

**DISSERTATION  
ON  
“A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS  
TUTELAGE ON RAISING SELF-ESTEEM AMONG ADOLESCENT GIRLS IN  
SELECTED SCHOOLS, CHENNAI”**

**M.Sc. (NURSING) DEGREE EXAMINATION  
BRANCH – V MENTAL HEALTH NURSING**

**COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE, CHENNAI -03.**



**A dissertation submitted to**

**THE TAMILNADU Dr.M. G. R. MEDICAL UNIVERSITY,  
CHENNAI - 600 032.**

**In partial fulfillment of the requirement for the award of the degree of  
MASTER OF SCIENCE IN NURSING  
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**“A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS  
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# *Certificate*

This is to certify that the dissertation TITLED “**A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS TUTELAGE ON RAISING SELF-ESTEEM AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLSCHENNAI**” is a bonafide work done by **Ms. ABIRAMI V.**, M.Sc. Nursing II year Student, College of Nursing, Madras Medical College, Chennai-3 submitted to The Tamil Nadu Dr. M.G.R Medical University, Chennai, in partial fulfilment of the requirement for the award of degree of Master of Science in Nursing, Branch-V, **Mental Health Nursing**, under our guidance and supervision during the academic year 2017 - 2019.

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This is to certify that the dissertation work titled, “**A Study to assess the effectiveness of assertiveness tutelage on raising self-esteem among adolescent girls in selected schools, Chennai,**”of the candidate **Ms. ABIRAMI. V**, for the partial fulfillment of M.Sc. Nursing Programme in the branch of Mental Health Nursing has been verified for plagiarism through relevant plagiarism checker. We found that the uploaded thesis file from introduction to conclusion pages and rewrite shows    % of plagiarism (    % uniqueness) in this dissertation.

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*-William Arthur Ward*

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## ABSTRACT

Adolescence in Latin word means “Adolescere” - to grow or to maturity. It is transition period, they are confused about what they need and experiences dissatisfaction towards bodily changes, especially female adolescent girls. Self-esteem is evaluating how one feels about one’s self-concept. Low self-esteem constitutes to negative outcomes such as hopelessness, useless, depression, adjustment problems etc. Vulnerability stress model suggests that low self-esteem leads to depression. The world now as younger people of 7.2 billion, among this 900 million are female adolescents (**United Nations Fact Sheet-2011**). In India around 12.9% are female adolescents. In TamilNadu female adolescent sex ratio is only 919 girls per 1000 males. **According to WHO (2012)** statistics nearly 1.4 million girls aged 12 to 17 years suffer from depression episodes. Self-esteem is acquired by undergoing specific training, such as “Assertiveness Tutelage” fosters communication skill, assertive behavior and assertiveness.

**TITLE:**A study to assess the effectiveness of assertiveness tutelage on raising self-esteem among adolescent girls in selected schools, Chennai-03.

**Objective:-**To assess the pre- test and post-test level of self-esteem among adolescents’ girls in experimental group and control group and to compare the pre-test and post-test level of self-esteem. Then to find out the association between post-test level of self-esteem among adolescent girls and selected demographic variables.

**Methodology:** Quantitative approach and Quasi experimental Non randomization and control group design were adopted in the current study. By Non-Probability purposive sampling 60 adolescent girls were selected from St. Joseph Higher secondary school Tambaram, Chennai-58. Level of self-esteem was measured by State Self-Esteem scale. After giving pre-test to experimental group and control group assertiveness tutelage intervention was provided to experimental group for 3 weeks after that post-test was given to both the groups.

**Data analysis:**Demographic variables and State Self-Esteem Scale were used as tools in this study. For data analysis descriptive statistics and inferential statistics were utilized.

**RESULTS:** At pre-test level there was no statistical differences between experimental group and control group  $F=0.41(p=0.51)$  and reduced level of self-esteem was observed in both the groups. At post-test level it was observed that most of them developed high self-esteem level and statistically significant at  $F=37.76, P=0.001$ . Hence, in this present study, it was proven that assertiveness tutelage effectively raised the self-esteem of adolescent girls.

**Conclusion:** As the study concludes that adolescent period is crucial period which needs much attention and guidance, assertiveness tutelage is one of the skills effectively enhances the self-esteem of adolescent girls. Assertiveness skill strengthens their ability and helps them to develop coping skills, problem solving skill etc. As a community psychiatric Nurse has greater responsibility in shaping the future generations.

## INDEX

<b>CHAPTER</b>	<b>CONTENT</b>	<b>PAGE NO</b>
<b>I</b>	<b>INTRODUCTION</b>	1
	1.1 Background of the Study	4
	1.2 Need for the study	5
	1.3 Statement of the problem	12
	1.4 Objectives	12
	1.5 Operational Definition	12
	1.6 Hypothesis	13
	1.7 Assumptions	13
	1.8 Delimitations	13
	1.9 Conceptual Framework	14
<b>II</b>	<b>REVIEW OF LITERATURE</b>	17
	2.1 Literature reviews related to the study title	
<b>III</b>	<b>RESEARCH METHODOLOGY</b>	30
	3.1 Research Approach	
	3.2 Research Design	30
	3.3 Research Variables	30
	3.4 Study Setting	31

	3.5 Duration of the Study	31
	3.6 Study Population	31
	3.7 Study Sample	32
	3.8 Sample Size	32
	3.9 Criteria for Sampling Selection	32
	3.10 Sampling Technique	32
	3.11 Development and Description of tool	33
	3.12 Content Validity	34
	3.13 Reliability of the Tool	34
	3.14 Ethical consideration	35
	3.15 Pilot study	35
	3.16 Data Collection Procedure	35
	3.17 Intervention protocol	39
	3.18 Data Analysis and Interpretation	39
<b>IV</b>	<b>DATA ANALYSIS AND INTERPRETATION</b>	41
<b>V</b>	<b>DISCUSSION</b>	64
	5.1 Major findings of the demographic variables	
	5.2 Findings based on the objectives	65
<b>VI</b>	<b>SUMMARY AND CONCLUSION</b>	74

6.1 Summary of the study	
6.2 Major findings of the study	75
6.3 Nursing implications	79
6.4 Limitations of the study	81
6.5 Recommendations for further research studies	82
6.6 Conclusion	83

## LIST OF TABLES

<b>TABLE No</b>	<b>TITLE</b>	<b>PAGE No</b>
3.1	Schematic Representation of Study Design	30
3.2	Scoring Interpretation of Sate Self-Esteem Scale	34
3.3	Schedule for data collection procedure	38
4.1	Demographic profile	43
4.2	Domain wise Pre-test percentage of self-esteem levelamong adolescents	47
4.3	Comparison of pre- test percentage of self-esteem score among adolescent girls	48
4.4	Domain wise post-test percentage of self-esteem score among adolescent girls	49
4.5	Post-test level of self-esteem score	50
4.6	Effectiveness of Assertiveness tutelage and generalization of self-esteem gain score	51
4.7	Domain wise comparison of Pre-test Meanself-Esteem Score	52
4.8	Domain wise comparison of Post-test Mean Self-Esteem Score	53
4.9	Comparison of Pre-test and post-test mean self-esteem score.	54
4.10	Comparison of Pre-test and Post-test mean self-esteem score of control group	56

4.11	Comparison of pretest and post- test level of self-esteem score	57
4.12	Each domain wise percentage of self-esteem gain score.	58
4.13	Association between adolescent girl's post-test level self-esteem and demographic variables (experimental group)	59
4.14	Association between adolescent girl's post-test level of self-esteem and demographic variables (control group)	62



## LIST OF FIGURES

<b>TABLE No</b>	<b>TITLE</b>
1.1	Adolescents and youth population comparison graph
1.1.2	Role of community Psychiatric Nurse
1.8	Conceptual model based on Health Belief Model
3.1	Data Collection Procedure
3.2	Schematic Representation of the Study
4.1.	Age distribution of the adolescent Girls
4.2	Religion of the adolescents Girls
4.3	Adolescent Girl's Bread winner of the family
4.4	Types of family system of the adolescent Girls
4.5	Education status of father of the Adolescent Girls
4.6	Educational status of the Mother of Adolescent Girls
4.7	Adolescent girl's father occupational status
4.8	Adolescent Girl's mother occupational status
4.9	Monthly family Income of adolescent girls
4.10	Area of residence of the Adolescent Girls
4.11	Academic Performance of Adolescent Girls
4.12	Body Mass Index of Adolescent Girls

4.13	Birth order in the family of Adolescent girls
4.14	Recreational activity of adolescent girls
4.15	Adolescent girl's pre-test level of Self-Esteem Score
4.16	Post-test level of self-esteem score
4.17	Comparison of pre-test and post-test level of self-esteem
4.18	Domain wise comparison of pre-test and post-test level of self-esteem.
4.19	Association between post -test level of self-esteem and adolescent girls age
4.20	Association between post-test level of self-esteem and adolescent girl's family type
4.21	Association between post- test level of self-esteem and academic performance of adolescent girls
4.22	Association between post- test level of self-esteem and academic performance of the adolescent girls.

## LIST OF APPENDICES

S.NO	TITLE
A	Certificate for approval by Institutional ethics committee
B	Certificate of content validity by Experts
C	Letter seeking permission to conducting the study
D	Tool for Data Collection  Section A: Questionnaire regarding Socio demographic information  Schedule  Section B: Standardized structured questionnaire – State Self-Esteem  Scale
E	Assertiveness Tutelage Techniques
F	Informed consent form –Tamil
G	Informed Consent form – English
H	Certificate of English editing
I	Certificate of Tamil editing
J	Photos

## LIST OF ABBREVIATIONS

<b>S.NO</b>	<b>ABBREVIATION</b>	<b>EXPANSION</b>
1	CI	Confidence Interval
2	SSES	State Self-Esteem Scale
3	$\chi^2$	Chi square test
4	N	Number of study samples
5	SD	Standard deviation
6	WHO	World health organization
7	H1	Hypothesis 1
8	H2	Hypothesis2
9	DF	Degree of Freedom
10	ANOVA	Analysis of variance
11	N	Total number of samples.
12	S	Significant
13	R	Co-efficient correlation
14	NS	No Significant
15	SD	Standard Deviation
16	UNICEF	United Nation International Child Emergency Fund

17	WHO	World Health Organization
18	SSA	SarvaSiksha Abhiyan

*Chapter 1*  
*Introduction*

## CHAPTER I

“Everything what happens to you is a reflection of what you believe about yourself. We cannot outperform our level of self-esteem.

**IyanlaVangant**

### INTRODUCTION:

Child development refers to a child’s ability to learn and master on skills. Holistic development sees the child in the round, as a whole person-each child develops in a unique way and follows a recognized pattern of development called milestones. The child learns and develops skills varies at specific stages of development. During newborn stage development, child exhibits movements that are automatic in response to external stimuli. In Infant stage infant displays independence in motor control, able to sit, stand without support, walk etc. During toddler stage, they exhibit exploration and experiment nature and increased refinement of fine motor skills takes place during preschooler stage. At School age children have greater motor skills and develops secondary sexual characteristics and peer relation become important. Adolescent, important stage of development among developmental stages, adolescent develop changes physically, mentally, cognitively and sexually. (NGOZI OGUEJIOFO 2019)

Adolescence in Latin means “Adolescere” means to grow or to maturity. Maturing not only implies the physical structure but also mutual development also. It is classified as early adolescence (10-14) middle adolescence (15 to 17) and late adolescence (18-19years). During early adolescence physical changes commences, growth spurts and secondary sexual characteristics develops. The more advanced physical and sexual development occurs during 12-18 years especially in girls it occurs predominantly (UNICE-2011). According to A.T. Jersild (1991) “Adolescence is a span of years during which boys and girls move from childhood to adulthood by mentally, emotionally,

socially and physically”. **Dorothy Rogers (1978)** has explained this period as a process of achieving the attitudes and belief needed for effective participation in the society. But they have to be sufficiently recognized and encouraged. Adolescents like freedom in all the manners. Even though they are not fully matured to carry the responsibilities of life, they enjoy the life in youthful dreams. They try to explore their role in the world in which they live. “At present the prevailing social circumstances forces them to become anxious and stressful. Hence this period is called as “Storm and Stress”. A proper shaping of personality during adolescence prepares a valuable citizen for the future society.

**Daniel Clay (2005)** states that it is transitional period, they are confused about what they really want to do. Adolescents experience satisfaction or dissatisfaction towards their bodily changes, achievements, social relations etc., If they appreciate dissatisfaction, they land up in unfavorable self-concept and lack of self-esteem. Emotional development during adolescence involves establishing a realistic identity. Identity involves two concepts first is self-concept and another one is self-esteem.

**Mary C. Townsend (2017)** explains that self-concept involves set of beliefs, one has about oneself (it adds intelligence, tallness, roles, goals). Self-esteem is evaluating how one feels about one’s self-concept. Self-esteem is the decision made by the individual towards the self. Self-esteem finds to be effective in social and psychological development, research study has conceptualized it as an effective tool of certain outcomes such as academic achievements, happiness, body image. Self-esteem has an enduring personality characteristic, they are Self Worth, Self-regard, Self-respect, Self-integrity etc. It is a simple term for defining various mental status. The foundation of self-esteem co-relates to self- meaning, self- identity, self-image, self-concepts

**Kinwoong Park (2017)** stresses the importance of self-esteem in the journal Long term effects of Self-Esteem on Depression that low Self-esteem develops if there is gap between one’s self -concept. Vulnerability stress model states that during adolescent period low self-esteem constitutes to negative outcomes such as hopelessness, useless,



depression, anxiety adjustment problems, inferiorities, delinquency etc. (**Giovanna Manna 2016**) in an article mentioned the ways of improving the self-esteem in adolescent girls by encouraging them to find out their specific interests and helping to reach specific resources lead them to important gains in self-esteem and directing them towards right path

**According to American Psychological association (2002)** the nature of self-esteem is not same for adult and childhood. Childhood period is tender and shaping period of all mental abilities and characteristics and the adulthood is relatively fixed. Hence **the adolescence period is transitional time where the child appreciates childhood characteristics at the meanwhile evolves adulthood nature.** This period is the right period to lay good foundation for internal qualities. During **childhood period the rate of Self-esteem is high, but during adolescence it finds to be fluctuating.** Hence **SELF-ESTEEM** when **cultivated from adolescence period** itself it **can help them cope with stressful situations and to act in positive manner.**

Encouraging the adolescent to find out specific interests and helping to reach specific resources lead them to important gains in self-esteem. Self-esteem can be an inherited one or can be acquired by undergoing specific tutelage. This includes activities such as problem-solving skills, soft skills, communication skills like assertive training, all this measures initiates them to develop a self-identity and develops better self-esteem in them.

Assertiveness is rightly - standing up for one's right and for others rights also. It boosts self-concept in turn self-esteem in an individual. It's the capability to speak up for ourselves in a way that is honest and respectful. It can be **defined** as

“Assertiveness involves appropriately expressing ideas, feelings and boundaries while respecting other's rights, maintaining positive effect in the receiver and considering potential consequences of the expression. It includes both positive and negative expressions and seeks to achieve personal and interpersonal goals”.

According to **Eric Garner-2012** stresses that an assertive communication style helps us to do the things what we want to do. It makes individual confident and aids in raising self-esteem. It initiates, good communication skill in expressing the feelings in right manner and good socialization skill. So that one can establish good respect towards other people's needs. They tend to be effective in working out conflicts and disagreements. When we speak assertively, it reflects the individual's nature as like mirror. Building assertiveness is one step to becoming best in "self" the person wants to be. Healthy self-esteem is **the first step to achieve confidence and learning to be assertive**. Without a balanced and healthy self-esteem, one cannot be clear about what one deserves. Hence assertiveness is one of the skills and style aids in developing a good self-esteem. This workout is carried out to evaluate the effectiveness of assertiveness and its influences over adolescent girls in developing self-esteem.

### **1.1 BACKGROUND OF THE STUDY:**

Adolescence is a span of years during which boys and girls move from childhood to adulthood by mentally, emotionally, socially and physically". They were confused of what they want. But tries to explore their role in the world in where they live. They experience dissatisfaction towards bodily changes, achievements, social relations especially female adolescent girls. A proper shaping of personality fosters them towards progress future.

Self- concept involves set of beliefs, one has about oneself. Self-esteem is evaluating how one feels about one's self-concept. Low self-esteem develops if there is gap between one's self-concept. During adolescence low self-esteem constitutes to negative outcomes such as hopelessness, useless, depression, adjustment problems inferiority etc.

The world now has younger people of 7.2 billion worldwide. Around worldwide 900 million adolescent girls (**United Nation Fact Sheet - 2011**). According Indian Census survey 2011, in India every fifth person is an adolescent and among this 12.9%

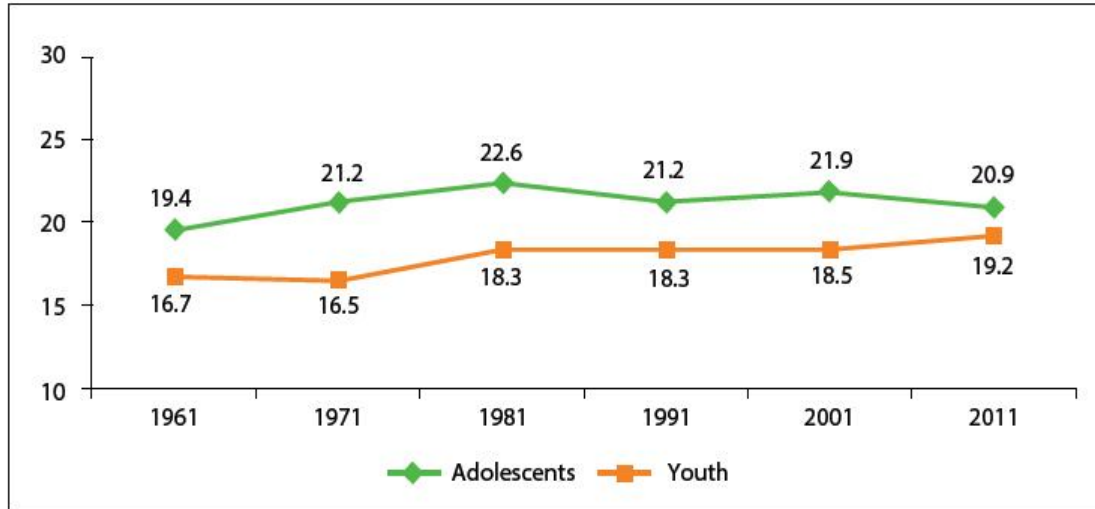
are female adolescents. In Tamil Nadu female adolescent sex ratio is 919 girls per 1000 males. According to WHO 1.4 million girls aged 12 to 17 years suffer from depression. It is three times more than male peers. In India according to Psychiatric Association adolescent psychiatric disorders found to be 6.46% and at school level it is 23.33%. Vulnerability stress model suggests that low self-esteem leads individual more prone to depression. Low self-esteem constitutes to health risk behaviors and learning disorder.

Hence prevention and intervention efforts targeting adolescents in high schools enhances their approaches and raises their self-esteem level. Self-esteem is inherited one or acquired by undergoing specific training, developing coping skills, social skills. Assertiveness tutelage is one of the skills fosters communication, assertive behavior and assertiveness.

## **1.2 NEED FOR THE STUDY**

**WHO defines** (2012) adolescence as the age range of 10 to 19 years, it is period which enrolls “rapid physical growth and development, varying levels of physical, social, psychological and sexual maturity and activity, experimentation. The development of adult mental process and adult identity and transition from socio economic dependence to realistic independence.

The world now has more young people than ever before of 7.2 billion people worldwide, especially 1.2 billion are between the age group 10 to 19 years. Around 900 million of these young people are female adolescents (**United Nations Fact Sheet-2011**). In India at present every fifth person is an adolescent (10-19 years), i.e., 236.5 million. Among this the female adolescent ratio is 12.9% and female’s literacy ratio is 3.5% lesser than males.



**Fig.1.1** Illustrates adolescent's population percentage increasing than youth population year by year.

Among 12.2 crore adolescents, girl's population is 5.7 crores. In Tamil Nadu female adolescent girls sex ratio per 1000 males was 919. The data bases suggest that female sex ratio has been reducing in past years. It was come down to 961 in 1971, 939 in 2011 and projected to decline further to 904 in 2020 and 898 in 2031. Every year 50 million women are discriminated by gender bias. The work participation rate of women in India is much lower than men. They were suppressed from young adolescent stage itself. The available economic data suggests that India loss 56 billion per year in potential earnings because of adolescent pregnancy, school dropout rates and joblessness. Empowering girls can break the cycle of such dropouts and result in public health benefits. Major cause of death among adolescent, include suicide, interpersonal violence, Half of mental disorders in adulthood start by 14 years, but most cases are undetected and untreated.

**According to WHO** (2012) it is estimated that 30 million people around the world have depression, among these 1.4 million girls aged 12 to 17 (12.0%) suffer from major depressive episode, three times more than that of male peers (4.5%) and it is tripled in the age group 12 to 15 years of girls. In India adolescent psychiatric disorders found to be

6.46% and in school level it is 23.33%. Because of this suicide is second leading cause of death among the age group 15-20 years.

**Kiwoong Park (2017)** performed a study on low self-esteem of adolescents relates the relationship between vulnerability stress model and low self-esteem. Low self-esteem leads individuals to be more vulnerable to depression. Low self-esteem is determinant of health risk behavior's including alcohol, substance abuse. This reflects that behavior is one of the potential mediators linking self-esteem and depression. Female adolescence usually has more psychological problems, such as suicide attempts, eating disorders depression etc. Low self-esteem is also related with learning disorder. Hence prevention and intervention efforts targeting adolescents in high school may ameliorate depression onset.

Adolescents represents an important stage in the development of positive or negative body image about physical appearances and has more rivalry about their physical changes. The concept of weight related bullying during adolescence greatly contribute to an overemphasis on body weight and appearance as well as development of negative body perceptions and dissatisfaction surrounding specific body parts.

**Jyothi Shetty (2018)** depicts that **girls have more body image dissatisfaction as compared to boys**. The percentage of world adolescents has quadrupled over the past 30years. Over the course of childhood obesity prevalence was higher among adolescent i.e. it is 8.4% during 2 – 5 years old, 17.7% during 6-11 years and 20.5% during 12-19 years. These percentage data show more increase in obesity during adolescent period. Negative body image leads to low self-esteem, self-worth, the study suggests that counselling, assertive training, health education to relieve such dissatisfactions

**AlonoTinova et al (2015)** conducted a study on body image perception among 250 school students of Ukraine, to evaluate the relationship of body image and self-esteem. Tools used in this study were self-completing Questionnaires on body image, body parts, ranking, self-esteem, personal qualities and related factors. The study evaluated that

personal characteristics, level of self-esteem, scope of internal conflicts, specific features of emotional reactions on environment are influenced by body image.

**According to Ministry of Human Resources Development (2014)** 62.1% of girl children are out of schools in India. Annual Survey of Education Report 2017 finding suggests that while an average the difference between enrolment levels of boys and girls at age 14 are declining, 32% girls not enrolled-compared to 28% boys. A **SarvaSiksha Abhiyan (SSA) (2016)** survey reflects that in Tamil Nadu 37,488 girl children drop outs in school throughout the state. Villupuram district finds to be first state with 2,472 students per year. Data from **Unified District Information System for Education** says that the situation is grim in states of Bihar, Jharkhand, Uttar Pradesh, Tamil Nadu, Telangana some North Eastern states as per 2016-2017. Government has put stronger efforts to enhance the girls themselves to strengthen self-esteem and leadership roles. This is one step forward in building girl's confidence, negotiation skills, organizational abilities and enabling girls to take decisions themselves.

Many researches reveal that **self-esteem drops sharply in adolescence**, more so in girls than boys. Self-esteem is important determinant of mental health. "Self-esteem levels were high during childhood dropped during adolescence. It is also explored that parental involvement and academic performances influences self-esteem of the adolescence. This fact was supported by the study reported by **Addero Wilson Ogot et al (2015)**, on relationship between Self-Esteem and Academic performance of adolescent students. Positive self-esteem allows youngsters to try new things, take healthy risks and solve problems. In turn, their learning and development will be productive. They will have healthy behavior characteristics acting independently, taking pride in their accomplishments, accepting frustrations, trying new things and helping others.

**Dr. Lars Madsen (2018)** states that frequently traced to abusive or dysfunctional early years, the effects of which can persist well into adulthood. It can also attribute to ongoing stressful events such as relationships breakdown, poor partnership etc. Low self-

esteem can make individual self-destructive or harming others in an effort to make others love or to pain of self worthlessness

The present society circumstances, evolving technologies, changing trends in all the fields, communication advancement, makes this world has more competitive. In balancing such changes, coming up generations are forced to perform 200% better to chase these challenges. Especially girls are vulnerable population of society have much struggles than boys to perform better. They are more prone for more difficulties physically, emotionally and socially at every stages of development. Hence in view of all this, girls have to be more assertive to travel along these changes. Hence this study on assertiveness tutelage aims at developing assertive adolescent girls.

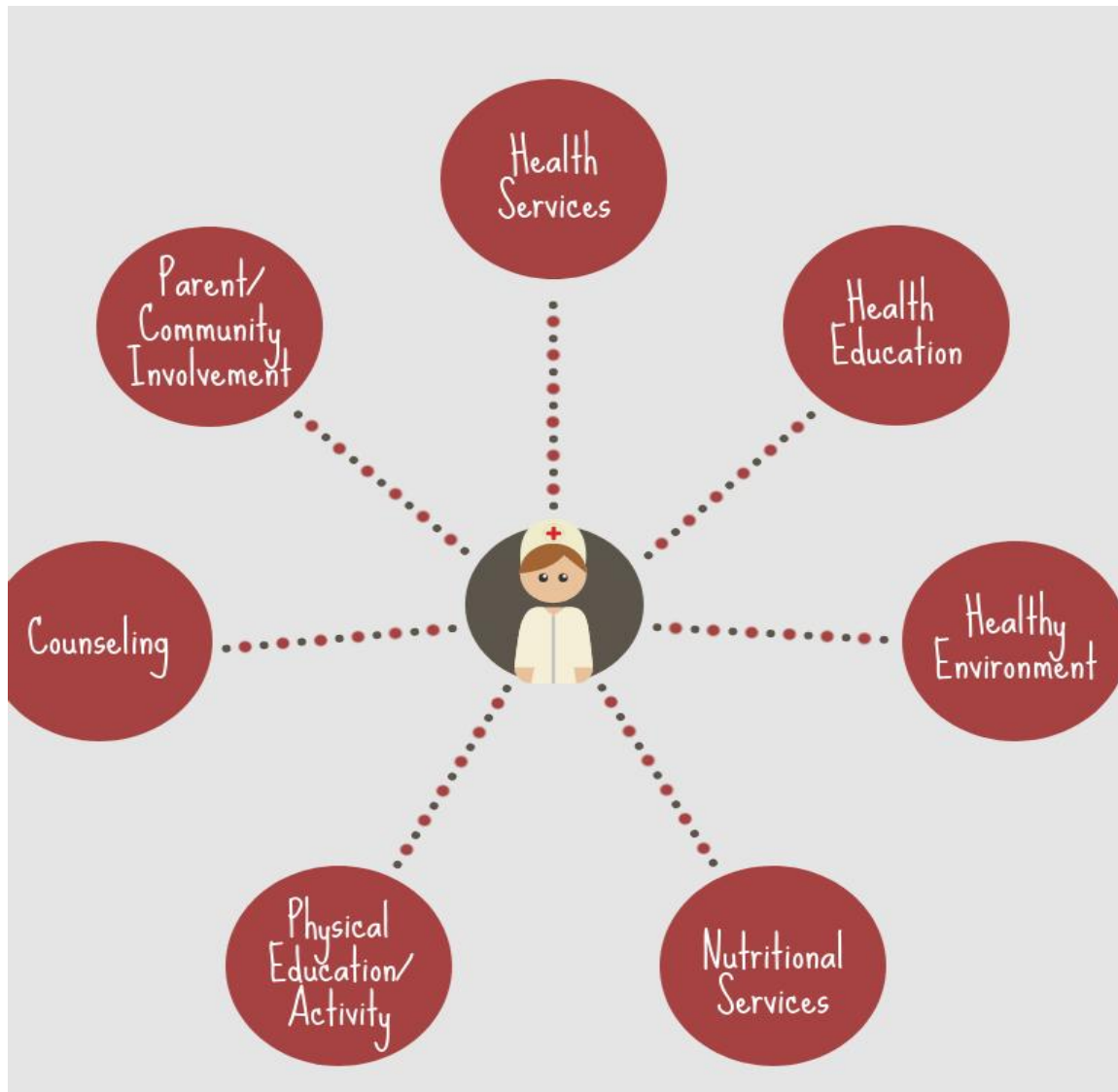
**ZehaAnastacio (2016)** states that assertiveness is standing up for one's own rights. Assertive behavior increases individual's perception about their self-confidence, self-concept and self-esteem. This modification and raise in level of self-esteem fosters the individual to develop more coping strategies and aids in handling the critical situations tactfully as well as prevent them from falling on hopeless, faithless, low self-esteem level, anxiety, becoming a prey for child abuses and even landing up at depression, suicidal attempts. On stressing the above factors.

**Ghodrati F et al (2016)** carried out a descriptive study on investigating the relationship between self-esteem, Assertiveness and Academic Achievement Confidence in the educational achievement and efficacy among Female high school students. A signify correlation was found between assertiveness and academic performance ( $P < 0.001$ ), assertiveness and birth order ( $P < 0.005$ ) and finally self-esteem with assertiveness ( $P < 0.001$ ). **TaranehTaghavi et at (2017)** reported a descriptive cross - sectional study about the assertiveness and the factors affecting it among nursing students of Tehran University of medical sciences. The results showed that 7.1% of the students has different degrees of deficit in assertiveness, performance of educational plans and **assertiveness is required** during the nursing educational period and it influenced over them during their academic performances, social relations and problem-solving skills.

As **Community Psychiatric Nurse** while attending for School Health Programs are intended to screen the students who have low self-esteem. Early identification and modification of behaviors supports them to develop a good self-esteem level, better academic performances, enhanced social interrelationship. As future focused, developing a stronger and balanced future citizen. Community psychiatric nurse serves as the health monitors of children, families, and communities. She monitors the health of children widely through School Health campaigns as school health nurse. They are required to have deep knowledge of pediatrics, mental health, public health, and even education. They are rendering a comprehensive health services and plays different roles in respect of care, health screening, advocacy, case management, contact with the society, home visits, counseling. As the school nurse may be able to implement several practices that have an impact on academic performance simultaneously.



## COMMUNITY PSYCHIATRIC NURSE



**Fig. 1.3** Reveals the role of Community Psychiatric Nurse.

. Researcher's role in the current study acts as a nurse counsellor. The present adolescent girl's generation tasks are multifaceted, technological and competency based. Moreover, they are more influenced by modern technology, peer group influences, socio-economic status, child abuse etc. among these gadgets plays dominate role and higher incidences of misleading the adolescent girls. Hence, they are more prone to acquire low self-esteem, which is eventually linked with aloofness, faithlessness, hopelessness, anxiety, stress, depression, unable to take right decisions, poor sharing nature,

negativism, poor tolerance, poor academic performances etc. All this can be rectified at the initial stage itself, by Community Psychiatric Nurse through school health program (as SCHOOL HEALTH NURSE) identifies the mental health needs, provides counselling, solve their problems and finds solutions at initial stage itself. So that adolescent girls develop good self-concept and self-confidence, raises their self-esteem level, thinks rightly and behave assertively.

### **1.3 STATEMENT OF THE PROBLEM:**

**“A study to assess the effectiveness of assertiveness tutelage on raising self-esteem among adolescent girls in selected schools, Chennai”.**

### **1.4 OBJECTIVES OF THE STUDY:**

- ❖ To assess the pre- test level of self -esteem among adolescent girls in experiment group and control group
- ❖ To evaluate the effectiveness of assertiveness tutelage among adolescent girls in experimental group (post – test)
- ❖ To compare the pre-test and post- test level of self-esteem among adolescent girls in experiment group and control group.
- ❖ To find the association between post-test level of self-esteem and selected socio demographic variables.

### **1.5 OPERATIONAL DEFINITIONS:**

- **Effectiveness:** It refers to extent to which assertiveness tutelage improves the level of self- esteem as experienced by adolescent girls which is measured by using State Self -Esteem scale.
- **Assertiveness tutelage:** It refers to structured training programme developed by the student researcher which consist of 6 sessions includes Introduction, rapport establishment, assertiveness tutelage by applying assertiveness, assertiveness

communication and building social relationships through group discussion, role play. Each session lasts for 45min/day for consecutive 3 weeks.

- **Self – esteem:** It refers to overall evaluation of one's own worth, self-respect and independence which is measured by using State Self -Esteem Scale.
- **Adolescent girls:** It refers to adolescent girls of age group 14-15 years.
- **School:** A institute aided by government which fosters education and discipline to adolescent girls and boys studying from 6<sup>th</sup> standard to 12<sup>th</sup> standard.

## **1.6 HYPOTHESES: -**

**H<sub>1</sub>:** There will be statistically significant difference between pre-test and post- test scores of self-esteems in experimental group

**H<sub>2</sub>:** There will be statistically significant association between post-test levels of self-esteem and selected socio demographic variables

## **1.7 ASSUMPTIONS**

1. Adolescent girls may have varying levels of self-esteem.
2. Assertiveness tutelage may improve the self-esteem of adolescent girls.
3. Adolescent girls may not have assertive behavior
4. Assertiveness tutelage and self-esteem may vary with the selected socio-demographic variables of adolescent girls.

## **1.8 DELIMITATIONS:**

**Delimitations of the study are:**

1. The study is delimited to only adolescent girls
2. Adolescent girls those who are studying in 9<sup>th</sup> standard.
3. Adolescent girls of selected school at Chennai
4. The study period is only 4 weeks.

