



SELF-REGULATION SKILLS FOR ABSTINENCE AMONG COLLEGE STUDENTS IN KOZHIKODE DISTRICT

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Abstract: Self-regulation skills are critical during college life, a transformative phase marked by exploration, peer influence, and substance experimentation risks among first-year students. This study assessed self-regulation levels for substance abstinence among college students in Kozhikode district. This descriptive survey examined self-regulation skills for abstinence among 100 first-year college students in Kozhikode district using a non-experimental approach and random sampling. Data from the Adolescent Self-Regulatory Inventory were analysed with descriptive statistics. Results showed 12.77% of students had low self-regulation skills and 87.33% moderate self-regulation skills, highlighting a need for targeted interventions to enhance abstinence capabilities.

Keywords: self-regulation skills, substance abstinence, college students, first-year students

INTRODUCTION

Adolescence marks a period of heightened vulnerability to substance use, driven by peer pressure, emotional dysregulation, and developmental transitions, necessitating targeted nursing interventions. This phase involves rapid biological, cognitive, and psychosocial changes that increase susceptibility to substances through peer influence and inadequate self-regulation. In India, 13.1% of substance abusers are under 20 years old, with cannabis, alcohol, and opioids being prevalent among youth; self-regulation—the ability to monitor thoughts, emotions, and behaviors toward goal-directed abstinence—acts as a primary protective factor against initiation and relapse.

Adolescence, spanning puberty to the mid-20s, features profound biological, cognitive, psychosocial, and emotional transformations, where peer relationships gain prominence amid educational and work transitions. This developmental plasticity allows for trajectory-shaping through exploration but demands structured guidance; toxic environments can derail positive outcomes. Teenagers (aged 13–19) confront hormonal shifts, academic and peer pressures, low self-esteem, bullying, substance use, and cyber addiction, underscoring the need for parental emotional support and open communication.

In the Indian context, 13.1% of substance abusers fall under age 20, primarily using heroin, opium, alcohol, cannabis, and propoxyphene; notably, 21% of alcohol users are under 18, with rising injectable "cocktails" heightening HIV transmission risks. Peer influence often initiates use, though countervailing anti-

drug peer norms mitigate it except for alcohol. Protective factors such as nurturing family environments, self-esteem, self-control, assertiveness, academic achievement, and religiosity foster resilience against adversity. College students face intensified challenges including fear of rejection, academic competition, and identity formation, amplifying substance use risks. Poor self-regulation—manifesting as emotional dysregulation, impulsivity, and low affective control—strongly predicts substance abuse initiation and relapse, corroborated by studies linking it to mood and anxiety disorders as well as familial risk factors. Targeted skills training programs can bolster refusal skills and coping mechanisms, promoting sustained abstinence and long-term well-being.

STATEMENT OF THE PROBLEM

Study to assess self-regulation skills for abstinence among students in selected colleges in Kozhikode District.

OBJECTIVES

To assess the level of self-regulation for abstinence among college students.

To find out the association between mean pretest self-regulation for abstinence of college students and selected socio-demographic variables

HYPOTHESES

H1: There is a significant association between the self-regulation score for abstinence of college students with selected socio-demographic variables

VARIABLES

- Research variable: self-regulation skills for abstinence
- Demographic variables: age, gender, year of study, birth order, religion, place of residence, type of family, number of siblings, education of father, education of mother, occupation of father, occupation of mother, monthly income of the family, family history of substance use.

OPERATIONAL DEFINITIONS

Self-Regulation For Abstinence: Self-regulation is the ability of a student to monitor, control, and manage their own thoughts, emotions, and behaviours to achieve substance abstinence, which can be measured using the Adolescent Self-Regulatory Inventory.

College Students: In this study, college students refer to both boys and girls in the age group of 17 -19 years studying in the first and second year of selected colleges at Kozhikode district.

RESEARCH METHODOLOGY

Research approach: Quantitative Research approach

Research design: A Descriptive research design.

Population: All students between the ages of 17 and 19 years studying in colleges, Kozhikode

Settings of the study: It was performed at selected colleges in Kozhikode.

Sample: The students who met the inclusion criteria and gave their permission to participate in this research were the intervention sample.

