The International Journal of Indian Psychology
ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)
Volume 12, Issue 2, April- June, 2024
DIP: 18.01.219.20241202, DOI: 10.25215/1202.219
https://www.ijip.in

Research Paper

To Study the Impact of Self Efficacy on Emotional Regulation and Resilience among Youth

Purbaleena Sut[1]*, Dr. Smriti Sethi[2]

ABSTRACT

Background: Physical and emotional states, as well as imaginal experiences, vicarious experience, enactive attainment, and social persuasion, all contribute to the formation of self-efficacy beliefs. To produce real performance, these beliefs are mediated by processes related to cognition, motivation, affect, and selection. Developing and maintaining emotional regulation during difficult times in life can be aided by the following skills: consciousness of oneself. The first step toward emotional regulation is naming and observing our feelings, mindful consciousness. Emotional support, self-compassion, adaptability, and cognitive reappraisal. Youth are resilient instead when they can summon their inner power to overcome obstacles, overcome trauma, heal from its effects, and prosper in light of their particular traits, objectives, and situation. **Objective:** To study the impact of self efficacy on emotional regulation and resilience among youth. And the gender differences among youth and co relationship between self efficacy and emotional regulation and self efficacy and resilience. **Methodology:** the review of literature had been used for searching regarding self efficacy on emotional regulation and resilience among youth and the co relationship between dependent and independent variables. The major database was Google Scholar, Pubmed, Research Gate and Sage Journal. **Hypothesis:** There is no significant gender differences between self efficacy, emotional regulations and resilience among youth. **Result:** there is no significant differences between self efficacy, emotional regulation and resilience among youth. **Conclusion:** Self-efficacy is the conviction that one can carry out the actions required to achieve particular performance goals. Self-efficacy is the belief in one's own power to influence motivation, behavior, and social surroundings. These cognitive self-evaluations impact every aspect of the human experience, such as the objectives people pursue, the amount of effort they put out to reach those objectives, and the probability of achieving specific behavioral performance levels. Self-efficacy beliefs, in contrast to conventional psychological notions, are thought to change according on the operating domain and the environment in which an action occurs. And all the three variables are correlated to each other.

Keywords: *Self-Efficacy, Emotional Regulation, Resilience, Youth*

[1]Student, Amity Institute of Psychology and Allied Sciences, Amity University Uttar Pradesh, Noida, Uttar Pradesh
[2]Assistant Professor, Amity Institute of Psychology and Allied Sciences, Amity University Uttar Pradesh, Noida, Uttar Pradesh
*Corresponding Author

Received: April 24, 2024; Revision Received: May 22, 2024; Accepted: May 26, 2024

Self-efficacy is the conviction that one can carry out the actions required to achieve particular performance goals (Bandura, 1977, 1986, 1997).Self-efficacy is the belief in one's own power to influence motivation, behavior, and social surroundings. These cognitive self-evaluations impact every aspect of the human experience, such as the objectives people pursue, the amount of effort they put out to reach those objectives, and the probability of achieving specific behavioral performance levels. Self-efficacy beliefs, in contrast to conventional psychological notions, are thought to change according on the operating domain and the environment in which an action occurs.

Drawing from theories related to learning, cognition, and social cognition, research-based theoretical formulations of self-efficacy were able to provide insight into the characteristics, origins, and psychological mechanisms of the development of self-efficacy beliefs. Learning theories that tried to explain how behavior came to be first concentrated on conditioning and subsequently on the outcomes of conduct. Cognitive learning theories brought cognition into the process of generating behavior and stressed the importance of weighing the benefits or drawbacks of carrying out the targeted behavior as decisive variables.

"Bandura's Social Cognition Theory marks human functioning as the product of a dynamic interplay of personal, behavioral, and environmental influences," write Klassen and Usher. Through the interaction of (a) individual components in the form of cognition, affect, and biological processes, (b) behavior, and (c) environmental impacts, these elements exercise their influence through a process of reciprocal determinism.

Research, instruction, and clinical practice have all benefited greatly from the application of self- efficacy theory (SET). The concept of self-efficacy, for instance, has been used to describe a wide range of behaviors in the field of health psychology, including:

- Chronic illness self-management
- Giving up smoking
- Drinking Alcohol, Eating, Controlling Pain, Exercise
- Lessons From The HIV/AIDS Epidemic

In HIV prevention studies, self-efficacy is often measured; nevertheless, the association between self-efficacy (for safer sex) and sexual risk behavior has been inconsistently demonstrated (Forsyth & Carey, 1998). This pattern of results could be taken to suggest that self-efficacy has little bearing on the research of risk behaviors connected to HIV infection and possibly other health-related activities. But this kind of conclusion would probably be premature.

However, what HIV research has shown us is how difficult it is to evaluate self-efficacy in a true and accurate manner. Measures other than self-efficacy are frequently included in instruments designed to evaluate self-efficacy for safer behavior. Measures that reflect knowledge about HIV, behavioral intentions, attitudes toward safer sexual behaviors, perceptions of the difficulty of enacting risk-reducing behaviors, acceptance of sexuality, perceived helplessness, and other unique operationalizations, have been used by researchers, for instance (Forsyth & Carey, 1998). Bivariate connections are weakened and the measurement is obscured by imprecise operationalizations of self-efficacy beliefs.

Research on HIV has also drawn attention to the scant data supporting the reliability of self-efficacy assessments. Scores on the Condom Use Self-Efficacy Scale (CUSES) provide

discriminative evidence for the validity of the measure, as demonstrated by Brafford and Beck (1991).

a) users who are regular, irregular, and non-condom;
b) participants with and without prior sexual experience; and,
c) those who disclosed or did not disclose a history of infection with a sexually transmitted disease.

