. Behavioral self-regulation was measured using both an objective direct measure (N = 268; Head-Toes-Knees-Shoulders task) and, for a subsample of children, a teacher report of classroom self-regulatory behavior (n = 156; Child Behavior Rating Scale). Results showed that girls outperformed boys in both assessments. Although gender differences in self-regulation were clear, no significant gender differences were found on the 5 academic achievement outcomes, as measured by the Woodcock–Johnson III Tests of Achievement.

Researchers have endorsed adolescence to be the most vulnerable stage as involved in different health risk-taking behaviours. As maturation in adolescence is incomplete and often contributes to impulsivity, sensation-seeking, depression and inefficacious coping resulting into deficit quality of life. Several research studies have reported that ability to form relationship, to solve problems, to develop a sense of autonomy and to have a plan and hope in life are important aspects affecting physical, mental and social health. There has been very less work done in India related to the reasons associated with self regulation and quality of life . Quality of life (QOL) is an important subjective measure of one's condition. QOL encompasses several domains of subjective experience including physical ability, psychological well-being, social interactions and school or work performance Statistics (NFHS, 2005-06) indicate that youth of India in the age group 15-19 years having great knowledge of quality of life, but many adolescents tend to be less informed that they often have a sense of having unlimited power, feelings of invulnerability and impulsiveness that can lead to reckless behavior A greater understanding of youth motivation in engaging in these behaviors and also understanding of psychosocial factors will help in designing tailored intervention programes as they are required for tackling major health risk-taking behaviours that will put them in a better position..

OBJECTIVE OF THE STUDY

1. To study the gender differences on self-regulation among adolescents.
2. To study the gender differences on quality of life among adolescents.
3. To study the changing perspective between the self regulation and quality of life among adolescents.

Hypothesis: On the basis of review of literature and objectives, the following hypotheses have been formulated.

1. Female adolescents will be higher on self-regulation than male adolescents.
2. Female adolescents will be higher on quality of life than male adolescents.

3. There would be a positive relationship between self regulation and quality of life among adolescents

METHODOLOGY

Sample: The convenient random sample for the present investigation comprised 200 adolescents (100 girls and 100 boys), collected from school in Chandigarh in the age range of 14-18 years from 9th to 12th std. Prior consent from school authority will be taken for the participation in this study.

Design:

Gender	Self Regulation	QOL
high		
BOYS		
low		
high		
GIRLS		
low		

Tools:

Self Regulation Questionnaire (SRQ; Brown, Miller & Lawendowski, 1999): Self Regulation Questionnaire is a self report inventory designed to assess self- regulatory processes. It consists of 63 items to be answered on a likert scale ranging from1 (Strongly Disgree) to 9 (Strongly Agree). The test-retest reliability of S.R.Q (that was administered twice with a gap of 48 hours on a sample of 83 people with varying levels of alcohol problem severity) was .94 and the internal consistency was .91.

Quality of life inventory: This form of the Quality of Life Scale (QOLS) has 16 items rather than the 15 found in the original Flanagan version. Item #16, "Independence, doing for yourself" was added after a qualitative study indicated that the instrument had content validity in chronic illness groups but that it needed an item that reflected the importance to these people of remaining independent and able to care for themselves. It has also been used to track changes in individuals over the course of therapy. Higher scores indicate a higher overall quality of life.

Procedure:

It will be conducted in two phases: The convenient random sample for the present investigation comprised 200 adolescents(100 girls and 100 boys), collected from school in Chandigarh in the age range of 14-18 years from 9th to 12th std during the academic year 2018-19.. Prior consent from school authority has been taken for the participation in this study. The data were collected randomly from participants studying in the private school of Chandigarh. First of all Investigator had established the rapport with the students before the actual administration of the self-regulation questionnaire. The investigator had explained briefly, but distinctly the purpose of the study and asked students to fill up SRL and QOL questionnaire given in a separate Performa. The respondents were assured that their responses would be kept confidential and that only the researchers would have access to them.. All students responded to the questionnaires at their own pace during regular class. Since students were met in different classes, they were instructed to give responses focusing on this specific course. Due care was taken that the respondents did not leave any item unmarked. Finally, scoring of each questionnaire was done manually.

RESULTS AND DISCUSSION

For the sake of convenience, data have been presented in tabular form. The data was analyzed in accordance with the objectives and hypotheses of the study. The raw data was put to statistical treatment. The hypothesis framed were statistically tested and accordingly accepted or not accepted. The present study aimed at investigation "Changing perspective of relationship between self regulation and quality of life among adolescents".