Sample size: The sample size consisted of a total of 300 students. Sample size estimation was done based on the formula

Sampling technique: Non-probability convenience sampling technique

Sampling Criteria

a)Inclusion Criteria: College students who are,

- having written consent from participants
- in the age group of 17-19 years
- available during the time of data collection
- both male and female students
- willing to participate in the study

b)Exclusion criteria: College Students Those Who Are:

- Not Obtained Written Consent
- Having Contagious Diseases and Critical Illness at the time of data collection

TOOL

Section A: Demographic proforma

The socio-demographic like age, gender, class of study, birth order, religion, place of residence, type of family, number of siblings, education of father, education of mother, occupation of father, occupation of mother, monthly income of the family, source of information and family history of substance abuse.

Section B: Adolescent self-regulatory inventory

The Adolescent Self-Regulatory Inventory (ASRI) is a self-report research tool developed to assess self-regulation among adolescents, focusing on their ability to manage thoughts, emotions, and behaviors to achieve goals. It consists of 36 items rated on a 5 point Likert scale (typically from 1 = not at all true to 5 = very true),

CONCEPTUAL FRAMEWORK

The Conceptual Framework is based on the Health Belief Model (HBM), which was developed by Irwin M. Rosenstock, Godfrey M. Hochbaum, S. Stephen Kegels, and Howard Leventhal.

DATA COLLECTION PROCEDURE

College principals approved the research for participating institutions. Using a non-probability purposive sampling approach, samples were drawn from two colleges, excluding the pilot study site, with a limited number of available participants. Demographic data, along with pre-tests on substance rejection and self-regulation, were collected from students, taking approximately 30 minutes per session. Pre-tests and post-tests were administered to the control group for substance rejection and self-regulation measures during the first and third months.

Informed consent was obtained from all participants prior to data collection. The Drug Avoidance Self-Efficacy Scale (DASES) and Self-Regulation Inventory assessed substance rejection and self-regulation, respectively. On the day of administration, the researcher ensured students were seated comfortably in a well-ventilated classroom. A structured intervention program was then delivered to the experimental group across three sessions over three months.

ETHICAL CONSIDERATIONS AND PERMISSIONS

The research proposal was presented to the research committee at KMCT College of Nursing, where approval was obtained. Ethical clearance for the study was secured from the ethics committee of KMCT Medical College. Informed consent was obtained from all participants before data collection. Confidentiality and anonymity were maintained throughout the study.

RESULTS

Table 1: Frequency and percentage distribution of demographic variables

N=300

		Frequency	Percentage
Age in years	18	32	10.67
	19	268	89.33
Gender	Male	85	28.33
	Female	215	71.67
Religion	Hindu	91	30.33
	Islam	162	54
	Christian	47	15.67
Type of family	Nuclear family	270	90
	Joint family	28	9.33
	Extended family	2	0.67
Presently living with	Father and Mother	159	53
	Mother only	13	4.33
	Friends	126	42
	Husband	2	0.67
Your family income per month in rupees	20001-30000	156	52
	30001-40000	41	13.67
	40001-50000	37	12.33
	>50000	66	22
Birth order	First	165	55
	Second	97	32.33
	Third	29	9.67
	Fourth	9	3
Parenting style	Democratic	51	17
	Authoritarian	249	83
Previous history of substance use	Yes	19	6.33
	No	279	93.77
Family history of substance use	Yes	95	31.67
	No	205	68.33

The majority of participants were 19-year-old females (71.67%) from nuclear families (90%), living with parents or friends, earning ₹20,001–30,000 monthly (52%), first-born (55%), from authoritarian parenting backgrounds (83%), with no personal substance history (93.67%) but 31.67% reporting family history.