The discriminative validity of CUSES ratings has been confirmed in a number of follow-up studies (Brien et al., 1994; Mahoney et al., 1995). Based on the self-reported consistency of condom usage, self-efficacy ratings were used in each of these investigations to differentiate college students. Predictive and construct evidence has received comparatively less attention. A related issue is that validation techniques that use a single assessment strategy have restricted efforts to test self-efficacy measures. These studies are not able to show that shared technique variance is not the primary cause of observed relationships. This study serves as a reminder of the necessity of following Campbell and Fiske's (1959) suggestions when evaluating convergent and discriminant evidence utilizing multitrait-multimethod matrices.

HIV study also serves as a reminder that developing measures that align with SET requires conceptual clarity regarding the nature of efficacy beliefs. It is important to operationalize items meant to measure efficacy beliefs in order for them to:

a) Evaluate convictions about the ability to
b) carry out actions particular to a domain in
c) situations that offer varying degrees of difficulty.

Studies on HIV prevention rarely reach this degree of accuracy, while there are few notable outliers. One tool that satisfies all criteria is the multi-item measure of self-efficacy developed by Basen and Engquist (1992) for negotiating safer sex and condom use. The test evaluates students' perceptions of their ability to engage in risk-reducing behaviors (such starting a conversation about using condoms) in a variety of settings (like talking about safer sex with a new partner before having sex). In order to give information regarding situational demands that might affect the degree and strength of efficacy beliefs, this measure also used elicitation-based scenarios. [Using such elicitation (qualitative) research before doing quantitative studies is another way that HIV research has contributed to the field of health behavior research in general.]

Apart from these basic measuring limitations with regard to self-efficacy, HIV research has also shown that methodological problems might weaken the correlations between efficacy and behavior. Ceiling effects, response bias, and measurement error related to self-report measures of risk behavior may impact correlations between self-efficacy and risk reduction (Weinhardt et al., 1998). Research on HIV prevention has consistently shown that self-efficacy levels are adversely skewed. When asked about their perceived talents, respondents frequently state that they are very effective at implementing risk-reducing practices. Due to this response propensity, censored distributions may result, in which a sizable fraction of the sample receives the highest possible self-efficacy score. The lack of adequate levels of challenge appropriate for the target population in efficacy measures is one reason for these ceiling effects (Bandura, 1997). Responses may represent performances in "best case" scenarios that result in the highest self-efficacy scores when contextual cues are absent. The true disparities between respondents will be hidden by these answers. Truncated data may also be produced via scoring methods that limit the range of acceptable answers. As a result,

predictions of behavioral performance are less sensitive to variations in self-efficacy. Therefore, it is essential to include enough gradations of challenge in items and wide enough response intervals in order to build sensitive self-efficacy measures. The possibility that response bias affects efficacy scores provides another reason for ceiling effects.

In other words, study subjects could give answers that are positive reflections of themselves. HIV prevention research has included traditional psychological assessment, which advances a trait theory of social desirability responding. Not unexpectedly, this method has not shown any correlation between efficacy views and socially desirability bias (e.g., Forsyth et al., 1997).The fact that the researchers tried to infer dynamic efficacy beliefs from stable personality characteristic items—which have no obvious bearing on the HIV domain—represents one weakness of their findings. The truth that actions that increase one's risk of HIV infection are inherently stigmatizing is overlooked by these conventional measures of socially desirable responding, which view assessment items as indicators of a broader construct. The lack of substantial associations seen between HIV risk behavior, self-efficacy, and social desirability could be a result of assessment inconsistencies.When asked about HIV-risk behaviors, participants may behave in ways that are socially acceptable, but trait measurements of presentation bias may not pick up on this behavior. Beliefs such as self-efficacy for risk-reducing activities may be over-reported, just as dangerous sexual behaviors may go unreported. More focus should be placed on evaluating response bias in the context of studies on self-efficacy.

According to the idea, actual performance is produced by self-efficacy beliefs acting through the four main psychological processes mentioned below.

Cognitive processes: these comprise the self-evaluation of one's own abilities, skills, and resources; choosing a goal; creating success and failure scenarios for the goal accomplishment processes; coming up with and choosing a solution; and maintaining the focus and functionality required to finish a task.

Motivational processes: Self-efficacy beliefs have an impact on an individual's ability to self- regulate their motivation. Self-efficacy beliefs have been found to affect three cognitive motivators: "attribution," "value of expected outcomes," and "clarity and value of goals."

Afffective processes: Arousal threshold and tolerance for emotional risks such as despair and anxiety are influenced by an individual's self-perception of their coping capacities, which is a component of affective processes. Even measures such as guided imagery to modify anxiety symptoms when faced with stressors might impact the process and result of threat management.

Selection processess: Choosing a place to live, a job, a family, and even how to spend one's time can have a direct impact on how well someone functions. People with high self-efficacy are more proactive in choosing and constructing a physical and social environment that corresponds with their perceived abilities and resources in order to achieve the desired objectives. In the process, their chances of successfully achieving their goals and growing personally are also increased.

As per Bandura and Maddux and Gosselin, the self-efficacy beliefs that arise from the aforementioned processes are dynamic. Through at least five distinguishable primary

sources that are influenced by an individual's perceptions of past and present experiences, they are continuously informed, invigorated, or exhausted.

Mastery experiences: Cognitive processes that build upon prior mastery or accomplishment in completing a task will increase self-efficacy. Perseverance that is successful despite some difficulty in completing the task at hand might even strengthen the resilience of self-efficacy. This explains why young people like adventure-based experiential learning and find it to be beneficial to their personal development.

Vicarious experience: witnessing others who are capable of doing tasks just as well as oneself— such as peers for young people—and social role models—such as parents and teachers—creates a high sense of self-efficacy. Parents, instructors, or classmates who handle difficulties well serve as effective mastery and coping models that can inspire and illustrate the acquisition of new abilities and coping mechanisms. Additionally, by increasing young people's preparedness to put ideas into practice, these models can increase their odds of success, which will boost their self- efficacy even more.