## **1.9 CONCEPTUAL FRAMEWORK**

A conceptual framework is a theoretical approach to the study of the problems that are scientifically based and emphasis the selection, arrangement and classifications of its concepts. Concepts are words that describes objects, properties or events and are basic components of theory. The conceptual framework is a general collision of all the related concepts in the problem a pattern.

Conceptual framework deals with abstraction or concepts that are assembled by virtue of their relevance to a common theme. Conceptualization is a process of forming ideas which is utilized and forms conceptual framework for development of research design. It helps the researcher by giving direction to go about entire research process.

The conceptual framework used in this study was derived from Health Belief Model. This focuses on behavioral change from the individual.

## **HEALTH BELIEF MODEL**

The health belief model is a psychological health behavior change model developed to explain and predict health related behaviors. It was developed in the early 1950s by social psychologists of U.S. Mr. Hochbaum, Rosenstock and Kegeles in Howard Leventhal public health department and the model was updated in the year 1988. The main focus was to understand the failure of people to adopt disease prevention strategies and also for early detection of disease. The health Belief Model derives from two psychological and behavioral theory with the foundation that the two components of health-related behavior are (1) the desire to avoid illness, (2) the belief that a specific health action will prevent or cure illness. Ultimately it depends on person's perceptions of the benefits and barriers related to health behavior.

### **Perceived Susceptibility:**

People will not change their health behavior unless they believe that they are at risk. In this study, individual develop change of attitude towards low self-esteem until

they realize the risks of low-esteem such as less imitativeness, hopelessness, faithlessness poor academic performances, dissatisfaction towards self.

### **Modifying factors:**

It refers to nature of individual's bio-profile, socioeconomic factors, here adolescent girls age, education, area of domiciliary, birth order, parent's education and occupation, academic performance referred as modifying factors.

### **Perceived Severity:**

The possibility that a person will change their health behaviors to avoid consequences, depends on how serious he or she considers the consequence to be.

In this study the individual's perceived severity of low self-esteem was likely to develop mental health disorders like panic anxiety, depression, suicidal ideations, psychosomatic illness, physical illness etc.

### **Likelihood of action:**

#### **Perceived Benefits**

This refers to a person's perception of the effectiveness of various actions available to reduce the threat of illness or disease. A course of action a person takes in preventing illness or disease relies that the person would accept the recommended health action if it was perceived as beneficial.

Adolescent girls perceived well about the benefits of assertive behavior, developed attitude to inherit the assertive behavior, actively participate in intervention program me, a package of application of assertiveness, assertive communication and social relationship called assertiveness tutelage assertiveness tutelage. So that they develop high self-esteem level.

#### **Perceived Barriers**

It refers to individual don't change behavior, feel it is hard in doing so. Changing health behavior can cost effort, money and time.

In this study perceived barriers of adolescent girls are low socio-economic status, low educational level of the parents, peer group influence, poor academic performances, lesser tendency for social comparison.

### **Cues of Action:**

This is the stimulus needed to trigger the decision-making process. These cues can be internal or external.

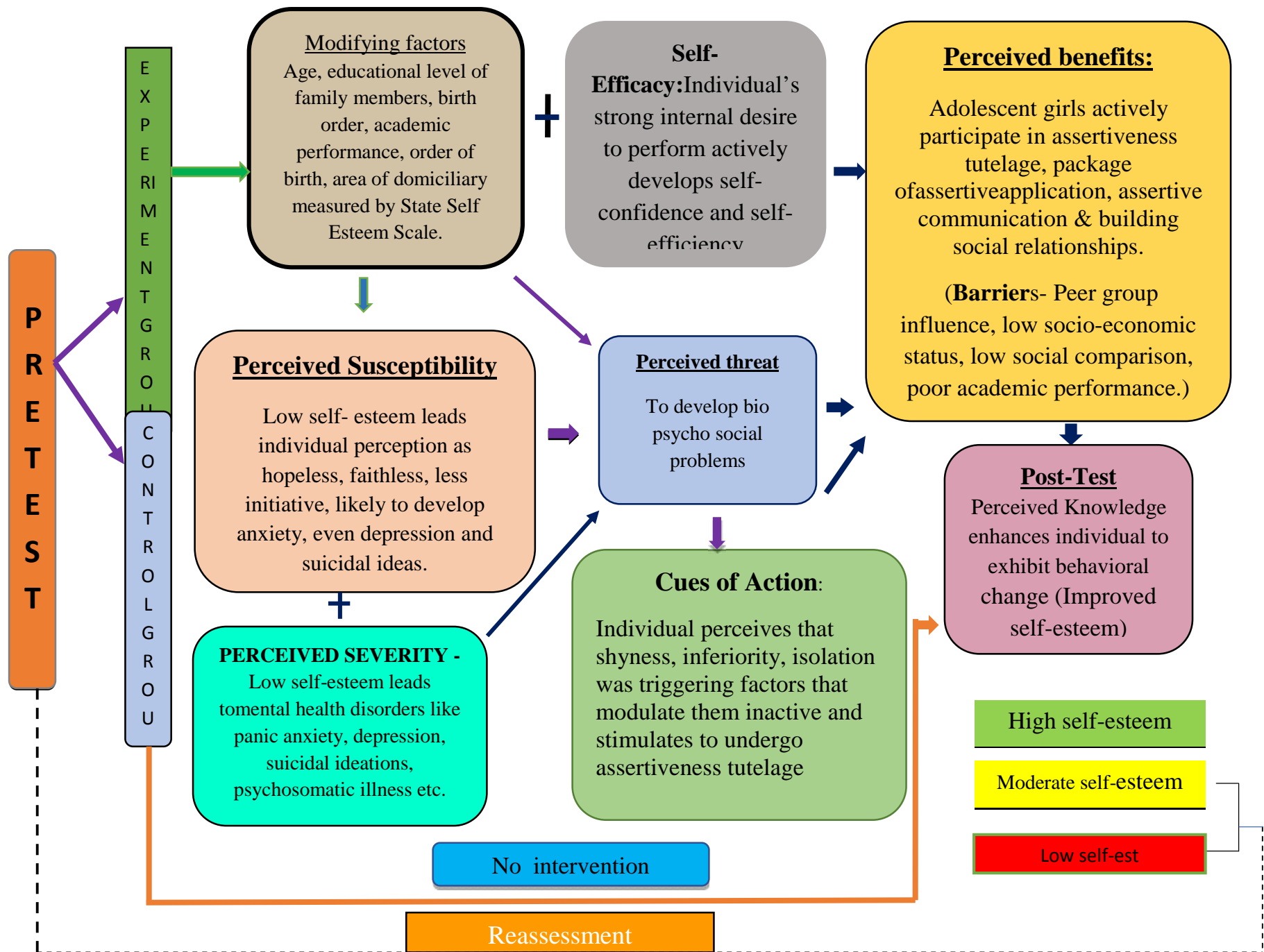
Individual perceives that shyness, inferiority, isolation was triggering factors that modulate them inactive and stimulates desires in individual to undergo assertiveness tutelage.

### **Self-Efficacy:**

This refers to the level of a person's confidence in her ability to successfully perform the behavior.

Individual's strong internal desire to perform actively, outwardly and to be a successive person creates intense stimulus in developing self-confidence. This self-confidence about their ability enhances them to attain the goal successfully.





*Modified Conceptual framework based on Health Belief Model - 1988*



# *Chapter 2*

## *Review of Literature*

## **CHAPTER II**

### **REVIEW OF LITERATURE**

Review of literature is an important step in the development of a research project. It involves the systematic identification, location, scrutiny and summary of written materials that contain information on research problem.

This chapter explains in detail about the review of literature and conceptual framework used for the study. A literature review is an evaluate report of information found in the literature related to selected area of study

Related research literature was review to broaden the understanding and to gain insight into the selected area under study.

#### **2.1 THIS SECTION CONSISTS OF THREE PARTS:**

**2.1.1 SECTION A:** Studies related to adolescent girls' self-esteem

**2.1.2 SECTION B:** Studies related to assertiveness tutelage for adolescent girls

**2.1.3 SECTION C:** Studies related to assertiveness tutelage and self-esteem for adolescent girls

##### **2.1.1. Studies related to adolescent girls Self Esteem.**

**Seventilbert et al (2019)** conducted a longitudinal study to evaluate the role of self-esteem in Depression. The aim of the study was to treat depressive symptoms in a cognitive behavioral therapy focusing on the enhancement of self-esteem and to explore the co-variation in depressive symptoms and level of self-esteem. The multidimensional Self-Esteem Scale (MSWS) and Back Depression Inventory administered to 147 psychiatric patients with current depressive symptoms due to an affective disorder. After 5 weeks of group therapy, depressive symptoms showed Linear decline it was stronger for patients who has higher self-esteem. Hence treating depressive symptoms, in a

cognitive behavioral group therapy in meta naturalistic method have positive effect on the process of recovery. Depressive symptoms and level of self-esteem seemed to co-vary.

**Nikhil S. Gupta et al (2018)** carried out a cross sectional research study in assessment of Body Image and Self-Esteem among Young Adolescents studying in 9<sup>th</sup> and 10<sup>th</sup> standard of Bharathi Vidyapeeth English Medium High School, Pune. Total sample of 153 samples were taken. Tools used in this study were Sociodemographic variables, General Health questionnaire, Rosenberg's self-esteem scale and Body Image Questionnaire. Results of the study reflect that more adolescent girls were dominated by negative body image comparatively lower than males (63.3% vs 21.5%;  $p < 0.01$ ) which eventually lands up in low self-esteem

**Hongfei Du et al (2017)** conducted a study on Self Esteem and subjective well-being and the Roles of personal, relational and collective self-esteem. It was both cross sectional and longitudinal study aimed at finding out self – esteem at the relational level. The researcher investigated whether Relational self-esteem and Collective self-esteem can predict subjective well-being beyond personal self-esteem among 847 Chinese college students. It was found that, when controlling for personal self-esteem, Relational self-esteem was associated with greater life satisfaction, positive affect, meaning in life, happiness.

**Aslee.N et al (2017)** investigated a survey method study to reveal the correlation between Self-Esteem and Willingness to Trust among undergraduate students of rural university of Caucasian, by random sampling method 116 subjects between the age group 17 to 27 were 57.8% females and 42.2% males. Self-esteem was measured in part one and Trust was measured in part two. The self-esteem questionnaires include 21 questions ten from Rosenberg Self-Esteem Scale and 11 were from Edited version of Coppersmith Self-Esteem inventory. A Pearson's correlation was analyzed for a relationship on the linear level between the variables, the results were  $r = .463$ ,  $p = .001$ . Two

outlines were noticed, one with low self-esteem with low trust and high self-esteem with high trust. The results of the study showed that self-esteem and the willingness to trust would have a positive correlation i.e. when self-esteem was high, willingness to trust also be high in an individual

**Mohamed Aryana et al (2016)** reported a study on relationship between Self-esteem and Academic Achievement amongst Pre-University students of Qaemashar to identify whether there are differences in academic achievement between boys and girls. The study population was selected by random sampling method and the samples size 50 boys and 50 girls. The Coppersmith standardized questionnaire of self-esteem and Academic achievement was measured based on the student's total score on all subjects which taken in their current and previous semesters. There is a positive and meaningful relationship between self-esteem and academic achievement. Pearson correlation performed to determine, found to be positive relationship between self-esteem and academic performance ( $p < 0.01$ ). Moreover, the significant differences were found in the level of academic achievement between boys and girls.

**Vahid Zamamazadeh et al (2016)** carried out a conventional content analysis method to assess the Nursing Students' Understanding of the concept of Self-Esteem. The participants were 14 nursing students selected by purposive sampling method. The data were collected by semi-structured interview and analyzed. Study findings showed that the nursing students' self-esteem was determined through sense of worthy related to their perceived professionalism level, socialization into the profession, and making them to sense being a "Nursing student".

**Addero Wilson Ogot et al (2015)** conducted a study on relationship between Self-Esteem and Academic performance of adolescent students. The Students' self-esteem was measured by Rosenberg Scale -Esteem scale which has ten

items. To measure academic achievements, they used Internal-External scale, Thematic Apperception Test, as achievement motivation instrument. Post hoc analysis indicated that the differences in achievement were in favor of students with the high self-esteem over their counterparts with either low self - esteem or moderate self-esteem. Hence it is concluded that student's self-esteem was related to their academic achievements.

**Rajesh Kumar et al (2015)** carried out a study to assessing the impact of Social relation to Self-Esteem and aggression among adolescents. The present study focuses on social support and to see its impact on self- esteem and to empathize social support is negatively related with aggression. By random sampling method samples were collected from different colleges between the age group 18-21 years. Tools used for this study were Perceived social support scale, Rosenberg self-esteem scale and Buss and Perry Aggression scale. A high positive correlation was found between social support and friends ( $r=0.88$ ). Social support found to be negatively correlated to aggression  $r=0.22$ . Hence it is confirmed that social support has positive and significant relationship with self-esteem and negatively correlated with aggression.

**JumilolaBosede et al (2014)** reported a descriptive study of survey type to find the influence of Self-Esteem on Academic Performance Among Secondary School students. The students were selected by stratified random sampling from six schools by random sampling from urban and rural areas 40 students from each school of both sexes were selected and sample size was 240 students. The tools used in this study Part A were Self-administered Academic Performance Questionnaire and Part B consisted of 27 items on environmental and psychological factors including self-esteem. Results of the external and uniform secondary school certificate were used to measure the academic performance of the students. The results show that there is significant difference between academic performance of students with high self-esteem than students with low self-esteem.

**Hossein Ebrahimi et al (2014)** carried out a randomized clinical trial method to determine the effect of supportive nursing care in increasing self-esteem of patients receiving ECT at Baharan psychiatric hospital of Zahedan. Total sample size was 70 cases who receive ECT was randomly selected and grouped as control group and experiment group, each consisting 35 members. Data were collected with socio-demographic variables and Rosenberg Self-Esteem scale. Intervention group received supportive care. The results showed that supportive nursing care had significant effect on self-esteem of patients receiving ECT.

**Parisa Sheini et al (2014)** performed a descriptive analytical study to find out the Relationship between self-esteem and burnout among nurses. The study was carried out among 300 nurses working in Burns ward, emergency department and ICU. Of medical college hospital of Ahvaz. Tools used in this study were demographic variables, Maslach Burnout Inventory and Cooper-smith Inventory self-esteem scale. The results showed that nurses had moderate level burnout in all dimensions and association between self-esteem of nurses and burn out was not significant and study suggests that measures should be taken to enhance self-esteem of nurses and to improve the assertiveness of nurses.

### **2.1.2. Studies related to adolescent girls' assertiveness.**

**Waqar Maqbool Parray et al (2018)** carried out a qualitative study to assess the assertiveness of rural adolescent high school students of Dhana Sagar. Total number of samples included in the study were 60 samples selected by convenient sampling. Rathus assertiveness Schedule was used as tool to assess the assertiveness of students. The results of the study indicate that there

was no significant difference in assertiveness with related to the gender and also found that assertiveness training needed for adolescents.

**O A Popoola et al (2018)** conducted an ex-post facto design to see the peer relation, self-esteem and assertiveness among selected adolescents. A total of 251 participants were selected by purposive sampling method, from three different public and private in Ilorin Metropolis. Index of peer relation of Walter, Index of self-esteem of Walter and Rathus assertiveness schedule were used to assess peer relation self-esteem and assertiveness with reliability coefficient of 0.94, 0.93 and 0.85 respectively. Results showed that adolescent with high self-esteem ( $M= 33.85$ ) were more assertive than with low self-esteem ( $M=24.96$ ) ( $t(249) =4.22, p<0.5$ ). Adolescents with higher peer relation were more assertive ( $M=10.61$ ), ( $t(249) =5.16, p<0.05$ ). Hence it is concluded that peer relation and self-esteem has influence over assertiveness.

**Claudia Gonzalez Fragosa et al (2018)** investigated a descriptive and correlational study on finding out the relationship between assertiveness, academic performances and anxiety among Mexican Students in Secondary education. Children's Assertive behavior scale and revised children manifest anxiety scale used as tool in this study. Total of 535 adolescents selected by cluster sampling technique. The results indicate that assertiveness vary with sex differences in all study and also found statistically significant correlations between assertiveness and anxiety. ( $p<0.1$ ) and academic performances.

**Mahdi Hadavi et al (2018)** performed a cross-sectional descriptive analytical study to assess the Assertive behaviors among Nursing staff in a Shoahday-e-qaen hospital, Qaen, Iran. The study was carried out over 160 nurses, auxiliary nurses and anesthesia and operating room technicians. The tools used were demographic variables and reliable Gambrill-Richey assertion inventory. The results revealed that only 21.3% of them assertive, remaining

78.7% were unassertive. The study showed that hospital staffs were passive in assertiveness.

**Valliammal Shanmugam et al (2017)** through a descriptive correlation survey research design took a step to assess the correlation between the assertiveness behavior and self-esteem among adolescents and to correlate between the level of assertive behavior and self-esteem. By simple random sampling technique 60 adolescents selected from children hospital Bangalore. Rathus assertiveness Schedule and Rosenberg self-esteem scale were used as tools to assess the assertiveness and self-esteem. Majority of adolescents were moderately assertive, 75% and 53.33% had high self-esteem. A significant positive correlation was ( $r=0.64$ ) was found between the assertive behavior and self – esteem of the adolescents. Significant association were found between the assertive scores with the age and educational level of the adolescents ( $\chi^2 = 7.16$  &  $6.13$ ).

**Taraneh Taghavi Larijani et al (2017)** investigated a descriptive cross-sectional study about the assertiveness and the factors affecting it among nursing students of Tehran University of medical sciences. The sample size was 173 participants of 68 male and 105 female nursing students selected by quota sampling. The data was collected by the tools personal-social questionnaire and Assertive inventory. The results showed that 7.1% of the students has different degrees of deficit in assertiveness. The relationship was found between assertiveness and year of education, participation in the process of decision making in the family. It was concluded that majority of students had deficit in assertiveness, performance of educational plans and assertiveness is required during the nursing educational period.



**Ghodrati et al (2016)** conducted a descriptive research study to assess the relationship between self-esteem, assertiveness and academic achievement among high school student of Shiraz at Iran. The sample of 701 female students were selected by random sampling method. Data collection was done by Coppersmith Self-esteem scale, Gambrell and Ritchie's assertiveness questionnaire. Data analysis showed that the prevalence of self-esteem and assertiveness was 16% and 13.8% respectively. A significant correlation was found between assertiveness and academic achievement ( $p < 0.001$ ) and self-esteem with assertiveness ( $P < 0.001$ ). It was finally found out that there is a correlation between self-esteem, assertiveness and academic achievement.

**W.M. Parray et al (2016)** reported a study on assessing assertiveness level among undergraduate students through cross sectional study among 100 undergraduate students with 50males and 50females between 16years to 22years. Rathus assertiveness Schedule was used as tool to assess the level of assertiveness. It was concluded in the study that there is significant difference in assertiveness among students with respect to stream of study, nature of domiciliary and gender.

**Ghodrati F et al (2016)** carried out a descriptive study on investigating the relationship between self-esteem, Assertiveness and Academic Achievement Confidence in the educational achievement and efficacy among Female high school students. The number of samples included in this study was 701 female high school students aged between 14-17. Data was collected by applying Demographic information form, Coppersmith Self-esteem scale and Gambrill and Ritchie's assertiveness questionnaire. A signify correlation was found between assertiveness and academic performance ( $p < 0.001$ ), assertiveness and birth order ( $p:0.006$ ) and finally self-esteem with assertiveness ( $p < 0.001$ ). It is concluded that there is correlation between

assertiveness, academic achievement and self-esteem. Therefore, it is important to gain and promote the level of assertiveness amongst adolescents.

**Daniel Bruce et al (2016)** conducted a quantitative exploratory method to explore the relationship between body type, self-esteem and assertiveness among adolescents at senior high school in Accra, Ghana. The total number of samples selected for the study were 150 samples (56 males and 94 females) between the age group 13 to 19 years consisting of 50 overweight, 50 underweight and 50 optimal weight, selected randomly. Tools used in this study were Rosenberg self-esteem scale and Alberti and Eammon's assertive Inventory. There was a positive correlation exist between the two variables ( $r=0.365$ ,  $p=0.001$ ). This states that self-esteem affects assertiveness, high self-esteem leads to being assertive and low self-esteem leads to non-assertiveness. The study states that dissatisfaction in body type adversely affect an individual's self-esteem and assertiveness and academic performances, choice of friends, social relationships.

**Slit. KhadeniMofrad et al (2015)** carried out a cross sectional study at assessing self-efficacy and assertiveness in aggression. The study population was 321 adolescents from 6 schools selected by random sampling. Tools used in this study were Rathus Assertiveness, Self-efficacy for children and aggression data. There was negative association between aggression and assertiveness ( $p<0.003$ ) and also between assault and self-efficacy ( $p<0.001$ ). The study concluded that assertiveness and self-efficacy resulted in decrease in aggression.

**S.K. Maheshwari et al (2015)** performed to assess the relationship of assertive behavior and stress among nurses. It is a co-relational, cross-sectional survey, conducted among 220 nurses working at selected hospitals of Punjab. Instruments used in this study were Rathus Assertive Schedule and Perceived

stress scale. Assertive behavior had large correlation with stress at 0.01 level of significance. Older nurses from Govt. institutions chosen nursing by their wish, working in Govt. institutions were also found to be more assertive. It was concluded that non-assertive nurses land up at more stress.

**Ayako Okuyama et al (2014)** carried out to evaluate the results of previous studies on nurse's assertiveness in each decade, to assess the ways of enhancing nurse's assertiveness. Data's were collected from PubMed, MEDLINE, CINAHL, Web of science and Cochrane Library. Data's were searched from 1946 to 2012. These articles described the assertiveness of nurses, related factors to assertiveness in clinical setting and evaluated assertive training. The results showed that between the year 1970 to 1980 nurses were submissive and less assertive. The study during 1990s revealed one population of nurses were assertive. The studies during 2000 suggested that nurses were passive. A sense of responsibility for patients, leadership, organizational culture, relationship with colleagues were reported as influencing factors of nurse's assertiveness. Nurses should take leadership roles.

### **2.1.3. Studies related to assertiveness tutelage and self-esteem:**

**Ritika Soni (2017)** carried out a pre-experimental study to evaluate the effectiveness of Assertiveness Training Programme among Nursing students of selected college of Nursing, Aligarh. By non-probability convenience sampling method totally 111 nursing students were selected. Likert scale on Assertiveness and demographic variable were used to conduct pre and posttest level. The results of the study revealed that mean post-test knowledge score 31.25 was significantly higher than the mean pre-test score 11.71. It was concluded that assertiveness training programme was effective in enhancing assertiveness skills among nursing students.

**Ada Anyamene et al (2016)** conducted a Quasi experimental study to assess the effects of Assertive Training on the Low self-esteem of secondary school students. The samples were selected by randomized pre-test and post-test-controlled design, the study consists of 250 students with low self-esteem, among these 47 students with low self-esteem purposively selected from two co-educational secondary schools. Instruments for the data collected from Index self-esteem. The training period lasted 6 weeks, two sessions per week, each session lasts for 45 minutes. The results of the study states that assertive training has effect on the low self -esteem by enhancing their self-esteem

**Ahmad Ali et al (2015)** conducted a quasi-experimental study to determine the effectiveness of assertiveness training on the levels of stress, anxiety and depression on high school students Of Isfahan. By simple random sampling technique totally 126 students selected, among that 63 were control group and experiment group respectively. Tools used were Demographic questionnaire, Gambill-Richey assertiveness scale, depression anxiety scale. The results of study had shown that assertive training among high school students decreased their anxiety, stress and depression. It is the most sensitive stage of one's life conducting such programs are effective and practical

**PooranTavakoli et al (2014)** carried out a semi-experimental study to assess the influence of assertiveness training on self-esteem in high school female students, shiraz, Iran. The total sample of 751 female students were selected randomly. Students were evaluated by Coppersmith Self-esteem Inventory and Gambill Richey Assertive Inventory. Students with 25.4 were grouped under low self-esteem. Assertive training was given to case group for a period of 4 weeks, 2 sessions per week each session lasts for 90 minutes. The results showed that there was increase in self- esteem and assertiveness after the assertive training session.

**Waqar Maqbool Parray et al (2017)** performed a pre and post- test Quasi experimental design to assess the impact of assertiveness training on

assertiveness, self-esteem, stress, psychological well-being and academic achievement among adolescents. Samples were selected by purposive sampling and total number of students were 13 students. Tools used in this study were Rathus assertiveness scale, Academic achievement scale, perceived stress scale, Rosenberg self-esteem scale and psychological achievement scale. Intervention was given for one-month period and post test was conducted after intervention. The findings revealed that the assertiveness training programme had effective in increasing psychological well-being, academic performances and reducing stress level of adolescents.

**Susmita Pandey et al (2016)** conducted a pre-experimental study to find out the effectiveness of assertiveness training on self-esteem among adolescent girls. The study was conducted at private school Deepajyothi School, Kathamandu, Nepal. Total sample of 56 samples were selected by purposive sampling method. Tools used in this study were Rosenberg self-esteem scale. Results of the study suggests that there is statistical significance difference between pre and post intervention level of self-esteem among adolescent girls at  $p=0.001$ . It is revealed that the intervention was effective.

**Raziyeh Saeed Manesh et al (2015)** performed quasi experimental design to determine the effectiveness of assertiveness training on decreasing social anxiety of health volunteers in Yaadh Health Centre. The study population was 90 volunteers of the city selected by random sampling technique. Tools used in this study were GambrellRichy assertiveness tool and Social Phobia Inventory. Results of the present study indicates the importance and effectiveness of assertiveness training and has effect on social anxiety at the level of  $p=0.001$ .

**Ahmad Ali Eslami et al (2016)** conducted a quasi-experimental study on effectiveness of assertiveness on the level of Anxiety, stress and Depression of High School Students of Isfahan. A total of 126 school students selected by

simple random sampling method and samples were divided into experimental group and control group. Instruments used in this study were Gambill-Richey assertiveness scale and depression anxiety stress scale. The results of the study showed that decrease in the mean scores of depressions in experiment group and assertiveness training enhances the individuals coping skill and adaptability to stress, anxiety and depression.

**Ji Myoung Jung et al (2014)** conducted a qualitative study on assessing the effect of an assertiveness training program for adolescents in residential care in South Korea. The samples of the study were 12 female adolescents in experimental and 12 in control group. Korean Personality Inventory for Children were used in assessing the anxiety and depression Pre and post analysis and depth interviews were conducted. Effect of the program was analyzed using nonparametric test methods. The results suggest that compared to the control group, the experimental group demonstrated decrease in depression and anxiety.

*Chapter 3*  
*Research*  
*Methodology*

## CHAPTER III

### RESEARCH METHODOLOGY

This chapter deals with the methodology adopted for the study and includes the description of research design, setting, population and sample size, sampling technique, criteria for sample selection instruments for data collection.

#### 3.1 Research Approach

Quantitative research approach

#### 3.2 Research Design

The research design selected for this study was Experimental Design-Quasi Experimental Non-Randomized control group design with manipulation

*Table 3.1 Schematic Representation of Study Design*

<b>Group</b>	<b>Pretest</b>	<b>Intervention</b>	<b>Post test</b>
Experimental Group	<b>O1</b>	<b>X</b>	<b>O2</b>
Control Group	<b>O1</b>	Routine activities	<b>O2</b>

#### *Key Notes*

O1 Pre-test to assess the level of self-esteem by State Self-esteem scale among adolescent girls of control group and experiment group

O2 Post- test to assess the level of Self-esteem by state self-esteem scale among adolescent girls of control group and experiment group

X Intervention-Assertive tutelage taught.

#### **3.3 RESEARCH VARIABLES:**



**3.3.1. Independent variable:** Assertiveness Tutelage

**3.3.2. Dependent variable:** Self Esteem

**3.3.3. DEMOGRAPHIC VARIABLES:**

Age, religion, type of family, birth order, education of parents, occupation of parents, bread winner of the family, area of residence, recreation activities academic performance of girls, body mass index.

**3.4 STUDY SETTING**

The study setting was conducted at St. Joseph Higher Secondary School, Tambaram, Chennai-58 The School was started in the year 1954 as primary school and upgraded as High school in the year 1976. It was converted into Higher Secondary School in the year 1992. In every standard there are four sections. It is Government aided school which runs under the control of Church Father. In this school both the genders boys and girls are studying, totally 1120 children are studying in the school. Discipline is their primary motto; many extracurricular activities are taught in the school.

The feasibility and availability of the samples were reason for selecting the samples in this school

**3.5. DURATION OF THE STUDY**

Four weeks (From 04.02.2019 to 04.03.2019)

**3.6. STUDY POPULATION.**

***Target population:***

Adolescent girls.

***Accessible population:***

The accessible population of this study was adolescent girls studying in ninth standard in Chennai.

### ***Study setting:***

The study was conducted in St. Joseph Higher Secondary School, Tambaram, Chennai-58

### **3.7 STUDY SAMPLE**

Samples were adolescent girls from 9<sup>th</sup> standard who met the inclusion criteria.

### **3.8 SAMPLE SIZE**

Sample size was 60 adolescent girls studying in ninth standard among that control group 30 numbers and experiment group 30 numbers, who met with the inclusion criteria

### **3.9 CRITERIA FOR SAMPLING SELECTION:**

#### ***3.9.1. Inclusion Criteria***

- ❖ Adolescents girls in the age group of 14 – 15 year
- ❖ Adolescent girls who were available at the time of study
- ❖ Adolescent girls who are interested to learn assertive behavior.

#### ***3.9.2. Exclusion Criteria:***

- Adolescent boys were excluded in this study
- Adolescents girls who had already undergone assertive tutelage.
- Adolescent girls who were suffered from physical illness or problems.

### **3.10 SAMPLING TECHNIQUE**

Non-Probability - Purposive Sampling Technique was adopted to select the samples.

By purposive sampling method, 30members in experiment group and 30 members in control group were selected.

### ***3.10.1 Development and Description of tool***

#### ***3.11.1. Development of Tool:***

Tool was selected after extensive literature review from the various text book, internet search, guidelines and discussion with experts in the field of nursing, psychiatry and statistics. A structured interview schedule was used to assess the adolescent girls studying in the school.

#### ***3.11.2 Description of tool***

Structured interview schedule consists of two sections.

The tool *consists* of section A and Section B

##### ***Section A: Socio demographic profile***

It consists of adolescent girl's data such as age, education, religion, parent's education, occupation, birth order, area of domiciliary, family type, recreation, academic performance etc.

##### ***Section B: State Self-Esteem Questionnaire***

The structured questionnaire regarding assessment of self-esteem bby using State Self-Esteem Scale

The State Self-Esteem Scale (SSES) is a 20 -item Likert type scale designed for measuring temporary changes in individual self-esteem. SSES developed and modified by Heatherton and Polivy (1991) from the Janis Feelings of inadequacy Scale (Janis & field, 1959)

The 20 items were divided into 3 elements of self-esteem:

**1. Performance self-esteem, 2. Social self-esteem and Appearance self-esteem.** These items were selected to measure three sub-components of self-esteem in following way;

**Performance self-esteem Items:** Items no, one, four, five, nine, fourteen, eighteen and nineteen were included to measure performance self-esteem of respondent.

**Social Self-esteem:** Items no. two, eight, ten, thirteen, fifteen, seventeen and twenty were included to measure social self-esteem of respondents.

**Appearance self-esteem:** Items no. three, six, seven, eleven, twelve and sixteen were included to measure appearance self-esteem of respondents.

**Score Interpretation:**

Minimum: 1; Maximum: 5. No. of Questions = 20. Total Score:100.  
(Minimum score is 20 and maximum score is 100).

*Table 3.2 Represents Scoring interpretation of SSS scale*

<b>LEVEL</b>	<b>SCORE</b>	<b>% OF SCORE</b>
<b>Low</b>	0-50	0-50%
<b>Moderate</b>	51-75	51-75%
<b>High</b>	76-100	76-100%

**3.12 CONTENT VALIDITY**

Content validity of the tool was obtained from a Psychiatrist, a psychologist and three Nursing experts in the field of psychiatry, clinical psychology and psychiatric nursing. Expert suggestions and modifications were carried out and incorporated in the study.

**3.13 RELIABILITY OF THE TOOL**

The reliability of the tool was determined by using Test-Retest method. Test-retest reliability was computed as **0.78**. The index of reliability being 0.76 in this study. The score indicated high correlation. Hence the tool was found to be reliable to conduct the main study.

### **3.14 ETHICAL CONSIDERATIONS**

By submitting the study proposal, the permission was obtained from Institutional ethics committee Madras Medical college, Chennai-03. The investigator followed the ethical guidelines which were issued by the Institutional ethics committee. Throughout the period of study, the respect, dignity and confidentiality of the students was maintained. Prior study oral and written consent were obtained from the subjects. Individual anonymity was maintained throughout the study. The study was done without violation of human rights. The subjects were allowed and given rights to leave the study at any time.

### **3.15 PILOT STUDY**

The feasibility of the study was assessed by conducting the pilot study. The main objectives of the pilot study was to help the researcher to become familiar with the use of tool and to find out the difficulties in the study. The pilot study was conducted after getting ethical clearance and the permission was obtained from School Principal, Alagappa higher secondary school, Purasaiwakkam, Chennai. It was conducted for a period of one-week from 06.08.2018 to 12.08.2018. Sample of 10 adolescent girls were selected by purposive sampling technique. Ninth standard girls were selected as control group and experimental group. In control group 5 students and experimental group 5 students were selected. Data were collected by using Sociodemographic profile and State self-esteem scale. First day pre-test was given to both the groups. From second to sixth day assertiveness tutelage intervention was provided to experimental group. After the completion of assertiveness tutelage interventions post test was conducted on 12.08.2019, using the same scale. Pilot study samples were excluded in the main study.