TABLE 1: Descriptive Statistics of Self Regulation and Quality of Life among Adolescents

	Self-Regulation	Quality of Life
N	200	200
Mean	213.60	87.00
Median	212.50	89.00
Std. Deviation	16.84	12.74
Skewness	0.36	-0.54
Std. Error of Skewness	0.24	0.24
Kurtosis	-0.32	0.07
Std. Error of Kurtosis	0.48	0.48
Minimum	181.00	50.00
Maximum	257.00	110.00

FIGURE-1: Showing Descriptive Statistics of Self Regulation & Quality of Life among Adolescents
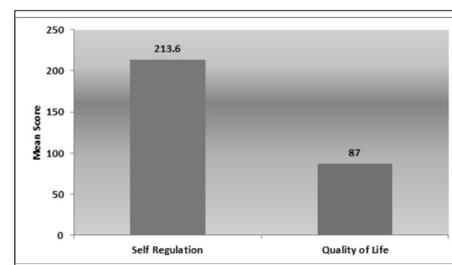

For Self-Regulation, Mean and SD were 213.60 and 16.84 respectively. The value of skewness was 0.36, which depicts the distribution is positively skewed and is less than ±1. This value is within the acceptable limit of normality and may be acceptable as having skewness of moderate degree and the value of Kurtosis was -0.32; which indicated that the curve was platykurtic. Thus, it may indicate towards the fact that the distribution of Self-Regulation is approximated to normal distribution. Maximum and minimum scores of Self-Regulation were 257 and 181 respectively.

For Quality of Life, Mean and SD were 87 and 12.74 respectively. The value of skewness was -0.54, which depicts the distribution is negatively skewed and is less than ±1.This value is within the acceptable limit of normality and may be acceptable as having skewness of moderate degree and the value of Kurtosis was 0.07; which indicated that the curve was leptokurtic. Thus, it may indicate towards the fact that distribution of Quality of Life is approximated to normal distribution. Maximum and minimum scores of Depression were 110 and 50 respectively.

TABLE 2: DIFFERENCE ON SELF-REGULATION AMONG FEMALE AND MALE ADOLESCENTS

Gender		N	Mean	Std. Deviation	t-value	p-value
Self-Regulation	Female	100	216.22	18.576	1.524	.131
	Male	100	211.08	14.727		

FIGURE-2: SHOWING DIFFERENCE ON SELF-REGULATION AMONG FEMALE AND MALE ADOLESCENTS
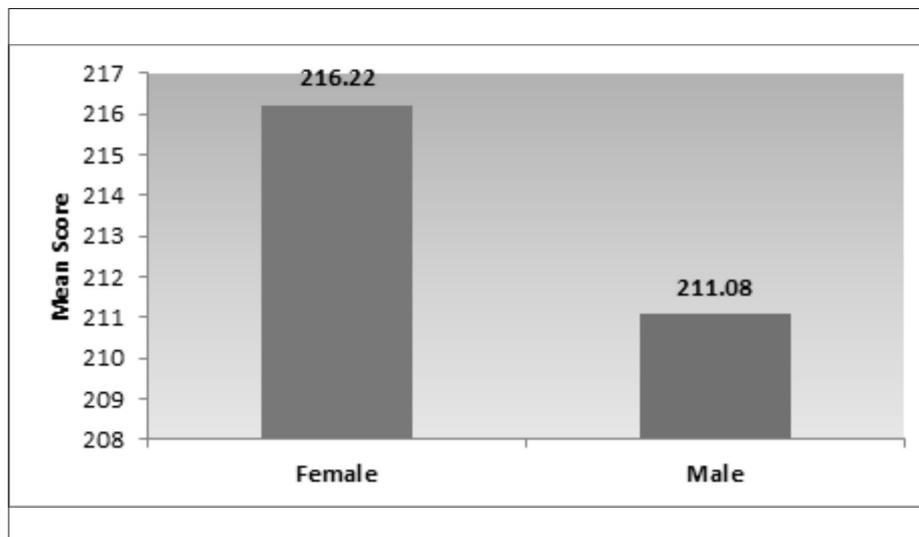
Result of table 2 revealed that there is non-significant difference on Self-Regulation among female and male adolescents as t-ratio (t=1.524) was found insignificant at 0.01 level. In other words, female and male adolescents have no difference between each other on Self-Regulation.
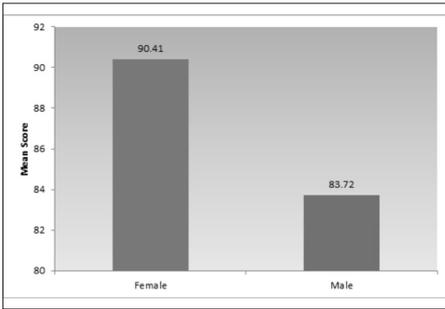
For female adolescents, mean scores and standard deviation were 216.22 and 18.576 and mean scores and standard deviation for male adolescents were 211.08 and 14.727 respectively. When mean scores were compared, it was found that Self-Regulation of female adolescents is little high as compared to the Self-Regulation of male adolescents.

Therefore, Hypothesis-1 that "Female Adolescents will be higher on Self-Regulation than Male

Adolescents" is accepted.

