

A STUDY TO EVALUATE THE EFFECTIVENESS OF ASSERTIVENESS TRAINING PROGRAMME (ATP) TO IMPART ASSERTIVE BEHAVIOUR AMONG ADOLESCENTS.

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Abstract

In this research study, the main objective is to impart assertive behavior among adolescents by administering an assertiveness training program (ATP). A pre-experimental with one group pre and post-test research design was used quantitatively. A Simple random sampling technique was used to select the subjects. The Data was collected from 60 adolescents by using the “Rathus Assertiveness Schedule” to assess the assertive behavior. The same Modified “Rathus Assertiveness Schedule” was used to assess the post-test level of assertive behavior among adolescents. The results revealed that there was a significant difference in the pre-and post-test level of assertive behavior among adolescents. The overall 't' value obtained was 12.14 and $p = 0.001^{***}$ where $p < 0.001$ which means that the assertiveness training Program (ATP) has shown significant changes in improving assertive behavior in adolescents. There is an association between assertive behaviors of adolescents with their selected demographic variable for age significant at 0.005 level. The study concluded that the assertiveness training program is an important aspect in imparting assertive behavior so that it helps the adolescent to develop decision making, coping skills to face various challenges in our society.

Keywords: Adolescents, assertive behavior, assertiveness training program, coping skills, impart.

Introduction

In India, the adolescent age group constitutes more than 22% of our total population. The World Health Organization (2021) defined that the term adolescence constitutes as the age group between 13-19 years.[1] The adolescent group is considered highly vulnerable because they interact with various bio psychosocial factors and their coping skills depend on the level of assertive behavior. [3]Development in various aspects such as self-identity, acquiring skills, maintaining interpersonal relationships, responsibility and roles. Assertive behavior is

characterized by using a confident or affirmation statement, standing for their rights without violating the rights of others. Non-assertive people face many challenges such as psychological problems, poor interpersonal skills, low self-confidence, and developing risky behaviors.[4] Wolpe (1958) had first coined the term “Assertive” which means the outward expression of the person’s feelings and emotions. Assertiveness is a major tool utilized to overcome the challenges in our society. In Puducherry nearly 28% to 30 % of adolescents are affected with a low level of assertive

behavior[13]. Health professionals have a vital role in the development and implementation of assertiveness training programmes for these vulnerable groups.

The assertiveness training programme is a structured teaching programme that allows the adolescent to identify the difference between passive, aggressive, manipulative, assertive behavior, imparts assertive behavior, enhances self-esteem and adapting skills, Imparting assertiveness techniques like identifying the difference between passive, aggressive, manipulative and assertive behavior, saying NO, conflict resolution skills, techniques of improving communication skills. [11]Adolescents are the foundation of our society. The researcher had personally experienced that the adolescents face difficulties in expressing their thoughts, emotions, and feelings in an assertive manner, they lack assertive behavior in many circumstances hence the investigator felt that the assertiveness training programme would help them to the express their needs and thereby impart the assertive behavior.[19]

MATERIALS AND METHODS

A Quantitative approach with pre- experimental one group pretest and posttest research design was conducted to evaluate the effectiveness of Assertiveness training programme (ATP) to impart the assertive behaviour among adolescents. The study was conducted at Wise Man higher secondary school at Puducherry. The data was collected during January to March 2020. 60 adolescents were selected as samples, by using Simple random sampling method. Informed consent was obtained from the subjects and confidentiality of the collected data was ensured throughout the study. The tool used for data collection consisted of 2 parts. Part I: Socio-demographic data Part II: Modified "Rathus Assertiveness Schedule" .Data was analyzed by using descriptive statistic (Frequency, percentage, mean and standard deviation) and inferential statistics (paired 't' test).

TOOL DESCRIPTION

Part I: Socio-demographic data of adolescents which consists of age, gender, educational status, type of family, area of residence, family monthly income, Birth order, No. of siblings, and source of information. Part II: Modified "Rathus Assertiveness Schedule" was used to assess the assertive behaviour among adolescents. It consists of 30 items which are rated on a 6 point likert scale. The responses are, very much like me – 6, rather like me – 5, slightly like me – 4, slightly unlike me – 3, rather unlike me – 2, very much unlike me – 1. The scoring interpretation is expressed as level of assertive behavior score, non-assertive 1 - 60 mild assertive 61 – 120, assertive 121 – 180.

The pilot study was conducted in Wise Man higher secondary school at Puducherry and the results showed feasibility and practicability to conduct the main study.

Permission was obtained from the ethical committee, informed oral as well as written consent was obtained from the participants. Data collected was strictly emphasized to be kept confidentially. The researcher made own funding for the research study.

The adolescents with non-assertive behavior was identified by conducting pretest among the adolescents by using Modified "Rathus Assertiveness Schedule". The study was implemented by administering Assertiveness training program to the adolescents.