### **3.16. DATA COLLECTION PROCEDURE:**

The entire data collection procedure was carried out for a period of four weeks from 4.02.2019 to 04.03.2018. The data collection was carried out in St Joseph

Higher Secondary school, Tambaram, Chennai-58., after getting permission from Headmistress of the school. The study population was 14 to 15 years old adolescent girls who were studying in 9<sup>th</sup> standard. The samples were selected by purposive sampling techniques, 34 members from section A (16) & B (18) were selected as experimental group. Then 32 students from C (15) & D (17) were treated as control group in that 6 were dropped out due to absent and physical illness. Total number of samples continued till end was 60 samples.

The investigator selected 66 adolescent girls as per inclusion and exclusion criteria. Introductory session about the aim of the study, importance and purposes of this study was explained to both the groups. They were assured that the details collected from them will be kept confidentially and used for research purpose only. Before the administration of pre-test informal discussion were made with participants to establish rapport and to discuss the objectives of the study that they would be relaxed and easily participate in the study.

. Pre-test was given for both experimental group and control group, after getting informed consent from the subject's, pre-test was given on first day itself and post-test was given after 24 days to both the group, while giving post-test 1 student was absent and while intervention period 5 students were dropped out.

On the 2<sup>nd</sup> day experimental group was divided into three groups. The investigator demonstrated the assertiveness technique to the groups through explanation, discussion, role-play, activity session etc. Each session lasts for 45 minutes every day. On second day 1<sup>st</sup> group was given intervention, third day 2<sup>nd</sup> group was trained and on 4<sup>th</sup> day third group was trained consecutively. This routine followed regularly and carried out 6 sessions on the whole. After 3 weeks of period post-test was given on 26<sup>th</sup> day of data collection period for both the experimental group and control group. In the remaining 3 days control group was given intervention on assertiveness tutelage.

## **Intervention Procedure Protocol**

Place	-St. Joseph Higher Secondary School
Intervention	-Assertiveness tutelage
Tool	-State Self-Esteem Scale
Duration	-Four weeks
Frequency	-Daily
Time	- Morning 11a.m. to 12 noon
Administered by	- Investigator
Recipient	- Adolescent girls from 9 <sup>th</sup> standard
Procedure	- Applying assertiveness, Assertive communication, Building socialrelationships

### 3.1 SCHEDULE FOR DATA COLLECTION PROCEDURE.

SI.NO.	DATE	PROCEDURE
1.	4.02.2019	Greeted the Headmistress, she collected information about the procedure Rapport established with teachers and students. Students from section A, B were taken as experimental group and from Section C, D were taken as control group.
2.	5.02.2019	Headmistress and Teachers were greeted. Introductory session taken about assertiveness, self-esteem and assertiveness tutelage. <b>Pre-test</b> was given to <b>experimentalgroup &amp; control group</b>
3.	6.02.2019	Experiment group divided into sub - group I, II, III Group I was taught about the assertive tutelage step by step
4.	7.02.2019	Assertiveness training was given to group II
5.	8.02.2019	Assertiveness training was given for Group III
6.	9.02 2019	Doubts of the students about the previous class clarified Assertiveness training was given for experimental group I
7.	11.02.2019	Reassessment of the knowledge of students done Then assertiveness training was given for group II
8.	12.02.2019	Recapturing about the previous class For experimental group III assertiveness training given
9.	13.02.2019 to 26.02.2019	Assertiveness training was given for experimental group I, II III alternatively. Totally 6 sessions were held.
10.	1.03.2019	Post-test conducted for both the experimental group and control group
11.	From 2.03.2019 to 4.03.2019	Introductory class about assertiveness tutelage, self-esteem taken to <b>control group</b> Assertiveness tutelage procedures taught. Leaflet distributed to adolescent girls as study period was shorter.



### **3.17 INTERVENTION PROTOCOL**

On the first day of data collection, got self-introduced with the students. Investigator explained about the nature of the present study, protocol of the investigation.

#### **FIRST SESSION:**

Introducing the group members to each other and explaining the objectives of the training. Elaborately spoke about the assertive training program and its importance in daily life. In first session students taught about nature, objectives, benefits of assertive training and types of assertive behavior i.e. assertive behavior, passive behavior and aggressive behavior. Types were demonstrated through role play. Homework given to narrate the types of behavior at situations.

#### **SECOND SESSION:**

Reviewing the previous session and homework and providing the feedback to the students. In second session discussed about the individual rights and responsibilities, familiarizing students with their own rights. This was carried out by segregating the students into two groups and asked to list their rights. Then asked the representative from each group to read their listed rights. This provides clear knowledge about the rights and aids them in decision making.

#### **THIRD SESSION:**

Reviewing the homework assignment and providing feedback. Explained the students about applying techniques of assertiveness like 'Responding to compliments, saying No to others and responding to criticism'. These procedures were explained through role-play and discussion. Then students were instructed to do homework on each topic.

#### **FOURTH SESSION:**

Giving a report of the previous session's homework and providing feedback. Explained about the assertive communication which includes 'Fogging, broken record and Using I statements. These situations were explained clearly and detailed manner, and demonstrated with scenario, roleplayed by the students. All the students were requested to do the homework on each topic.

#### **FIFTH SESSION:**

Reviewing about the home work and clarifying their doubts about the practicing visualization technique. On fifth session students were taught about building social relations.it includes Active Listening, Positive feedback and Self disclosure. Homework was given to practice this in home and instructed to narrate the thoughts in next session.

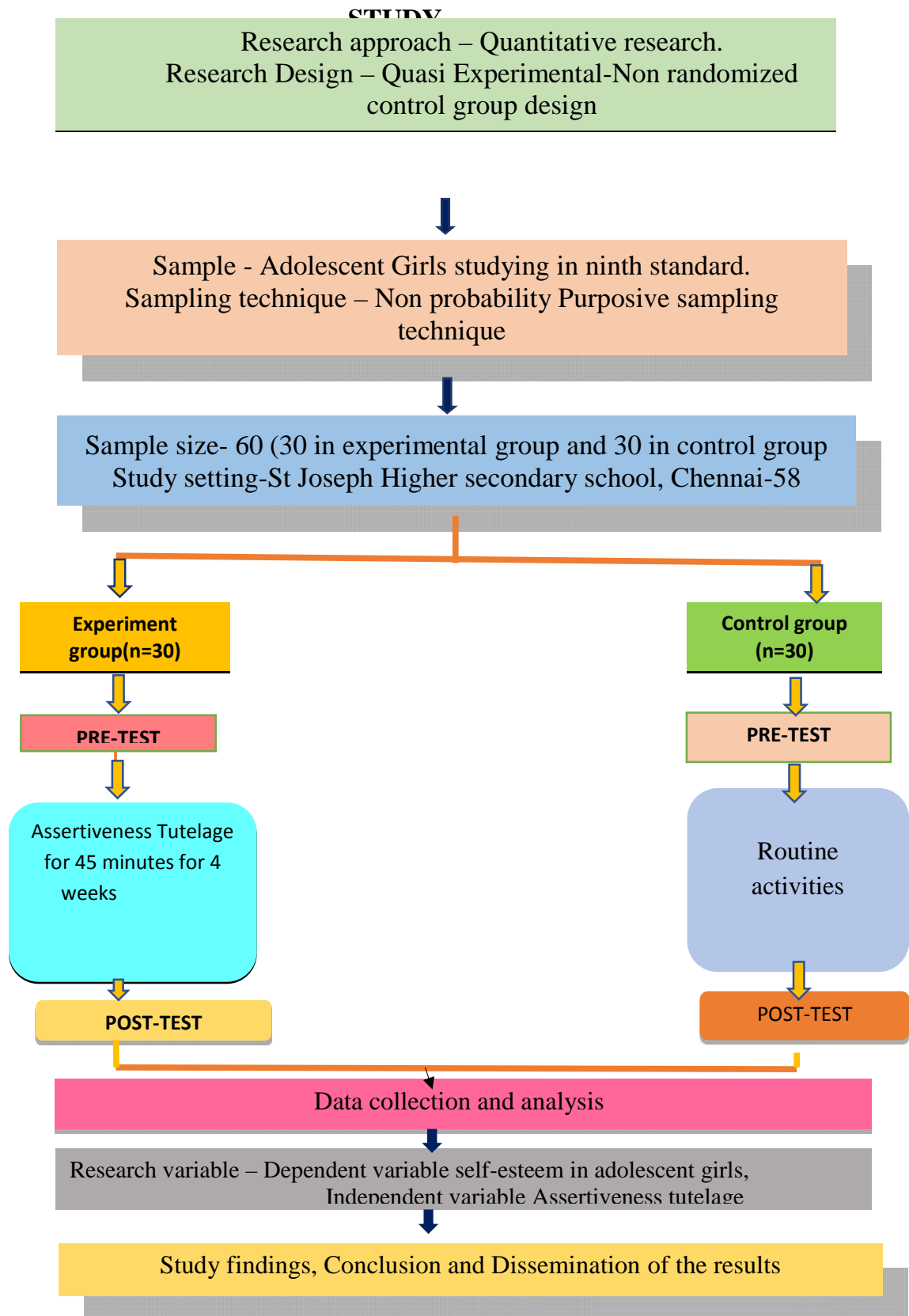
#### **SIXTH SESSION**

Reviewing about the homework feedback, students actively participated in this feedback session. Again, they practiced already practiced techniques, reviewed one by one for clearance. Students clarified their doubts and intervention procedure was concluded

### **3.18. Data Entry and Data Analysis**

- Demographic variable in categories are given in frequencies with their percentages
- Self-esteem score were given in Mean and Standard deviation
- Quantitative self-esteem score in pre-test and post-test score were compared using Student's paired t-test.
- Quantitative level of self-esteem in pre-test and post-test were compared using extended McNemar test.
- Association between demographic variables and self-esteem were analyzed using Pearson chi-square test.
- $P < 0.05$  was considered statistically significant. All statistical test are two tailed tests.

**Fig. 3.2. SHOWS SCHEMATIC REPRESENTATION OF THE**



*Chapter 4*  
*Data Analysis*  
*& Interpretation*

## CHAPTER IV

### DATA ANALYSIS AND INTERPRETATION

This chapter represents the analysis and interpretation of data collected from 60 adolescent girls studying in St. Joseph Higher Secondary school Tambaram Chennai. Using a standardized scale to assess the level of self-esteem. The data was analyzed according to the objectives and hypothesis formulated for the purpose of this study.

Analysis is the process of organizing and synthesizing the data in such a way that research questions can be answered and hypotheses tested. The purpose of analysis is to reduce the data in an intelligible and interpretable form, so that relation of research problem can be studied and tested. Analysis and interpretation of data collected from 60 students is done based on the objectives and hypothesis of the study using descriptive and inferential statistics.

#### ORGANISATION OF DATA

The analysis of the data has been organized and presented under the following headings.

**Section – A:** Description of frequency and percentage distribution of demographic variables of experiment group and control group.

**Section – B:** Assessment of pre-test level of self-esteem among adolescent girls in experiment group and control group

**Section – C:** Assessment of effectiveness of assertiveness tutelage by assessing the self-esteem among adolescent girls in experiment group and control group(**post-test**)

**Section – D:** Comparison of pre-test and post-test self-esteem score among adolescent girls in experiment group and control group.

**Section – E:** Association between the post-test level of self-esteem with demographic variables of adolescent girls in experiment group and control group.

#### STATISTICAL ANALYSIS:

- Demographic variables in categories were given in frequencies with their percentages in experiment group and control group
- Self-esteem score were given in mean, percentage of mean and standard deviation.
- Association between demographic variables and post-test level of self-esteem in experiment group and control group were analyzed using Pearson chi-square test.
- Self-esteem score were given in mean and percentage of mean score for both the experiment group and control group were compared by student's independent t-test.
- Statistical difference between pre-test and post-test level of self-esteem of both experiment group and control group were analyzed using student's paired t-test.
- Association between level of self-esteem with demographic variables were analyzed by using chi-square test.
- Simple bar diagram, multiple bar diagram, subdivided bar diagram and simple bar diagram with 2 standard error were used to represent the data
- $P < 0.05$  was statistically significant. All statistical tests are two tailed tests.

**STATEMENT OF THE PROBLEM:**

**A study to assess the effectiveness of assertiveness tutelage on raising self-esteem among adolescent girls in selected schools, Chennai**

**OBJECTIVES OF THE STUDY:**

- To assess the pre-test level of self-esteem among adolescent girls
- To assess the effectiveness of assertiveness tutelage by assessing the self-esteem among adolescent girls (post-test)
- To compare the pre-test and post test scores of self-esteems in experimental and control group.
- To determine the association between post-test level of self-esteem and selected socio demographic variables

***Table 1: SOCIO DEMOGRAPHIC PROFILE***

**Section A: Description of demographic variables of the study participants.**

**Table 4.1: Reveals distribution of demographic variables of adolescent girls in experiment group and control group. N=60**

Demographic variables		Group				Chi square test
		Experiment(n=30)		Control(n=30)		
		n	%	n	%	
Age	14 years	25	83.33%	22	73.33%	$\chi^2=0.88$ P=0.34(NS)
	15 years	5	16.67%	8	26.67%	
Religion	Hindu	21	70.00%	19	63.33%	$\chi^2=0.36$ P=0.83(NS)
	Muslim	2	6.67%	3	10.00%	
	Christian	7	23.33%	8	26.67%	
Breadwinner of the family	Father	28	93.33%	25	83.33%	$\chi^2=1.45$ P=0.22(NS)
	Mother	2	6.67%	5	16.67%	
	Relatives	0	0.00%	0	0.00%	
Type of family	Nuclear family	22	73.33%	21	70.00%	$\chi^2=0.08$ P=0.77(NS)
	Joint family	8	26.67%	9	30.00%	
	Extended family	0	0.00%	0	0.00%	
Father Education status	Profession	0	0.00%	0	0.00%	$\chi^2=1.69$ P=0.63(NS)
	Graduate	4	13.33%	3	10.00%	
	Intermediate or Diploma	2	6.67%	4	13.33%	
	School level	22	73.33%	19	63.34%	
	Illiterate	2	6.67%	4	13.33%	
Mother Education status	Profession	0	0.00%	0	0.00%	$\chi^2=1.41$ P=0.70(NS)
	Graduate	2	6.67%	1	3.33%	
	Intermediate or Diploma	1	3.33%	2	6.67%	
	School level	25	83.33%	23	76.67%	
	Illiterate	2	6.67%	4	13.33%	
Father Occupation status	Professionals	0	0.00%	0	0.00%	$\chi^2=3.50$ P=0.47(NS)
	Senior officials or Managers	0	0.00%	0	0.00%	
	Technicians	9	30.00%	6	20.00%	
	Clerks	2	6.67%	2	6.67%	
	Skilled agricultural & Fishery Workers	2	6.66%	5	16.66%	
	Elementary occupation	15	50.00%	12	40.00%	
	Unemployed	2	6.67%	5	16.67%	

Demographic variables		Group				Chi square test
		Experiment(n=30)		Control(n=30)		
		N	%	N	%	
Mother Occupation status	Professionals	0	0.00%	0	0.00%	$\chi^2=1.13$ P=0.88(NS)
	Senior officials or Managers	0	0.00%	0	0.00%	
	Technicians	3	10.00%	3	10.00%	
	Clerks	2	6.67%	4	13.33%	
	Skilled agricultural & Fishery Workers	2	6.67%	2	6.67%	
	Elementary occupation	12	40.00%	9	30.00%	
	Unemployed	11	36.67%	12	40.00%	
Monthly family Income	Rs. 5000 – 10000	17	56.67%	12	40.00%	$\chi^2=2.06$ P=0.35(NS)
	Rs. 10001 – 20000	8	26.66%	9	30.00%	
	Rs. 20001 – 40000	5	16.67%	9	30.00%	
	Rs, 40000 above	0	0.00%	0	0.00%	
Place of domiciliary	Urban	0	0.00%	0	0.00%	$\chi^2=0.57$ P=0.44(NS)
	Suburban	3	10.00%	5	16.67%	
	Rural	27	90.00%	25	83.33%	
Academic performance of students	Average	5	16.67%	5	16.67%	$\chi^2=0.82$ P=0.84(NS)
	Above average	6	20.00%	4	13.33%	
	Good	11	36.66%	14	46.67%	
	Excellent	8	26.67%	7	23.33%	
BMI of the student	Under weight	4	13.33%	8	26.67%	$\chi^2=1.85$ P=0.60(NS)
	Normal	18	60.00%	16	53.33%	
	Over weight	6	20.00%	4	13.33%	
	Obese	2	6.67%	2	6.67%	
Order of sibling in the family	First	15	50.00%	16	53.33%	$\chi^2=0.17$ P=0.91(NS)
	Second	11	36.67%	11	36.67%	
	> Second	4	13.33%	3	10.00%	
Recreation activity	Playing	18	60.00%	12	40.00%	$\chi^2=2.41$ P=0.30(NS)
	Reading books	5	16.67%	8	26.67%	
	Others	7	23.33%	10	33.33%	
Have you undergone any training for assertiveness	Yes	0	0.00%	0	0.00%	$\chi^2=0.00$ P=1.00(NS)
	No	30	100.00%	30	100.00%	



In analysing **age of the adolescent girls**, in experiment group 83.33% of students were 14 years and 16.67% of them were 15 years old. In control group 73.22% of them belongs to 14years and 26.67% of them belongs to 15years

In viewing **religion of participants**, in experiment group 70.00% of them were Hindus, 6.67% of them belongs to Muslim religion and 23.33% of adolescent girls belongs to Christianity. In control group 63.33% of student belongs to Hinduism, 10.00% of students belongs to Muslim and 26.67% of them were followers of Christians.

In considering **breadwinner of the family**, in experiment group father was 93.33% and mother -6.67%. In control group 83.33% father seems to be the breadwinner and mother founds to be 16.67% respectively and none of the relatives in both the groups were registered as breadwinner of the family.

In viewing **family system of adolescent girls**, in experiment group 73.33% belongs to nuclear family system and 26.67% were from joint family. In control group 70.00% were belongs to nuclear family and 30.00% were from Joint family and none of the participants in both groups belongs to extended family system.

Regarding **educational status of father** 73.33% attended school level education 6.67% of them finished intermediate or diploma, same percentage of father were illiterate, 13.33% of them got graduation degree. Likewise, in control group 63.34% of participants father attained school level of education, 13.33% of them were illiterate as well as intermediate or Diploma respectively and 10.00% were graduates. None of them in both the groups were professionals.

Among **experimental group** participant's mothers attended school level of education percentage was 83.33%, 3.33% of them finished intermediate or diploma as well as illiterates and 6.67% of mothers undergone graduation. In control group 76.67% of mothers attended school level, intermediate or diploma was 6.67%, and illiterate percentage seems to be same as diploma holders and 13.33% of adolescent mothers successfully finished graduation and none of them were up to professional level.

. In assessing **occupation of adolescent girl's parents** in experimental group it was 50.00% of mothers doing elementary occupation, 30.00% of mothers were technicians, 6.67% of them were clerks and skilled agricultural. In control group 40.00% of adolescent mother did elementary occupation, 20.00% of them were technicians, 6.67% of them were clerks, and 16.67% of them were belongs to skilled agricultural and fishery workers as well unemployed and none of them from both the groups were falling under the categories of professionals, senior officials or manager.

**Monthly family Income:** In experimental group and control group 56.67% and 40.00% earned 5,000 – 10,000, 26.66% and 30.00% earned 10,001 – 20,000, 16.67% and 30.00% earned between 20,001 – 40,0000 and none of them from the both groups earned above 40,000.

**Place of Domiciliary:** In experimental group and control group 10.00% and 16.67% came from suburban, 90.00% and 83.33% came from rural area and none of them were from urban area.

**Academic performance:** In experimental group and control group 16.67% scored average performance, 20.00% and 13.33% scored above average, 36.66% and 46.67% scored good level, 26.67% and 23.33% scored excellent level.

**Body Mass Index:** In experimental group and control group 13.33% and 26.67% falls under underweight, 60.00% and 53.33% falls under normal weight, 20.00% and 13.33% falls under overweight and 6.67% falls under range of obese.

**Order of Sibling in the family:** In experimental group and control group 50.005 and 53.33% came under first order of sibling, 36.67% in both groups came under second order of sibling and 13.33% and 10.00% came under more than second order of siblings in the family.

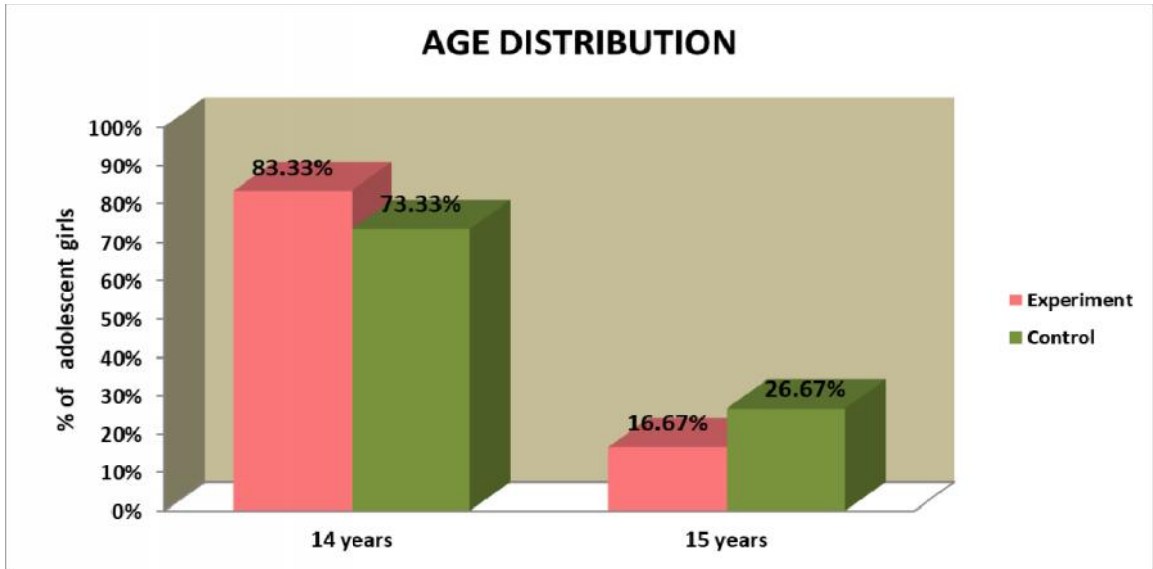


Figure. 4.1. Multiple bar diagram shows 83.33% and 73.33% of adolescent girls belongs to 14years.

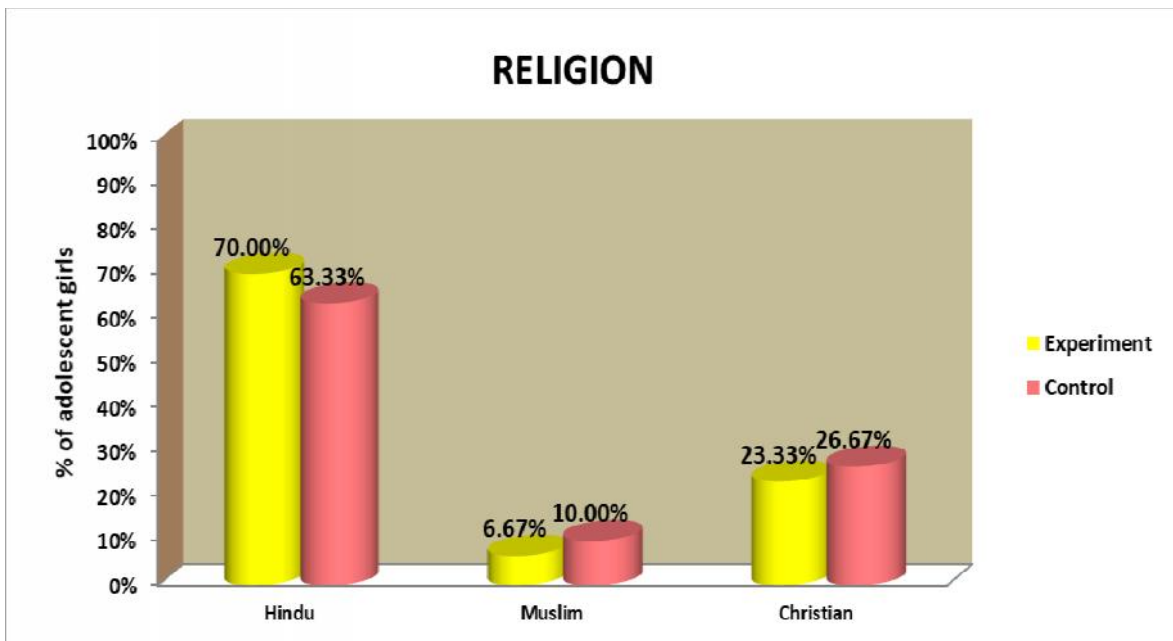


Fig. 4.2. Multiple cylindrical diagram represents 70.00 and 63.33% of adolescent girls belongs to Hindu religion

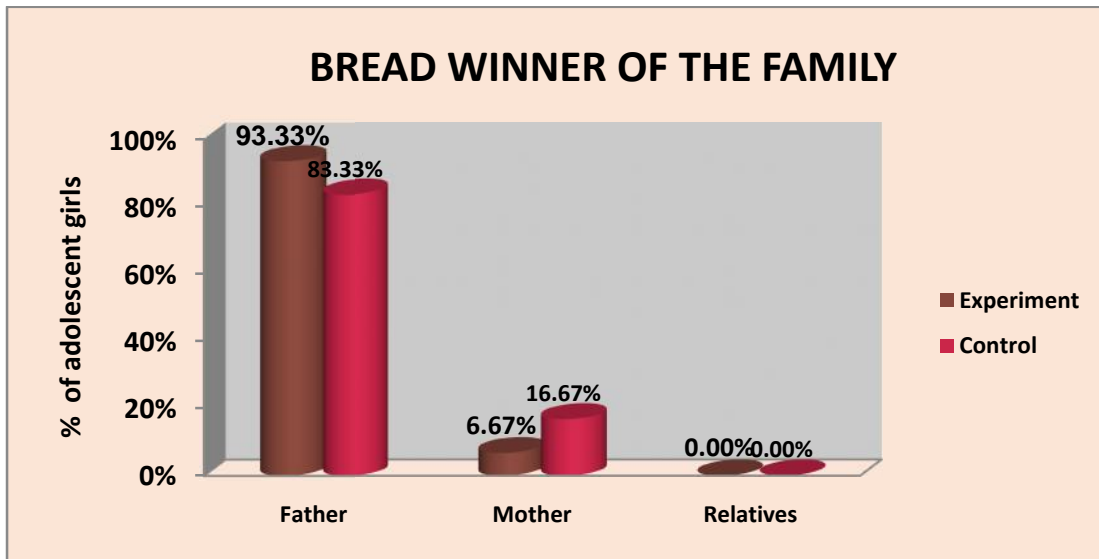


Fig.4.3 Multiple cylindrical diagram depicts 93.33% and 83.33% of participant's father is breadwinner of the family

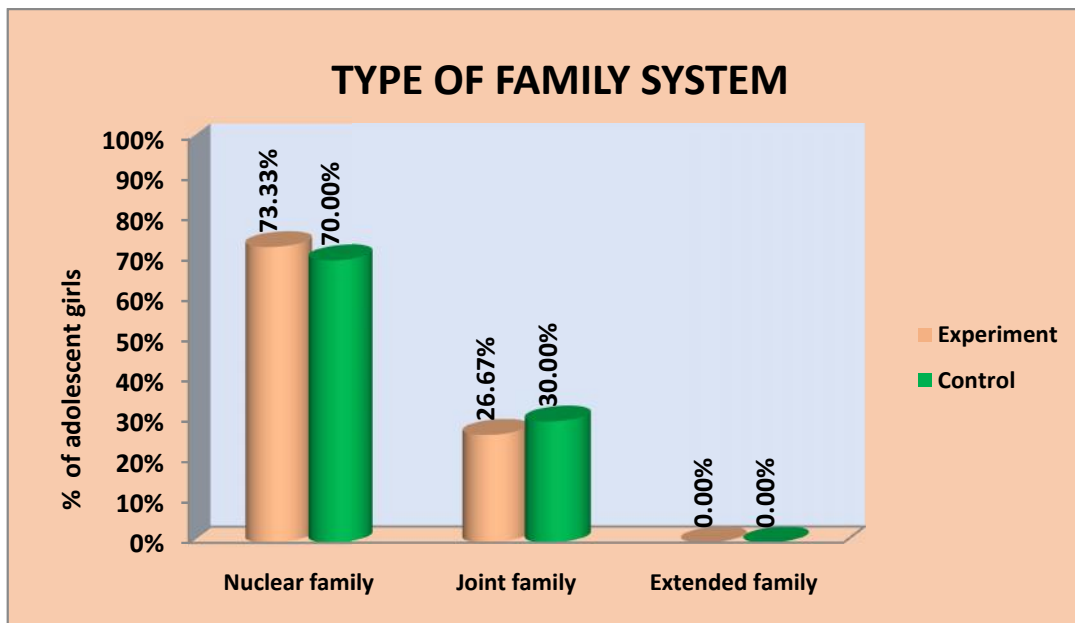


Fig.4.4 Multiple cylindrical diagram illustrates 73.33% and 70.00% percentage of adolescent girls belongs to nuclear family system.

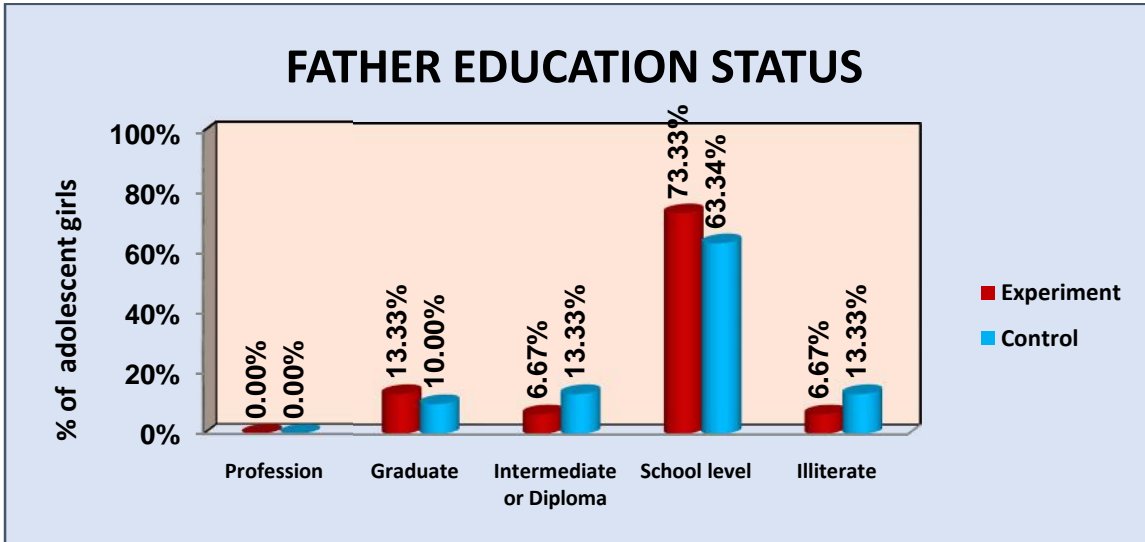


Fig.4.5 Multiple cylindrical diagram illustrates 73.33% & 63.34% of Father Educational level ended at school level.

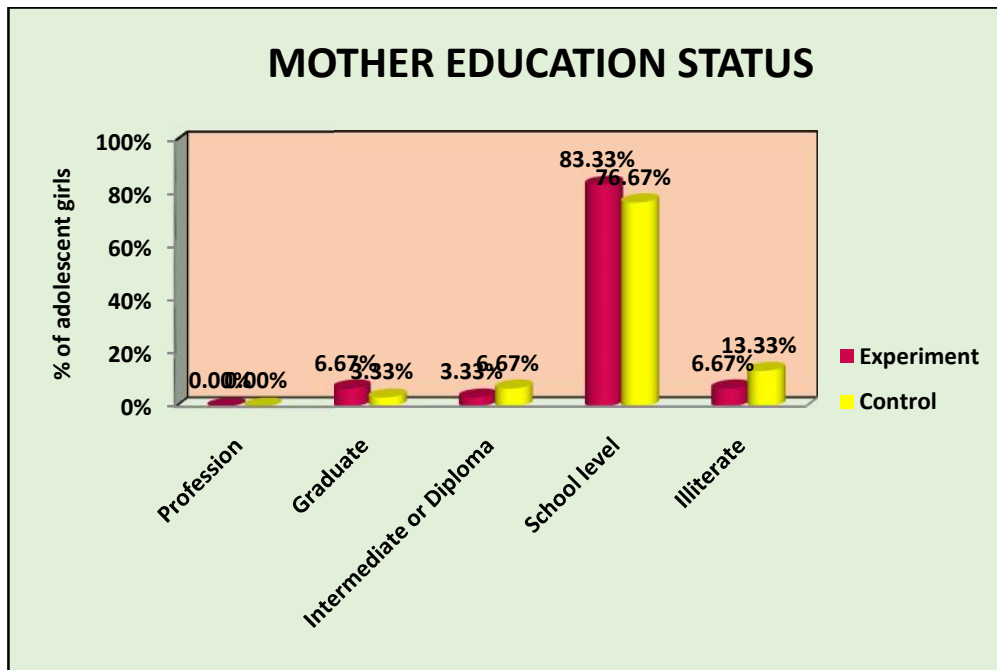


Fig.4.6 Multiple cylindrical diagram shows 83.33% and 76.67% of Mother Educational level ended at school level.