Social persuasion: persuasive oral persuasion from important people, such as parents and instructors, can raise a young person's self-efficacy, providing that the young person actually possesses the necessary skills. False expectations can lead to tasks that are harder to do, which undermines rather than increases self-efficacy views. All the variables in the triadic reciprocity process should be manipulated in successful social persuasion: the behavior repertoire should be expanded through skill training and environmental control to enable successful performance, and the outcome should be persuasively persuaded to be desirable.

Physiological and affective states: A person's self-efficacy beliefs are directly influenced by real or perceived physiological and emotional situations, which are mediated through the affective processes discussed in the previous section. These emotional and physiological states include being mentally and physically prepared for action, being easily fatigued, and being easily persuaded to give up or press on. These conditions also affect how the individual subscribes to various interpretations and management strategies for all of this data. These are especially crucial for youth since they have valuable developmental resources, such as emotional and physical vitality, which can be considerably enhanced if utilized at the right moment.

Experiences in the imagination: Whether done consciously or while daydreaming, rehearsing a good or bad performance in the imagination can strengthen coping mechanisms and boost self- efficacy. Imagination-based therapies like covert modeling and systematic desensitization are a couple of examples. Experiential exercises and role acting in skill practice have been demonstrated to be beneficial in increasing young experience and preparedness for boosting youth self-efficacy.

Alongside neuroanatomical investigations on mean diffusivity and regional gray matter, behavioral studies on phobias and fear training, and studies on the link between SE and physiological parameters have been carried out.According to the behavioral investigations, people who think they have some control over unpleasant experiences have lower levels of autonomic arousal than people who think they have less control. These investigations support the idea of ER-SE by showing how SE may affect emotional reactions to challenge, but they do not provide an explanation for the neurophysiological processes that enable the successful development of general-domain SE beliefs. Considering the connection between

ER and SE, it is interesting to find out if ER-related neurophysiological processes have an impact on SE beliefs. Thus, the ability to control one's own emotions may help someone avoid feeling overburdened by difficult assignments. In order to guarantee desired results, ER may also enable processing task-relevant features, which would guarantee the person a sense of mastery. ER strategies, ER-SE, and neurophysiological ER capacity are a few of the variables that affect ER ability. Experience can modify ER strategies and ER-SE, but heredity plays a major role in the neurocognitive processes that underlie ER capability, such as executive function and arousal regulation. Therefore, ER capacity is a factor that determines an individual's absolute ER threshold; it functions as a psychophysiological constant that is independent of situation and may have a longer-lasting effect on the formation of general SE beliefs. This study fills a vacuum in the literature on SE by evaluating the impact of neurophysiological and self-reported ER markers on general SE in teenagers. It is believed that an individual's assessment of their own mental and physical states of arousal resulting from exposure to challenges can impact their SE beliefs. According to a prior study, teenagers' psychopathology and psychosocial stressors were mediated by vagal tone. We propose that vagal tone, as a measure of prefrontal ER capacity, moderates the relationship between self-reported ER strategies and general SE beliefs because ER strategies arguably represent the steps to achieve a desired outcome, while ER capacity represents an individual's neurophysiological threshold for when the strategies can no longer be successfully achieved.

Self-efficacy is a self-assured assessment of one's capacity to handle life's stresses. Self-efficacy beliefs may aid to increase resilience while encountering adversity by activating positive affective, motivational, and behavioral mechanisms in difficult conditions. According to certain theories, resilience includes self-efficacy (Rutter, 1987). Moreover, boosting self-efficacy can be the key resilience component against judging high stress levels (Meyer et al., 2022). As a result, increasing self-efficacy can increase resilience (Benight and Bandura, 2004). Bandura (1977, 1997) identified four sources of self-efficacy, which can be used to support self-efficacy in interventions: verbal persuasion, mastery experiences, vicarious experiences, and physiological and affective states.

Understanding the relationships between self-efficacy and resilience in healthcare professionals during a pandemic is currently lacking. By closing this gap, we can improve the quality and safety of healthcare services during extraordinary times by contributing new information on resilience promotion that is important for leaders of healthcare organizations and other stakeholders. The COVID-19 epidemic scenario brought to light the topic's applicability in this novel and unique (pandemic) setting. Therefore, the purpose of this review of the literature was to find data regarding the relationships between self-efficacy and resilience in healthcare professionals in the context of COVID-19.

This study's primary goal is to examine the relationships between resilience-related variables and the three categories of self-efficacy, highlighting variations by age and sex. Examining the correlation between self-efficacy beliefs and psychological resilience as documented in more recent literature, a limited amount of empirical data indicated that people perceived themselves as highly efficient when they reported higher levels of resilience, even in academic settings. With this justification, we anticipated that:

- Young adults who are very self-efficient in solving problems will show more resilience than those who are not as self-efficient;
- Young adults with strong self-efficacy in empathy are likely to show more resilience compared to those with low self-efficacy;

- Young adults who perform exceptionally well in school will have greater resilience than those who perform poorly.

METHODOLOGY

Aim: To study the impact of self efficacy on emotional regulation and resilience among youth

Objective:

- To study the gender differences in the basis of the level of self efficacy, emotional regulations and resilience among youth
- To study the relationship between self efficacy and emotional regulations among youth
- To study the relationship between self efficacy and resilience among youth

Hypothesis:

- There is no significant gender differences between self efficacy, emotional regulations and resilience among youth
- There is no significant differences between self efficacy & emotional regulations
- There is no significant differences between self efficacy and resilience

Tools to be used:

Self-Efficacy Questionnaire (Sherer et al. 1982), Emotional Regulation Questionnaire (Gross, J J.,& John, O.P. 2003), Resilience Questionnaire (Nicholson McBride) (NMRQ)

Scoring of tools

Self efficacy scale: The self-efficacy scale has two subscales: general self-efficacy (17 items) and social self-efficacy (6 items).

