

**EFFECTIVENESS OF ASSERTIVENESS TRAINING ON
SELF-ESTEEM AMONG ADOLESCENTS STUDYING
IN SELECTED SCHOOL, MADURAI.**

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In partial fulfillment of the requirement for the degree of

MASTER OF SCIENCE IN NURSING

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This is to certify that this dissertation titled, “**EFFECTIVENESS OF ASSERTIVENESS TRAINING ON SELF-ESTEEM AMONG ADOLESCENTS STUDYING IN SELECTED SCHOOL, MADURAI**” is a bonafide work done by **Mrs.R.SUDHA**, M.Sc (N) Student, College of Nursing, Madurai Medical College, Madurai-20, submitted to THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY, CHENNAI in partial fulfillment of the university rules and regulations towards the award of the degree of **MASTER OF SCIENCE IN NURSING, Branch V, Mental Health Nursing**, under our guidance and supervision during the academic period from 2014—2016.

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ABSTRACT

Title: Effectiveness of assertiveness training on Self-Esteem among adolescents studying in selected school, Madurai. **Objectives:** To assess the level of Self-Esteem among adolescents. To evaluate the effectiveness of Assertiveness training on Self-Esteem among adolescents. To associate the level of Self-Esteem among adolescents studying in selected school, Madurai with their selected socio demographic variables. **Hypotheses:** There is a significant difference between the pre test and post test level of Self-Esteem among adolescents. There is a significant association between the level of Self-Esteem among adolescents studying in selected school, Madurai with their selected socio demographic variables. Modified Johnson's behavior model (1986) was used. **Methodology:** One group pre test post test design was used, 60 adolescents were selected at Elango Corporation Higher Secondary School, Madurai by non-probability sampling method. Pretest was conducted on first day after obtaining consent, assertiveness training was given for 1½ hours daily in the morning for 5 Consecutive days (total 5 sessions) and Post test on 6th day by using Rosenberg self esteem scale. **Findings:** Assertiveness training improved the Self-Esteem among adolescents. There was a significant association between post test level of Self-Esteem and adolescent's age, educational status, monthly family income and mothers educational status. **Conclusion:** Assertiveness training is cost effective, noninvasive, non pharmacological complementary and alternative therapy to improve the Self-Esteem among adolescents.

Key words: Assertiveness training, Self-Esteem, adolescents.

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Introduction

CHAPTER I

INTRODUCTION

"I am strong, because I know my weakness.

I am Beautiful, because I am aware of my flaws.

I am fearless, because I learnt to recognise, illusion from real .

I am wise , because I learn from my Mistakes.

I am a lover, because I have felt Hate,

and I can laugh, because I have known Sadness"

-Harvey Fierstein.

Human life is divided into five main stages namely infancy, childhood, adolescence, adulthood and old age. In each of these stages an individual find himself in different situations and face different problems. Adolescence is a crucial period of transition between childhood and adult hood, a time of rapid physical , cognitive, social, and emotional maturing as the man prepares for manhood and a girl prepares for women hood. The precise boundaries of adolescence are difficult to define , but this period is customarily viewed as beginning with gradual appearance of secondary sex and ending with cessation of body growth at 18 to 20 years. The process of adolescence may significantly effect on the health of the individuals.

Adolescence, the term is derived from Latin word "adolescere" ; meaning "to grow, to mature'. Developmentally , this amounts to 'achieving an identity". Adolescence is a transitional stage of physical and mental human development generally occurring between puberty and legal adulthood (age of majority) but largely characterized as beginning and ending with the teenage stage. According to

Erik Erikson's stages of human development, an adolescent is generally a person between the ages of 13 and 19.

Adolescents are most often subsumed with youth or with children or with young adults. Different policies and programmes define the adolescents' age group differently. For example, adolescents in the draft Youth Policy have been defined as the age group between 13-19 years; whereas the Reproductive and Child Health Programme mentions adolescents as being between 10-19 years of age. Internationally, the age group of 10-19 years is considered to be the age of adolescence.

In adolescent period the personal identity is a part of ongoing identification process. As youngsters establish identity within a group, they are also attempting to incorporate multiple body changes into a concept of self. Body awareness is a part of self-awareness and for sometime the adolescent will engage in assimilating the self represented by dimension. Significant others hold certain expectations for the behaviour of the adolescent. Often these expectations or demands are persistent enough to result in certain decisions that might be differently or not at all if the individual could be the responsible for identity formation. It is also too easy to slip into the roles that are expected by these external influences without incorporating personal goals or questioning these decisions in relation to the developing personality. The process of evolving a personal identity is time consuming and fraught with periods of confusion, depression and discouragement. Determining an identity and a place in the world is a critical and perilous feature of adolescence. Personal identity is mainly based on the self-concept. Self-concept is the cognitive or thinking component of the self, and generally refers to the totality of a complex,

organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence. **(Huitt, 2009)**.