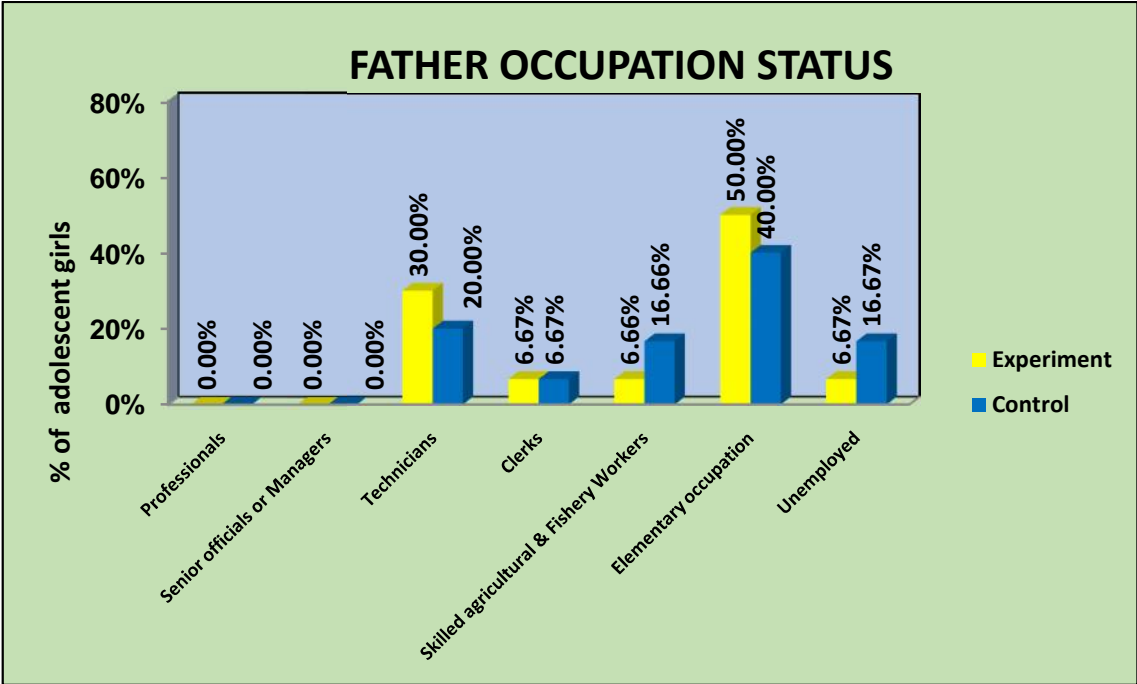


Fig. 4.7 Multiple bar diagram depicts 50.00% and 40.00% of participants fathers practiced elementary level of occupation

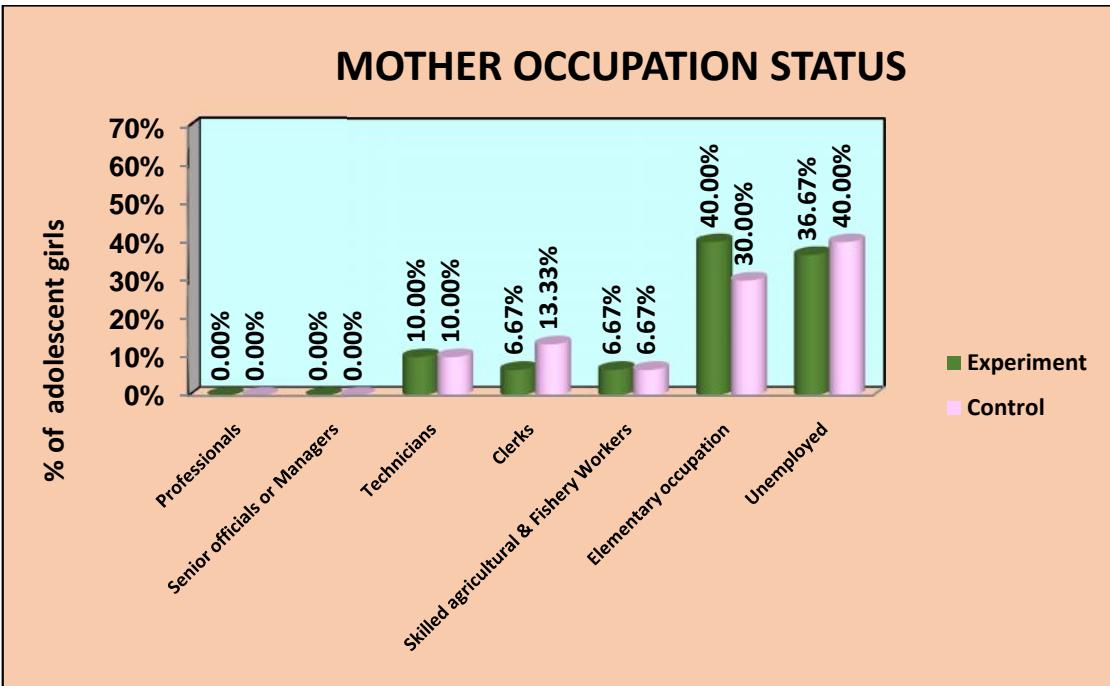


Figure 4.8 Multiple cylindrical bar diagram illustrates 36.67% and 40.00% of sample on mothers were unemployed.

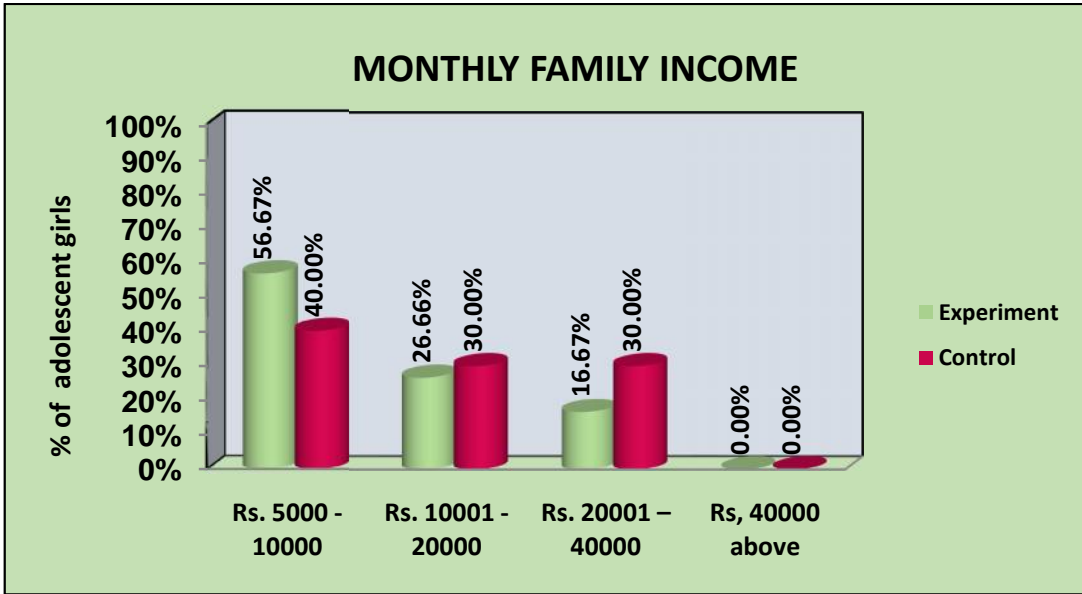


Fig.4.9 56.67% & 40.00% of participants monthly family income was 5,000 – 10,000

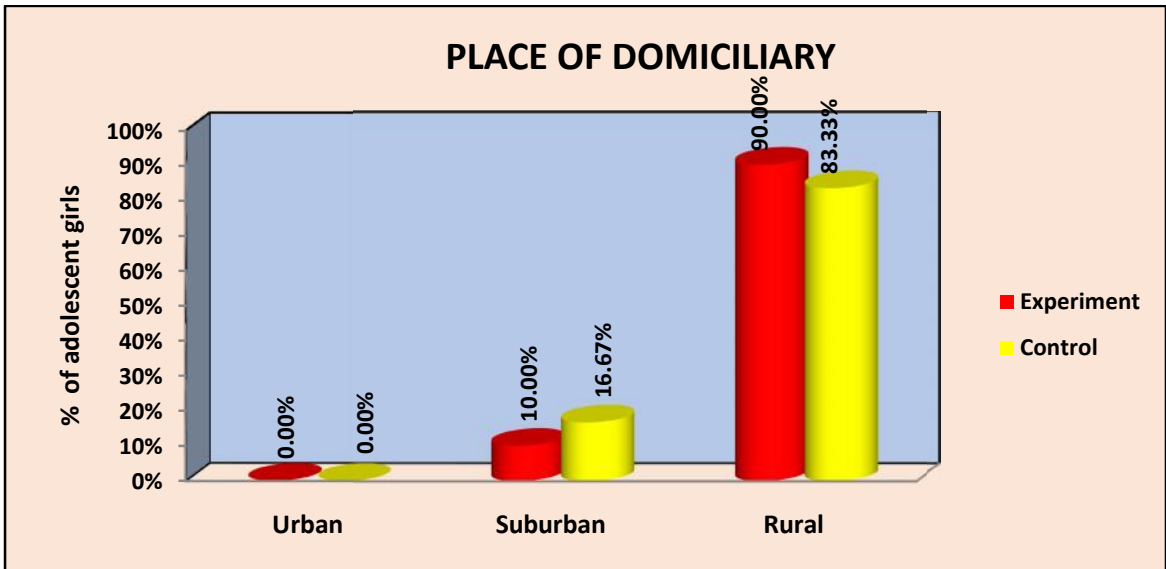
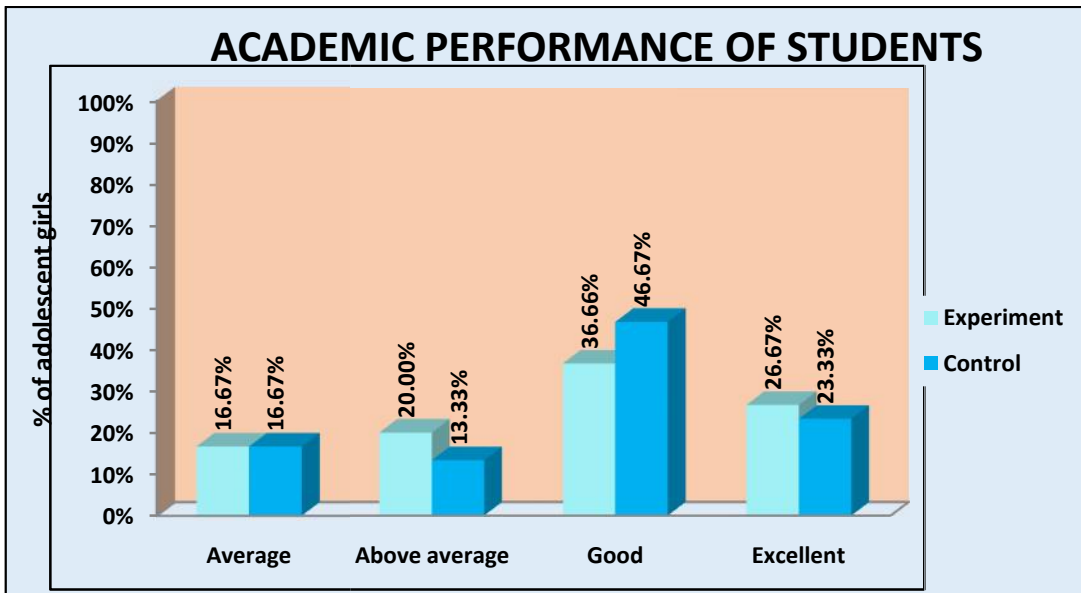
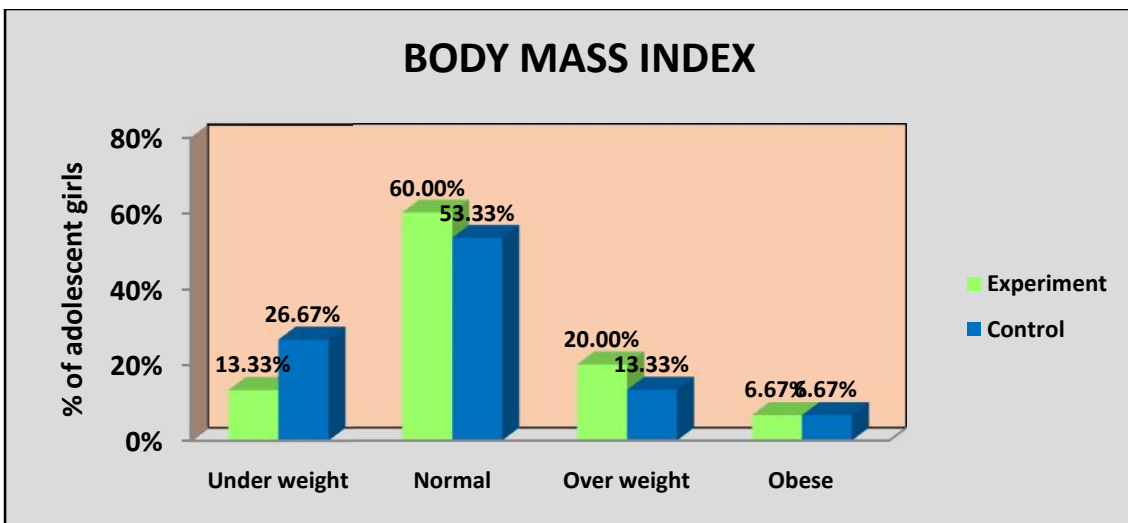


Fig. 4.10 Multiple cylindrical diagram illustrates 90.00% and 83.33% participants in experimental group and control group belongs to rural place

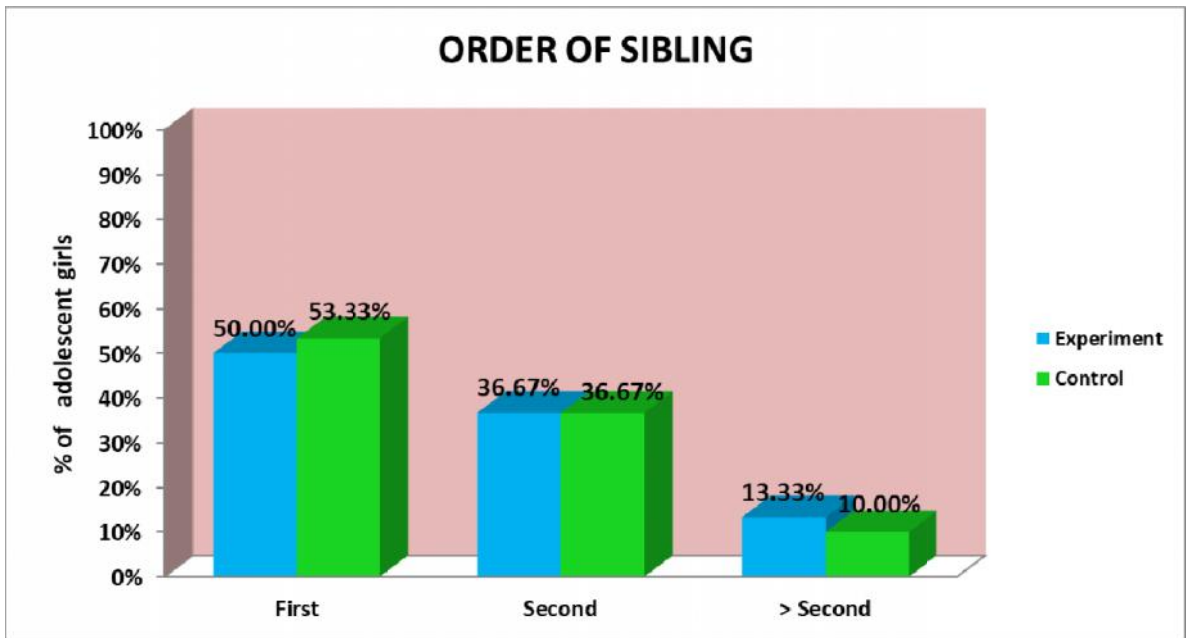


**Fig.4.11** Multiple bar diagram shows 36.66% & 46.67% of adolescent girls perform good at academic performance.



**Fig. 4.12.** Multiple bar diagram illustrates 60.00% & 53.33% of adolescent girls falls under normal body weight.





4.13 Multiple bar diagram represents that 50.00% & 53.33% of participants in experimental and control group belongs to first order of sibling in the family

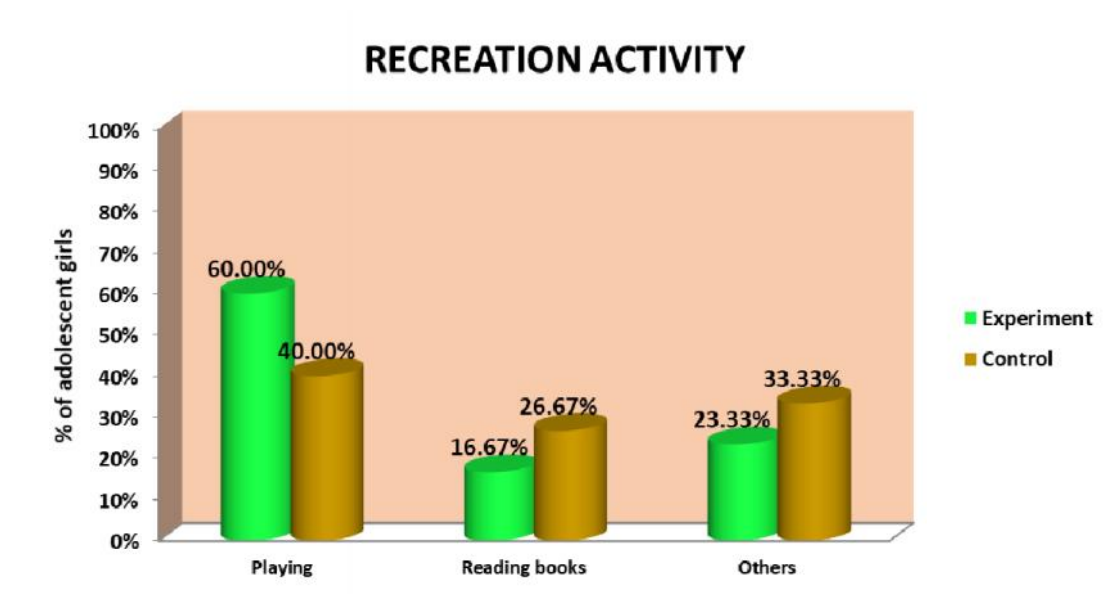


Fig. 4.14 Multiple bar diagram illustrates that 60.00% & 40.00% of participants in experimental and control group practices playing activity.

**SECTION B: ASSESSMENT OF PRE-TEST LEVEL OF SELF-ESTEEM AMONG ADOLESCENT GIRLS IN EXPERIMENT GROUP AND CONTROL GROUP**

***Table 4.2.: EACH DOMAINWISE PRETEST PERCENTAGE OF SELF-ESTEEM AMONG ADOLESCENT GIRLS***

S.No.	Self-esteem on	No. of questions	Min –Max Score	Experiment		Control	
				Mean	%	Mean	%
1	Performance self- esteem	7	7 -35	21.33	60.94%	22.30	63.71%
2	Social self- esteem	7	7 – 35	21.70	62.00%	22.03	62.94%
3	Appearance self-esteem	6	6 -30	17.37	57.90%	17.67	58.90%
	<b>TOTAL</b>	20	20 – 100	60.40	60.40%	62.00	62.00%

**In experimental group they were scored maximum in social self-esteem (62.00%) and minimum score in Appearance self-esteem (57.90%). Overall self-esteem score is 60.40%.**

**In control group, they were scored maximum score in Performance self-esteem (63.71%) and minimum self-esteem score in Appearance self-esteem (58.90%). Overall self-esteem score is 62.00%**

**Table 4.3.: COMPARISON OF PRETEST LEVEL OF SELF-ESTEEM SCORE AMONG ADOLESCENT GIRLS**

Self esteem	Experiment group		Control group		Chi square test
	N	%	n	%	
Low	7	23.33%	5	16.67%	$\chi^2=0.41$ P=0.5(NS)
Moderate	23	76.67%	25	83.33%	
High	0	0.00%	0	0.00%	
Total	30	100.0%	30	100.0%	

In **experiment group**, 23.33% of them were having low level of score, 76.67% of them were having moderate level and none were having high level of score.

In **control group**, 16.67% of them were having low level of score, 83.33% of them were having moderate level and none were having high level of score. Statistical significance was calculated using chi square test.

There is no significant difference between experiment group and control group and statistically not significant  $t^2 = 0.41$ ,  $P = 0.5$  in the level of self-esteem and calculated by using chi-square test

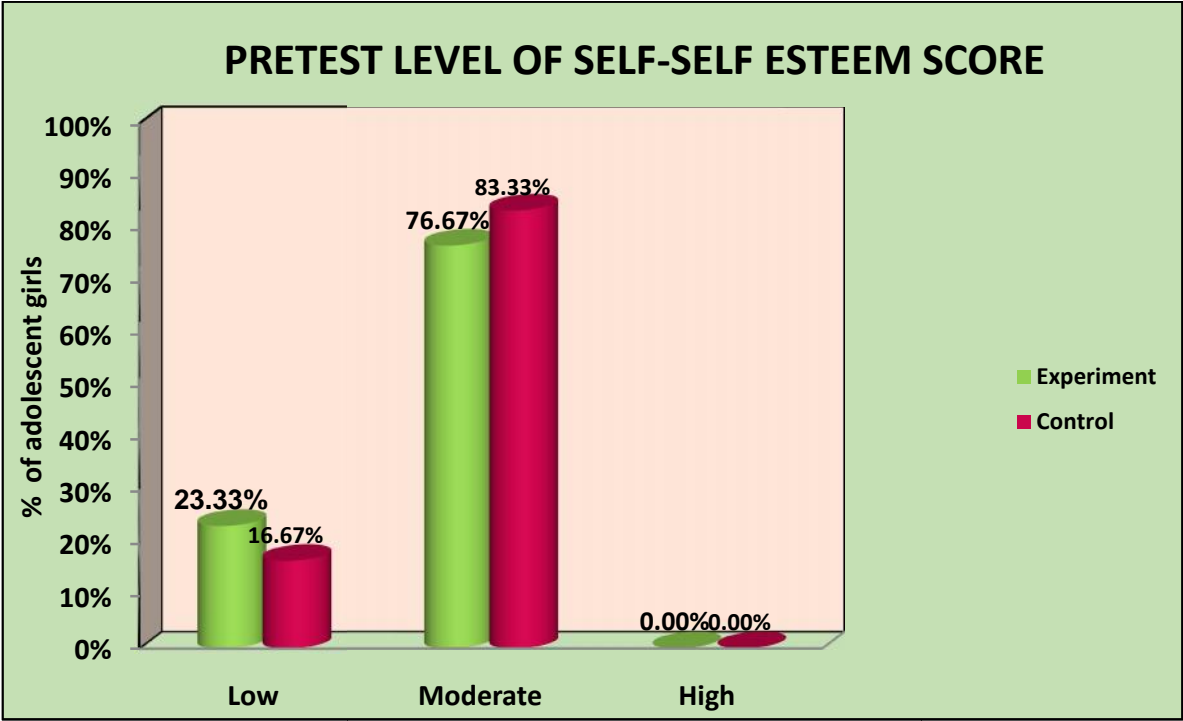


Fig. 4.15 Illustrates 76.67% & 83.33% of participants pre-test level of self-esteem.

**SECTION C: ASSESSMENT OF EFFECTIVENESS OF  
ASSERTIVENESS TUTELAGE IN RAISING SELF-ESTEEM  
AMONG ADOLESCENT GIRLS IN EXPERIMENTAL GROUP  
AND CONTROL GROUP.**

**Table 4.4: EACH DOMAINWISE POST-TEST PERCENTAGE OF SELF-ESTEEM SCORE AMONG ADOLESCENT GIRLS**

S.No.	Self-esteem on	No. of questions	Min – Max score	Experiment		Control	
				Mean	%	Mean	%
1	Performance self- esteem	7	7 -35	29.50	84.29%	22.93	65.51%
2	Social self-esteem	7	7 - 35	29.47	84.20%	22.80	65.14%
3	Appearance self-esteem	6	6 -30	24.50	81.67%	17.87	59.57%
	TOTAL	20	20 - 100	83.47	83.47%	63.60	63.60%

In **experimental group** the adolescent girls scored maximum score in Performance self-esteem (84.29%) and minimum score in Appearance self-esteem (81.67%). **Over all post- test self-esteem score was 83.47%**

**In control group adolescent girls** scored maximum self-esteem score in Performance self-esteem (65.51%) and minimum self-esteem score in Appearance self-esteem (59.57%). **Overall self-esteem score was 63.60%**

**Table 4.5: POSTTEST LEVEL OF SELF-ESTEEM SCORE**

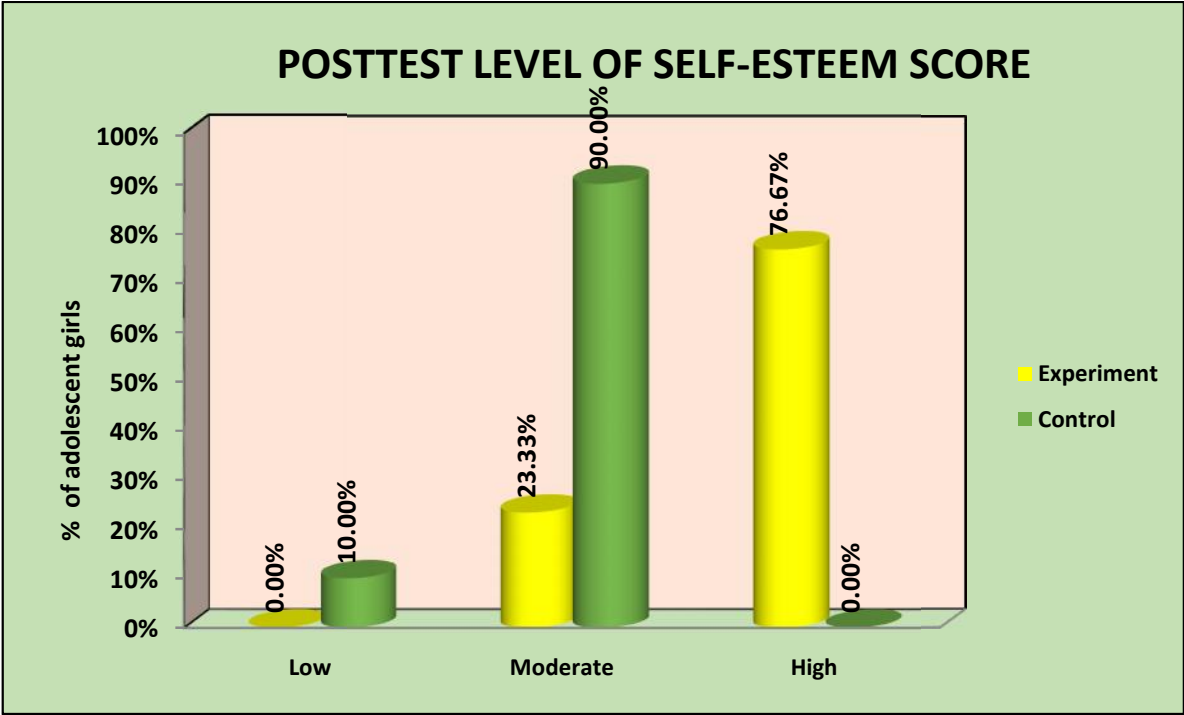
SELF ESTEEM	EXPERIMENT GROUP		CONTROL GROUP		CHI SQUARE TEST
	N	%	n	%	
Low	0	0.00%	3	10.00%	$\chi^2 = 37.76$ <b>P = 0.001 (S)***</b>
Moderate	7	23.33%	27	90.00%	
High	23	76.67%	0	0.00%	
Total	30	100.0%	30	100.0%	

**\*\*\* Very high significant at  $P = 0.001$**

In **experiment group**, none of them are having low level of score, 23.33% of them are having moderate level and 76.67% are having high level of score.

In **control group**, 10% of them are having low level of score, 90.00% of them are having moderate level and none are having high level of score. Statistical significance was calculated using chi square test.

There is a **significant difference between experiment group and control group** calculated using chi-square test.



**Fig.4.16 Multiple cylindrical diagram shows 76.67% of participants in experiment group scored high level self-esteem at post-test level.**

**Table 4. 9: EFFECTIVENESS OF ASSERTIVENESS TUTELAGE AND GENERALIZATION OF SELF ESTEEM GAIN SCORE**

<b>SELF-ESTEEM</b>		Max score	Mean score	Mean Difference of self -esteem gain score with 95% Confidence interval	Percentage of self-esteem gain score with 95% Confidence interval
<b>Experiment</b>	<b>Pre-test</b>	100	60.40	23.07(18.35 – 27.78)	23.07% (18.35% – 27.78%)
	Post-test	100	83.47		
<b>Control</b>	Pre-test	100	62.00	1.60(-0.10 – 3.30)	1.60% (-0.10% – 3.30%)
	Post-test	100	63.60		

In **experiment group**, on an average, in post-test after having intervention, adolescent girls were gained **23.07%** more self-esteem score than pre-test score.

In **control group**, on an average, in post-test without intervention, adolescent girls are gained **1.60%** more self-esteem score than pre-test score. This difference shows the effectiveness of assertiveness tutelage. Differences and generalization of self-esteem gain score between pre-test and post-test score was calculated using and mean difference with 95% CI and proportion with 95% CI.



**SECTION.C:COMPARISON OF PRE-TEST AND POST-TEST  
SELF-ESTEEM SCORE AMONG ADOLESCENT GIRLS IN  
EXPERIMENT GROUP AND CONTROL GROUP**

*Table 4.6:DOMAINWISE COMPARISON OF PRETEST MEAN SELF-ESTEEM SCORE*

Self-esteem on	Experiment		Control		Mean difference	Student independent t-test
	Mean score	SD	Mean score	SD		
Performance self- esteem	22.90	3.99	22.30	3.01	0.40	t=0.43 P=0.66(NS)
Social self- esteem	21.13	4.67	22.03	3.93	0.90	t=0.80 P=0.42(NS)
Appearance self-esteem	17.37	3.52	17.67	3.39	0.30	t=0.33 P=0.73(NS)
<b>Total</b>	60.40	8.56	62.00	7.16	1.60	t=0.79 P=0.44(NS)

Considering **Performance Self-Esteem domain**, Experiment group adolescent girls were having 22.90 score and control group adolescent girls were having 22.30 score, so the difference is 0.40, this difference is small and it is not significant. It was tested using Student independent t-test.

Regarding **Social Self-Esteem domain**, Experiment group adolescent girls are having 21.13 score and control group adolescent girls are having 22.03 score, so the difference is 0.90, this difference is small and it is not significant. It was tested using Student independent t-test.

Analyzing **Appearance Self-Esteem domain**, Experiment group adolescent girls are having 17.37 score and control group adolescent girls are having 17.67 score, so the difference is 0.30, this difference is small and it is not significant. It was tested using Student independent t-test.

**Table 4.7: Domain wise comparison of posttest mean self-Esteem score.**

Self-esteem on	Experiment		Control		Mean difference	Student independent t-test
	Mean score	SD	Mean score	SD		
Performance self- esteem	29.83	3.13	22.93	2.59	6.90	<b>t=9.30</b> <b>P=0.001***(S)</b>
Social self- esteem	29.13	4.76	22.80	3.84	6.33	<b>t=5.67</b> <b>P=0.001***(S)</b>
Appearance self-esteem	24.50	4.02	17.87	3.25	6.63	<b>t=7.03</b> <b>P=0.001***(S)</b>
<b>Total</b>	83.47	7.66	63.60	6.34	19.87	<b>t=10.94</b> <b>P=0.001***(S)</b>

**\*\*\*Very high significant at P = 0.001.**

Considering **Performance Self-Esteem domain**, Experiment group adolescent girls scored 29.83 score and control group adolescent girls scored 22.93, so the difference was 6.90, this difference is large and it is significant. It was tested using Student independent t-test.

Regarding **Social Self-Esteem domain**, Experiment group adolescent girls scored 29.13 and control group adolescent girls scored 22.80, so the difference was 6.33, this difference is large and it is significant. It was tested using Student independent t-test.

Analyzing **Appearance Self-Esteem domain**, Experiment group adolescent girls are having 24.50 score and control group adolescent girls are having 17.87 score, so the difference is 6.63, this difference is large and it is significant. It was tested using Student independent t-test.

Considering **overall self-esteem domain**, Experiment group adolescent girls are having 83.47 score and control group adolescent girls are having 63.60 score, so the difference is 19.87, this difference is large and it is significant. It was tested using Student independent t-test.

**Table. 4. 8 COMPARISON OF PRETEST AND POSTTEST MEAN  
SELF-ESTEEM SCORE**

Self-esteem on	Pretest		Posttest		Mean difference	Student paired t-test
	Mean score	SD	Mean score	SD		
Performance self-esteem	22.90	3.99	29.83	3.13	7.93	<b>t=7.95</b> <b>P=0.001***(S)</b>
Social self- esteem	21.13	4.67	29.13	4.76	8.00	<b>t=5.97</b> <b>P=0.001***(S)</b>
Appearance self-esteem	17.37	3.52	24.50	4.02	7.13	<b>t=8.38</b> <b>P=0.001***(S)</b>
<b>Total</b>	60.40	8.56	83.47	7.66	23.07	<b>t=10.40</b> <b>P=0.001***(S)</b>

**\*\*\* Very high Significant at P=0.001**

Considering **OVERALL SELF-ESTEEM SCORE**, in pretest Experiment group adolescent girls were having 60.40 score and in posttest they were having 83.47 score, so the difference is 23.07, this **difference is large and it is significant**. It was tested using Student paired t-test.