For each subscale, a sum is calculated by adding the responses to the individual items. The following scale is used:Disagree strongly =1 point,Disagree moderately =2 points,Neither = 3 points,Agree moderately =4 points,Agree strongly =5 points
Some items are reversed scored. They are designated (R) in the item list below. For reversal items, the following scale is used: Disagree strongly =5 points,Disagree moderately =4 points,Neither =3 points,Agree moderately =2 points,Agree strongly =1 point
General self-efficacy items: # 2, 3 (R), 4, 7 (R), 8 (R), 11 (R), 12 (R), 15, 16, 18 (R), 20 (R), 22
(R), 23, 26 (R), 27, 29 (R), 30 (R)
Social self-efficacy items: # 6 (R), 10, 14 (R), 19, 24 (R), 28 The remaining items are filler items and are not scored.

Emotional Regulation Scale: A 10-item scale designed to measure respondents' tendency to regulate their emotions in two ways: (1) Cognitive Reappraisal and (2) Expressive Suppression. Respondents answer each item on a 7-point Likert-type scale ranging from 1 (strongly disagree) to 7 (strongly agree).
Scoring: Items 1, 3, 5, 7, 8, 10 make up the Cognitive Reappraisal facet. Items 2, 4, 6, 9 make up the Expressive Suppression facet. Scoring is kept continuous. Each facet's scoring is kept separate.

Resilience Scale: This is an abbreviated version of the Nicholson McBride Resilience Questionnaire (NMRQ).

Scoring:

- 0 – 37: A developing level or resilience. Your score indicates that, although you may not always feel at the mercy of events, you would in fact benefit significantly from developing aspects of your behaviour.
- 38 – 43: An established level of resilience. Your score indicates that you may occasionally have tough days when you can't quite make things go your way, but you rarely feel ready to give up.
- 44- 48: A strong level of resilience. Your above average score indicates that you are pretty good at rolling with the punches and you have an impressive track record of turning setbacks into opportunities.
- 49 -60: An exceptional level of resilience. Your score indicates that you are very resilient most of the time and rarely fail to bounce back – whatever life throws at you. You believe in making your own luck.

Research Design:

For this study, Correlational Research Design would be the best selection, considering the nature of the research question. It does not include the repeated administration of a behavioral measure, thus avoiding pretest sensitization. This type of research avoids the problem of non-representative research context.

Correlational research is based on the assumption that the variables in the question are linearly related to each other, multicollinearity is avoided. Using the regression analysis we can make this prediction. Here we have two predictor variables and one criterion variable which will make the research to make more accurate predictions.

Sample Size:

Target population- 200
Sampling- Random sampling
Age Range- 18-25years

Variable

- Independent variable: Self Efficacy
- Dependent variable: Emotional regulation & Resilience

Inclusion Criteria:

Age 18-25, respondents who are fluent in English and understand English well so that it become easier for them to fill up the questionnaire.

Exclusion Criteria:

Subject have or had any kind of mental illness in the past or at current state

Statistical tools to be used:

- T-Test- compare means between two groups
- Correlation Analysis- measure the strength and direction of the linear relationship between two variable.

ANALYSIS OF RESULT

Table 4.1: Shows T-Test between self efficacy among female and male.

Table 4.1a One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
SE_F	100	72.5500	14.41476	1.44148
SE_M	90	73.9222	12.55212	1.32311

Table 4.1b One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
SE_F	50.330	99	.000	72.55000	69.6898	75.4102
SE_M	55.870	89	.000	73.92222	71.2932	76.5512

The table 4.1b shows one sample t test for self efficacy among males and females. The mean of self efficacy of males is 73.922 and the mean value of females is 72.550. from this, inference can be made that males have higher level of self efficacy.
The value of t i.e., 50.3 for females and 55.87 for males shows that males have higher level of self efficacy.

Table 4.2: Show T-Test for emotional regulation between male and females

Table 4.2a One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
ER_F	100	49.7600	7.08266	.70827
ER_M	90	42.5778	8.91530	.93976

Table 4.2b One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
ER_F	70.256	99	.000	49.76000	48.3546	51.1654
ER_M	45.307	89	.000	42.57778	40.7105	44.4451

The table 4.2b shows one sample t test for self efficacy among males and females. The mean of self efficacy of males is 40.7105 and the mean value of females is from this, 48.3546 inference can be made that females have higher level of emotional regulation.
The value of t i.e., 70.2 for females and 45.3 for males shows that females have higher level of emotional regulation.

Table 4.3: Show T-Test for emotional regulation between male and females

Table 4.3a One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
R_F	100	41.5700	6.66554	.66655
R_M	90	42.8778	6.66675	.70274

Table 4.3b One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
R_F	62.366	99	.000	41.57000	40.2474	42.8926
R_M	61.015	89	.000	42.87778	41.4815	44.2741

The table 4.3b shows one sample t test for self efficacy among males and females. The mean of self efficacy of males is 41.481 and the mean value of females is 40.247. from this, inference can be made that males have higher level of resilience.
The value of t i.e., 62.36 for females and 61.01 for males shows that females have higher level of resilience.

Table 4.4: Shows Pearson correlation between self efficacy and resilience among female and male.

Table 4.4a Correlations

		SE_F	ER_F
SE_ F	Pearson Correlation	1	.354
	Sig. (2-tailed)		.226
	N	100	100
ER_F	Pearson Correlation	.354	1
	Sig. (2-tailed)	.226	
	N	100	100

Table 4.4b Correlations

		SE_F	ER_F
SE_ M	Pearson Correlation	1	.064
	Sig. (2-tailed)		.149
	N	90	90
ER_M	Pearson Correlation	.064	1
	Sig. (2-tailed)	.149	
	N	90	90

The table 4.4a shows the bivariate pearson correlation was run and the level of correlation was observed to be 0.354 between self-efficacy and emotional regulation among females. The level of significance is 0.226, i.e., there is no significant difference between the self-efficacy and emotional regulation of females.