Self-concept mainly consist of three components, i.e. physical self or body image, Personal identity, self –Esteem. An individual body image is a subjective perception of one’s physical appearance based on self evaluation and on reactions and feed back from others.

Gorman and Sultan (2008) stated body image is the mental picture of his or her own body . It significantly influences the way a person thinks and feels about his or her body as a whole, about his functions and about internal and external sensations associated with it. The disturbances in one’s body image may occur with changes in structure or function. Alterations in body image are often experienced as losses.

The last and best component of self concept is self –Esteem . It is the person’s personal judgement of self worth , based on how behaviour matches up with the self ideal. **Wrarren (1991) states** Self-Esteem breaks down into components: 1.the ability to say that “ I am important,” “ I have something to offer to others and the world.” The individuals must achieve a positive self- esteem before they can achieve self –actualization. On a day –to day basis, one’s self-value is challenged by changes within the environment . with a positive self worth , individuals are able to adopt successfully to the demands associated with situational and maturational crisis occur . The ability to adopt to these environmental changes is impaired when individuals hold themselves in low esteem.

Individuals with low Self-Esteem perceive them selves to be incompetent , unlovable, insecure, and unworthy. The number of manifestations exhibited is

influenced by the degree to which an individual experiences low self-esteem. Low-self-esteem is also associated with feelings of being weak, helpless, hopeless, frightened, vulnerable, fragile, in-complete, worthless and inadequate. They suffer from negative thoughts and fail to recognize their potential, they fear criticism and take compliments negatively and are afraid to take up responsibilities, and afraid of forming their own opinion.

On the other hand, quality of life among adolescents draws attention to determinants of health at a range of levels; especially, personal factors such as attitudes and beliefs; community factors such as family, peers, employment, and schools; and structural factors such as income distribution and educational and employment opportunities. Usually, research into the health of adolescents is limited only to one or two of these levels without considering the interrelationship between these levels.

The development of Self-Esteem progresses through out the life span. Erikson's describes eight transitional or maturational crises, the resolution of which can have a profound influence on Self-Esteem. If the crisis successfully resolved at one stage, the individual develops healthy coping strategies that individual can draw on to help fulfill tasks of subsequent stages. when an individual fails to achieve the tasks associated with a developmental stage, emotional growth is inhibited. Because of that his behaviour is modified, either the individual goes to passive behaviour, manipulative behaviour and aggressive behaviour, if he successfully resolved the crisis means he develops assertive behaviour.

Aggressive involves some kind of physical or psychological violence. It is defined as "the hostile expression of preferences by words or actions..."

Aggressiveness is a self-centred behaviour aimed at winning regard to other 'rights, dignity and feelings. In aggressive behaviour the individual gets victory, but it is not a real victory, it is a victory with pain and loss of Self-Esteem. So if the victory can be a real no means the person need to be assertive. It is a form of behaviour that enables a person to realise his rights of others and without guilt or anxiety, it is acting "truthfully without violence".

Self assertiveness is the ability to express self openly and honestly, be confident with true values is courteous to speak when needed. Acting assertively can increase self confidence in relationship, helps to feel better and give a sense of control in everyday situations.

Assertive behaviour promotes equality in human relationships , enabling us to act our own best interests , to stand up for ourselves without undue anxiety, to express honest feelings comfortably, to exercise personal rights without denying the rights of others , (**Alberti & Emmons, 2008**). Assertive behaviour helps them to feel good about ourselves and increases their Self-Esteem. It help them to feel good about other people and increases their ability to develop satisfying relationship with others. This accomplished out of honesty, directness, appropriateness and respecting one's own basic rights as well as the rights of others.

Assertiveness is a form of behaviour characterized by a confident declaration of Students often suffer and need to be assertive and to cope successfully. Assertiveness is the ability to express yourself and your rights with out violating the rights of others. Assertiveness is frequently misunderstood. Assertiveness involves expressing thoughts, feelings and beliefs in a way that is inappropriate and violates the rights of others while assertiveness tries to find a solution.

Assertiveness is tool for confidently and way of saying 'Yes' or 'No' in an appropriate way. We are consciously working towards a win-win solution to problem. An Assertive person should be emotionally honest, enhancing, expressive, confident and self respecting.