**Table 9: COMPARISON OF PRETEST AND POSTTEST MEAN SELF ESTEEM SCORE (Experiment)**

Self- esteem on	Pretest		Posttest		Mean difference	Student paired t-test
	Mean score	SD	Mean score	SD		
Performance self- esteem	22.90	3.99	29.83	3.13	7.93	<b>t=7.95 P=0.001***(S)</b>
Social self- esteem	21.13	4.67	29.13	4.76	8.00	<b>t=5.97 P=0.001***(S)</b>
Appearance self-esteem	17.37	3.52	24.50	4.02	7.13	<b>t=8.38 P=0.001***(S)</b>
<b>Total</b>	60.40	8.56	83.47	7.66	23.07	<b>t=10.40 P=0.001***(S)</b>

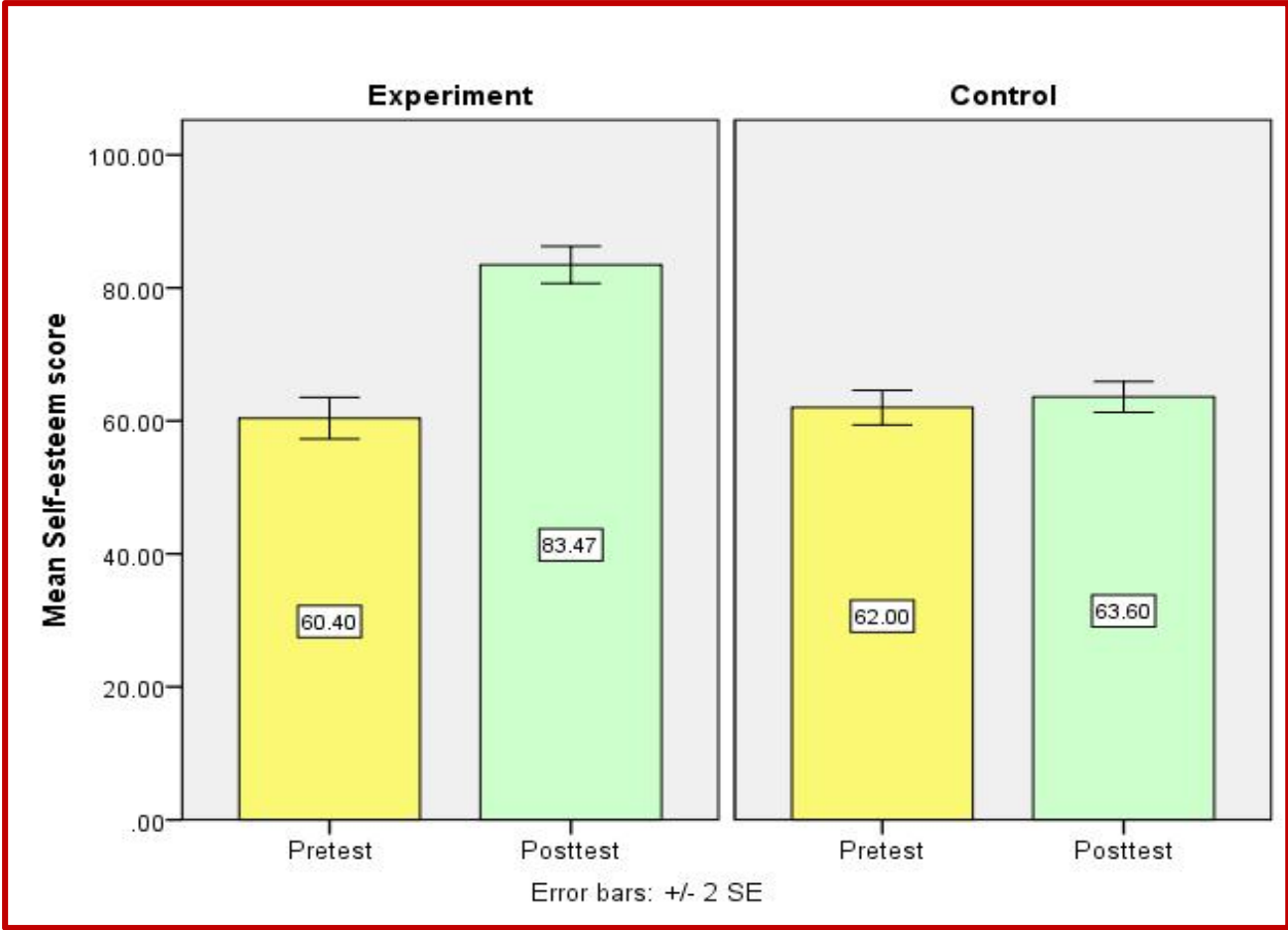
**\*\*\*Very high significant at  $p=0.001$**

Considering overall self-esteem score, in pretest Experiment group adolescent girls were having 60.40 score and in posttest they were having 83.47 score, so the difference is 23.07, this difference is large and it is significant. It was tested using Student paired t-test.

**Table4.10: COMPARISON OF PRE-TEST AND POST-TEST MEAN SELF ESTEEM SCORE (Control)**

Self- esteem on	Pre-test		Post-test		Mean difference	Student paired t-test
	Mean score	SD	Mean score	SD		
Performance self- esteem	22.30	3.01	22.93	2.59	0.63	t=1.71 P=0.08(NS)
Social self- esteem	22.03	3.93	22.80	3.84	0.77	t=1.76 P=0.07(NS)
Appearance self-esteem	17.67	3.39	17.87	3.25	0.20	t=1.56 P=0.10(NS)
<b>Total</b>	62.00	7.16	63.60	6.34	1.60	t=1.89 P=0.06(NS)

Considering **overall self-esteem score, in pre-test** Experiment group adolescent girls were having 62.00 score and in post-test they were having 63.60 score, **so the difference is 1.60 (t = 1.89, P = 0.06)** this difference is small and it is not significant. It was tested using Student paired t-test.



**TABLE4. 11:Comparison of pretest and posttest level of self - esteem score**

Self-Esteem		Pre-test		Post-test		Extended McNemar's test
		N	%	N	%	
Experiment	Low	7	23.33%	0	0.00%	t <sup>2</sup> =26.20 p=0.001***(s)
	Moderate	23	76.67%	7	23.33%	
	High	0	0.00%	23	76.67%	
	Total	30	100.0%	30	100.00%	
Control	Low	5	16.67%	3	10.00%	χ <sup>2</sup> =2.00 P=0.15(NS)
	Moderate	25	83.33%	27	90.00%	
	High	0	0.00%	0	0.00%	
	Total	30	100.0%	30	100.00%	

\*\*\* *Very high significant at P = 0.001*

Considering **Experiment group**, in pre-test, 23.33% of them were having low level of self- esteem score, 76.67% of them were having moderate level of score and none of them were having high level of score. But in post-test, none of them were having low level of score, 23.33% of them were having moderate level of score and 76.67% of them were having high level of score. There is a **significant difference between Pre-test and post-test self-esteem score**. Pre-test and post-test difference were calculated using Extended McNamara's test.

In viewing **Control group**, in pre-test, 16.67% of them were having low level of self- esteem score, 83.33% of them were having moderate level of score and none of them were having high level of score. In post-test, 10% of them are having low level of score, 90.00% of them were having moderate level of score and none of them are having high level of score. There is **no significant difference between Pre-test and post-test self-esteem score**. Pre-test and post-test difference were calculated using Extended McNamara's test.

**Table 4.12: EACH DOMAINWISE PERCENTAGE OF SELF ESTEEM GAIN  
SCORE**

	Domains	Pre-test knowledge	Post-test knowledge	% of self-esteem gain
Experiment	Performance self- esteem	60.94%	84.29%	23.35%
	Social self-esteem	62.00%	84.20%	22.20%
	Appearance self-esteem	57.90%	81.67%	23.77%
	<b>OVERALL</b>	<b>60.40%</b>	<b>83.47%</b>	<b>23.07%</b>
Control	Performance self- esteem	63.71%	65.51%	1.80%
	Social self-esteem	62.94%	65.14%	2.20%
	Appearance self-esteem	58.90%	59.57%	0.67%
	<b>OVERALL</b>	<b>62.00%</b>	<b>63.60%</b>	1.60%

In experimental group, in pre-test adolescent girls were scored 60.40% of self-esteem and in post-test they scored 83.47%. So, they gained 23.07% after assertiveness tutelage on raising self-esteem among adolescent girls.

In control group, in pre-test adolescent girls were having 62.00% of self-esteem score and in post-test they were having 63.40%. So, they gained 1060% without intervention.



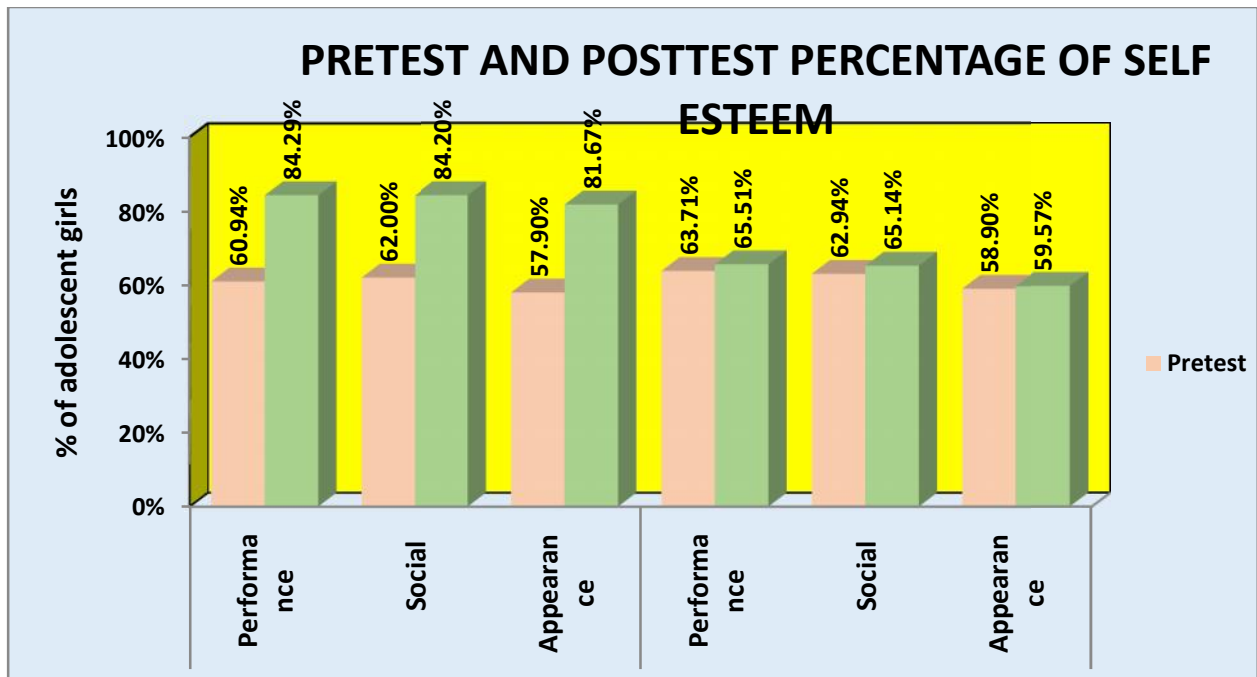


Fig. 4.18 Illustrates the pre-test and post-test percentage of self-esteem scored by adolescent girls.

**SECTION. 4. ASSESS THE ASSOCIATION BETWEEN POST-TEST LEVEL OF SELF-ESTEEM AND SELECTED SOCIO DEMOGRAPHIC VARIABLES.**

*Table 4. 14: ASSOCIATION BETWEEN ADOLESCENT GIRLS POSTTEST LEVEL OF SELF\_ESTEEM SCORE AND DEMOGRAPHIC VARIABLES (Experiment)N = 60*

Demographic variables		Post-test level of self-esteem score						N	Chi square test
		Low		Moderate		High			
		n	%	n	%	N	%		
Age	14 years	0	0.00%	4	16.00%	21	84.00%	25	$t2=4.50P=0.03*(S)$
	15 years	0	0.00%	3	60.00%	2	40.00%	5	
Religion	Hindu	0	0.00%	6	28.57%	15	71.43%	21	$\chi2=1.25P=0.53(NS)$
	Muslim	0	0.00%	0	0.00%	2	100.00%	2	
	Christian	0	0.00%	1	14.29%	6	85.71%	7	
Breadwinner of the family	Father	0	0.00%	7	25.00%	21	75.00%	28	$\chi2=0.65P=0.41(NS)$
	Mother	0	0.00%	0	0.00%	2	100.00%	2	
	Relatives	0	0.00%	0	0.00%	0	0.00%	0	
Type of family	Nuclear family	0	0.00%	3	13.63%	19	86.37%	22	$t2=4.33P=0.04*(S)$
	Joint family	0	0.00%	4	50.00%	4	50.00%	8	
	Extended family	0	0.00%	0	0.00%	0	0.00%	0	
Father Education status	Profession	0	0.00%	0	0.00%	0	0.00%	0	$\chi2=1.41P=0.70(NS)$
	Graduate	0	0.00%	1	25.00%	3	75.00%	4	
	Intermediate or Diploma	0	0.00%	1	50.00%	1	50.00%	2	
	School level	0	0.00%	5	22.73%	17	77.27%	22	
	Illiterate	0	0.00%	0	0.00%	2	100.00%	2	
Mother Education status	Profession	0	0.00%	0	0.00%	0	0.00%	0	$\chi2=1.71P=0.63(NS)$
	Graduate	0	0.00%	1	50.00%	1	50.00%	2	
	Intermediate or Diploma	0	0.00%	0	0.00%	1	100.00%	1	
	School level	0	0.00%	6	24.00%	19	76.00%	25	
	Illiterate	0	0.00%	0	0.00%	2	100.00%	2	
Father Occupation status	Professionals	0	0.00%	0	0.00%	0	0.00%	0	$\chi2=2.42P=0.65(NS)$
	Senior officials or Managers	0	0.00%	0	0.00%	0	0.00%	0	
	Technicians	0	0.00%	3	33.33%	6	66.67%	9	
	Clerks	0	0.00%	0	0.00%	2	100.00%	2	
	Skilled agricultural & Fishery Workers	0	0.00%	0	0.00%	2	100.00%	2	
	Elementary occupation	0	0.00%	4	26.67%	11	73.33%	15	
	Unemployed	0	0.00%	0	0.00%	2	100.00%	2	

**Table 14: Association between post-test level of self-esteem score and demographic variables.  
Cont... (Experimental Group)**

		Posttest level of Self esteem score						n	Chi square test
		Low		Moderate		High			
		n	%	n	%	N	%		
Mother Occupation status	Professionals	0	0.00%	0	0.00%	0	0.00%	0	$\chi^2=9.01P=0.07(NS)$
	Senior officials or Managers	0	0.00%	0	0.00%	0	0.00%	0	
	Technicians	0	0.00%	1	33.33%	2	66.67%	3	
	Clerks	0	0.00%	1	50.00%	1	50.00%	2	
	Skilled agricultural & Fishery Workers	0	0.00%	2	100.00%	0	0.00%	2	
	Elementary occupation	0	0.00%	2	16.67%	10	83.33%	12	
	Unemployed	0	0.00%	1	9.09%	10	90.91%	11	
	Monthly family Income	Rs. 5000 - 10000	0	0.00%	4	23.53%	13	76.47%	
	Rs. 10001 - 20000	0	0.00%	1	12.50%	7	87.50%	8	
	Rs. 20001 – 40000	0	0.00%	2	40.00%	3	60.00%	5	
	Rs, 40000 above	0	0.00%	0	0.00%	0	0.00%	0	
Place of domiciliary	Urban	0	0.00%	0	0.00%	0	0.00%	0	$\chi^2=1.01P=0.31(NS)$
	Suburban	0	0.00%	0	0.00%	3	100.00%	3	
	Rural	0	0.00%	7	25.93%	20	74.07%	27	
Academic performance of students	Average	0	0.00%	3	60.00%	2	40.00%	5	$t^2=8.55P=0.04*(S)$
	Above average	0	0.00%	2	33.33%	4	66.67%	6	
	Good	0	0.00%	2	18.08%	9	81.98%	11	
	Excellent	0	0.00%	0	0.00%	8	100.00%	8	
BMI of the student	Under weight	0	0.00%	1	25.00%	3	75.00%	4	$\chi^2=0.96P=0.81(NS)$
	Normal	0	0.00%	4	22.22%	14	77.78%	18	
	Over weight	0	0.00%	2	33.33%	4	66.67%	6	
	Obese	0	0.00%	0	0.00%	2	100.00%	2	
Order of sibling in the family	First	0	0.00%	7	46.67%	8	53.33%	15	$t^2=9.13P=0.01**(S)$
	Second	0	0.00%	0	0.00%	11	100.00%	11	
	> Second	0	0.00%	0	0.00%	4	100.00%	4	
Recreation activity	Playing	0	0.00%	3	16.67%	15	83.33%	18	$\chi^2=4.52P=0.10(NS)$
	Reading books	0	0.00%	3	60.00%	2	40.00%	5	
	Others	0	0.00%	1	14.29%	6	85.71%	7	
Have you undergone any training for assertiveness	Yes	0	0.00%	0	0.00%	0	0.00%	0	$\chi^2=0.00P=1.00(NS)$
	No	0	0.00%	7	23.33%	23	76.67%	30	

NS=not significant S= Significant P> 0.05 not significant \*P 0.05 significant \*\*P 0.01 highly significant

In considering association of socio demographic variables, 14 years adolescent girls, and nuclear family adolescent girls were gained more self- esteem score than others.

Excellent academic performance of adolescent girls, more than one sibling order adolescent girls are gained more self -esteem score than others.

Statistical significance was calculated using chi square test.

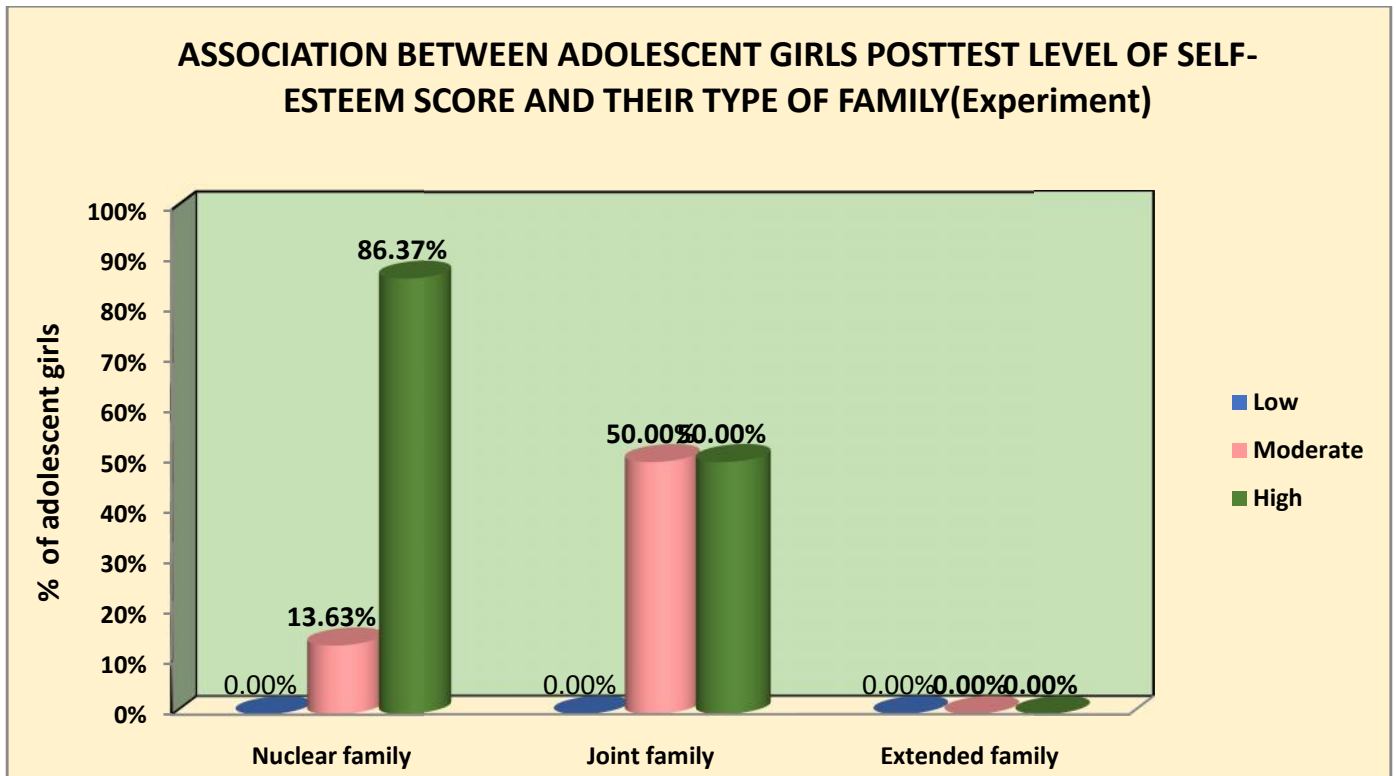


Fig.4.20 Multiple cylindrical diagram illustrates association between adolescent girl's post-test level of self-esteem score with nuclear family (86.37%)

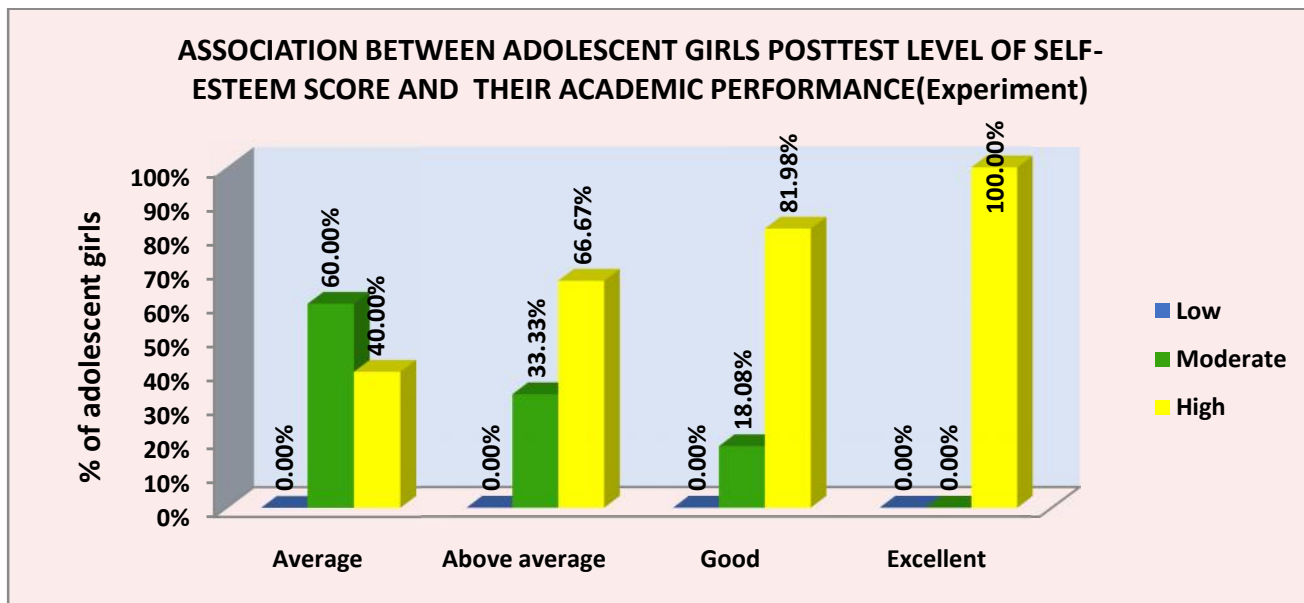


Fig.4.21. represents excellent academic performance of adolescent girls.

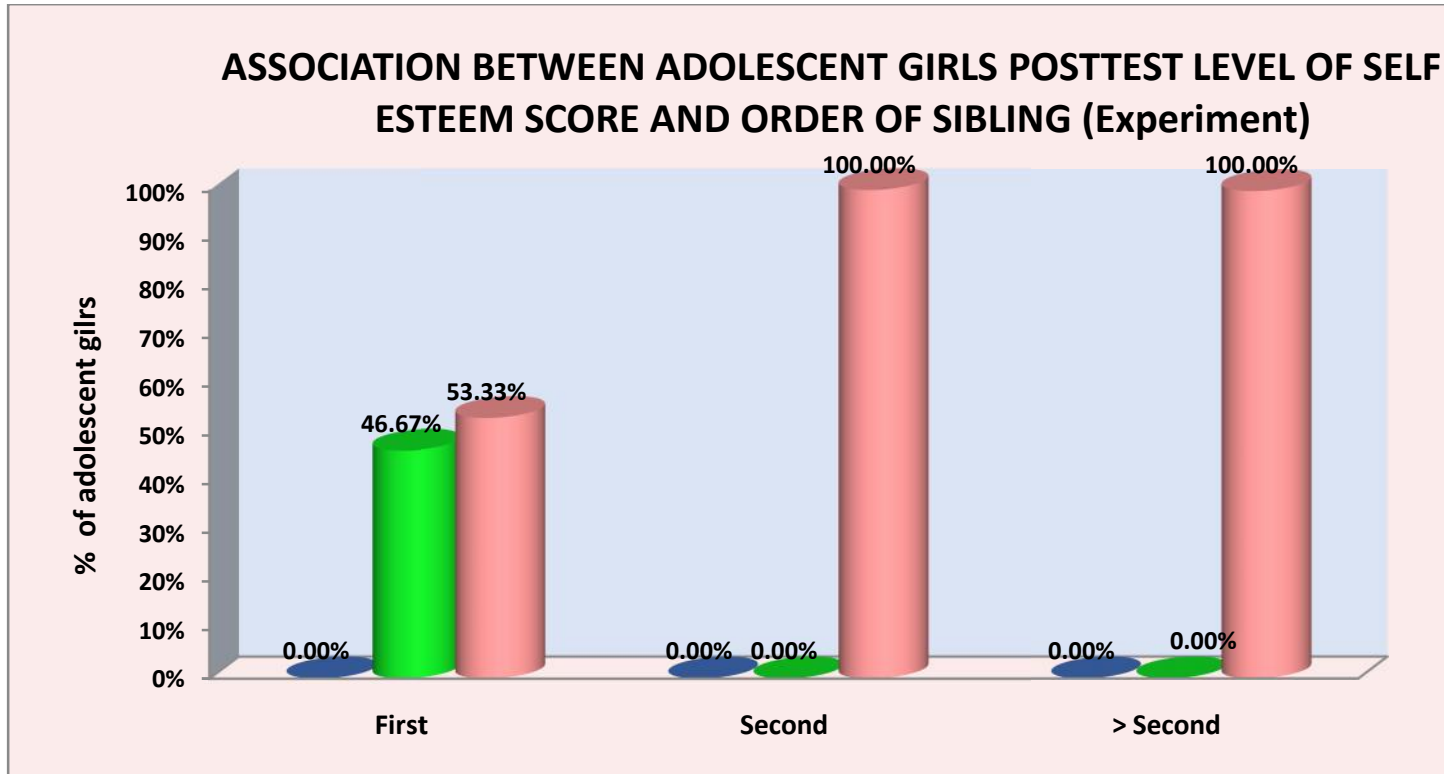


Fig.4.22 Indicates more than one order sibling adolescent girls gained more self-esteem

**Table 16: ASSOCIATION BETWEEN POSTTEST LEVEL OF SELF \_ESTEEM SCORE AND DEMOGRAPHIC VARIABLES (control)**

		Posttest level of self esteem score						n	Chi square test
		Low		Moderate		High			
		N	%	n	%	N	%		
Age	14 years	2	9.09%	20	90.91%	0	0.00%	22	$\chi^2=0.07P=0.78(NS)$
	15 years	1	12.50%	7	87.50%	0	0.00%	8	
Religion	Hindu	1	5.26%	18	94.74%	0	0.00%	19	$\chi^2=2.80P=0.25(NS)$
	Muslim	0	0.00%	3	100.00%	0	0.00%	3	
	Christian	2	25.00%	6	75.00%	0	0.00%	8	
Breadwinner of the family	Father	2	8.00%	23	92.00%	0	0.00%	25	$\chi^2=0.66P=0.41(NS)$
	Mother	1	20.00%	4	80.00%	0	0.00%	5	
	Relatives	0	0.00%	0	0.00%	0	0.00%	0	
Type of family	Nuclear family	3	14.29%	18	85.71%	0	0.00%	21	$\chi^2=1.42P=0.23(NS)$
	Joint family	0	0.00%	9	100.00%	0	0.00%	9	
	Extended family	0	0.00%	0	0.00%	0	0.00%	0	
Father Education status	Profession	0	0.00%	0	0.00%	0	0.00%	0	$\chi^2=1.93P=0.58(NS)$
	Graduate	0	0.00%	3	100.00%	0	0.00%	3	
	Intermediate or Diploma	0	0.00%	4	100.00%	0	0.00%	4	
	School level	3	15.79%	16	84.21%	0	0.00%	19	
	Illiterate	0	0.00%	4	100.00%	0	0.00%	4	
Mother Education status	Profession	0	0.00%	0	0.00%	0	0.00%	0	$\chi^2=1.37P=0.71(NS)$
	Graduate	0	0.00%	1	100.00%	0	0.00%	1	
	Intermediate or Diploma	0	0.00%	2	100.00%	0	0.00%	2	
	School level	2	8.70%	21	91.30%	0	0.00%	23	
	Illiterate	1	25.00%	3	75.00%	0	0.00%	4	
Father Occupation status	Professionals	0	0.00%	0	0.00%	0	0.00%	0	$\chi^2=1.66P=0.79(NS)$
	Senior officials or Managers	0	0.00%	0	0.00%	0	0.00%	0	
	Technicians	1	16.67%	5	83.33%	0	0.00%	6	
	Clerks	0	0.00%	2	100.00%	0	0.00%	2	
	Skilled agricultural & Fishery Workers	0	0.00%	5	100.00%	0	0.00%	5	
	Elementary occupation	1	8.33%	11	91.67%	0	0.00%	12	
	Unemployed	1	20.00%	4	80.00%	0	0.00%	5	

None of the demographic variables are significantly associated with their posttest level of score  
**Table 17: ASSOCIATION BETWEEN POSTTEST LEVEL OF SELF \_ESTEEM SCORE AND DEMOGRAPHIC VARIABLES. cont. (Control)**

		Posttest level of Self esteem score						n	Chi square test
		Low		Moderate		High			
		n	%	n	%	n	%		
Mother Occupation status	Professionals	0	0.00%	0	0.00%	0	0.00%	0	$\chi^2=5.92P=0.20(NS)$
	Senior officials or Managers	0	0.00%	0	0.00%	0	0.00%	0	
	Technicians	0	0.00%	3	100.00%	0	0.00%	3	
	Clerks	0	0.00%	4	100.00%	0	0.00%	4	
	Skilled agricultural & Fishery Workers	1	50.00%	1	50.00%	0	0.00%	2	
	Elementary occupation	0	0.00%	9	100.00%	0	0.00%	9	
	Unemployed	2	16.67%	10	83.33%	0	0.00%	12	
Monthly family Income	Rs. 5000 – 10000	2	16.67%	10	83.33%	0	0.00%	12	$\chi^2=1.60P=0.44(NS)$
	Rs. 10001 – 20000	0	0.00%	9	100.00%	0	0.00%	9	
	Rs. 20001 – 40000	1	11.11%	8	88.89%	0	0.00%	9	
	Rs, 40000 above	0	0.00%	0	0.00%	0	0.00%	0	
Place of domiciliary	Urban	0	0.00%	0	0.00%	0	0.00%	0	$\chi^2=0.66P=0.41(NS)$
	Suburban	0	0.00%	5	100.00%	0	0.00%	5	
	Rural	3	12.00%	22	88.00%	0	0.00%	25	
Academic performance of students	Average	1	20.00%	4	80.00%	0	0.00%	5	$\chi^2=2.46P=0.48(NS)$
	Above average	1	25.00%	3	75.00%	0	0.00%	4	
	Good	1	7.14%	13	92.86%	0	0.00%	14	
	Excellent	0	0.00%	7	100.00%	0	0.00%	7	
BMI of the student	Under weight	1	12.50%	7	87.50%	0	0.00%	8	$\chi^2=0.83P=0.84(NS)$
	Normal	2	12.50%	14	87.50%	0	0.00%	16	
	Over weight	0	0.00%	4	100.00%	0	0.00%	4	
	Obese	0	0.00%	2	100.00%	0	0.00%	2	
Order of sibling in the family	First	2	12.50%	14	87.50%	0	0.00%	16	$\chi^2=0.45P=0.79(NS)$
	Second	1	9.09%	10	90.91%	0	0.00%	11	
	> Second	0	0.00%	3	100.00%	0	0.00%	3	
Recreation activity	Playing	1	8.33%	11	91.67%	0	0.00%	12	$\chi^2=3.14P=0.20(NS)$
	Reading books	2	25.00%	6	75.00%	0	0.00%	8	
	Others	0	0.00%	10	100.00%	0	0.00%	10	
Have you undergone any training for assertiveness	Yes	0	0.00%	0	0.00%	0	0.00%	0	$\chi^2=0.00P=1.00(NS)$
	No	3	10.00%	27	90.00%	0	0.00%	30	

None of the variables are significant. Statistical significance was calculated using chi square test.



*Chapter 5*  
*Discussion*

## **CHAPTER V**

### **DISCUSSION**

This chapter deals with the discussion of the results of the data analyzed based on the Objectives. The purpose of the study was to assess the effectiveness of assertiveness tutelage on raising self-esteem among adolescent girls in selected school, Chennai.

The present study is Quasi experimental non randomized control group design, with sample size 60 adolescent girls. Non probability purposive sampling technique was used in the study. Pre-test was conducted in each participant of both experimental group and control group by interview method using structured questionnaire and self-esteem was assessed by state self-esteem scale. Experiment group was given intervention after pretest and control group was given only pre-test Assertiveness tutelage was given for 45 minutes, for 3 weeks period and post-test were given after 6 session. Intervention for control group was given after post-test.