The table 4.4b shows the bivariate pearson correlation was run and the level of correlation was observed to be 0.064 between self-efficacy and emotional regulation among males. The level of significance is 0.149 i.e., there is no significant difference between the self-efficacy and emotional regulation of males.

Table 4.5: Shows Pearson correlation between self efficacy and resilience among female and male.

Table 4.5a Correlations

		SE_F	**R_F**
SE_ F	Pearson Correlation	1	.040
	Sig. (2-tailed)		.693
	N	100	100
R_F	Pearson Correlation	.040	1
	Sig. (2-tailed)	.693	
	N	100	100

Table 4.5b Correlations

		SE_F	**ER_F**
R_M	Pearson Correlation	1	.010
	Sig. (2-tailed)		.923
	N	90	90
SE_M	Pearson Correlation	.010	1
	Sig. (2-tailed)	.923	
	N	90	90

The table 4.5a shows the bivariate pearson correlation was run and the level of correlation was observed to be 0.040 between self-efficacy and resilience among females. The level of significance is 0.693, i.e., there is no significant difference between the self-efficacy and resilience of females.

The table 4.5b shows the bivariate pearson correlation was run and the level of correlation was observed to be 0.010 between self-efficacy and resilience among males. The level of significance is 0.923 i.e., there is no significant difference between the self-efficacy and resilience of males.

Table 4.6: Shows Pearson correlation between emotional regulation and resilience among female and male.

Table 4.6a Correlations

		R_F	**ER_F**
R_ F	Pearson Correlation	1	.104
	Sig. (2-tailed)		.304
	N	100	100
ER_F	Pearson Correlation	.104	1
	Sig. (2-tailed)	.304	
	N	100	100

Table 4.6b Correlations

		SE_F	ER_F
ER_ M	Pearson Correlation	1	.068
	Sig. (2-tailed)		.525
	N	90	90
R_ M	Pearson Correlation	.068	1
	Sig. (2-tailed)	.525	
	N	90	90

The table 4.6a shows the bivariate pearson correlation was run and the level of correlation was observed to be 0.104 between emotional regulation and resilience among females. The level of significance is 0.693, i.e., there is no significant difference between the emotional regulation and resilience of females.

The table 4.6b shows the bivariate pearson correlation was run and the level of correlation was observed to be 0.068 between emotional regulation and resilience among males. The level of significance is 0.525 ie., there is no significant difference between the emotional regulation and resilience of males.

DISCUSSION AND CONCLUSION

Gender differences in self-efficacy have been explored in various contexts, including academic, career, and social domains. While research findings can vary depending on the specific population studied and the measures used to assess self-efficacy, some general trends and patterns have been observed: Studies have found mixed results regarding gender differences in academic self-efficacy, which refers to individuals' beliefs in their ability to succeed academically. Some research suggests that males and females may demonstrate similar levels of academic self-efficacy overall. However, there may be domain-specific differences, with females often reporting higher self-efficacy in language-related tasks and males reporting higher self- efficacy in math and science-related tasks. Cultural and societal factors, such as stereotypes and expectations regarding gender roles in academic domains, may influence these differences. In fields related to science, technology, engineering, and mathematics (STEM), gender differences in self-efficacy have been observed, with males typically reporting higher self-efficacy in these areas compared to females. This disparity has been attributed to various factors, including societal stereotypes, lack of female role models in STEM, and experiences of discrimination or bias that may undermine females' confidence in their abilities. Gender differences in career self- efficacy, which refers to individuals' beliefs in their ability to succeed in their chosen careers, have also been documented. Research suggests that males may exhibit higher career self-efficacy overall, particularly in traditionally male-dominated fields. This difference may be influenced by societal expectations, gender stereotypes, and the availability of role models and mentors. Social self-efficacy, which pertains to individuals' beliefs in their ability to interact effectively with others and navigate social situations, may show minimal gender differences or favor females.

Females often report higher levels of interpersonal self-efficacy, reflecting their perceived competence in forming and maintaining social relationships. This may be attributed to societal norms encouraging females to be more relational and empathetic. It's essential to consider cultural and contextual factors when examining gender differences in self-efficacy. Cultural norms, expectations, and experiences of discrimination can shape individuals'

beliefs about their abilities and influence gender disparities in self-efficacy across different societies and contexts. Overall, while gender differences in self-efficacy exist, they are influenced by a complex interplay of biological, social, and cultural factors. Recognizing and addressing these differences can help promote gender equity and foster the development of self-efficacy among individuals of all genders.

Self-efficacy and emotional regulation are closely intertwined concepts that often influence each other in various ways. Self-efficacy, which refers to an individual's belief in their ability to accomplish tasks and handle challenges, can influence emotional regulation. When individuals have high self-efficacy, they are more likely to believe in their capacity to manage their emotions effectively. This belief can lead to proactive strategies for regulating emotions, such as problem- solving and seeking social support. Emotional regulation skills are often seen as a component of self-efficacy, particularly in domains where emotions play a significant role in task performance or goal achievement. For example, in academic settings, self-efficacy beliefs may include confidence in managing emotions related to studying, test-taking, and handling academic stress. Research suggests that individuals with higher levels of self-efficacy are more likely to employ adaptive emotional regulation strategies. They may be better able to cope with stressors, regulate negative emotions, and maintain emotional well-being. This is because individuals with high self-efficacy believe they have the resources and capabilities to effectively manage challenging emotions. There is a feedback loop between self-efficacy and emotional regulation. Successful regulation of emotions can enhance self-efficacy by reinforcing the belief that one has control over their emotional experiences. Conversely, experiences of failure or difficulty in regulating emotions may undermine self-efficacy beliefs, leading to decreased confidence in one's ability to manage future emotional challenges. Both self-efficacy and emotional regulation are influenced by contextual factors such as social support, cultural norms, and past experiences. For example, supportive environments that provide opportunities for mastery experiences and positive feedback can strengthen self-efficacy beliefs and promote effective emotional regulation. In summary, self-efficacy and emotional regulation are interconnected constructs that interact and influence each other in various contexts. Strengthening self-efficacy can contribute to better emotional regulation skills, while effective emotional regulation can enhance self-efficacy beliefs, ultimately promoting resilience and well-being.