Assertiveness is mainly composed of four response patterns i.e. non assertive behaviour, assertive, aggressive, and passive- aggressive. Individuals who are Non assertive seek to please others at the expense of denying their own basic human rights. They seldom let their true feelings show and often feel hurt and anxious because they allow others to choose for them. They come across as being apologetic and tend to be self- deprecating .They use actions instead of words and hope someone will "guess" what they want . Their voices are hesitant, weak, and expressed in a monotone. Their eyes are usually downcast. Individuals who are aggressive defend their own basic rights by violating the basic rights of others. Feelings are often expressed dishonestly and inappropriately. They say what is on their minds , often at the expense of others. Aggressive behaviour commonly results in a putdown of the receiver. In this the receiver feels hurt, defensive, and humiliated. Aggressive individuals devalue the self worth of others on whom they impose their choices. They express superiority and their voices are often loud, demanding, angry or cold, with out emotion. Their eye contact may be "to intimate others by staring them down" , they want to increase their feelings of power by dominating others.

Passive aggressive behaviour individuals defend their own rights by expressing resistance to social and occupational demands. Sometimes called indirect aggression, this behaviour takes the form of passive , non confrontive action, these individuals are devious, manipulative, and shy, and they undermine others with

behaviour that expresses the opposite of what they are feeling. They are high by critical and sarcastic. They allow others to make choices for them.

Assertive individuals stand up for their own rights while protecting the rights of others. Feelings are expressed openly and honestly. They assume responsibility for their own choices and allow others to choose for themselves . they maintain self-respect and respect for others by treating everyone equally and with human dignity. They communicate tactfully , using lots of “I” statements .their voices are warm and expressive, and eye contact is intermittent but direct . they can be respected by others. They are self confident and experience satisfactory and pleasurable relationships with others.

During the second half of the 20th century, assertiveness was increasingly singled out as a behavioural skill taught by many personal development experts, behaviour therapists, and cognitive behavioural therapists. Assertiveness is often linked to self-esteem. When the individuals Self-Esteem is lowered they need assertiveness training . Joseph Wolpe originally explored the use of assertiveness as a means of "reciprocal inhibition" of anxiety, in his 1958 book on treating neurosis; and it has since been commonly employed as an intervention in behaviour therapy. Assertiveness Training ("AT") was introduced by Andrew Salter (1961) and popularized by Joseph Wolpe. Wolpe's belief was that a person could not be both assertive and anxious at the same time, and thus being assertive would inhibit anxiety. The goals of assertiveness training include:

- Help the adolescents develop guidelines for dealing assertively with aggressive behavior.

- To enable the adolescents to increase awareness of their emotional reaction to other people's behavior and how to deal with the people they find 'difficult'.
- To build up an ability to get their point across effectively whilst building an understanding of other's feelings.

Assertiveness training is a form of behaviour therapy designed to help people stand for themselves-to empower themselves , in more contemporary terms. Assertiveness is a response that seeks to maintain an appropriate balance between passivity and aggression. Assertive responses promote fairness and equality in human interactions, based on a positive sense of respect for self and others.

Today assertiveness training is used as part of communication training in setting as diverse as schools, corporate boardrooms, and psychiatric hospitals, for programs as varied as substance abuse treatment, social skill training, vocational programs, and responding to harassment.

As a communication style and strategy, assertiveness is thus distinguished from both aggression and passivity. How people deal with personal boundaries, their own and those of other people, helps to distinguish between these three concepts. Passive communicators do not defend their own personal boundaries and thus allow aggressive people to abuse or manipulate them through fear. Passive communicators are also typically not likely to risk trying to influence anyone else. Aggressive people do not respect the personal boundaries of others and thus are liable to harm others while trying to influence them. A person communicates assertively by overcoming fear of speaking his or her mind or trying to influence others, but doing so in a way that respects the personal boundaries of others. Assertive people are also willing to defend themselves against aggressive people. Assertive communication consists of

sharing wants and needs honestly in a safe manner. This presumes respect for the boundaries of oneself and others, which boundaries include the physical self, possessions, and relationships. It also presumes an interest in the fulfilment of needs and wants through cooperation.

Almost everyone will experience a lack of self-confidence. So some easy techniques are using to increase self confidence . Assertiveness training is the best way to deal with those situations, both in and out of work, where you feel you lack confidence. It is a way of un-hooking yourself from the learned behaviours of the past and re-programming yourself to be more assertive.

1.1 Need for the study

The world population 2014 reveals that the world's adolescent population is 1.8 billion youth are alive today. India has the largest population of adolescents in the world being home to 243 million individuals aged 10-19 years , Assam governor JB Patnaik said on Saturday Feb, 26, 2011. Most of Tamil Nadu's adolescents youth live in rural areas . Despite rapid urbanisation and the trend of migration to cities. More than half of the adolescents (10-19 yrs) and youth (15-24yrs) in Tamil Nadu live in rural areas , show census 2011 figures. There are around 1.24 crore boys and girls in the 10-19 yrs group and nearly 1.26 crore youths in the states.