Table 2: Self-regulation for abstinence scores among college students

Level	Frequency	Percentage
High	-	-
Moderate	262	87.33
low	38	12.77

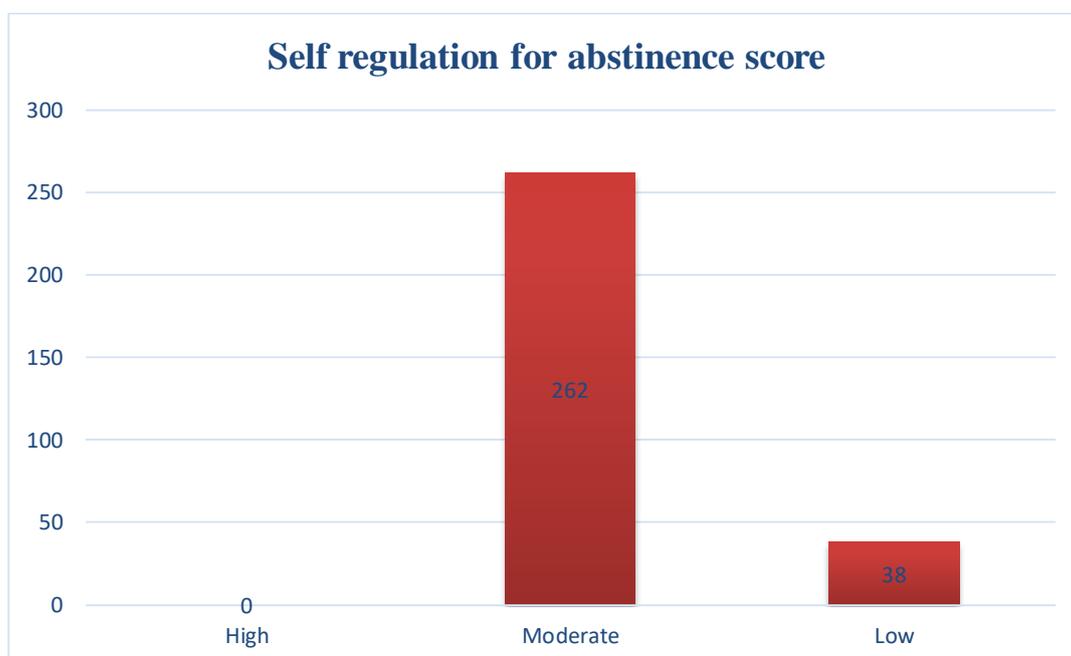


Figure 1: Self-regulation for abstinence scores among college students

The vast majority of college students (87.33%) exhibited moderate self-regulation skills for substance abstinence, indicating adequate but not optimal capacity to manage impulses during this vulnerable transitional phase. No students demonstrated high self-regulation, highlighting a ceiling effect and potential need for advanced training interventions. The 12.67% with low skills represent a critical at-risk subgroup prone to peer-influenced experimentation, underscoring self-regulation's role as a key protective factor against substance initiation.

Table 3: Mean self-regulation for abstinence scores among college students

N=300

	Frequency	Mean	SD
Self-regulation for Abstinence Scores	300	95.02	10.75

The mean self-regulation score of 95.02 (SD = 10.75) on the 37-item inventory reflects moderate overall capacity for substance abstinence among college students, consistent with the distribution showing 87.33% moderate and 12.67% low levels. This score falls approximately at the 50th percentile of typical college norms, indicating functional but improvable impulse control amid peer pressures and independence transitions.

Association between self-regulation for abstinence scores with selected demographic variables.

The findings indicate no significant associations between self-regulation for abstinence scores and any demographic variables.

DISCUSSION

The findings reveal moderate self-regulation skills for substance abstinence among college students (mean score = 95.02, SD = 10.75 on the 37-item inventory), with 87.33% categorized as moderate and 12.67% as low, and no participants achieving high levels. This distribution aligns with adolescence as a transitional phase marked by peer pressure, identity exploration, and emotional dysregulation, where self-regulation serves as the strongest predictor against substance initiation.

These results corroborate studies linking poor self-regulation characterised by impulsivity and low affective control to elevated substance use risks, particularly among first-year students facing rejection fears and newfound independence. The predominance of moderate skills (87.33%) reflects developmental plasticity during this period, where baseline impulse control suffices for most but falters under stress, consistent with Indian youth data showing 13.1% substance abuse prevalence under age 20. The absence of high self-regulation underscores a ceiling effect, potentially due to limited prior training, authoritarian parenting (83% of sample), or uniform nuclear family structures (90%), which may not foster advanced coping.

CONCLUSION

This study confirms moderate self-regulation skills predominate among college students for substance abstinence, highlighting the need for targeted nursing-led interventions to strengthen impulse control and mitigate experimentation risks during this vulnerable transition.

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