Self-efficacy and resilience are closely related constructs that often correlate positively and mutually reinforce each other. Self-efficacy refers to an individual's belief in their ability to accomplish tasks and handle challenges. Resilience, on the other hand, is the ability to bounce back from adversity, adapt to change, and cope with stress effectively. Individuals with high self- efficacy tend to believe in their capacity to overcome obstacles and persevere in the face of adversity, which aligns with the characteristics of resilience. Self-efficacy is developed and strengthened through mastery experiences, which are successes achieved through effort and perseverance. These experiences contribute to a sense of competence and confidence in one's abilities. Similarly, resilience is cultivated through the process of facing and overcoming challenges, which involves drawing on one's skills and resources to navigate difficult situations. Thus, individuals with high self-efficacy are more likely to view challenges as opportunities for growth and develop resilience through their experiences of overcoming obstacles. Self-efficacy beliefs influence the types of coping strategies individuals employ when faced with adversity. High self-efficacy is associated with the use of adaptive coping strategies, such as problem- solving, seeking social support, and positive reframing, which are also characteristic of resilient individuals. Conversely, low self-efficacy may lead to passive or avoidant coping strategies, which can undermine resilience.

Both self-efficacy and resilience are influenced by an individual's attributional style—their explanations for success and failure. Individuals with high self-efficacy tend to attribute success to internal factors such as effort and ability, while attributing failure to external factors that are within their control. This optimistic attributional style is associated with resilience, as it fosters a sense of agency and the belief that one can overcome setbacks and challenges. There is a reciprocal relationship between self-efficacy and resilience, where each construct reinforces and strengthens the other. For example, individuals with high self-efficacy are more likely to approach challenges with confidence and resilience, leading to successful outcomes that further enhance their self-efficacy beliefs. Similarly, resilient individuals who successfully navigate adversity may develop increased confidence in their ability to overcome future challenges, further bolstering their self-efficacy. In summary, self- efficacy and resilience are closely intertwined constructs that correlate positively and interact dynamically to promote adaptive functioning and well-being. Strengthening self-efficacy can contribute to the development of resilience, while resilient individuals are more likely to possess high levels of self-efficacy.

Recommendation

Improving self-efficacy in emotional regulation and resilience among youth is crucial for their overall well-being and success. Provide youth with knowledge about emotions, stress, and resilience. Understanding the physiological and psychological aspects of emotions can help them recognize their own feelings and cope with them effectively. Teach mindfulness techniques and meditation practices to help youth become more aware of their thoughts and emotions without judgment. Mindfulness has been shown to reduce stress, improve emotional regulation, and enhance resilience. CBT techniques can be effective in helping youth reframe negative thoughts, manage stress, and develop healthier coping strategies. Encourage them to challenge negative beliefs and replace them with more adaptive ones. Teach youth problem-solving techniques to help them approach challenges more effectively. Encourage them to break problems down into manageable steps and brainstorm potential solutions. Foster supportive relationships with peers, family members, teachers, and mentors. Having a strong support network can provide emotional validation, practical assistance, and a sense of belonging, all of which contribute to resilience.

Encourage regular exercise, healthy eating, and sufficient sleep. Physical well-being is closely linked to emotional regulation and resilience, as it helps regulate mood and reduce stress. Help youth set realistic and achievable goals for themselves. Working towards goals can provide a sense of purpose and accomplishment, which boosts self-esteem and resilience. Engage youth in activities that promote resilience, such as volunteer work, creative expression, or outdoor adventures. These experiences can help them develop confidence, problem-solving skills, and a sense of resilience in the face of adversity. Encourage self-compassion by teaching youth to be kind and understanding towards themselves, especially in times of failure or difficulty. Self- compassion fosters resilience by helping individuals bounce back from setbacks with greater ease. If youth are struggling with severe emotional difficulties, encourage them to seek support from mental health professionals. Therapists can provide personalized strategies and interventions to help build emotional regulation and resilience. By incorporating these recommendations into educational programs, youth workshops, or counseling sessions, you can help empower young people to develop the skills they need to navigate life's challenges with confidence and resilience.

Limitation

Emotional control and resilience in teens can, in truth, be significantly impacted by self-efficacy, which can be described as a person's confidence in their capacity to complete specific tasks or objectives. It is not sans limitations, though, much like any psychological construct.