The results of the study were based on the statistical analysis. The effectiveness of assertiveness tutelage was assessed by McNemar's test and association between the level of knowledge with selected demographic variables was assessed by chi-square test. The result was formulated according to the stated objectives.

#### **5.1 Major findings of the demographic variables**

- 83.33% and 73.22% of students belongs to 14 years in experimental group and control group.
- 70.00% and 63.33% of participants were Hindus in experimental group and control group.
- 93.33% and 83.33% of fathers in experimental group and control group.
- 73.33% and 70.00% belongs to nuclear family system in experimental group and control group

- 73.33% and 63.34% of fathers attended school level education in experimental group and control group
- 83.33% and 76.67% of mothers finished school level education in experimental group and control group respectively.
- 56.67% and 40.00% earned 5,000 – 10,000, in experimental group and control group respectively.
- 90.00% and 83.33% of adolescent girls were from rural area in experimental group and control group respectively.
- 36.66% and 46.67% scored good level in academic performance in experimental group and control group.
- 40.00% and 46.67% of them had abnormal weight in experimental group and control group.
- 50.05 and 53.33% of them came under first order of sibling in experimental group and control group.

## **5.2 FINDINGS BASED ON OBJECTIVES:**

### ***OBJECTIVE 1: TO ASSESS THE PRE-TEST EXISTING KNOWLEDGE OF ADOL ESCENT GIRLS IN RAISING SELF-ESTEEM***

#### **DOMAINWISE FINDINGS:**

##### ***Performance Self-Esteem:***

In experimental group at pre-test level the mean score of adolescent girls was 60.94% and in control group it was 71%

##### ***Social Self-Esteem:***

In experimental group the mean score of adolescent girls was 62.00% and in control group it was 65.14%

### ***Appearance Self-Esteem:***

In experimental group the mean score of adolescent girls was (57.90%) and in control group it was (58.90%).

In Experimental group at pre-test level adolescent girls scored **maximum score in social self-esteem** 62.00% and **minimum score in appearance self-esteem** 57.90%. Overall self-esteem score is 60.40%.

In control group, at pre-test level adolescent girls scored **maximum in Performance self-esteem** 63.71% and **minimum score in Appearance self-esteem** 58.90%.

### **Over all Pre-test Self-Esteem score:**

At pre-test level **over overall self-esteem score** in experimental group and control group was 60.40 and 62.00 respectively. Statistical significance was calculated by chi-square test and it was  $\chi^2=0.41$ . and  $P=0.51$  which is not statistically significant.

In both the **experimental group and control group**, adolescent girls had secured **minimum score in appearance self-esteem**. This finding correlates with many study facts that adolescent girls have dissatisfaction towards body image. This fact is consistent with the study of **Nikhil S. Gupta et al (2018)** who performed a study on body image perception of adolescent girls, the study results revealed that 63.3% had negative body image as compared to boys and p value was  $P<0.001$  and 65.5% of girls had low self-esteem p value was  $p<0.001$ .

In present study overall score of self-esteem in experimental group was 60.40% and in control group was 62.00%. Similarly, findings of this study were supported by the following studies: **Parisa Farnoodian et al (2016)** carried out a study on effectiveness of reality therapy on self-esteem and mental health whose pre-test average value of self-esteem was 29.1 and 29.2 in experimental group and control group and statistically not significant  $P<0.05$  In related to the present study. **Z. Kamalinasab et al (2015)** conducted a study to assess the effect of teaching stress management skills on self-esteem

and behavioural adjustment, their pre-test mean score of self-esteem in experimental group was 2.61 and 3.30 in control group which reveals that there is no magnified difference between both the groups and statistically not significant. **Zhaleh Refahiet et al (2016)** performed a quasi-experimental study to assess the effectiveness of assertiveness in raising self-esteem where the self-esteem average score in experimental group was 22% and control group was 28%. and mean difference is not statistically significant. **Syed Reza Mousavi Gilani et al (2016)** reported a study to evaluate the effects of physical activity on Self-Esteem, findings revealed that over all self-esteem score in experimental group pre-test was 32.3 and 33.5 in control group which was not statistically significant.

In all the above studies the pre-test results in experimental group and control group reveals that there is no magnified difference. It illustrates that there is no statistical significance between the experimental group and control group. In supporting the above studies enlisted above, in current study the overall self-esteem score in experimental and control group was 60.40% and 62.00% respectively. It was statistically not significant and P value was  $P < 0.05$ . In both the groups the pre-test level of self-esteem was reduced. It was proven that there was no statistically significant relationship between experiment and control group in the level of self-esteem and it was calculated by chi-square test.

## ***OBJECTIVE 2: TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS TUTORIAL ON RAISING SELF-ESTEEM AMONG ADOLESCENT GIRLS***

### **DOMAINWISE POST-TEST LEVEL OF SELF-ESTEEM**

#### ***Performance Self-Esteem***

In experimental group adolescent girls mean score was 29.50(84.29%) and in control group mean score was 22.93(65.51%)

### ***Social Self-Esteem Mean:***

In experimental group mean score of adolescent girls was 29.47(84.20%) and in control group mean score of self-esteem was 22.80(65.14%)

### ***Appearance Self-Esteem:***

Adolescent girls mean score of self-esteem in experimental group was 24.50(83.47%) and in control group 17.87(59.57%)

### ***Post-test level of Self-Esteem Score:***

#### **Experimental group:**

23.33% of adolescent girls scored moderate level of self-esteem and 76.67% of them scored high level self-esteem score and none of them covered the low range of self-esteem level.

#### **Control Group:**

10.00% of adolescent girls scored low level of self-esteem and 90.00% of covered under moderate self-esteem score and none of the adolescent girls scored high level of self-esteem.

At pre-test level in **experimental group**, self- esteem score of adolescent girls was 60.40 and at post-test level it was 83.47. The **mean difference of self-esteem was 23.07**. The difference in gain of self-esteem was statistically significant at P value  $P = 0.001$ . In **control group**, at pre-test level adolescent girls score was 62.00 and post-test self-esteem score was 63.60. The difference in self-esteem gain **mean score in control group was 1.60 and illustrates that it was not statistically significant**. The self-esteem score levels in experimental and control group indicates a significant statistical difference between experimental group and control group  $F=37.76, P=0.001(S)$

The present study was supported by the following studies: **Raziyeh Saeed Manesh et al. (2015)** conducted a study to assess the effectiveness of assertiveness

training in reducing social anxiety 'p' value was  $P < 0.001$  and social anxiety reduced significantly. Moreover, the difference between experimental group and control group at post- test level was statistically significant at the level of  $P < 0.05$ . **Sushmita Pandey et al. (2016)** carried out a pre-experimental study to assess the effectiveness of assertiveness training on self-esteem among adolescent girls in selected school at Nepal proved that assertiveness tutelage was effective and statistical significant 'p' value was  $P < 0.001$ . Similarly, **Firas George Janavas et at (2016)** performed a study to assess the effectiveness of assertive training program on raising self-esteem among the sample of school students with low emotional behaviour traits reveal that assertive training program was effective at the significance level of  $P < 0.005$ . Consistently, **Ahmad Ali Eslami et al. (2016)** reported a study to assess the effectiveness of assertiveness training program on reducing anxiety, depression among school girls, findings states that the effectiveness of assertiveness in reducing anxiety and depression in experiment group was 63 and post-test score it was reduced to 27. It was statistically significant and p value was  $P < 0.002$  and it was calculated by chi-square test.

All the above studies illustrated that assertive training program had widely used in modifying the behaviour of adolescent group and effective in manipulating the dependent variables like anxiety, stress, self-esteem, depression and produced statistically significant value. Consistently, in present study the independent variable "assertiveness tutelage" marked effective changes in raising self-esteem of adolescent girls and statistically significant at P value  $P = 0.001$ . Hence **Hypothesis H1:** There will be statistically significant difference between pre-test and post-test scores of self-esteems in experimental group was accepted.

### ***SECTION 3: TO COMPARE THE PRE-TEST and POST-TEST LEVEL OF SELF-ESTEEM AMONG ADOLESCENT GIRLS IN EXPERIMENT GROUP AND CONTROL GROUP***

#### ***Domain wise comparison of the study are:***

In experimental group, pre-test and post-test **Performance Self-Esteem** score was 60.74% and 84.29% and in control group it was 63.71% and 65.51%. Regarding **social self-esteem** the experimental group pre-test and post-test score was 62% and 84.20% and in control group it was 62.94% and 65.14% respectively. While considering the **Appearance self-esteem** in experimental group the pre-test score was 57.90% and post-test score was 81.67%. In control group the pre-test and post test score were 58.90% and 59.57% respectively.

In experimental group at pre-test level adolescent girls secured maximum score in **social self-esteem (62.00%)** and minimum score in **Appearance self-esteem 57.90%**. Regarding **control group** their maximum score was in **Performance Self-Esteem (65.51%)** and minimum self-esteem score in **Appearance Self-Esteem (59.57%)**. Domain wise comparison reveals that the **adolescent girls in both the groups secured minimum score in appearance self-esteem.**

#### **Comparison of Pre-test and Post-test Scores**

At **Pre-test level** in experimental group 76.67% of adolescent girls had moderate level and 23.33% were had low level of score and none of the adolescent girls secured high level of score. Similarly, in **control group**, 16.67% of them secured low level of score and 83.33% of them secured moderate level and none of them had high level of score.

At **post-test level** in **experimental group** 23.33% of them secured moderate level and 76.67% secured high level self- esteem score and this difference was remarkable and



statistically significant at the level of  $\chi^2 = 26.20$ ,  $P < 0.001$  significance. Remarkably there was no significant changes in control group at post-test level 10.00% of them secured low level self-esteem and 90% secured moderate self-esteem and none of them fell under high self-esteem level and it was statistically not significant i.e.,  $\chi^2 = 2.00$ ,  $P = 0.15$ (NS) and it was calculated by Mc Nemar's test.

Considering **overall self-esteem mean score** experiment group was 60.40 in pre-test and in post-test adolescent girls secured 83.47. Hence the difference is large and it is statistically significant whose t value was  $t = 10.40$ ,  $P = 0.001$ . and calculated by Student paired t-test

The present study was consistent with the following studies **Kyung Min Park et al (2015)** performed a study to assess the effects of self-Esteem Improvement program on self-esteem and Peer attachment in school children whose self-esteem score was statistically significant where p value was  $P < 0.001$ . **Parisa Farnoodian et al (2016)** performed a study to assess the effectiveness of group reality therapy on mental health and self-esteem of students whose pre-test score was 29.1 and post test score was 33.7 and it was statistically significant  $P < 0.001$ . Similarly, **Syed Reza Mousave Gilani et al (2018)** conducted a study to assess the effects of physical activity on self-esteem where it is found to be effective and remarkable changes found and statistical significance was found between pre-test and post-test whose p value was  $P < 0.0001$ . **Dimithra Psychou et al (2019)** carried out study to examine the effect of exercise on quality of life and self-esteem of inmates, whose p value was  $P < 0.01$  which showed statistically significance.

The above findings of all the studies showed the statistical significance value between the pre-test and post-test which is similar with the present study where adolescent girls exhibited remarkable change in the level of self-esteem and statistically significant  $P < 0.001$ .

***Objective 4: To assess the association between Post-test level of self-esteem and selected socio-demographic variables***

The findings of the study showed association between post-test level of self-esteem with their selected socio demographic variables. In experiment group, **14 years of adolescent girls, academic performance, nuclear family and more than one sibling order in the family** gained more self-esteem score than others.

Considering the age of participant 14 years adolescent girls showed significance association of 84% ( $\chi^2 = 4.5$  **P=0.03**). **Nuclear family type** of adolescent girls states the significance association of **86.37%** ( $\chi^2=4.33$ , **P= 0.04**). Considering the **academic performance of adolescent girls**, revealed significance association of 81.98% ( $\chi^2=8.55$ , **P=0.04**). In viewing about order of birth, **more than one birth order in the family** gained more significance of ( $\chi^2=9.13$ , **P=0.01**)

The significance association with academic performance in present study is correlated with the study of **Addero Wilson Ogot et al (2015)** performed a study on relationship between Self-Esteem and Academic performance of adolescent students. The men scores were found to be statically significant different using ANNOVA statistics ( $F(272,2) =24.926, p=0.00, p<0.05$ ). Post hoc analysis indicated that the differences in achievement were in favor of students with the high self-esteem over their counterparts with either low self - esteem or moderate self-esteem. Hence it is concluded that student's self-esteem was related to their academic achievements.

**Sumitha Pandey et al. (2016)** investigated the effectiveness of assertiveness training on self-esteem among adolescent girls, analyzing the association between the post intervention level of self-esteem and socio demographic variables, the findings associated with education of father, family income and occupation of mother. It was found statistically significant association between post-test self-esteem and education of father was 10.82 at p value of  $p=0.05$ , family income at 16.49 and  $p=0.006$  and occupation of

mother was 21.12 and p value was  $p=0.02$ . Consistently, in **present study** at post-test level **14 years of adolescent girls, academic performance, nuclear family and more than one sibling order in the family** gained more self-esteem score than others and showed statistically significant changes. This analysis illustrated that there was significant association in post-test level of self-esteem and selected socio demographic variables among adolescent girls in experiment group. Hence **Hypothesis H<sub>2</sub>** - There will be significant association in the post-test level of self-esteem among adolescent girls in experiment group with selected socio demographic variables is accepted.

. At pre-test level overall self-esteem score in experimental group and control group was 60.40% and 62.00% and the overall differences was 1.40% which is not statistically significant. After the 3 weeks intervention period at post-test level over all self-esteem score in experiment and control group was 83.47% and 63.60% respectively and the differences of self-esteem was 23.07. This was statistically significant at  $P=0.001$ . The results of the present study showed that the assertiveness tutelage effectively raised the self-esteem of adolescent girls. As a community psychiatric nurse while going for school health programs, has more responsibility in empowering the abilities of adolescent girls.

*Chapter 6*  
*Summary &*  
*Conclusion*

## **CHAPTER – VI**

### **SUMMARY, IMPLICATIONS, RECOMMENDATIONS AND CONCLUSION**

This Chapter deals with the summary its implications to nursing, limitations and recommendations and conclusion for the future study. The present study was designed to evaluate the effectiveness of assertive tutelage on self- esteem among adolescent girls in selected school at Chennai.

#### **6.1 Summary**

This study was conducted to determine the effectiveness of assertiveness tutelage on raising self-esteem among adolescent girls in selected school, Tambaram, Chennai. It is Quasi experimental Non randomized control group study with manipulation. The conceptual framework of this study was Health Belief Model. The tools used for data collection was structured questionnaires to assess demographic variables and state self – esteem scale to assess self-esteem of adolescent girls. Total samples included in this research study were 60 adolescent girls from ninth standard. Sampling technique used was purposive sampling technique. After pre-test assessment to experimental group and control group, intervention was administered to experimental group. The experimental group was divided into three groups and intervention was given for 45 minutes daily for each group at routine basis for 3 weeks and at fourth week post-test was conducted for both the experimental group and control group. On remaining here days intervention program was taught to control group also. Descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (t-test and chi-square and Mc Nemar test) were used to analyze the data to test the study hypothesis.

## **6.2 Major Findings of the Study**

### **6.2.1 Based on Demographic data findings**

**Age:** In experimental group and control group 83.33% and 73.22% of students 14 years, 16.67% and 26.67% of them 15 years

**Religion:** In experiment group and control group 70.00% and 63.33% of them were Hindus, 6.67% and 10.00% of them belongs to Muslim religion and 23.33% and 26.67% of adolescent girls belongs to Christianity.

**Breadwinner of the family:** In experiment group father was 93.33% and mother - 6.67%. In control group 83.33% father seems to be the breadwinner and mother founds to be 16.67% respectively and none of the relatives in both the groups were registered as breadwinner of the family.

**Family System:** In experiment group and control group 73.33% and 70.00% belongs to nuclear family system and 26.67% and 30.00% were from joint family and none of the participants in both groups belongs to extended family system.

**Educational status of father: In experimental group and control group** 73.33% and 63.34% attended school level education 6.67% and 13.33% of them finished intermediate or diploma as well as illiterates, 13.33% and 10.00% of them got graduation degree

**Mother's Educational Status:** In experimental group and control group 83.33% and 76.67% finished school level, 6.67% and 3.33% undergone graduation 3.33% and 6.67% finished intermediate or diploma as well as same percentage of mothers were illiterates respectively.

**Monthly family Income:** In experimental group and control group 56.67% and 40.00% earned 5,000 – 10,000, 26.66% and 30.00% earned 10,001 – 20,000, 16.67% and

30.00% earned between 20,001 – 40,0000 and none of them from the both groups earned above 40,000.

**Place of Domiciliary:** In experimental group and control group 10.00% and 16.67% came from suburban, 90.00% and 83.33% came from rural area and none of them were from urban area.

**Academic performance:** In experimental group and control group 16.67% scored average performance, 20.00% and 13.33% scored above average, 36.66% and 46.67% scored good level, 26.67% and 23.33% scored excellent level.

**Body Mass Index:** In experimental group and control group 13.33% and 26.67% falls under underweight, 60.00% and 53.33% falls under normal weight, 20.00% and 13.33% falls under overweight and 6.67% falls under range of obese.

**Order of Sibling in the family:** In experimental group and control group 50.005 and 53.33% came under first order of sibling, 36.67% in both groups came under second order of sibling and 13.33% and 10.00% came under more than second order of siblings in the family.

**Recreation activity:** 60.00% and 40.00% had playing habit, 16.67% and 26.67% had reading books habit and 23.33% and 33.33% had other forms like watching TV, chatting etc.

In both the groups none of the adolescent girls had undergone assertive training.

## ***6.2.2ASSESS THE PRE-TEST EXISTING KNOWLEDGE OF ADOLESCENT GIRLS IN RAISING SELF-ESTEEM***

In per-test level there is no significant difference between experiment group and control group, more over overall self-esteem score in experimental group was 60.40% and in control group it was 62.00%.

In **Experimental group** adolescent girls scored maximum score in social self-self-esteem (62.00%) and minimum score in appearance self-esteem (57.90%). Overall self-esteem score is 60.40%.

In **control group**, adolescent girls scored maximum in Performance self-esteem (63.71%) and minimum score in Appearance self-esteem (58.90%). Over all self-esteem score was 62.00%

### **6.2.3. EFFECTIVENESS OF ASSERTIVENESS TUTELAGE AND GENERALIZATION OF SELF-ESTEEM SCORE**

The present study findings revealed that the self-esteem score before and after the administration of assertiveness tutelage was effective raising self-esteem among adolescent girls.

Considering the **Performance Self-Esteem domain**: At **pre-test** level in experiment group and control group adolescent girls scored 22.90 and 22.30 and the difference was 0.40 and at **post-test** level in experiment group and control group adolescent girls scored 29.83 and 22.93 and the difference is 6.90, this difference is large and it is significant.

**Considering the Social Self-Esteem domain**: At pre-test level in experiment group and control group adolescent girls scored 21.13 and 22.03, the difference is 3.93 and at **post- test level** in experiment group and control group adolescent girls scored 29.13 and 22.80, the difference is 6.33, this difference is large and it is significant.

Considering **Appearance Self-Esteem**: At **pre-test level** in experiment group and control group adolescent girls scored 17.37 and 17.67 and the difference was 3.39 and at **post-test level** in experiment group and control group adolescent girls scored 24.5 and 17.87, this difference is 6.63, and it is statistically significant.

Considering **Overall self-esteem score**: At **pre-test level** in experiment group and control group adolescent girls scored 60.40 and 62.00. At **post-test** level in experimental group and control group adolescent girls scored 83.47 and 63.60 score. This difference is 19.87 large and statistically significant. It was tested using Student independent t-test.



#### ***6.2.4 Comparison of pre-test and post-test self-esteem score***

**Before intervention:** In experimental group and control group adolescent girls score was 60.40% and 62.00% respectively.

**After intervention:** In experimental group and control group adolescent girls mean score was 83.47% and 63.60% of self-esteem respectively. **It was statistically significant at the level of  $t = 10.40$ ,  $P = 0.001^{***}(S)$ .** Level of self-esteem between pre-test and post-test was calculated using student independent t-test.

#### ***6.2.5. ASSOCIATION BETWEEN POST-TEST LEVEL OF SELF-ESTEEM AND SELECTED SOCIO-DEMOGRAPHIC VARIABLES***

The association between adolescent girl's post-test level of self-esteem with selected socio-demographic variables.

- There is significant association between adolescent girl's post-test level of self-esteem and their age, statistically significant at the P value  $P=0.03$
- There is significant association between adolescent girls' self-esteem and their type of family, statistically significant at p value  $P=0.04$
- There is significant association between adolescent girl's post-test level of self-esteem and their academic performances, statistically significant at the p value  $P=0.04$
- There is significant association between adolescent girl's level of self-esteem and their order of sibling in the family, statistically significant at the p value
  - $P = 0.01$

### **6.3 NURSING IMPLICATIONS**

The findings of the study have insinuation in different fields of nursing such as Nursing Practice, Nursing Education, Nursing Administration and Nursing Research, by

assessing the effectiveness of assertiveness tutelage among adolescent girls in raising self-esteem. The investigator has signed up a strong suggestion to be implemented in different fields to improve the profession.

### ***6.3.1. NURSING SERVICE***

- ❖ Assertiveness is the essential skill needed to develop interpersonal behavior and aids in reducing difference in individuals and prevents adverse accidents in clinical settings.
- ❖ Assertive training has great impact in psychiatric setting where more communication skill, (therapeutic communication) influences in treatment of psychiatric clients. It also plays role in evaluating client responses to stress, interactions as well as their own stress and aids in expressing these sought out feelings. Learning assertive techniques assists in developing coping skills with a variety of life situations.
- ❖ Needed for better understanding of clients and promotes safety of the patient, creates better concerns when patient's safety is compromised, hence assertiveness is seeming to be inevitable component for successful professional practice.
- ❖ It boosters' individual's well-being by increasing satisfaction, self-esteem and reducing stress, effective in the conflict resolution and have positive effects on health professionals as well as clients.
- ❖ It develops better understanding between health professionals and clients, it also paves to be a root cause for enhancing better Nurse-Client Relationship.

### ***6.3.2 Nursing Education***

- ❖ Nursing students needs to learn assertive communication skills to interact effectively with patient, families and other health professionals.

- ❖ Many studies have revealed that students with less assertive behavior and self-esteem display negative professional behavior. To enhance better attitude and dauntlessness among nursing students it is recommended that assertive communication is essential and should be taught among undergraduate students.
- ❖ Nurses still experiences some difficulties in assessing themselves, found to be passive to build the nature of leadership, administrative functions hence assertive communication training should be delivered in educational institutions as a part of educational program in view of developing better generation.
- ❖ Nursing Education is dynamic by its own way gives way to rise dynamism to various trends under areas like curriculum innovations, technology and nursing student population, clinical teaching learning process, evaluating system, quality assurance, knowledge expansion and modes of education. To empower to all these modifications and make themselves a dynamic personality, assertive behavior and assertive communication serve as bridge in achieving those qualities.
- ❖ Nursing education is professional course, which involves intersectoral approach and dynamic nature correlates various methodologies, presentations, procedures. All these natures clouds and give presence as stressful education for students, which in turn lowers their self-esteem. To enhance their self-esteem potentialities assertive behavior uplifts their self-concept and self-confidence level.
- ❖ High self-esteem among nursing students is important in providing high-quality service to clients, for better academic performances and upholding extracurricular activities.

### ***6.3.3. Nursing Administration***

- ❖ Nursing administrators should take initiatives to enhance the assertive behavior and assertive communication among nursing students.

- ❖ Assertive communication training has been linked with assertiveness, can be delivered as educational programs to do so administration must enhance steps to inculcate assertive communication among students.
- ❖ In the ease of implementation in management sector assertive training is important because creating an open environment for commercial leads for improved job satisfaction.
- ❖ Inservice education programs, staff development programs can be conducted to develop the assertive behavior among staff nurses and nursing students.
- ❖ Through School health campaigns adolescent students can be taught about assertiveness, assertive behavior and assertive communication.

#### **6.3.4. Nursing Research**

- ❖ There is a need for intensive and extensive work for creating innovative methods and awareness, development of teaching materials and setting up curriculum insisting the assertiveness tutelage among nursing students and nursing officers.
- ❖ Future studies can be conducted on effect of assertiveness tutelage on adolescent girls for longer duration.
- ❖ This study motivates other investigators, to conduct future studies in this topic with various domains.
- ❖ This study findings can be used as referral to conduct at urban research setting.

#### **6.4. Limitations**

- ❖ The study is limited to adolescent girls who are studying in school.
- ❖ Study is limited to four weeks data collection period.
- ❖ This study is limited for smaller sample.
- ❖ Adolescent age group is limited with 14 to 15 years age group.
- ❖ Girls studying only in ninth standard.

### ***6.5. Recommendations for further Research studies:***

- ❖ Keeping in view, the finding of the present study can be used as a guide for further research.
- ❖ A similar study can be replicated with a large sample in different setting.
- ❖ Similar study can be conducted to assess the effectiveness with other variables
- ❖ With these same variables this study can be conducted as qualitative approach
- ❖ It can be done as a comparative study with rural girls and urban girls.

## **6.5. Conclusion:**

The findings of the present study reveal that the assertiveness tutelage has effect on raising the self-esteem of adolescent girls in school. At pre-test level, there was no remarkable differences in self-esteem of adolescent girls in experimental group and group and statistically not significant  $F=0.41$ ,  $p=0.51$ . At post-test level the difference between experimental group and control group was 23.07, this difference is large and statistically significant  $F=37.76$ ,  $p=0.001$ . As adolescent period is one of the crucial periods in developmental stages, this program creates awareness among the adolescent girls, helps them to understand the values, rights, importance of communication style. In doing so, it develops the self-concept and self-confidence and aids in strengthening the self-esteem of adolescent girls. Training assertiveness program develops social skill among adolescent girls, teaches the rights of self and rights of others, increasing the amicable relationship with peer groups, teachers' neighbors and friends, ultimately increases the life satisfaction and happiness. It fosters the coping skills of adolescent girls, develops mental ability and problem-solving skills, builds confidence to compete with the present technology.

As a psychiatric nurse has greater responsibility in building the self-esteem, self-efficacy and assertiveness behavior among adolescent girls while going for school health campaigns.

# *References*

## REFERENCES

### BOOKS

1. Benjamin James Sadock. Synopsis of Psychiatry. 10th edition: Philadelphia: Lippincott Wolters Kluwer; 2010.
2. Bhatia M.S. A concise textbook of Psychiatric Nursing. New Delhi: C.B.S Publishers; 2000.
3. Bimla Kapoor. Textbook of Psychiatric Nursing. Volume –II. 2nd edition: New Delhi: Kumar Publishing House; 2003.
4. Burns Nancy Grove K. Susan. Understanding Nursing Research, Second edition: New Delhi: Harcourt Publishers; 1994.
5. Dr. Lalitha. Mental Health and Psychiatric Nursing. 1st edition: Bangalore: VMG book house; 2010.
6. Fontaine & Fletcher. Mental Health Nursing. 5th edition: New Delhi: Dorlind Kindersley India Pvt. Ltd; 2003
7. Frisch & Frisch. Psychiatric Mental Health Nursing, 3rd edition: Haryana: Thomson Delmer Learning; 2007.
8. Judith M. Schultz & Sheila V. Videbeck. Psychiatric Nursing Care Plans. 8th edition: Philadelphia: Lippincott Williams & Wilkins; 2011.
9. K.P. Neerja. Essentials of mental Health and Psychiatric Nursing. Volume-II, 1st edition: New Delhi: Jaypee brother; 2009.
10. Mary C. Townsend. Psychiatric Mental Health Nursing- Concepts of care in evidence-based practice. 8th edition: New Delhi: Jaypee Publishers; 2017
11. Polit F.P. Nursing Research Principles and Methods. 7th edition: Philadelphia: Lippincott Williams; 1999.
12. R. Sreevani. A Guide to Mental Health Nursing. 4th edition: New Delhi: Jaypee Publications; 2017.



13. Rao N.S.N, Murthy N.S. Applied statistics in health science. 2nd edition: New Delhi: Jaypee publications; 2010.
14. Suresh k. Sharma. Nursing Research and Statistics. 2nd edition: New Delhi: Elsevier India Pvt. Ltd; 2014.
15. World Health Organization. The ICD-10 Classification of Mental and Behavioral Disorders. New Delhi: A.I.T.B.S Publishers & Distributors; 2011.

## **JOURNALS**

1. Ada Anyamene, Nwobodo Chinyeln. Effects of Assertive Training on the Low Self-Esteem on Secondary School Students in Anambra State. Journal of Psychiatry and Behavioral Science. 2016 May; 4(1), 65 – 78
2. Addero Wilson Ogot. Relationship Between Self-Esteem and Academic Performance of Students in selected High Schools in Njoro District, Nakuru county, Kenya. International Journal of Science and Research. 2017 March; 6(3), 78 – 96.
3. Ahmad Ali Eslami, Leili Rabiei, Syed mohammadafzali, The Effectiveness of Assertiveness Training on the level of Stress, Anxiety, and Depression of High school students. Iranian Red Crescent Medical Journal, 2016 January; 18(1), 36-39
4. Ahmad Ali Salim, Lieli Rabies, Seved Mohammad Afzali et.al, The Effectiveness of Assertiveness Training on the levels of Stress, Anxiety, and Depression of High School Students. Iranian Red Crescent Medical Journal. 2016 January; 18(1), 23 – 28.
5. Bola O. Makinde & akin Jonathan Akinteye, Effects of Mentoring and Assertiveness Training on Adolescents' Self-Esteem in Lagos State Secondary School, International Journal of Social Science Studies, 2014 July; 2(3), 78-88

6. Christina Pop. Self-Esteem and Body Image Perception in a Sample of University Students. *Furasian Journal of Educational Research*, 2016; 64,31-44
7. Daniel Bruce. Body type, Self-Esteem and Assertiveness among High School Students in Ghana. *Journal of Advocacy, Research and Education*. 2016 August; 6(2), 105 - 112
8. Dogan T, Totan T, Sapmaz F. The role of self-esteem, psychological well-being, emotional self-efficacy, and affect balance on happiness: A path model. *European Scientific Journal*, 2013 July; 9(20), 30-38
9. Dr. JummilolaBosedeAlokan, Dr. JoyceOlufunkaOgunasanmi, Mrs. BosedeOluwayenisiFashina, Influence of Self-Esteem on Academic Performance among secondary school students. *Journal of Research and Method in Education*. 2014 October; 4(5), 48 – 51
10. Dr. Valliammal Shanmugam, Dr. Thathyayini, Assertiveness and Self-Esteem in Indian adolescents. *Galore Adolescent Journal of Health Sciences and Research*. October 2017; 2(4), 48 – 53.
11. Firas George Tannous. The Effectiveness of assertiveness training in improving self-esteem among a sample of students with low-emotional -behavioural traits. *International Journal of Adult and Non-Formal Education*, 2015 February; 3(1), 55-61
12. Ghodrati F, Tawakoli. P, Heydari N et. al, Investigating the Relationship between Self-Esteem, Assertiveness and Academic Achievement in Female High School Students. *Health Science Journal*. 2016 May; 10(4), 1 – 5
13. GitiSetoodeh. The influence of assertiveness training on self-esteem in female students of govt. high schools of Shiraz, Iran. *Journal of Nursing Practice today* 2014; 1(1), 17-23
14. Hamidreza Vatankhah, Darya Daryabari, Veda Ghadani, Nasrin Naderifar, The Effectiveness of Communication Skills training on Self-Concept, Self-Esteem and

- Assertiveness of female Students in guidance School in Rashit. *Journal of social and Behavioral Science*.2014; 84 (2), 885 – 889
15. Hong Lei Du, Ronel. B King, Pei Lian Ch.. Self-Esteem and Subjective Well-Being revisited the Roles of Personal Relational and collective Self-Esteem. *Plus One Journal*.
  16. Hossein Ebrahimi. Effect of Supportive Nursing Care on Self-Esteem of Patients Receiving electroconvulsive Therapy: A Randomized Controlled Trial. *Journal of Caring Sciences*. June 2014; 3(2), 149 - 156
  17. I.KechukwuUba, Siti Nor Yaacob. Impact of Self-Esteem in Relationship between Stress and substance abuse among adolescents. *International Journal of Social Sciences and Humanity*.2013May; 3(3),48-56
  18. Ji Myoung Jung, The Effect of an Assertiveness training program for adolescents in residential care in South Korea. *Asia Pacific Journal of Social work and Developmen*. May 2014; 24(4),285-299.
  19. Jivas George Jannous. Effectiveness of assertive Training on improving self-Esteem among a sample of Students with Low-Emotional and behavioral traits. *Global Science Research Journals*. February 2015; 3(1), 55 - 61
  20. Kiwoong Park. Long term effects of self-esteem on depression. *HHS public Access*. 2017 june: 3(58), 429-446
  21. Mahdi Hadavi. Assertive Behaviors Among Nursing Staff in a Local Hospital in Iran: *Modern care Journal*. April (2018); 15 (2), 3 – 6
  22. Meghadhillon. Factors Influencing Self-Esteem of Indian Female adolescents. *Journal of Humanities and Social Sciences* 2016 July; 7(21), 53-56
  23. Neel Burton. Building confidence and Self-Esteem. *Psychology today*. 2017 September;
  24. Nikhil S. Gupta, Gayatri R. Bhatia. Assessment of Body Image and Self Esteem among Young Adolescents. *International Journal of Scientific Research*, November 2018; 49-56