Today's adolescents are the leaders of tomorrow, so their behaviour should be shaped. Many adolescents do not let out their ideas which is inside them because it may go wrong. Many studies revealed that assertive training helps to improve the assertive behaviour. The adolescents face so many problems; during this time that adolescents find their own identity and learns to become independent in making life decisions. It is the period where they are overtly conscious of their different aspects of

personality. They are very vulnerable group whose Self-Esteem and quality of life can be influenced by the slightest stimuli or trigger.

The Self-Esteem of adolescents can be affected by many factors such as: puberty and development when the body goes through many changes. These changes combined with wanting to feel accepted by their friends, means it can be tempting to compare themselves with others. Media and celebrities also influence the adolescents when they start comparing themselves to their ideals. Family and school also highly affect the Self-Esteem of the adolescents where they are expected to behave in a certain way.

Many studies have shown that low self-esteem is actually a thinking disorder in which an individual views himself as inadequate, unworthy, unlovable, and/or incompetent. Once formed, this negative view of self permeates every thought, producing faulty assumptions and ongoing self-defeating behaviour.

In order to prevent violent society and to promote calm full society and make the students to understand their Self-Esteem it is essential to give them assertiveness training because the adolescents are the future generations of the society.

It is estimated that up to a half of adolescents will struggle with low Self-Esteem, many of these occurrences during the early teen years. One of the most significant periods for increased rates of lower self-esteem is the transition from one stage of education to the next. The most observable of these is the transition from primary (elementary) to junior high or middle school.

One of the main factors in teen promiscuity is self-esteem. When a teen has little or no self-confidence, he or she will use sex as a means to build confidence.

Recent years have seen a significant increase in body dysmorphia in teen boys. Body Dysmorphic Disorder is a psychiatric disorder in which the affected person is excessively concerned about an imagined or minor defect in their physical feature.

Teenage boys can be prone to obsessive exercising, binge eating, anorexia nervosa, bulimia, steroid abuse and diet aid abuse. It is estimated that about 45% of Western men are unhappy with their bodies – 25 years ago, only 15% were unhappy with their bodies.

Adolescent health has become an increasingly important focus for governments, foundations, and behavioural researchers. In contrast to other age groups, mortality and morbidity rates for 10-25 year olds have been increasing the past few decades and there is increasing evidence that the health status of adolescents is not as high as was the case for their parents.

Many studies have found that one-third to one-half of adolescents struggle with low Self-Esteem, especially in early adolescence. The results of low self-esteem can be temporary, but in serious cases can lead to various problems including depression, anorexia nervosa, delinquency, self-inflicted injuries and even suicide. Self-Esteem is related to school performance and delinquency. Adolescents with low self-esteem are more likely to do poorly in school.

The student researcher personally experienced many adolescent boys having problems of low Self-Esteem. So, for this reason, student researcher conducts this study among adolescents and implement assertiveness training module for improving the knowledge regarding assertive behaviour and Self-Esteem.

Assertiveness is the direct, honest and appropriate express of your feelings, thoughts, needs, wants, opinion or rights in a way that respect the rights of others. Assertive behaviour promotes equality in human relationship, personal power and self confident. Becoming more assertive empowers individuals by promoting Self-Esteem and help to act in best way. Assertiveness is an antidote to fear, shyness, passivity and even anger. As nurses work in different situations they have to be more assertive in order to meet the challenges and to win the cooperation from others.

Assertiveness enables to with stand the stress. Those suffering bullying and stress need to have high level of assertiveness to resist and to cope successfully . Hence it was considered vital to assess the assertiveness level of adolescents.

Studies have shown that assertiveness training modules makes the adolescents more sensitised to individual and interactional problems as well as led them to mobilise their own resources to improve their Self-Esteem and thereby improve their quality of life. Assertiveness is not something that is inherited.

Investigator personally witnessed many adolescents having problems of low Self-Esteem and non- assertive behavior. Mainly these two factors create psychological problems in the adolescents. So, for this reason, investigator conducts this study among adolescents and implement assertiveness training to the adolescence in order to improve their Self-Esteem.

1.2 Statement of the problem

A study to evaluate the effectiveness of Assertiveness training on Self-Esteem among adolescents studying in selected School, Madurai.