The following are some possible restrictions of youths' self-efficacy on resilience and emotional regulation:

- Overestimation or Underestimation: Sometimes, individuals may overestimate or underestimate their abilities in certain situations, leading to mismatches between their perceived self-efficacy and actual performance. For example, a youth may believe they can handle a stressful situation but find themselves overwhelmed when actually facing it.
- Context-Specificity: Self-efficacy beliefs can be context-specific. A youth may feel confident in handling academic challenges but may lack confidence in managing interpersonal conflicts or emotional distress. Therefore, high self-efficacy in one area may not necessarily translate to high self-efficacy in another area.
- Vulnerability to Negative Influences: Negative experiences, criticism, or failures can undermine self-efficacy beliefs, particularly in youth who are still developing their sense of identity and abilities. Repeated failures or lack of support may erode self-efficacy, making it harder for youth to regulate their emotions and bounce back from setbacks.
- Social Comparison: Youth may compare themselves to others, which can influence their self- efficacy beliefs. If they perceive others as more capable or successful, it may lower their confidence in their own abilities, impacting their emotional regulation and resilience.
- Cultural Factors: Cultural norms and expectations can shape self-efficacy beliefs. Youth from cultures that emphasize collective success over individual achievement may struggle with maintaining high self-efficacy, particularly if they face challenges alone or perceive themselves as letting down their community.
- Mental Health Issues: Individuals experiencing mental health issues such as anxiety or depression may have distorted perceptions of their abilities, leading to lower self-efficacy. These conditions can hinder emotional regulation and resilience, making it challenging for youth to cope with stressors effectively.
- Limited Resources: Self-efficacy alone may not be sufficient to overcome systemic barriers or lack of resources. For example, a youth may believe they can excel academically, but if they lack access to quality education or support systems, their self-efficacy may not translate into tangible outcomes, affecting their emotional well-being and resilience.
- Developmental Stage: Self-efficacy beliefs evolve over time and may fluctuate during different developmental stages. Youth may experience periods of heightened self-confidence and motivation, as well as times of doubt and insecurity, which can impact their emotional regulation and resilience accordingly.

To overcome these obstacles, a thorough strategy that takes into account social context, individual variances, and systemic elements is needed to help young people build strong self- efficacy beliefs and improve their resilience and emotional control. This may entail skill-building interventions, social support, the promotion of models of success, and the creation of a supportive atmosphere that promotes taking risks and learning from mistakes.

Future Scope

The future holds promising opportunities for leveraging self-efficacy to enhance emotional regulation and resilience among youth. With the increasing integration of technology into daily life, there's a growing scope for developing digital interventions aimed at improving self-efficacy related to emotional regulation and resilience among youth. Mobile apps, virtual reality simulations, and online platforms can provide interactive tools, guided exercises, and personalized feedback to help youth develop and strengthen their self-efficacy beliefs.

Recognizing that self-efficacy is influenced by individual characteristics and experiences, future interventions can adopt personalized approaches tailored to the unique needs and strengths of each youth. Advances in data analytics and artificial intelligence can facilitate the identification of relevant factors contributing to self-efficacy and the customization of interventions accordingly. Educational institutions play a crucial role in shaping youth's beliefs about their abilities and providing opportunities for skill development. Future initiatives can focus on integrating self-efficacy enhancement strategies into school curricula, teacher training programs, and extracurricular activities, fostering a supportive environment that promotes emotional regulation and resilience. Rather than solely focusing on addressing deficits or challenges, future interventions can adopt strength-based approaches that emphasize identifying and building on youth's existing strengths and capabilities. By nurturing a sense of competence and mastery in various domains, such approaches can empower youth to navigate adversity and develop resilience. Social support networks, including peers, family members, mentors, and community organizations, play a crucial role in shaping youth's self-efficacy beliefs and resilience. Future initiatives can focus on strengthening these supportive networks and fostering positive social interactions that promote a sense of belonging, competence, and autonomy among youth.

Recognizing the influence of cultural factors on self-efficacy beliefs, future interventions can adopt culturally sensitive approaches that resonate with diverse youth populations. By integrating culturally relevant content, language, and practices, such interventions can enhance engagement, relevance, and effectiveness in promoting emotional regulation and resilience. Continued research efforts are needed to better understand the long-term effects of self-efficacy interventions on youth's emotional regulation and resilience across different developmental stages and life transitions. Longitudinal studies can provide valuable insights into the mechanisms underlying these effects and inform the refinement and optimization of intervention strategies over time. Overall, the future scope for leveraging self-efficacy to enhance emotional regulation and resilience among youth is vast, encompassing innovative approaches, interdisciplinary collaborations, and a commitment to promoting positive youth development in diverse contexts. By harnessing the potential of self-efficacy as a catalyst for empowerment and growth, we can empower youth to navigate life's challenges with confidence and resilience.

REFERENCES

Akfirat, O. N. (2020). Investigation of relationship between psychological well-being, self esteem, perceived general self-efficacy, level of hope and cognitive emotion regulation strategies. European Journal of Education Studies, 7(9).

Amitay, G., & Gumpel, T. (2015). Academic self-efficacy as a resilience factor among adjudicated girls. International journal of Adolescence and Youth, 20(2), 202-227.

Artuch-Garde, R., González-Torres, M. D. C., de La Fuente, J., Vera, M. M., Fernández-Cabezas, M., & López-García, M. (2017). Relationship between resilience and self-

regulation: a study of Spanish youth at risk of social exclusion. Frontiers in psychology, 8, 612.

Bassi, M., Delle Fave, A., Steca, P., & Caprara, G. V. (2018). Adolescents' regulatory emotional self-efficacy beliefs and daily affect intensity. Motivation and Emotion, 42, 287-298.

Cattelino, E., Testa, S., Calandri, E., Fedi, A., Gattino, S., Graziano, F., ... & Begotti, T. (2023). Self-efficacy, subjective well-being and positive coping in adolescents with regard to Covid-19 lockdown. Current Psychology, 42(20), 17304-17315.

Develos-Sacdalan, K., & Bozkus, K. (2018). The Mediator Role of Resilience between Self-Determination and Self-Efficacy. Online Submission, 4(50), 49-60.

Di Giunta, L., Lunetti, C., Gliozzo, G., Rothenberg, W. A., Lansford, J. E., Eisenberg, N., ... & Virzì, A. T. (2022). Negative parenting, adolescents' emotion regulation, self-efficacy in emotion regulation, and psychological adjustment. International journal of environmental research and public health, 19(4), 2251.