Step-1: Screening

In the first step the adolescents were screened individually for the presence of non- assertive behaviour by using Modified "Rathus Assertiveness Schedule" and selected for administration of the intervention Assertiveness training Program. (ATP)

Step-2: Administration of Intervention

In the second step the intervention assertiveness training programme (ATP) was administered to the adolescents. Assertiveness training programme aimed at imparting assertive behaviour in adolescents. This programme had a set of specific objectives such as identifying the

difference between passive, aggressive, manipulative and assertive behavior, saying 'NO' technique, using 'I' statement, coping skills, communication strategies. This Assertiveness training programme allows the adolescent to adopt assertive behavior which improves their self-confidence.

Step-3: Evaluation

In the final step Evaluation was performed by using the "Rathus Assertiveness Schedule"

RESULTS

The results in this study are interpreted in the table.1 shows the comparison of pretest and posttest levels of assertive behavior by using paired 't-test It showed that the mean score in pretest was 61.2+2.4 was lesser than the posttest mean score was 72.1+3.2, the t-value obtained was 12.14, $p=0.001$. This showed that there was a significant difference in the pretest and posttest level of assertive behavior among the adolescents. Hence there was a significant increase in the level of assertive behaviour after the intervention (ATP).Table.3 represents that there is a significant association between assertive behavior and demographic variable age significant at 0.005 level .But there is no significant relationship between assertive behaviour and demographic variable such as sex, education, type of family, area of residence, family monthly income ,academic performance, Birth order, No. of siblings, and source of information. Table 4 showed the comparison of pretest and posttest level of assertive behavior. It showed that, 75% of the subjects had Non-

assertive behavior, 25% had mild assertive behavior and none of the subjects had assertive behavior in the pretest whereas after the implementation of Assertiveness training programme (ATP) there was a significant improvement in the level of assertive behavior, 91.6% of the samples had assertive behavior and 8.3% of the samples had mild assertive behavior.

Table: 1 Comparison of pretest and posttest level assertive behaviour among adolescents. (N=60)

Test	Mean	S.D	t-value	Df	P
Pre-test	61.2	2.4	12.14	58	0.001**
Post – test	72.1	3.2			

**Significant ($p<0.01$)

Table.1 shows the comparison of pretest and posttest levels of assertive behavior by using paired 't-test It showed that the mean score in pretest was 61.2+2.4 was lesser than the posttest mean score was 72.1+3.2, t-value obtained was 12.14, $p=0.001$. This showed that there was a significant difference in the pretest and posttest level of assertive behavior among the adolescents. Hence there was a significant increase in the level of assertive behavior after the intervention (ATP).

Table:2 Frequency and percentage distribution of demographic variables (N=60)

Sl.no.	Demographic variables	F	%
1)	Age (in years)		
	13 -14yrs	31	51.6
	15 -16yrs	25	41.6
	17 -18yrs	4	6.6
2)	Sex		
	Male	28	46.6
	Female	32	53.3
3)	Education		
	8 th -10 th std	34	56.6
	11 th std - 12 th std	26	43.3

4)	Academic Performance Excellent Good Average Poor	34 22 4 0	56.6 36.6 6.6 0
5)	Type of family: Nuclear Joint	49 11	81.6 18.3
6)	Area of residence Rural Urban	37 23	61.6 38.3
7)	Family monthly income Below Rs.5,000 Rs.5,0001 – Rs.10,000 Above Rs.10,000	24 29 7	40 48.3 11.6
8)	Birth order First Second Third Above third	11 33 13 3	18.3 55 21.6 5
9)	No. of siblings None One Two More than two	16 17 17 10	26.6 28.3 28.3 16.6
10)	Source of information Television Mass media Health Professional No information	0 0 0 60	0 0 0 100

Table:3 Association of pretest level of self-esteem among with selected demographic variables.

Sl no	Demographic variables	SELF-ESTEEM SCORE		x ²	df	'P' Value
		<median	> median			
1)	Age (in years) 13 -14yrs 15 -16yrs 17 -18yrs	15 13 1	19 11 2	7.5	2	0.02*
2)	Sex Male Female	13 14	15 18	2.2	1	0.10
3)	Education 8 th -10 th std 11 th std - 12 th std	17 11	19 13	1.2	1	0.20
4)	Academic Performance Excellent Good Average Poor	11 15 2 0	21 11 0 0	5.4	2	0.03*
5)	Type of family: Nuclear Joint	25 9	23 3	2.6	2	0.29

6)	Area of residence Rural Urban	16 13	21 10	0.8	1	0.88
7)	Family monthly income Below Rs.5,000 Rs.5,0001 – Rs.10,000 Above Rs.10,000	12 13 5	14 15 1	1.2	3	0.76
8)	Birth order First Second Third Above third	9 14 7 1	4 12 9 3	1.8	3	0.39
9)	No. of siblings None One Two More than two	4 7 12 7	4 8 13 5	2.8	2	0.90
10)	Source of information on Self esteem Television Mass media Health Professional No information	0 0 0 36	0 0 0 24	1.23		0.28

*Significant ($p < 0.05$)

Table.3 represents that there is a significant association between assertive behavior and demographic variable age significant at 0.005 level .But there is no significant relationship between assertive behavior and demographic variable such as sex, education, type of family, area of residence, family monthly income ,academic performance, Birth order, No. of siblings, and source of information.