1.3 Objectives of the study

- To assess the level of Self-Esteem among adolescents studying in selected school , Madurai.
- To evaluate the effectiveness of Assertiveness training on Self-Esteem among adolescents studying in selected school , Madurai.
- To associate the level of Self-Esteem among adolescents studying in selected school, Madurai with their selected socio demographic variables.

1.4 Hypotheses

H₁- There is a significant difference between the pre test and post test level of self esteem among adolescents studying in selected school , Madurai.

H₂- There is a significant association between the level of Self-Esteem among adolescents studying in selected school, Madurai with their selected socio demographic variables.

1.5 Operational definitions

Evaluation:

In this study it refers to measurement of Self-Esteem of adolescence studying in selected school, Madurai..

Effectiveness:

In this study, it refers to improvement of Self-Esteem among adolescents through Assertiveness training and it is assessed by Rosenberg Self-Esteem scale.

Assertiveness training:

In this study it refers to a Assertiveness training composed of situations, respecting others, self appreciation, appreciation of others, mirror talking, mirror acting exercise, story telling, self enhancement exercises – 15 minutes for each

individual daily in the morning, totally 1½ hours for all 10 subjects for 5 consecutive days (5 sessions).

Self-esteem:

In this study it refers to overall evaluation of self worth, self respect and independence which is measured by using Rosenberg Self-Esteem scale.

Adolescents:

In this study it refers to students of adolescents between the age group of 12 to14 years.

Selected school:

In this study selected school refers to adolescents in the age group of 12-14years studying in Elango Corporation higher secondary school, Madurai.

1.6 Assumptions

- Adolescents may have low Self-Esteem and it vary from person to person.
- Adolescents may have inadequate assertiveness.

1.7 Delimitation

- The study is limited between the age group of 12- 14 years.
- The study is limited to adolescents who were in the Elango corporation higher secondary school only.
- The study is limited to 60 adolescents.
- The study period is limited to 6 weeks.

1.8 Projected outcome:

- The study will help to identify the level of Self-Esteem among adolescents in the age of 12-14 years studying in Elango corporation Higher Secondary school, Madurai.
- Assertiveness training will improve the Self-Esteem among adolescents.
- The findings of the study will help the teachers and other health care professionals to practice assertiveness training and use it in health care settings or in other areas.

Review of
Literature

CHAPTER II

REVIEW OF LITERATURE

This chapter explains in detail about the review of literature and conceptual framework used for the study. A literature review is an evaluative report of information found in the literature related to selected area of study. The review should describe, summarise, evaluate and clarify this literature. It should give a theoretical base for the research and helps to determine the nature of the research. It aims to review the critical points of current knowledge including substantive findings as well as theoretical and methodological contributions to a particular topic. Literature reviews are secondary sources, and as such, do not report any new or original experimental work. Also, a literature review can be interpreted as a review of an abstract accomplishment.

Literature review serves a number of important functions in research process. It helps the researcher to generate ideas or to focus on a research approach, methodology, meaning tools and even type of statistical analysis that might be productive in pursuing the research problem. Review of literature in the study is organized under the following headings.

The literature was searched from extensive review from various sources and was depicted under the following headings.

- **Literature review related to Assertiveness training.**
- **Literature review related to Assertiveness training on Self - Esteem.**
- **Literature review related to Assertiveness training on Self - Esteem among adolescents.**

2.1 Literature review related to assertiveness training

Seyed Kaveh Hojja, Ebrahim Golmakani, Mina Norozi Khalili, Maryam Shakeri Chenarani, Mahin Hamidi, Arash Akaberi, et.al (2015) Conducted a study, in this study the participants consisted of 57 middle schools girls, all living in rural areas and having both parents with substance dependency. The participants were randomly assigned to intervention (n=28) and control (n=29) groups. The data were collected before and six weeks after training in both group. The intervention group received eight sessions of group assertiveness training. Participants were compared in terms of changes in scores on the Oxford Happiness Questionnaire and the Gambrills-Richey Assertion Inventory. The total score for happiness change from 43.68 ± 17.62 to 51.57 ± 16.35 and assertiveness score changed from 110.33 ± 16.05 to 90.40 ± 12.84 . There was a significant difference in pretest- posttest change in scores for intervention (7.89 ± 4.13) and control (-2.51 ± 2.64) groups; $t(55) = 2.15$, $p = 0.049$. These results suggest that intervention really does have an effect on happiness and assertiveness.