Freire, T., & Teixeira, A. (2018). The influence of leisure attitudes and leisure satisfaction on adolescents' positive functioning: The role of emotion regulation. Frontiers in psychology, 9, 1349.

Goodman, M. L., Lloyd, L. E., Selwyn, B. J., Morgan, R. O., Mwongera, M., Gitari, S., & Keiser, P. H. (2016). Factors associated with general self-efficacy and resilience among youth heads of households in Kenya. Journal of health psychology, 21(10), 2229-2246.

Hill, C. A., & Gunderson, C. J. (2015). Resilience of lesbian, gay, and bisexual individuals in relation to social environment, personal characteristics, and emotion regulation strategies. Psychology of Sexual Orientation and Gender Diversity, 2(3), 232.

Honmore, V. M., & Jadhav, M. G. (2017). Self-efficacy and emotional intelligence among college youth with respect to family type and gender. Indian Journal of Positive Psychology, 8(4), 587-590.

Jaeh, N. S., & Madihie, A. (2019). Self-efficacy and resilience among late adolescent. Journal of Counseling and Educational Technology, 2(1), 27-32.

Lee, A., & Jung, E. (2022). University students' career adaptability as a mediator between cognitive emotion regulation and career decision-making self-efficacy. Frontiers in Psychology, 13, 896492.

Liu, S., You, J., Ying, J., Li, X., & Shi, Q. (2020). Emotion reactivity, nonsuicidal self-injury, and regulatory emotional self-efficacy: A moderated mediation model of suicide ideation. Journal of affective disorders, 266, 82-89.

Mestre, J. M., Núñez-Lozano, J. M., Gómez-Molinero, R., Zayas, A., & Guil, R. (2017). Emotion regulation ability and resilience in a sample of adolescents from a suburban area. Frontiers in psychology, 8, 1980.

Mesurado, B., Vidal, E. M., & Mestre, A. L. (2018). Negative emotions and behaviour: The role of regulatory emotional self-efficacy. Journal of adolescence, 64, 62-71.

Milioni, M., Alessandri, G., Eisenberg, N., Castellani, V., Zuffianò, A., Vecchione, M., & Caprara, G. V. (2015). Reciprocal relations between emotional self-efficacy beliefs and ego-resiliency across time. Journal of personality, 83(5), 552-563.

Morales Rodríguez, F. M., Rodríguez Clares, R., & García Muñoz, M. R. (2020). Influence of resilience, everyday stress, self-efficacy, self-esteem, emotional intelligence, and empathy on attitudes toward sexual and gender diversity rights. International journal of environmental research and public health, 17(17), 6219.

N. M., Ask, T. F., Sætren, S. S., Lugo, R. G., & Sütterlin, S. (2023). The role of emotion regulation for general self-efficacy in adolescents assessed through both

neurophysiological and self-reported measures. Psychology research and behavior management, 3373-3383.
Rachmawati, I., Setyosari, P., Handarini, D. M., & Hambali, I. M. (2021). Do social support and self-efficacy correlate with academic resilience among adolescence?. International Journal of Learning and Change, 13(1), 49-62.
Rajan, S. K., Harifa, P. R., & Pienyu, R. (2017). Academic resilience, locus of control, academic engagement and self-efficacy among the school children. Indian Journal of Positive Psychology, 8(4).
Sabouripour, F., Roslan, S., Ghiami, Z., & Memon, M. A. (2021). Mediating role of self-efficacy in the relationship between optimism, psychological well-being, and resilience among Iranian students. Frontiers in psychology, 12, 675645.
Sagone, E., De Caroli, M. E., Falanga, R., & Indiana, M. L. (2020). Resilience and perceived self-efficacy in life skills from early to late adolescence. International Journal of Adolescence and Youth, 25(1), 882-890.
Samper-García, P., Malonda-Vidal, E., Llorca-Mestre, A., Muñoz-Navarro, R., & Mestre-Escrivá, V. (2021). Victimization and peer and parents attachment: The mediating effect of regulatory emotional self-efficacy. International journal of environmental research and public health, 18(4), 2062.
Siddique, M., Ali, M. S., Nasir, N., Awan, T. H., & Siddique, A. (2021). Resilience and self-efficacy: A correlational study of 10th grade chemistry students in Pakistan. Multicultural Education, 7(9), 210-222.
Supervía, U. P., Bordás, S. C., & Robres, Q. A. (2022). The mediating role of self-efficacy in the relationship between resilience and academic performance in adolescence. Learning and Motivation, 78, 101814.
Usán Supervía, P., & Quílez Robres, A. (2021). Emotional regulation and academic performance in the academic context: the mediating role of self-efficacy in secondary education students. International journal of environmental research and public health, 18(11), 5715.
Woźniak-Prus, M., Gambin, M., Sekowski, M., Cudo, A., Pisula, E., Kiepura, E., ... & Kmita, G. (2020). Positive experiences in the parent-child relationship during the COVID-19 lockdown in Poland: the role of emotion regulation, empathy, parenting self-efficacy, and social support.
Ying, J., You, J., & Guo, J. (2020). The protective effects of youth assets on the associations among academic stress, regulatory emotional self-efficacy, and suicidal risk: A moderated mediation model. Children and Youth Services Review, 119, 105660.
Zyberaj, J. (2022). Investigating the relationship between emotion regulation strategies and self-efficacy beliefs among adolescents: Implications for academic achievement. Psychology in the Schools, 59(8), 1556-1569.

Acknowledgment
The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest
The author(s) declared no conflict of interest.

How to cite this article: Sut, P. & Sethi, S. (2024). To Study the Impact of Self Efficacy on Emotional Regulation and Resilience among Youth. *International Journal of Indian Psychology, 12*(2), 2524-2541. DIP:18.01.219.20241202, DOI:10.25215/1202.219