TABLE 3: Difference on Quality Of Life among Male And Female Adolescent

Gender		N	Mean	Std. Deviation	t-value	p-value
Quality of Life	Female	100	90.41	11.669	2.682	.009**
	Male	100	83.72	12.979		

FIGURE 3: Showing Difference on Quality Of Life among Female and Male Adolescents

Result of table 3 revealed that there is significant difference on Quality of Life among female and male adolescents as t-ratio (t=2.682) was found significant at 0.01 level. In other words, female and male adolescents have significant difference on Quality of Life.

For female adolescents, mean scores and standard deviation were 90.41 and 11.669 and mean scores and standard deviation for male adolescents were 83.72 and 12.979 respectively. When mean scores were compared, it was found that Quality of Life of female adolescents is high as compared to the Quality of life of male adolescents. Therefore, Hypothesis-2 that "Female Adolescents will be higher on Quality of Life than Male Adolescents" is accepted.

TABLE 4: Relationship between Self Regulation and Quality of Life among Male Adolescents

Correlations			
Self-Regulation		Quality of Life	
Self-Regulation	Pearson Correlation	1	.274
	p-value		.059
	N	100	100
Quality of Life	Pearson Correlation	.274	1
	p-value	.059	
	N	100	100

FIGURE 4: Showing relationship between self-regulation and quality of life among male adolescents
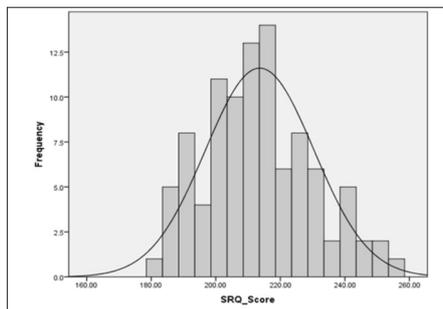

Table-4 represents the details of correlation between Self-Regulation and Quality of life of male adolescents which is found to be insignificant at 0.05 level of confidence as their Pearson correlation value was 0.274, which means Self-Regulation in male is positively weak and non-significant relationship with Quality of Life.

TABLE 5: Relationship between Self-Regulation and Quality of Life among Female Adolescents

Correlations			
		SRQ_Score	QOL_Score
Self-Regulation	Pearson Correlation	1	.487**
	p-value		.000
	N	100	100
Quality of Life	Pearson Correlation	.487**	1
	p-value	.000	
	N	100	100
**. Correlation is significant at the 0.01 level (2-tailed).			

FIGURE 5: Showing Relationship between Self-Regulation and Quality of Life among Female Adolescents
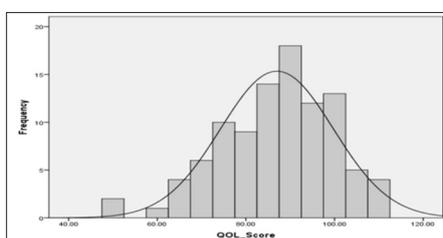

Table-5 represents the details of correlation between Self-Regulation and Quality of life of female adolescents which is found to be significant at 0.01 level of confidence as their Pearson correlation value was 0.487, which means Self-Regulation in female adolescents has positive, moderate and significant relationship with Quality of Life.

In female adolescents self-regulation has an important place to make better their quality of life or it can be said that female adolescents give more importance to self-regulation for doing better their quality of life.

TABLE 6: Relationship between Self-Regulation and Quality of Life among Adolescents

Correlations			
		Self Regulation	Quality of Life
Self-Regulation	Pearson Correlation	1	.394**
	p-value		.000
	N	200	200
Quality of Life	Pearson Correlation	.394**	1
	p-value	.000	
	N	200	200
**. Correlation is significant at the 0.01 level (2-tailed).			

Table-6 represents the details of correlation between Self-Regulation and Quality of life of adolescents which is found to be significant at 0.01 level of confidence as their Pearson correlation value was 0.394, which means Self-Regulation in adolescents has positive, moderate and significant relationship with Quality of Life.

In adolescents self-regulation can play an important role to make better their quality of life. Better or more self-regulation, better quality of life and less

self-regulation, less quality of life which means self-regulation is must to make the quality of life better in adolescents.

Therefore, Hypothesis-3, that "There would be a positive relationship between self-regulation and quality of life among adolescents" is accepted.

RECOMMENDATIONS

Following are recommendations for future research:

• To conduct a comparative cross sectional and cross cultural study on self regulation and quality of life.

• To conduct home based intervention programme for parents with specific objective of changing the home conditions relevant to self regulation and quality of life.

• Intervention programmes can be conducted for a longer period of time on larger sample.

• Govt can take up these types of educational enrichment, intervention programme and implement them at colleges.

• A longitudinal study can be conducted to examine the effect of intervention programme on self regulation and its effect on quality of life throughout the life span of the adolescents.

LIMITATION OF THE STUDY

The sample size for the study was small and was conducted upon the adolescents from the educational institute of Chandigarh only

FINDINGS

1. Male and female adolescents are significantly differing on self regulation and the self regulation level of female is higher as compare to male adolescents.

2. Male and female quality of life is differing and quality of life level of female is higher as compared to male adolescents.

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