25. OA Popoola, B O Opayemi, B O Popoola. Peer Relation, Self-Esteem and Assertiveness among selected Adolescents in Ilosin, Nigeria. *Nigerian Journal of Social Psychology*. 2018; 1(1),56-67
26. Parisa Sheini. Relationship between Self-esteem and burnout in nurses. *Journal of Clinical Nursing and Midwifery*. Autu (2014); 4(3), 52 – 62
27. Raziyehsaeed Manish, Sedighehfallahzadeh, Mohammad SadeghEshaghPanah, The Effectiveness of assertiveness Training on social Anxiety of Health Volunteers of Yazd. *Scientific Research Publishing* May 2015; 6(1), 782-787
28. Rubab S, Kalsoom AC. Assessment of Self-Esteem and Depression in Burn Afflicted Women. *Journal of Universal Depression and Anxiety*. 2018; 7(2), 307-315
29. Sandhya Nair. Epidemiological Survey of Mental Health in adolescentschool children of Gujarat, India. *BMJ Paediatrics Open* 2017 October; 1(1)
30. Savitha Malhotra, Brichitra Nanda Patra. Prevalence of Child and Adolescent psychiatric disorders in India a systematic review and meta-analysis. *Journal of child Adolescent Psychiatry Mental Health*. 2014; 8(22) 48-55
31. S, K, Maheshwari, Karwalijit Kaur Gill. Relationship of Assertiveness and Self-Esteem among Nurses. *Scope med Directory of Medical Articles*. 2015; 6(5) 44 – 48
32. SH KhademiMofrad, T Mehrabi. The role of self-efficacy and assertiveness in aggression among high-school students in Isfahan. *Journal of Medicine and life*. May 2015; 8(4) 225 – 231
33. Susmitha Pandey, Simi J.L, Judie. A Pre- Experimental Study to Evaluate the Effectiveness of Assertiveness Training on Self-Esteem among Adolescent Girls in Selected School, Nepal. *International Journal of Health Sciences and Research*, August 2016; 6(8), 241-246

34. Svenltibert, Stephan Goerigk, Behavioral and Cognitive Psychotherapy in the Role of Self-Esteem in Depression A Longitudinal Study. Cambridge Core Journal. 2019 March; 2(47), 54 – 59
35. Urvashi Dutta. Effect of Self-Esteem enhancement on Assertiveness of School Students. International Journal of Indian Psychology. 2015 October; 3(17),4-12
36. Vahid Zamanazadeh. Nursing Students' Understanding of the Concept of Self-Esteem: a Qualitative Study. Journal of caring Sciences. 2016 March; 5(1), 33 – 37.
37. Vivek Poansal. Study Prevalence of Depression in adolescent students of public school. Industrial Psychology Journal. 2009 January: 18(1), 43-46
38. Waqar Maqbool Parray, Ghooman Ahirwar, Dr. Sanjay Kumar. A Study on Assertiveness among rural Adolescents. International Journal of Research and Analytical Reviews, December 2018; 5(4), 701-705
39. Waqar Maqbool Parray, Sanjay Kumar. Impact of assertiveness training on the level of assertiveness, self-esteem, stress, psychological well-being and academic achievement of adolescents. Indian Journal of Health and Well-being. 2017; 8(12), 1476-1480
40. Xavier Beisiyal. C. Level of Self-Esteem among B.Sc. (N) Students in a Selected College of Nursing at Bangalore, Karnataka. Asian Journal of Education and Research. 2015 June; 5(2), 137 - 141
41. Zelia Anastacio. Self-Esteem, Assertiveness and Resilience in Adolescents Institutionalized. International Journal of Development and Educational Psychology. 2016 June; 1(1), 315 - 321

## NET REFERENCES:

1. [https:// www. psychology today. com. bases](https://www.psychologytoday.com/bases)
2. [https:// www. apa.org. researchers. develop](https://www.apa.org/researchers/develop)
3. [http: // www.ncbi. nlm.gov/m/pub.med](http://www.ncbi.nlm.gov/m/pub.med)
4. [http: // ilkogretim-online.org.tr](http://ilkogretim-online.org.tr)
5. [https: // parents. au. Reached. com.](https://parents.au.Reached.com)
6. [https:// www.researchgate.net.](https://www.researchgate.net)
7. <https://www.scieio.org.co>
8. [https://twitter.com/tutorial spot](https://twitter.com/tutorialspot)
9. [https:/ /bookboon.com](https://bookboon.com)
10. [https:// www. censusindia.gov.in](https://www.censusindia.gov.in)
11. [https:// www. youthinfo india.org](https://www.youthinfoindia.org)
12. [https:// www. census 2011.in](https://www.census2011.in)
13. [https: // www.nimh.nih.gov.](https://www.nimh.nih.gov)
14. [http: //www. research gate.net.](http://www.researchgate.net)
15. [https: // www. womens health. northwestern. edu.](https://www.womenshealth.northwestern.edu)

# *Appendices*

## SOCIO DEMOGRAPHIC VARIABLES

1. Age of the participant -----

2. Religion

1. Hindu
2. Muslim
3. Christian
4. Others (specify)

3. Breadwinner of the family

1. Father
2. Mother
3. Relatives

4. Type of family

1. Nuclear family
2. Joint family
3. Extended family

5. Education of head of the family

### ***Father***

1. Profession
2. Graduate
3. Intermediate or Diploma
4. School level
5. Illiterate

### ***Mother***

1. Profession
2. Graduate
3. Intermediate or Diploma
4. School level
5. Illiterate

6. Occupation of the head of the family

### ***Father***

1. Professionals
2. Senior officials or Managers
3. Technicians
4. Clerks
5. Skilled agricultural & Fishery Workers
6. Elementary occupation
7. Unemployed.

### ***Mother***

1. Professionals
2. Senior officials or Managers
3. Technicians
4. Clerks
5. Skilled agricultural & Fishery Works
6. Elementary occupation
7. Unemployed



7. Monthly family Income

1. Rs. 5000 - 10000
2. Rs. 10001 – 20000
3. Rs. 20001 – 40000
4. Rs, 40000 above

8. Place of domiciliary

1. Urban
2. RuralCC
3. Sub-urban

9. Academic performance of students

1. Average
2. Above average
3. Good
4. Excellent

10. BMI of the student

1. Height .....
2. Weight .....

11. Order of sibling in the family

1. First
2. Second
3. Others (specify)

12. Recreation activity

1. playing
2. Reading books
3. Others (specify)

13. Have you undergone any training for assertiveness

1. Yes
2. No.

## சமூக தகவல்

1. பங்குகள் பட்டியலில் உள்ளவை -----

2. மதம்

- i. இந்து
- ii. முசுலிம்கள்
- iii. கிறிஸ்தவர்கள்
- iv. மற்றவர்கள்

3. குடும்பத்தின் தலைவர்

- i. தந்தை
- ii. தாய்
- iii. உறவினர்கள்

4. குடும்பத்தின் வகை

- i. தனி குடும்பம்
- ii. கூட்டு குடும்பம்
- iii. நீட்டிக்கப்பட்ட குடும்பம்

5. குடும்பத்தின் தலைவரின் கல்வியறிவு

தந்தை

எதிர்ப்பு

பட்டம்

பட்டம்

பட்டம்

பட்டம்

தாய்

எதிர்ப்பு

பட்டம்

பட்டம்

பட்டம்

பட்டம்

6. குடுமபத தலைவரணி ஁த

தநதை

தாய

தலைமை நரவாக ஁பாறுட (அ) நரவாக ஁பாறுபபு தலைலை (அ)

஁மலாளர

஁மலாளர

஁தாழாலநுடபவாயாளர ஁தாழாலநுடபவாய

஁ழுததர

஁ழுததர

வாவசாயம மலபாடித஁தாழ (அ) மலபாடித ஁தாழால வாவசாய (அ)

கடைநலை ஁ழாயர

கடைநலை ஁ழாயர

஁லை ஁லலாதவரகல

஁லை ஁லலாதவரகல

7. குடுமப வடுமல

- i. ₹ .5,000 - 10000
- ii. ₹ .10,001 - 20,000
- iii. ₹ .20,001 - 40,000
- iv. ₹ .40,001 ஁மல

8. வசகடும ஁ல

- i. நகரபுறல
- ii. கிராமம்
- iii. நகர்புறம சாரத

9. மாலலவரகலல கலவாததடு

- i. சரரசர
- ii. சரரசரிகடு ஁ட
- iii. நல்

10 மாலலவகலல ஁டலநலை குறாய

- i. உயர்ப
- ii. எடை

11. குடும்பத்தலை உடன்பாறபபு 6

- i. முதலாம நலு
- ii. ஜுரண்டாம் நலு
- iii. மற்ற நலுலக

12. ஁பாமுதுபா ஁சயலபா

- i. வாலையாடுத
- ii. புத்தகம் படி
- iii. மற்றலு

13. தாங்கல ஜுதறகு முலபு தலமுலுலபபு பயாறச ஁பற

?

- i. ஆப
- ii. ஜுல்லை

## STATE SELF ESTEEM INVENTORY

S.No	SELF ESTEEM QUESTIONNAIRE	NOT AT ALL	A LITTLE BIT	SOME WHAT	VERY MUCH	EXTREMEL Y
1	I feel confident about my abilities					
2	I am worried about whether I am regarded as a success or failure					
3	I feel satisfied with the way my body looks right now					
4	I feel frustrated or rattled about my performance					
5	I feel that I am having trouble understanding things that I read					
6	I feel that others respect and admire me					
7	I am dissatisfied with my weight					
8	I feel self-conscious					
9	I feel as smart as others					
10	I feel displeased with myself					
11	I feel good about myself					

12	I am pleased with my appearance right now					
13	I feel confident that I understand things.					
14	I feel confident that I understand things					
15	I feel inferior to others at this moment.					
16	I feel unattractive.					
17	I feel concerned about the impression I am taking					
18	I feel that I have less scholastic ability right now than others.					
19	I feel like I'm not doing well.					
20	I am worried about looking foolish					

**சுயமரியாதை கௌவா**

வ எ க	கௌவாக	இலலை	சுறுதள	சுறுதர ச	யாகவு	யாகவுய அதுகயா
1.	நாண எனது துறமையான க நமபாககையாச உணரகாடுற					
2.	நாண வெறறயாளான அலலதுதாலவையுறறவ எணபது குறுத்த சந உள்ள					
3.	எண உடலான அமைப்பு கு துறபாதுஎன துருபதுகரயாக உணரகாடு					
4.	எனது சுசயலதுறான என வாரகத்தயலபபதாச உணரகாடுற					
5	நாண படித்த					

	புராந்தியகொளவதலே எஃ பாரச்சொலே உள்ளதாச உணரகாஹே					
6.	நாண மறறவரகளாள ரச மறறிய மதிகும வச உள்ளதாச உணரகாஹே					
7.	எனது உடலெனே எஃ உட அதிருபதி அளககா					
8.	நாண சய உணரவு உள்ளவ உணரகாஹே					
9.	நாண மறறவரகளை பொ புத்தசாலே எனறு உணர					
10.	எனெனே பறறிய நெ வருத்தய தருவச உணரகாஹே					
11.	நாண எஃஎஃ ப நனமதிப்பாச உணரகாஹே					
12.	நாண தறபாது எனதுதா குறடி மகாசசகா காஹே					
13.	மறறவரகளே எஃஎஃ ப எஃஎஃ நெஃஎஃபார்களே எ குறடிது வருந்து					



14	எண்ணெய்ப்புற தன்மையால் நம்பகமாய் உணர்ச்சிகள்					
145	நாண தற்போ மற்றவர்களைவிட தாழ்மையாக உணர்ச்சி,					
16	நாண அழகாக ஐயலை எ உணர்ச்சிகள்					
17.	எண்ணெய் ஏற்படக் தாக்கத்தை உணர்ச்சிகள்					
18.	நாண தற்போது கற்ப மற்றவர்களைவிட தாழ்மை குறைவாக உள்ளதா உணர்ச்சிகள்					
19.	நாண சரியா செயல்படவில்லை என்பது உணர்ச்சிகள்					
20.	நாண முட்டாளாக இருப கவலை கொள்கிறே					



### INFORMATION TO PARTICIPANTS

**Title** : "Assess the effectiveness of assertiveness tutelage on raising self esteem among adolescent girls in selected schools, Chennai".

**Name of the Participant** :

**Date** :

**Age/sex** :

**Investigator** : V. Abirami,

**Name of the institution** ; College of Nursing, MMC, Chennai.

**Enrolment No** :

You are invited to take part in this study. The information in this document is meant to help you decide whether to or not to take part. Please feel free to ask if you have any queries or concerns.

- You are being asked to Cooperative in this study being conducted in selected Institute of mental health hospital at Chennai.

#### **What is the Purpose of the Research (explain briefly)**

This research is conducted to assess the effectiveness of assertiveness tutelage on raising self esteem among adolescent girls in selected schools, Chennai. We have obtained permission from the Institutional Ethics Committee.

#### **Study Procedures**

- Study will be conducted after approval of ethics committee
- A written formal permission will be obtained from authorities of College of Nursing, Madras Medical College, Chennai-3 to conduct study.
- The purpose of study will be explained to the participants.
- The investigator will obtain informed consent.
- The investigator will assess the job satisfaction and burn out of each participant before the procedure using a standardized scale.
- The investigator will undergo tutelage for s in tutelage centre.
- It will be taught by the investigator daily.
- The procedure of will be explained to them with the help of lecture and video assisted and by demonstration.
- Following that the level of stress reduction will be assessed after 10 days.

### INFORMATION TO PARTICIPANTS

**Title** : "Assess the effectiveness of assertiveness tutelage on raising self esteem among adolescent girls in selected schools, Chennai".

**Name of the Participant** :

**Date** :

**Age/sex** :

**Investigator** : V. Abirami,

**Name of the institution** ; College of Nursing, MMC, Chennai.

**Enrolment No** :

You are invited to take part in this study. The information in this document is meant to help you decide whether to or not to take part. Please feel free to ask if you have any queries or concerns.

- You are being asked to Cooperative in this study being conducted in selected Institute of mental health hospital at Chennai.

#### **What is the Purpose of the Research (explain briefly)**

This research is conducted to assess the effectiveness of assertiveness tutelage on raising self esteem among adolescent girls in selected schools, Chennai. We have obtained permission from the Institutional Ethics Committee.

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- The investigator will undergo tutelage for s in tutelage centre.
- It will be taught by the investigator daily.
- The procedure of will be explained to them with the help of lecture and video assisted and by demonstration.
- Following that the level of stress reduction will be assessed after 10 days.

**INFORMED CONSENT**

**Investigator** : V.Abirami,

**Name of Participant** :

**Age/sex** :

**Date** :

**Name of the institution** : College of Nursing, Chennai.

**Title** : Assess the effectiveness of assertiveness tutelage on raising self esteem among adolescent girls in selected schools, Chennai.

**Documentation of the informed consent:** (legal representative can sign if the participant is minor or competent).

- I \_\_\_\_\_ have read/it has been read for me, the information in this form. I was free to ask any questions and they have been answered. I am over 60 years of age and exercising my free power of choice, hereby give my consent to be included as a participant in the study.
- I have read and understood this consent form and the information provided to me.
- I have had the consent document explained in detail to me.
- I have been explained about the nature of my study.
- My rights and responsibilities have been explained to me by the investigator.
- I agree to co-operate with the investigator
- I have not participated in any research study at any time.
- I am aware of the fact that I can opt out of the study at any time without having to give any reason
- I hereby give permission to the investigators to release the information obtained from me as a result of participation in this study to the regulatory authorities, government agencies and Institutional ethics committee. I understand that they are publicly presented.
- My identity will be kept confidential if my data are publicly presented.
- I am aware that I have any question during this study; I should contact the concerned investigator.

Signature of Investigator

Signature of Participants

Date

Date



— Ājōī °¼ Åø ð — Ājōī °

¼ Åøð:

பள்ளையா பயலு ஜுளமபருவ ள மத்தையா சுயமராயா தையை உயர்த்துவதற்காக தன்முனைப்பு பயிற்சி துறையை மதிப்பிடுவதற்கு

— öÅjÇ ÷ | ÅÅ ÷ : வெ. அபாராய

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ÅÅÐ/Åjø :

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• þ ¼ — Ājōī ° Åø · ü Ç ¼ Åø, · Ç Åj Ð , j ð Åj , · Åø Ð ð | , j ð , § È ý ± ý Å · ¼ | ¼ j Åø Ð ð | , j ð , § È ý





**INSTITUTIONAL ETHICS COMMITTEE  
MADRAS MEDICAL COLLEGE, CHENNAI 600 003**

EC Reg.No.ECR/270/Inst./TN/2013  
Telephone No.044 25305301  
Fax: 011 25363970

**CERTIFICATE OF APPROVAL**

To  
V. Abirami,  
M.Sc. Nursing I Year  
College of Nursing  
Madras Medical College  
Chennai 600 003

Dear V. Abirami,

The Institutional Ethics Committee has considered your request and approved your study titled **"A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS TUTELAGE ON RAISING SELF-ESTEEM AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLS, CHENNAI" - NO.17072018.**

The following members of Ethics Committee were present in the meeting hold on **24.07.2018** conducted at Madras Medical College, Chennai 3

- |  |                      |
|--|----------------------|
| 1. Prof.P.V.Jayashankar  | :Chairperson         |
| 2. Prof.R.Jayanthi,MD.,FRCP(Glasg) Dean,MMC,Ch-3                       | : Deputy Chairperson |
| 3. Prof.Sudha Seshayyan,MD., Vice Principal,MMC,Ch-3                   | : Member Secretary   |
| 4. Prof.N.Gopalakrishnan,MD,Director,Inst.of Nephrology,MMC,Ch         | : Member             |
| 5. Prof.S.Mayilvahanan,MD,Director,Inst. of Int.Med,MMC, Ch-3          | : Member             |
| 6. Prof.A.Pandiya Raj,Director, Inst. of Gen.Surgery,MMC               | : Member             |
| 7. Prof.Shanthy Gunasingh, Director, Inst.of Social Obstetrics,KGH     | : Member             |
| 8. Prof.Rema Chandramohan,Prof.of Paediatrics,ICH,Chennai              | : Member             |
| 9. Prof. Susila, Director, Inst. of Pharmacology,MMC,Ch-3              | : Member             |
| 10.Prof.K.Ramadevi,MD., Director, Inst. of Bio-Chemistry,MMC,Ch-3      | : Member             |
| 11.Prof.Bharathi Vidya Jayanthi,Director, Inst. of Pathology,MMC,Ch-3: | Member               |
| 12.Thiru S.Govindasamy, BA.,BL,High Court,Chennai                      | : Lawyer             |
| 13.Tmt.Arnold Saulina, MA.,MSW.,                                       | :Social Scientist    |
| 14.Thiru K.Ranjith, Ch- 91   | : Lay Person         |


We approve the proposal to be conducted in its presented form.

The Institutional Ethics Committee expects to be informed about the progress of the study and SAE occurring in the course of the study, any changes in the protocol and patients information/informed consent and asks to be provided a copy of the final report.

  
Member Secretary - Ethics Committee

**CERTIFICATE FOR CONTENT VALIDITY**

This is to certify that the tool constructed by **ABIRAMI. V**, I year M.Sc (Nursing) student of College of Nursing, MMC, Chennai – 03 which is to be used in her study titled “**A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS TUTELAGE IN RAISING SELF ESTEEM AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLS, CHENNAI.**” has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.

  
**SIGNATURE WITH SEAL**  
ASSISTANT PROFESSOR OF PSYCHOLOGY CUR  
CLINICAL PSYCHOLOGIST,  
INSTITUTE OF MENTAL HEALTH,  
KILPAUK CHENNAI.

**Name:**

**Designation:**

**College:**

**Place:**

**Date:**

**CERTIFICATE FOR CONTENT VALIDITY**

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**SIGNATURE WITH SEAL**

**Name:** DR. V. Venkatesh Mathankumar

**Designation:** ASSOCIATE PROFESSOR OF PSYCHIATRY  
MADRAS MEDICAL COLLEGE  
CHENNAI-3.

**College:**

**Place:**

**Date:**

### CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool constructed by **ABIRAMI. V**, I year M.Sc (Nursing) student of College of Nursing, MMC, Chennai – 03 which is to be used in her study titled “**A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS TUTELAGE ON RAISING SELF ESTEEM AMONG ADOLESCENTS GIRLS IN SELECTED SCHOOLS, CEHNNAI**”. has been validated by the undersigned. The suggestion and modification given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.

  
SIGNATURE WITH SEAL

**Name:** : DR. K. VIJAYALAKSHMI  
**Designation:** : PROFESSOR  
**College:** : APOLLO COLLEGE OF NURSING  
**Place:** CHENNAI -  
**Date:**





REQUISITION LETTER

Chennai-03

From

28-01-2019

Ms. V. Abirami,  
M.Sc.(Nursing) II Year student,  
College of Nursing,  
Madras Medical College,  
Chennai- 600003.

To

The Head mistress,  
St. Joseph Higher Secondary School,  
Tambaram,  
Chennai-59

Through - The Principal, College of Nursing, Madras Medical College, Chennai-03.

Respected Madam


**Sub:** Requesting permission to conduct Dissertation study in St. Joseph  
Higher Secondary School, Tambaram, Chennai – Regarding.

-----x-----

I am undergoing post graduation at College of Nursing, Madras Medical College, Chennai-03 and has to conduct a study for the partial fulfillment of M.Sc.(N) programme. My topic is **“A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS TUTELAGE IN RAISING SELF ESTEEM AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLS CHENNAI”**. The data will be collected at St Joseph Higher Secondary School, Tambaram from 02.02.2019 to 04.03.2019 at 8am-4pm. I assure that I will not disturb the routine activities of the school students and there is no extra expenditure to the Government.

With due respect, I request your good self to kindly permit me to conduct this study.

Thanking You,

  
Signature of HOD  
(Research)

*Forwarded*  
*S. Ignaciammal*  
*30.01.19*  
PRINCIPAL  
COLLEGE OF NURSING  
MADRAS MEDICAL COLLEGE  
CHENNAI - 600 003.

Yours faithfully,


  
(ABIRAMI. V)

*permitted,*  
*S. Ignaciammal.*  
MS. S. IGNACIAMMAL, M.A., B.Ed.  
HEADMISTRESS  
ST. JOSEPH'S HR. SEC. SCHOOL  
TAMBARAM, CHENNAI - 600 059.



**CERTIFICATE FOR CONTENT VALIDITY**

This is to certify that the tool constructed by **ABIRAMI. V**, I year M.Sc (Nursing) student of College of Nursing, MMC, Chennai – 03 which is to be used in her study titled “**A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS TUTELEGE IN RAISING SELF ESTEEM AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLS, CHENNAI.**” has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.

  
**SIGNATURE WITH SEAL**  
Prof. & Head of the Department  
MENTAL HEALTH NURSING.

Name: **DR. HEMAVATHY - J**

Designation: **PROF CUM HOD,**

College: **OMAYALACHI COLLEGE OF NURSING**

Place: **CHENNAI**

Date:



**CERTIFICATE FOR CONTENT VALIDITY**

This is to certify that the tool constructed by **ABIRAMI**, V,II year M.Sc. (Nursing) student of College of Nursing, MMC, Chennai – 03 which is to be used in her study titled “**A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS TUTELAGE IN RAISING SELF ESTEEM AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLS, CHENNAI.**” has been validated by the undersigned. The suggestions and modifications given by me will be incorporated by the investigator in concern with their respective guide. Then she can proceed in do the research.



**SIGNATURE WITH SEAL**

**Name:** Dr. (M) CIBY JOSE PRINCIPAL  
VENKATESWARA NURSING COLLEGE,  
THALAMBUR  
CHENNAI-600 130

**Designation:** PRINCIPAL

**College:** VENKATESWARA NURSING COLLEGE

**Place:** THALAMBUR, CHENNAI.

**Date:** 04/02/2019.



# The State Self Esteem Scale (SSES)

---



[main](http://www.psychtoolkit.org/) (<http://www.psychtoolkit.org/>) | [survey library](http://www.psychtoolkit.org/survey-library/) (<http://www.psychtoolkit.org/survey-library/>) | [copyright](http://www.psychtoolkit.org/copyright.html) (<http://www.psychtoolkit.org/copyright.html>)

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[Introduction](#)

[Run the demo](#)

[Legal stuff](#)

[Technically](#)

[The survey code for PsyToolkit](#)

[References](#)

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## Introduction

**Self esteem** (<http://en.wikipedia.org/wiki/Self-esteem>) is one's own feeling of worthiness, and there are various scales measuring this ([see also the PsyToolkit implementation of Rosenberg's scale](#)).

The advantages of this scale over Rosenberg's are (in my opinion):

- This scale is has clearer data on averages in the adult population, which are available in the paper of Heatherton and Polivy (1991).
- Whereas the Rosenberg scoring varies from paper to paper, here they use a clear 5 point scale with results healthy adults. Each item is scored on a 5-point scale (1 = not at all, 2 = a little bit, 3 = somewhat, 4 = very much, and 5 = extremely).
- The scale includes three facets of self esteem: Appearance, Performance, and Social (you need to read the Heatherton and Polivy paper to understand why the authors believe the scale measures this, which has to do with their statistical factor analysis).



If you want the sum of only a few items, you give the subitem using the dot. For example, \$sses.1 refers to the score of the first line in the scale question (*I feel confident about my abilities*).

## The survey code for PsyToolkit

*Copy and paste this code to your PsyToolkit account if you want to use the scale in your own online research project*

Further, the authors state (p.908):

“We found that the scale is evidence of attitudinal and motivational consequences. Journal of psychometrically sound and that it displays considerable concurrent and discriminant validity in the laboratory, in the classroom, and in clinical settings.

The authors ran a couple of studies. Because the questionnaire has 20 items with scores between 1 and 5, the scale ranges between 5 and 100.

In a study with 102 undergraduate volunteers (72 women, 30 men) ranging between 18 and 43, they found an average overall score of 70 points (on a scale from 20 to 100). Divided by the three different facets, they found an average of 25 for *Performance* (range 7 to 35) and *Social* (range 7 to 35), and 20 on *Appearance* (range 6 to 30). You can compare this to your own scores if you run the demo test.

## Run the demo



[Click here to run a demo of the survey](http://www.psychtoolkit.org/cgi-bin/psy2.4.1/survey?s=35Rax)  
(<http://www.psychtoolkit.org/cgi-bin/psy2.4.1/survey?s=35Rax>)

## Legal stuff

The scale was published in the *Journal of Personality and Social Psychology*, 60 (see references below), and it seems anyone can use the scale for their own research project as long as they cite and acknowledge the Heatherton and Polivy (1991) paper.

## Technically

This is a simple scale question with some reverse coded items.



# Certificate

This certificate has been awarded to

V. Abhirami

for the successful completion of

**"Training Course in Counselling Psychology"**

Topic : Assertive Skill Training.

Duration : 25<sup>th</sup> Jan 2019 - 4<sup>th</sup> Feb 2019

Issued On: 5<sup>th</sup> Feb 2019

*Ms. Ananthi Karthic*  
Founder Director  
U Turn Academy

## CERTIFICATE OF TAMIL EDITING

This is to certify that the Dissertation titled “A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS TUTELAGE ON RAISING SELF ESTEEM AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLS, CHENNAI” done by Ms.ABIRAMI.V, M.Sc (Nursing) II Year student, College of Nursing, Madras Medical College, Chennai-03 was edited for TAMIL LANGUAGE appropriateness.

NAME : M. PARVATHY  
DESIGNATION : PU ASSISTANT (TAMIL)  
DATE :  
PLACE : VEERANAMUR .  
SIGNATURE WITH SEAL :

பு.பார்வதி M.A.,B.Ed.,  
தமிழ் முதுகலை ஆசிரியர்  
அரசு மேனிலைப்பள்ளி  
வீரனாமூர் - 604 203  
விழுப்புரம் மாவட்டம்.

## CERTIFICATE OF ENGLISH EDITING

This is to certify that the Dissertation titled **“A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVENESS TUTELAGE ON RAISING SELF ESTEEM AMONG ADOLESCENT GIRLS IN SELECTED SCHOOLS, CHENNAI”** done by Ms.ABIRAMI.V, M.Sc (Nursing) II Year student, College of Nursing, Madras Medical College, Chennai-03 was edited for ENGLISH LANGUAGE appropriateness.

NAME

: A. SHEIK MOHAMMED

DESIGNATION

: PG ASSISTANT ( ENGLISH)

DATE

:

PLACE

: VEERANAMUR

SIGNATURE WITH SEAL

:

A. SLL.

A. SHEIK MOHAMMED, M.A., M.Phil., B.Ed.  
PG ASSISTANT IN ENGLISH.  
Govt. Hr. Sec. School.  
Veeranamur, Villupuram - 604 203.

# ASSERTIVENESS

## INTRODUCTION

Assertiveness is the ability to express our opinions, feelings, ideas, and needs openly, in a way that is true to who you are respectful of others. It involves standing up for our self in a way that encourages conversation rather than defensiveness. It is a healthy and honest form of communication that can eliminate the stress associated with holding things inside. Failing to be assertive can make us feel uneasy in social situations, resentful towards others, and can also lead to stress-related physical symptoms such as headaches, anxiety and fatigue. Unhealthy alternatives to assertive communication are passivity and aggression. These forms are typically less successful because people are too busy responding to the delivery of your message to consider what you are saying.

Assertive behavior helps us feel good about ourselves and increase our self-esteem. It helps us feel good about other people and increases our ability to develop satisfying relationships with others. This is accomplished out of honesty, directness, appropriateness and respecting one's own basic rights as well as the rights of others.

## MEANING:

- Assertiveness is the ability to express our thoughts and feelings, and to put forth our opinions-even if contradicting-in such a way that they clearly state our point of view while respecting other's feelings and opinions.
- It makes us speak honestly and directly about our thoughts, feelings and opinions without defending the listeners(s)' or hurting their sentiments. It makes the other person more comfortable to have a conversation with individual, as he feels that his opinion is also being equal importance. This makes him more forthcoming and open to share his thoughts with you.



- It makes individual confident to exercise more control over your life in difficult situations, rather than blindly following instructions and directions of other people.

## **DEFINITION:**

Assertiveness is *the ability to express your emotions and needs without violating the rights of others and without being aggressive.*

Assertiveness is not about showing people that you can shout and it's not about scaring them but it's something between *being aggressive and being passive.*

Assertiveness is the act of asking for what you want in a confident way that harms no one but in the same time preserves your rights.

***M. FAROUK RADWAN***

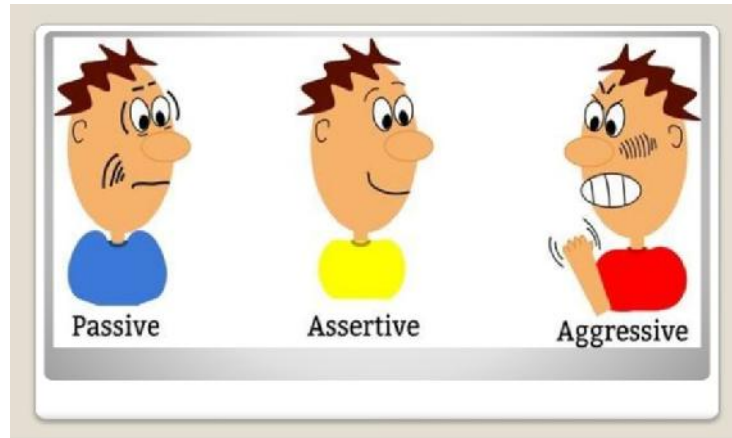
*An assertive people behave as*

- Firm, yet pleasant voice
- Clear speech and sincerity
- Appropriate behavior at any given situation
- Co-operative and progressive nature, importance of assertiveness

## **TYPES OF ASSERTIVE BEHAVIOR:**

### **PASSIVE BEHAVIOR: (You win; I lose)**

Please others, decreased self- respect, Others needs are given priority, does not achieved goal, insecure response, decreased self-confidence, anxious, angry, socially inhibited, hold in thoughts, ideas and feelings.



**ASSERTIVE BEHAVIOR: (Win-Win)**

Willing to compromise, mutual respect. Respect own needs and needs of others, may achieve desired goal, build self confidence and self-esteem, happy, confident, self-productive, express thoughts, ideas and feelings and encourages others to contribute

**AGGRESSIVE BEHAVIOR: (I WIN YOU LOSE)**

Please self, decreased concern of others, own needs are given priority, achieves desired goals at expense of others, decreased self-confidence, angry, controlling, socially destructive, express ideas, thoughts and feelings.

**ASSERTIVE RIGHTS AND RESPONSIBILITIES**

RIGHTS	RESPONSIBILITIES
To be treated with respect	To treat others in a way that recognizes their humanity dignity
To express feelings, opinions and beliefs	To accept ownership of our feelings and solve respect our own
To make mistake	To accept responsibility for own

	mistakes and try to correct them
To be listened	To listen to others
To change your mind	To accept the possible consequences that the change may incur, to accept the same flexibility in others.
To ask for what you want	To accept others right to refuse your request
To put yourself first sometime	To put others first sometimes.
To set your own priorities	To consider one's limitations as well as strengths in directing independent activities
To refuse justification for own feelings or behavior	To accept others without requiring justifications.

**AIM:**

- The main aim of this tutelage is to **raise the self-esteem** of the adolescent girls.
- This tutelage raises their assertive behavior
- It helps them to enhance their will power and able to perform their academic activities as well as faces social life strategies successfully.
- It enlightens their knowledge about rights and responsibilities.

**CHARACTERISTICS OF ASSERTIVE PEOPLE:**

- They feel free to express their feelings, thoughts and desires.
- They know their own rights and rights of others, control over their anger, it doesn't mean repressing the feeling. It means that they control it for a moment and then self-talk about it later in a logical way.

- They have a good understanding of feelings of the person they are communicating with.

## **BENEFITS OF ASSERTIVE COMMUNICATION.**

Set boundaries with aggressive types

Speak-up confidently for ourselves.

Expressing our ideas so one is perceived as a valuable asset.

Individual can act independently.

Raises the self-esteem and self-confidence level of an individual.

Rights of an individual can be preserved.