Raziyeh Saeed Manesh, Sedigheh Fallahzadeh, Mohammad Sadegh Eshagh Panah, Naser Koochehbiuki, Azam Arabi, Mohamad Ali Sahami (2015) conducted a quasi-experimental study with pre-test, post-test design by placebo and control groups, in order to measure the dependent variable used with Social Phobia Inventory (SPI). The population of this study was volunteers of Yazd city, 90 subjects were selected by simple random sampling, and then randomly assigned to three groups (experimental, control and placebo) and pre-test was conducted on them. Then, experimental group received assertiveness training in 8 sessions of at most 60 minutes. Placebo group was trained in prevention of different diseases in 8 sessions of at most 60 minutes. After the training period, all three groups were tested (post-test). In order to analyze the data, the analysis of repeated measurements was used. Results

indicated that social anxiety scores in the intervention and control groups decreased more than in the placebo group. Result of present study indicates the importance of assertiveness skill training on the social anxiety.

Ji M young Jung (2014) conducted a study assesses the effectiveness of an assertiveness training program on the emotional improvement of adolescents in residential care. The training programme was provided to 12 female adolescents and 12 others were in a control group. Forty-five items from the Korean Personality Inventory for Children (KPI-C) were used in measuring anxiety and depression. Pre and post analysis, as well as in-depth interviews, were conducted. The effect of the program was verified by the nonparametric testing methods, by the Mann Whitney U test and the Wilcoxon matched-pairs singled-ranks test. The findings are that, compared to the control group, the experimental group demonstrated a decrease in depression and anxiety.

Lee T.-Y., Chang S.-C., Chu H., Yang C.-Y., Ou K.-L., Chung M.-H., Chou K.-R (2013) conducted a randomized, single-blind, controlled study. In this study, they investigated the effects of group assertiveness training on assertiveness, social anxiety and satisfaction with interpersonal communication among patients with chronic schizophrenia. This study employed a prospective, randomized, parallel-group design. Seventy-four patients were randomly assigned to experimental group receiving 12 sessions of assertiveness training, or a supportive control group. Among patients with chronic schizophrenia, assertiveness, levels of social anxiety and satisfaction with interpersonal communication significantly improved immediately after the intervention and at the 3-month follow-up in the intervention group. The results shows that, assertiveness significantly improved from pre- to post intervention

and was maintained until the follow-up and anxiety regarding social interactions significantly decreased after assertiveness training; and satisfaction with interpersonal communication slightly improved after the 12-session intervention and at the 3-month follow-up.

R. A. Animasahun, O. Oladeni (2012) conducted a study that adopted pre-test, post-test control quasi-experimental design with 3 x 2 x 2 factorial matrix. Multistage sampling technique was used to select 84 participants; representing 42 married couples who were selected from the three local Baptist Churches of the three Baptist conferences in Lagos. The comprehensive marital satisfaction scale $r = 0.98$ was the research instrument used. One (1) hypothesis was tested at 0.05 level of significance using Analysis of covariance (ANCOVA) and Duncan post hoc test. The study revealed that there was a significant main effect of treatment on marital satisfaction ($F_{2, 31} = 19.96, p > 0.05$) Marital community skills group obtained the highest adjusted post-test mean score on marital satisfaction ($X = 396.29$), while the least score was obtained by the control group ($X = 342.91$).

S. Mohebi, G.H.R. Sharifirad, M. Shahsiah, S. Botlani, M. Matlabi, M. Rezaeian (2012) Conducted a clinical trial study, all the pre-college students of Gonabad city were invited to participate and 89 students were divided into experimental and control groups. There were 3 questionnaires, namely demographic, academic anxiety and assertiveness Rathus questionnaires in which the validity and reliability were calculated and approved. The intervention for the experimental group was 5 sessions of assertiveness training using the PRECEDE model and 1 session for parents and teachers to help and support the intervention program. We had a post-test 8 weeks after the last training session for each group was conducted. The data was

analyzed by SPSS. The results showed that anxiety levels and decisiveness in the target group were moderate to high and it is seen as a significant reverse relationship between these two factors ($r=-0.69$ and $p<0.001$). The results also showed that there was a significant anxiety decrease in the experimental group after the intervention. On the one hand, there was a significant increase in decisiveness for both groups, but there was not a significant difference between academic anxiety and assertiveness in the control group before and after the intervention. Due to a significant decrease in anxiety and increased decisiveness in the experimental group, it can be claimed that assertiveness training is an effective non-pharmacological method for reducing academic anxiety and it can improve academic performance.