Table:4 Comparison of pretest and posttest level of assertive behavior among adolescents.
(N=60)

Level of assertive behavior	Pre test		Post test	
	F	%	F	%
Nonassertive behavior	45	75	-	-
Mild assertive behavior	15	25	5	8.3
Assertive behavior	-	-	55	91.6

Table 4 shows the comparison of pretest and posttest level of assertive behavior. It showed

that, 75% of the subjects had Non-assertive behavior, 25% had mild assertive behavior and none of the subjects had assertive behavior in the pretest whereas after the implementation of Assertiveness training programme (ATP) there was a significant improvement in the level of assertive behavior ,91.6% of the samples had assertive behavior and 8.3% of the samples had mild assertive behavior.

DISCUSSION

The main purpose of the study is to evaluate the effectiveness of Assertiveness training program to impart assertive behavior among adolescent. The findings of the study provides an additional support for the previous experimental studies on ATP. Similar findings was reported in the study conducted by S. Rani et al., (2016) engaged in a quasi-experimental Study to assess the effectiveness of Assertiveness Training on Assertive Behavior and Self Esteem among Adolescent Girls at Haryana, data was collected from 160 samples which was randomly assigned. The assertiveness training program was administered in 10 sessions of 50 minutes. From the statistical analysis, the results revealed that the assertive training has been able to impart the assertive behavior among adolescent girls

[17]. Waqar Maqbool Parray (2017) investigated the impact of assertiveness training program (ATP) on assertiveness, self-esteem, stress, psychological well-being, as well as academic achievement among adolescents. The samples were selected by purposive sampling technique and data was collected from 13 adolescents (16 – 19) years of age. Data was collected from the samples by using Rathus assertiveness schedule (RAS), Rosenberg self-esteem (RSE), perceived stress scale (PSS), Psychological well-being (PWB) and Academic achievement scale. The results revealed that there was a significant improvement in the adolescent level of assertiveness, self-esteem, psychological well-being, academic achievement and reducing stress level of the adolescents in the post-test scores as compared to the pre-test results after administration of assertiveness training programme [20]. Nalini S. et al., (2020) conducted a pre-experimental with one group pre and posttest research design to assess the effectiveness of assertiveness training on self-esteem on assertive behavior among adolescents. The samples were 60 adolescents and they were selected by using convenient sampling technique. The Findings of the study revealed that there was no statistical significant association between the level of self-esteem and assertive behavior with their selected demographic variables at $p > 0.05$ in the posttest. To conclude the assertiveness training helps to improve the assertive behavior. [14]

Omura M conducted a descriptive study on the outline the design and implementation of an evidence-based assertiveness communication workshop for Japanese nursing students. The samples were 150 adolescents and the data was collected by using Assertiveness Communication Training Program Survey. Data were analyzed using descriptive statistics. The findings of the study revealed that the overall mean satisfaction score was 4.12. Hence the assertiveness training programme was found to improve the assertive behavior among nursing students. [15]

On Association of pretest level of assertive behavior among adolescents with selected demographic variables, the results reveals that there is a significant association between

assertive behavior and demographic variable age, significant at 0.005 level .But there is no significant relationship between assertive behavior and demographic variable such as sex, education, type of family, area of residence, family monthly income, Birth order, No. of siblings, academic performance and source of information.

Analyzing the results of the present study there was significant difference in level of assertive behaviour among adolescents after administering Assertiveness training programme (ATP) .In this training programme the adolescents have learnt about to identify the difference between passive, aggressive, manipulative, assertive behavior, improves assertive behaviour, improves self-confidence as well as interpersonal skills, Imparting assertiveness techniques like identifying the difference between passive, aggressive, manipulative and assertive behavior, saying NO, Using 'I' statements, coping skills, communication strategies. Therefore the results of this study confirm the findings of the previous studies regarding Assertiveness training is effective in imparting assertive behavior among adolescents.

The results showed that there was a significant difference in the pretest and posttest level of assertive behavior among the adolescents with $p = 0.001$. Thus the research objective in this study imparted the assertive behavior adolescents using assertiveness training program (ATP) among adolescents.

CONCLUSION

To conclude, the research results reveals the positive outcomes of assertive behavior is associated with mental health well-being, self-confidence, achievements and success. An assertive behavior the adolescents in the management of depression, anxiety, school dropout, behavioral problems and risky behavior. Assertive behavior is a crucial, risk and protective factor connected to the diversity of mental health and emotional outcomes. Therefore, imparting assertive behavior serves

as a vital component in assertiveness training Program.

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