**Techniques applied in this intervention session as follows:**

**I. Application of assertiveness**

**II. Assertive communication**

**III. Building social confidence**

**I. Application of Assertiveness:**

It aids in initiating good interpersonal relationships well among peers. It paves ways to deal with everyday situations and come out feeling good.



### **1.Responding to compliments:**



Individual with low self-esteem tend to avoid the compliments. Deep down they feel unworthy and are likely to respond to praise with phrases like ‘Oham, It was not at all a big one’. To avoid that one should use self-generating replies. **Ex.** “Thanks” in a way clear, grateful, and accepting. Secondly ask the reasons which made them to praise.

### **2.Saying No to others:**



Non-assertive people have a hard time saying “No” specifically from people whom they want to impress. Here one should explain the reason clearly that unable to do or carry out the work.

**Ex.** Oh, No I am unable to come out with you tonight, because I have an appointment with my family doctor.

### **3. Responding to criticism:**



Criticism is another difficult area, where aggressive person tends to react forcefully, whether submissive person feel more miserable than before pushed towards to very low self-esteem.

For that **first** remember that it is someone's opinion, **secondly** don't take it personally, **third** collect more information related to criticism, try to analyze the fact to do better next time.

For this individual can adopt “**PRACTICE VISUALIZATIONS**”, that is imaginary visualization of powerful effect in re-programming the way we handle the situations.

### **Steps involved are:**

Close the eyes and be in relaxed state

Play out an incident where we want to be more assertive

It's like video, play and replay as often as we want.

### **II. ASSERTIVE COMMUNICATION:**



Assertive communication makes the biggest difference, whether in word, deed or image is assertiveness. Some of assertive communication techniques are –

## **1.Fogging**

This technique allows individual to receive criticism comfortably, without getting anxious. This mode avoids getting aggressive at the mean while not accepting their statement. After a meanwhile the other person automatically calms down.

## **2.Using I statements:**

Using **I** statements allow individual to take responsible for their feelings rather than saying they are happened by another individual.

**Ex. I** came late so teacher punished me.

**I** played well, so we won the trophy.

## **3. Broken Record:**

Persistently repeating in a calm voice what is wanted which includes slight variations, but firmly standing up on our decision.

**Ex.Salesperson:** You can exchange your vehicle with good exchange offer.

**Assertive Response:** No I don't want to change my vehicle

**Salesperson:** You can good exchange offer.

**Assertive Response:** I don't want offers; my vehicle is in good condition.



### **III.Social Confidence:**

Social confidence is the application of assertive ways of behaving in present situation at outside work. One of the most important uses of social confidence is in meeting new people, respecting them as we are in their position and becoming friends



#### **1.Active Listening:**

The technique of listening for “free information”, picking up on it, and then moving a conversation on with it shows that you are listening actively to others.



When an individual listen actively and with empathy, one can make themselves attractive to others. Then the conversation becomes effective one, with one person leading and other one following.

## 2. Positive Feedback:



Once a person entered into conversation with someone, the exchange can move up a gear if you give positive feedback to another person. The trick is to do without flattery. This can be a comment in a positive manner which creates understanding and likeable.

## 3. Self-Disclosure:



Disclosing information about how the individual feels. i.e. Situations which makes oneself disappoint or unpleasant at that times one can express their feelings directly as Iam feeling discomfort, it' sembarassing me.

**Conclusion:**

Assertive behavior promotes equality in human relationships, enabling us to act in our own best interests to stand up for ourselves without undue anxiety, to express honest feelings comfortably, to excessive personal rights without denying the rights of others. In this present study, adolescent girls learnabout assertive behavior, assertive communication and application of assertiveness. This qualities fosters self-confidence in them and enhances self-esteem level.

## அறிமுகம்

தன்முனைப்பு அல்லது தன்னுறுதியுடன் செயலாற்றும் இயல்பு என்பது, பிறரிடம் கண்ணியத்துடனும், மரியாதையுடனும் நடந்துகொள்கின்ற அதே நேரத்தில் நமது கருத்துகள், யோசனைகள் மற்றும் தேவைகளை தயக்கமின்றி மனம்திறந்து வெளிப்படையாக தெரிவிக்கும் திறனாகும். தற்காப்பு முனைப்புத் தன்மைக்கு பதிலாக கலந்துரையாடலை ஊக்குவிக்கின்ற ஒரு வழிமுறையை நமது சுய மதிப்பீடுகள், கருத்துகளுக்காக அச்சமின்றி உறுதியாக நிற்பது இதில் உள்ளடங்கும். மனதிற்குள் எண்ணங்களையும், கருத்துகளையும் அடக்கி வைப்பதோடு தொடர்புடைய மனஅழுத்தத்தை வரவிடாமல் தடுப்பதற்கான ஒரு ஆரோக்கியமான, நேர்மையான தகவல் பரிமாற்ற வடிவமாக இது இருக்கிறது. தன்முனைப்புடன் செயலாற்றவும், கருத்துகளை வெளிப்படுத்தவும் தவறுவது, சமூக சூழல்களில் நம்மிடம் அசௌகரிய உணர்வை உருவாக்கும் பிறரிடம் கோபம் மற்றும் எரிச்சலுடன் இருக்குமாறு செய்யும் அத்துடன் தலைவலி, பதற்றம் மற்றும் களைப்பு போன்ற மனஅழுத்தத்தோடு தொடர்புடைய உடல்சார் நோய் அறிகுறிகளுக்கும் இது வழிவகுக்கும். தன்முனைப்பு அல்லது தன்னுறுதியுடன் கூடிய தகவல்பரிமாற்றத்திற்கு ஆரோக்கியமற்ற மாற்று வழிமுறைகளாக இருப்பது செயலற்ற நிலை மற்றும் தாக்கும் கோபஉணர்வு என்பவையாகும். இந்த வடிவங்கள், வெற்றிகரமாக இருப்பது மிகவும் குறைவாகவே இருக்கும். ஏனெனில் நீங்கள் என்ன சொல்கிறீர்கள் என்பதை மனதில் கொண்டு பரிசீலிப்பதற்குப் பதிலாக உங்களது செய்தி வழங்கும் முறைக்கு அல்லது விதத்திற்கு பதிலடி கொடுப்பதில் அல்லது பதில்வினையாற்றுவதில் மும்முரமாக இருப்பார்கள் என்பதே இதற்கு காரணம்.

தன்முனைப்பு நடத்தையானது, நம்மைப் பற்றியே நாம் நன்றாக உணர்வதற்கு உதவுகிறது நமது சுய மதிப்பை அதிகரிக்கிறது. பிற நபர்கள் மீது நன்றாக உணர்வதற்கு நமக்கு இது உதவுவதுடன், அவர்களுடன் திருப்தியளிக்கும் நல்ல உறவுகளை உருவாக்கிக்கொள்ளும் நமது திறனையும் அதிகரிக்கிறது. நேர்மை, சுற்றி வளைக்காத நேரடி செயல்பாடு, பொருத்தமான உரியமுறை மற்றும் ஒருவரது சொந்த அடிப்படை உரிமைகளை மதிப்பதோடு, பிறரது உரிமைகளையும் மதிக்கும் தன்மை ஆகியவற்றின் மூலம் நல்லுறவுகளை நம்மால் பேணமுடியும்.

## பொருள்:

- தன்முனைப்பு ∴ தன்னுறுதியுடன் செயலாற்றும் தன்மை என்பது, நமது சிந்தனைகளையும், உணர்வுகளையும் உறுதியுடன் வெளிப்படுத்தும் திறனாகும் பிறரது உணர்வுகளையும், கருத்துகளையும் மதிக்கின்ற அதே நேரத்தில் நமது கண்ணோட்டத்தையும், கருத்துகளையும். பிறரது கருத்துகளுக்கு முரணாக இருப்பினும், தெளிவாக வெளிப்படுத்தும் திறனாகும்.
- கேட்பவர்களது உணர்வுகளை காயப்படுத்தாமல் அல்லது அவர்களது கருத்துகளுக்கு போலித்தனமாக ஆதரிக்க முற்படாது, நமது சிந்தனைகள், உணர்வுகள் மற்றும் கருத்துகளை, நேர்மையாகவும் மற்றும் நேரடியாகவும் பேசுமாறு இது செய்கிறது. அவரது கருத்தும், சமமுகியத்துவம் உடையது என்று உணருமாறு செய்வதால், ஒரு தனிநபரோடு கலந்துரையாடல் செய்வதை அதிக சௌகரியமானதாக அடுத்த நபர் உணருமாறு இது செய்கிறது. அந்த நபரை தயங்காமல் மனம்திறந்து அவரது சிந்தனைகளை உங்களோடு பகிர்ந்துகொள்ள முன்வருமாறு இது செய்கிறது.
- பிற நபர்களின் அறிவுறுத்தல்களையும், வழிகாட்டல்களையும் கண்முடித்தனமாக பின்பற்றுவதற்குப் பதிலாக சிரமமான சூழ்நிலைகளில் உங்களது வாழ்க்கையின் மீது அதிக கட்டுப்பாட்டைக் கொண்டிருக்கும் அளவிற்கு நம்பிக்கையும், தைரியமும் உள்ளவராக உங்களை இது ஆக்குகிறது.

## சொற்பொருள் விளக்கம்:

பிறரது உரிமைகளை மீறாமலும் மற்றும் கட்டாயப்படுத்தும் முரட்டுத்தன உணர்வு இல்லாமலும் உங்களது உணர்வுகளையும், தேவைகளையும் தயங்காமல் வெளிப்படுத்துகின்ற திறனே தன்முனைப்பு அல்லது தன்னுறுதியுடன் செயலாற்றும் இயல்பாகும்.

தன்முனைப்பு தன்மை என்பது, உங்களால் கத்தி கூச்சலிடமுடியும் என்பதை பிற நபர்களிடம் காட்டுவதல்ல அவர்களை அச்சுறுத்துவதற்கான வழிமுறையல்ல. மாறாக, கட்டாயப்படுத்தும் முரட்டுத்தன்மைக்கும் மற்றும் செயலற்ற நிலைக்கும் இடைப்பட்ட ஒன்றே இது.

தன்முனைப்பு தன்மை என்பது, எவருக்கும் தீங்கு விளைவிக்காமல் அதே நேரத்தில் உங்களது உரிமைகளை காப்பாற்றிக் கொள்வதற்காக தைரியமான, நம்பிக்கையான

வழிமுறைகள் நீங்கள் விரும்புவதை கேட்கின்ற, எண்ணங்களை பகிர்ந்து கொள்கின்ற செயல்பாடாகும்.

**எம். .:பருக் ரத்வான்**

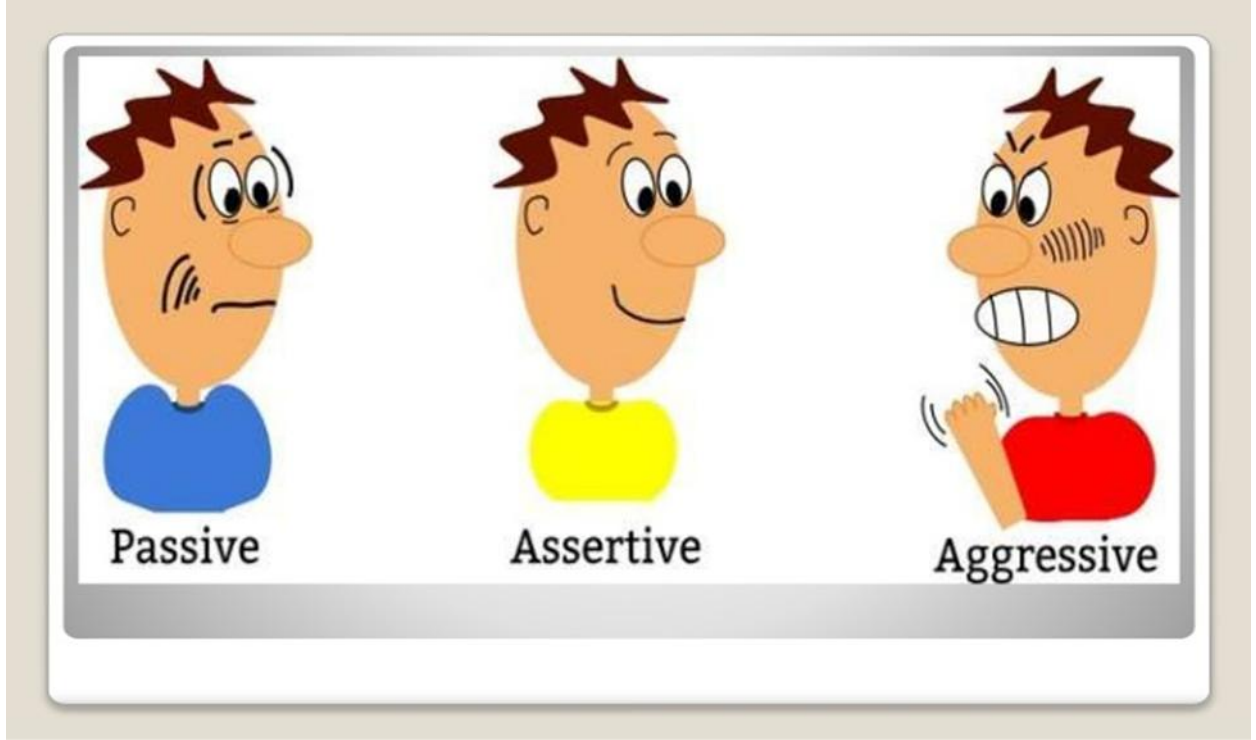
*தன்முனைப்புள்ள ஒரு நபர் கீழ்க்கண்டவாறு செயல்படுவார்*

- உறுதியான, ஆனால் இனிமையான குரலுடன்
- தெளிவான பேச்சு மற்றும் நேர்மையுடன்
- எந்தவொரு சூழ்நிலையிலும், கண்ணியமான நடத்தையுடன்
- ஒத்துழைப்பு உணர்வு மற்றும் முற்போக்கு சிந்தனையுடன், தன்முனைப்பு தன்மையின் முக்கியத்துவத்தை உணர்ந்தவராக

**தன்முனைப்பு நடத்தையின் வகைகள்:**

**செயலற்ற நடத்தை (உங்களுக்கு வெற்றி எனக்கு தோல்வி)**

பிறரை சந்தோஷப்படுத்த முற்படுவது, குறைவாக காணப்படும் சுயமரியாதை, பிறரது தேவைகளுக்கு முன்னுரிமை தருவது, இலக்கை எட்ட தவறுவது, பாதுகாப்பற்ற உணர்வுடன் பதில்வினையாற்றுவது, குறைவான சுயநம்பிக்கை, பதற்றஉணர்வு, கோபம், சமூக அளவில் தயக்கமுடன் ஒதுங்கி நிற்பது, சிந்தனைகள், யோசனைகள் மற்றும் உணர்வுகளை மனதிற்குள்ளேயே அடக்கி வைப்பது.



### தன்முனைப்புள்ள நடத்தை: (வெற்றி – வெற்றி)

சமரசம் செய்ய, விட்டுக்கொடுக்க தயாராக இருப்பது, பரஸ்பர மரியாதை, பிறரது தேவைகளையும் மற்றும் சுயதேவைகளையும் மதிப்பது, எதிர்பார்க்கப்படும் இலக்கை எட்டுவது, சுயநம்பிக்கையையும், சுய மதிப்பையும் வளர்த்துக் கொள்வது, மகிழ்ச்சியாக, நம்பிக்கையோடு, சுய-திறனுள்ளவராக திகழ்வது, சிந்தனைகளையும், யோசனைகளையும் உணர்வுகளையும் தயங்காமல் வெளிப்படுத்துவது மற்றும் பிறரையும் அவ்வாறே செயல்பட்டு பங்களிப்பு வழங்குமாறு ஊக்குவிப்பது.

### கட்டாயப்படுத்தும் முரட்டுத்தன்மையுள்ள நடத்தை: (எனக்கு வெற்றி, உனக்கு தோல்வி)

சுயமகிழ்ச்சியின்மீது முனைப்பு, பிறர் மீது குறைவான அக்கறை, சுய தேவைகளுக்கு முன்னுரிமை, பிறரை சேதப்படுத்தி, தான் விரும்புகின்ற இலக்குகளை எட்டுவது, குறைவான சுயநம்பிக்கை, கோபஉணர்வு, பிறரை கட்டுப்படுத்துவதில் தீவிரம், சமூக ரீதியில் நாசமாக்கும் வகையில் செயல்படுவதுடன், சிந்தனைகளையும், கருத்துகளையும், உணர்வுகளையும் வெளிப்படுத்துவது

**தன்முனைப்புள்ள நபர்களின் உரிமைகள் மற்றும் பொறுப்புகள்**

<b>உரிமைகள்</b>	<b>பொறுப்புகள்</b>
மரியாதையுடன் நடத்தப்படுவது	அவர்களது மானுட கண்ணியத்தை அங்கீகரிக்கும் வகையில் பிறரை நடத்துவது
உணர்வுகள், கருத்துகள் மற்றும் நம்பிக்கைகளை மனம் திறந்து வெளிப்படுத்துவது	நமது உணர்வுகளுக்கு பொறுப்பினை ஏற்பது மற்றும் பிறரது உணர்வுகளை மதிப்பது
தவறுகளை செய்வது	சொந்த தவறுகளுக்கு பொறுப்பினை ஏற்பது மற்றும் அவைகளை சரிசெய்ய முயற்சிப்பது
சொல்வதை பிறர் செவிமடுக்குமாறு செய்வது	பிறர் சொல்வதை செவிமடுப்பது
உங்களது மனதை ∴ கருத்தை மாற்றிக் கொள்வது	மாற்றம் நிகழ்க்கூடும் என்பதனால் சாத்தியமுள்ள பின்விளைவுகளையும் ஏற்றுக்கொள்வது பிறரிடம் காணப்படும் அதே நெகிழ்வுத்தன்மையை ஏற்றுக்கொள்வது.
நீங்கள் விரும்புவதை கேட்டுப் பெறுவது	உங்களது வேண்டுகோளை மறுப்பதற்கான பிறரது உரிமையை ஏற்றுக்கொள்வது
சில நேரத்தில் உங்களை முதலிடத்தில் நிலைநிறுத்துவது	சில நேரங்களில் பிறரை முதலிடத்தில் நிலைநிறுத்துவது
உங்களது சொந்த முன்னுரிமைகளை நிர்ணயிப்பது	தனிப்பட்ட செயல் நடவடிக்கைகளை மேற்கொள்வதில் ஒருவரது பலத்தையும், பலவீனத்தையும் கருத்தில் கொள்வது
சொந்த உணர்வுகள் அல்லது நடத்தைக்கு நியாயப்படுத்தலை ஏற்க மறுப்பது	நியாயப்படுத்தலை அவசியமாக்காமல் பிறரை ஏற்றுக்கொள்வது

**நோக்கம்:**



- வளர்இளம் பருவ பெண்களிடம் சுய மதிப்பை உயர்த்துவதை இந்த பயிற்சி செயல்பாட்டின் முக்கிய நோக்கமாகும்.
- அவர்களது மனத்திண்மையை மேம்படுத்த இது அவர்களுக்கு உதவுகிறது அவர்களது கல்விசார் செயல்பாடுகளை திறம்பட மேற்கொள்ளவும் மற்றும் சமூக வாழ்க்கை உத்திகளையும், சவால்களையும் வெற்றிகரமாக எதிர்கொள்ளவும் இது உதவுகிறது.

**தன்முனைப்பு ∴ தன்னுறுதி மிக்க நபர்களின் பண்புகள்:**

- தங்கள் உணர்வுகள், சிந்தனைகள் மற்றும் விருப்பங்களை வெளிப்படுத்த அவர்கள் தயங்க மாட்டார்கள்.
- தங்களுடைய சொந்த உரிமைகள் மற்றும் மற்றவர்களின் உரிமைகள் என்ன என்பதும் மற்றும் தங்கள் கோபத்தை எப்படி கட்டுப்படுத்துவது என்பதும் அவர்களுக்கு தெரியும், இதற்கு உணர்வை அடக்குதல் என்று அர்த்தமாகாது. இதற்கு என்ன அர்த்தம் என்றால், அதை அவர்கள் ஒரு தருணத்திற்கு கட்டுப்படுத்துவார்கள் மற்றும் அதன்பிறகு அது பற்றி பின்னர் ஒரு தர்க்க ரீதியில் தானே பேசுவார்கள் என்பதாகும்.
- அவர்கள் யாரிடம் தொடர்புகொண்டு பேசுகிறார்களோ அவர்களுடைய உணர்வுகள் பற்றி அவர்களுக்கு ஒரு நல்ல புரிதல் இருக்கும்.

**உறுதியான கருத்து பரிமாற்றத்தின் நன்மைகள்**

கட்டாயப்படுத்துகிற ∴ முரட்டுத்தனமான நபர்களிடம் எல்லைகள் நிர்ணயித்தல்

நமக்காகவே தன்னம்பிக்கையுடன் பேசுதல்

மதிப்புமிக்க சொத்தாக கருதப்படும் வகையில் நம்முடைய எண்ணக்கருத்துக்களை வெளிப்படுத்துதல்.

தனிநபர் சுதந்திரமாக செயல்பட முடியும்.

ஒரு தனிநபரின் சுயமரியாதை மற்றும் தன்னம்பிக்கையை உயர்த்தும்

ஒரு தனிநபரின் உரிமைகள் பாதுகாக்கப்படும்

**இந்த இடையீட்டு அமர்வில் பயன்படுத்தப்படும் நுட்பங்கள் பின்வருமாறு:**

ஐ. உறுதித்தன்மையை பயன்படுத்துதல்

ஐஐ. உறுதியான கருத்து பரிமாற்றம்

ஐஐஐ. சமூக நம்பிக்கையை உருவாக்குதல்

ஐ. தன்முனைப்புள்ள உறுதித்தன்மையைப் பயன்படுத்துதல்:

இது சகாக்களிடையே ஒருவருக்கொருவர் நல்லுறவைத் தொடங்குவதில் உதவுகிறது. அன்றாட சூழ்நிலைகள் குறித்து நடவடிக்கைகள் எடுப்பதற்கும் மற்றும் சிறந்த உணர்வோடு திருப்தியடைவதற்கும் வழிவகுக்கிறது.



### 1. பாராட்டுகளுக்கு பதில்வினையாற்றுதல்:



குறைந்த சுயமரியாதை உள்ள தனிநபர் பாராட்டுதல்களை தவிர்ப்பதற்கு முற்படுவார். மனதின் ஆழத்தில் தகுதியற்றவர்களாக அவர்கள் உணர்வார்கள் மற்றும் “இது ஒன்றும் பெரிய வி‘யமல்ல” என்பது போன்ற பதில்களை பிறர் புகழும்போது அநேகமாக அவர்கள் கூறக்கூடும். அதை தவிர்ப்பதற்கு ஒருவர் சுய உருவாக்க பதில்களை பயன்படுத்த வேண்டும். எ.கா. “நன்றி”. தெளிவான, நன்றியுணர்வுடன் மற்றும் ஏற்றுக்கொள்கின்ற வழிமுறையில் இந்த பதில் இருக்கலாம். இரண்டாவதாக அவர்களை பாராட்டுமாறு செய்தது எது என்று காரணங்களை கூறுமாறு கேட்க வேண்டும்.

### 2. மற்றவர்களுக்கு “இல்லை” ∴ “இயலாது” என்று கூறுதல்:



தன்முனைப்பற்ற நபர்கள், குறிப்பாக, யாரிடம் அவர்கள் நல்ல எண்ணத்தை பதித்து கவரவேண்டும் என்று விரும்புகிறார்களோ அவர்களிடம் “இல்லை” என்று சொல்வதில் சிரமப்படுவார்கள். அறிவுறுத்தப்படும் பணியை செய்ய முடியாததற்கு அல்லது நிறைவேற்ற முடியாததற்கு தெளிவாக காரணத்தை அந்நபர் விளக்கவேண்டும்.

எ.கா. ஓ. இல்லை, என்னுடைய குடும்ப மருத்துவரை சந்திப்பதற்கு நான் முன்பதிவை செய்திருப்பதால் இன்று இரவு உங்களுடன் என்னால் வெளியே வர இயலாது.

3. விமர்சனங்களுக்கு பதிலளித்தல்:



விமர்சனம் என்பது, மற்றொரு சிரமமான பகுதியாகும். இங்கு, கட்டாயப்படுத்தும் முரட்டுத்தனமான நபர் பலவந்தமாக நடந்துகொள்ள முற்படுவார். அதேசமயம்

அடிபணியும் நபர், மிகவும் தாழ்ந்த சுயமரியாதைக்கு தள்ளப்படுவதற்கு முன்னர் அதைவிட மிகவும் பரிதாபமாக உணர்வார்.

அத்தகைய தருணத்தில் இது வேறொருவரின் கருத்து என்பதை **முதலில்** நினைவில்கொள்ளவும். **இரண்டாவதாக** அதை தனிப்பட்ட முறையில் எடுத்துக்கொள்ள வேண்டாம். **மூன்றாவதாக**, விமர்சனம் தொடர்பாக அதிக தகவலை சேகரிக்கவும், அடுத்தமுறை நன்றாகச் செய்வதற்கு உண்மையை பகுப்பாய்வு செய்ய முயற்சிக்கவும்.

இதற்கு, “செயல்முறை காட்சிப்படுத்துதல்” செயல்முறையை ஒருநபர் பின்பற்றலாம். இது, நாம் சூழ்நிலைகளை கையாளக்கூடிய வழியை மறுதிட்டமிடுவதில் சக்தி வாய்ந்த விளைவை கற்பனையில் காட்சிப்படுத்திப் பார்ப்பதாகும்.

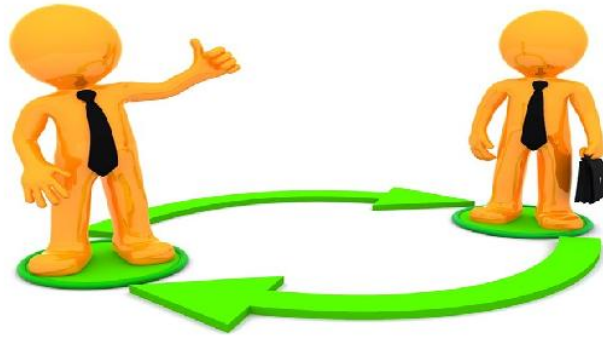
**இதில் உள்ளடங்கிய படிநிலைகள்:**

கண்களை மூடவும் மற்றும் உடலையும் மனதையும் அமைதியாக வைக்கவும்.

நாம் மிகவும் உறுதியாக இருக்கவேண்டிய ஒரு சம்பவத்தை, கற்பனையில் காட்சிப்படுத்திப் பார்க்கவும்.

இது நாம் அடிக்கடி விரும்புகிறவாறு பிளே மற்றும் ரீபிளேயை செய்து பார்க்கிற ஒரு வீடியோவை போன்றதாகும்.

**ஐஐ. உறுதியான கருத்து பரிமாற்றம்:**



உறுதித்தன்மை எழுத்திலோ, செயலிலோ அல்லது தோற்றத்திலோ எதுவாக இருந்தாலும், உறுதியான கருத்து பரிமாற்றம் மிகப்பெரிய வித்தியாசத்தை ஏற்படுத்துகிறது. சில உறுதியான கருத்துப்பரிமாற்ற நுட்பங்கள் பின்வருமாறு:

### 1. ஃபாகிங் (குழப்பபெ)

இந்த உத்தியானது, கவலை கொள்ளாமல் விமர்சனத்தை தைரியமாக ஏற்பதற்கு தனிநபரை ஏதுவாக்குகிறது. அவர்கள் சொல்வதை ஏற்காத அதே நேரத்தில் அவர்கள் மீது கோபமடைவதை இந்த வழிமுறை தவிர்க்கச் செய்கிறது. சிறிது நேரத்திற்குப் பிறகு அடுத்த நபர் தானாகவே அமைதியாகிவிடுவார்.

### 2. “நான் ஃ எனது” என்ற வார்த்தைகளைப் பயன்படுத்துதல்:

“நான் ஃ எனது” என்ற வார்த்தைகளை, பயன்படுத்துவது என்பது, அவை மற்றொரு நபரால் நிகழ்ந்தது என்று சொல்வதற்குப் பதிலாக, ஒரு தனிநபரை அவரது உணர்வுகளுக்கு பொறுப்பேற்க அனுமதிக்கிறது.

**எ.கா. நான்** காலதாமதமாக வந்ததால் ஆசிரியர் என்னை தண்டித்தார்.

**நான்** நன்றாக விளையாடினேன், எனவே நாங்கள் பரிசுக்கோப்பையை வென்றோம்.

### 3. சொல்வதையே திரும்பத் திரும்பக் கூறுவது:

என்ன வேண்டும் என்பதை ஒரு அமைதியான குரலில் தொடர்ந்து விடாமல் திரும்பத் திரும்பச் சொல்லுதல் இதில் சிறிதளவு வேறுபாடுகள் இருக்கலாம். ஆனால், நமது சொந்த முடிவில் உறுதியாக இருப்பது இதில் உள்ளடங்கும்.

**எ.கா. விற்பனையாளர்:** நீங்கள் உங்கள் வாகனத்தை நல்ல எக்சேஞ்ச் ஆஃபருடன் மாற்றிக்கொள்ளலாம்.

**தன்முனைப்பு பதில்:** இல்லை, நான் என்னுடைய வாகனத்தை மாற்ற விரும்பவில்லை

**விற்பனையாளர்:** சிறந்த எக்சேஞ்ச் ஆஃபரை நீங்கள் பயன்படுத்திக் கொள்ளலாம்.

தன்முனைப்பு பதில்: ஆ.பர்கள் எனக்கு வேண்டாம். எனது வாகனம் நல்ல நிலையில்தான் இருக்கிறது.

### ஐஐஐ. சமூக நம்பிக்கை:

சமூக நம்பிக்கை என்பது, வெளிப்புற பணியில் தற்போதுள்ள சூழ்நிலையில் உறுதியான தன்முனைப்புள்ள முறைகளை பயன்படுத்துவதாகும். புதிய நபர்களை சந்தித்தல், அவர்களுடைய நிலையில் நாம் இருப்பதுபோல அவர்களை கருதி மதித்தல் மற்றும் நண்பர்களாக ஆகுதல் ஆகியவை சமூக நம்பிக்கையின் மிகவும் முக்கியமான பயன்களில் சிலவாகும்.



### 1. கூர்ந்து செவிமடுத்தல்:

“தடையற்ற தகவலுக்கு” செவிமடுப்பதற்கான உத்தி என்பது, அதை கவனமாக கருத்தில்கொள்வது மற்றும் அதன்பிறகு அதைக்கொண்டு ஒரு உரையாடலுக்கு முன்னேறுவது என்பதாகும். நீங்கள் மற்றவர்கள் சொல்வதை கவனமாக செவிமடுக்கிறீர்கள் என்பதை இது காட்டுகிறது.



ஒரு தனிநபர், கூர்ந்து மற்றும் பரிவுடன் கவனிக்கும்போது, ஒருவர் தங்களை மற்றவர்களுக்கு ஈர்ப்புடையவராக ஆக்கிக் கொள்ளலாம். அப்போது அந்த உரையாடலானது. ஒருவர் முன்னெடுத்துச் செல்வதாகவும், மற்றொருவர் பின்தொடர்வதாகவும் பயனுகந்த ஒன்றாக ஆகிறது.

## 2. நேர்மறையான பின்னறித் தகவல்:



வேறொரு நபருடன் நீங்கள் உரையாடலில் ஈடுபடத் தொடங்கும்போது, மற்றொரு நபரிடம் நேர்மறையான கருத்தை நீங்கள் வழங்கும்போது இந்த தகவல் பரிமாற்றமானது, ஒருபடி மேலே உயரக்கூடும். தேவையற்ற புகழ்ச்சி வார்த்தைகள் இல்லாமல் செய்வதில்தான் இதன் சூட்சுமம் அடங்கியிருக்கிறது. புரிதலையும், விரும்பத்தக்க நிலையையும் உருவாக்குகின்ற ஒரு நேர்மறையான வடிவத்திலான ஒரு கருத்தாக, பாராட்டாக இது இருக்கலாம்.



### 3. சுய – வெளிப்படுத்தல்:




ஒரு நபர், தான் எப்படி உணர்கிறார் என்று தகவலை வெளிப்படுத்துவது: எ.கா. ஒருவரை ஏமாற்றத்திற்கு ஆளாக்குகின்ற அல்லது அசௌகரியமாக உணரச் செய்கின்ற சூழ்நிலைகள். இத்தகைய நேரங்களில் ‘இது என்னை அசௌகரியமாக உணரச் செய்கிறது’ என்னை வெட்கப்பட வைக்கிறது’ என்பது போன்ற தனது உணர்வுகளை நேரடியாக வெளிப்படுத்தலாம்.

#### முடிவுரை:

தன்முனைப்புள்ள  $\therefore$  தன்னுறுதியான நடத்தையானது, மனித உறவுகளில் சமத்துவத்தை ஊக்குவிக்கிறது அவசியமற்ற பதற்றமோ, கவலையோ இல்லாமல் நமது சொந்த நலன்களை கருத்தில்கொண்டு செயல்பட நம்மை ஏதுவாக்குகிறது நேர்மையான உணர்வுகளை சௌகரியமாக வெளிப்படுத்தச் செய்கிறது. பிறரது உரிமைகளை நிராகரிக்காமல் தனிப்பட்ட உரிமைகளை செயல்படுத்த வகை செய்கிறது.





**INTRODUCTION:** "Everything what happens to you is a reflection of what you believe about yourself. We cannot outperform our level of self-esteem. Iyanla Vangant Child development refers to a child's ability to learn and master on skills. Holistic development sees the child in the round, as a whole person-each child develops in a unique way and follows a recognized pattern of development called milestones. The child learns and develops skills varies at specific stages of development. During newborn stage development, child exhibits movements that are automatic in response to external stimuli. In Infant stage infant displays independence in motor... (only first 800 chars shown)

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