Chikwe Agbakwuru, Ugwueze Stella (2012) conducted a study in which the training consisted of 10 sessions of 50 minutes each was conducted at Army Day Secondary School in Obio/Akpor Local Government Area of Rivers State. A total of 24 students aged 10-12 years were used for the study. Pre-test post test experimental and control group design was used with some observation also made. Randomisation assignment was used to draw the 14 (8 male and 6 female) students to experimental and 10 (male and female) student to control groups. Researcher made early-adolescents resilience scale (P.R.S) were used as instruments. Experts in the field of Guidance and Counselling validated the instruments for both pre-test and post-test. A test retest was employed at interval of two weeks to test for the reliability co-efficient of the instrument; Spearman's product moment correlation method was used to test the result. The correlated coefficients of early-adolescents resilience scale = 0.84. The summary of the research questions and hypothesis answered showed that there was positive effect of assertiveness training on improvement of resilience on respondents.

From the statistical analysis, we conclude that the assertive training has been able to improve the level of resilience on the experimental group.

Aghajani. M .T.T. Larijani. Baheiraei.A, Neiestanak.N.S (2010) conducted a cross sectional study was conducted to determine the level of assertiveness, self confidence and anxiety in academic performance among adolescents students. Populations of 173 students were taken. Results show that about 59.5percent of students had moderate assertiveness and 34percent had self-confidence. Also, 36.4 percent of them had high levels of anxiety. Considering the relation of assertiveness and anxiety, low confidence and its effects on mental health and educational and occupational performance, students should be informed of the required skills for positive interaction with others and to increase assertiveness, self confidence and decrease anxiety.

Linda C. Hatzenbuehler and Harold E. Schroeder (2009) conducted a study with Forty-four community mental health outpatients participated in an assertiveness training program in which three treatment methods were compared. Skill training aimed at training specific assertive responses by means of instruction, modelling, behavioural rehearsal, feedback, and homework assignments. A third group (Cognitive–Skill) received both forms of training simultaneously, and a fourth group (Waiting List) was included as a control. A behavioural roleplaying test (B.R.P.T.) and the Social Fear Scale were administered prior to and immediately following four individual training sessions occurring at one week intervals for all three treatment groups. Analyses of covariance of assertive content ratings made by independent judges for B.R.P.T. responses revealed that all three treatment groups evidenced significantly more assertive and effective responses on both refusal and

behaviour change situations when compared to the Waiting List control. Analyses of paralinguistic dimensions of the B.R.P.T. revealed training generally to be more successful for the Skill group.

Cecen-Eroğul, A. Rezan; Zengel, Mustafa (2009) conducted a study in this study is mainly to investigate the effectiveness of an assertiveness training programme on adolescents' assertiveness level. To select subjects for experimental and control groups, it was considered some criteria such as "Rathus Assertiveness Schedule (RAS)" scores, voluntariness, teachers opinion, and permission of students' parents. The data was collected through "Rathus Assertiveness Schedule". For the experimental group assertiveness enhancing programme as an independent variable was carried out by the school counsellor, during 50-70 minutes lasting 12 weeks. During this period the control group did not receive any treatment. The ANCOVA analysis results have shown that assertiveness training program was effective on adolescents' assertiveness level. The results were discussed in the light of related literature.

Leanne R. Brecklin, Sarah E. Ullman (2009) conducted a study in this study investigated the relationship of self-defence or assertiveness training and women's physical and psychological responses to subsequent rape attacks(N=1,623). Multivariate analyses showed that victims with pre assault training were more likely to say that their resistances topped the offender or made him less aggressive than victims without training. Women with training before their assaults were angrier and less scared during the incident than women without training, consistent with the teachings of self-defence training. Pre as sault training participants rated their degree of non-consent or resistance as lower than did nonparticipants, perhaps because they

held themselves to a higher standard. Suggestions for future research on women's self-defence training and rape prevention are offered.

SDegleris, Nick; Mantelou, Eleftheria; Solias, Andreas; Karamberi, Diamanto; Miline, Agathon (2008) conducted a study on psycho educational intervention improves the understanding of mental illness, increases the patient's coping ability and supports cooperation between patients and mental health professionals. In the provision of a psycho educational approach an assertiveness training program can be developed to suit the needs, the expectations and the capabilities of patients, significant others, care team members and the mental health organisation in general. The overall process involves learning about the different components of behaviour in it's different aspects, e.g. the motive or vocal level and interpretation of roles aiming at the adoption of the desired behaviour. The content of verbal responses is also taken into consideration. Results the assertiveness techniques may be proposed for individual or group therapy for small groups under the direction of one or more therapists. That assertive training applied on a group of psychiatric patients appear affective within a reasonable timeframe, independent of the motive for treatment, the coexisting psychopathology and the dominant or latent manner in which the lack of assertiveness is expressed.

Hughes, J. N &Rawles,R (2004) A study was conducted on the Effectiveness of an Assertiveness Training Programme on Adolescents Assertiveness Level. The data was collected through "Rathus Assertiveness Schedule". For the experimental group assertiveness enhancing programme as an independent variable was carried out by the school counsellor, during 50-70 minutes lasting 12 weeks. During this period the control group did not receive any treatment. The ANCOVA analysis results have

shown that assertiveness training program was effective on adolescents' assertiveness level.

GTed Brown, Karin Carmichael (1998) conducted a study on need for assertiveness training for clients with a psychiatric illness, in order to address this need, a programme was designed and implemented to provide clients with practical techniques to enable them to communicate in a more effective, assertive manner. The frames of reference for the programme were the model of human occupation and social teaming theory. Data were collected over a 2-year period from 33 clients with a psychiatric illness who participated in a 7-week training programme. The investigation incorporated a prospective one-group, pre-test/post-test design. The Rathus assertiveness schedule and the Rosenberg self-esteem scale were used to measure changes in assertiveness and self-esteem. A t-test analysis of the pre-test and post-test scores attained by group participants on both scales indicated a statistically significant increase in their level of assertive behaviour and self-esteem. A brief review of the pertinent literature and a description of the assertiveness training programme are provided. Programme evaluation results and recommendations for further research are also discussed.

Sheuan AQ Lee, and Mary Swanson Crockett (1994) conducted the two-group experimental design was conducted in a 2,000-bed veteran general hospital. A sample of 60 volunteer Chinese-speaking nurses participated in the study. Subjects were randomly assigned to one of two treatments: assertiveness training (AT) or alternate treatment control (ATC), which served as a control and contained updated knowledge of new computer technology for in patient settings. Subjects in each group participated in six 2-hour workshops in the same two-week period. All subjects were tested with pre test and post-test, and follow-up post tested for stress and assertiveness

with the Perceived Stress Scale (PSS) and Rathus Assertiveness Schedule (RAS), respectively. Results revealed that the end of training, the AT group scored significantly higher on the rating of assertiveness than those in the ATC group, and had successfully maintained their improvement by the 4-weeks follow-up; and by the end of training, the AT group reported significantly lower levels of stress than the ATC group as indicated on the PSS, and successfully maintained their improvements at the 4-week follow-up.

Sylvia Temple, Philip Robson (1991) conducted an Assertiveness training in groups drawn from the community and a psychiatric hospital is described. As an outcome marker, the self-esteem of these two samples was measured before and after the training, and at several months follow-up, using a 30-item self-report questionnaire. For most participants, highly significant improvement in self-esteem were noted both at the end of the courses and at follow-up. The theoretical background to assertiveness training and a number of practical issues are discussed.

Matthew M.Clark, John R. Corbisiero, Mary E. Procidano, Saul A. Grossman (1984) conducted a study on usefulness of assertive training for elderly psychiatric outpatients was assessed through a quasi-experimental evaluation of a program at a community geriatric facility. Nineteen clients, aged 50–75, participated in the study, either as participants in the assertion training or as members of a no-treatment control group. The assertion training consisted of 14 semi-weekly sessions, with coaching and feedback provided by the therapists. Assertive behaviours were assessed through self-report, role play and staff ratings of adaptive behaviours of clients. Pre-intervention comparisons between the groups along these dimensions were non significant. However, post-test assessment indicated a significant between

group difference in self-reported assertiveness- $(t(17)=2.69;p<.05)$. Dependent t-tests indicated that the experimental group became more assertive $(t(9)=2.59;p<.05)$, but the control group did not. Changes as assessed by role play and staff rating did not reach statistical significance.

Pitt, Amy; Roth, Beatrice (1978) conducted a study on Assertive training is based on behavioral and cognitive approaches. In this paper the authors present an approach which explores the interconnectedness of feelings and behavior in the learning of assertive skills. Creatively designed structured exercises are presented as tools used to bring people into contact with themselves, to highlight non-functional behavior, and to provide the means to try out and practice new assertive behaviors. The impact of the exercises as a learning vehicle in assertive training is described and discussed.

2.2 Literature review related to assertiveness training on self -esteem

G. A. Abed, S. H. El-Amrosy, M. M. Atia (2015) conducted the study at The Psychiatric and Addiction Treatment Hospital in Mit-Khalf at Menoufia, Egypt. The subjects of the study were 30 nurses. Data were collected by using two tools of Garas, Ahmed and Bader Arabic version of Rosenberg's Global self-esteem scale, and Assertive behaviour inventory tools (ABIT). The collected data were analyzed by means of SPSS (version 16) Parametric tests were one a way ANOVA (F test), Paired t test. A non-parametric test was Mann-Whitney test. The study showed that there were statistically significant difference between measure 1 and measure 2 intervention program regarding assertiveness skills and Self -Esteem score level of psychiatric nurses; also there was positive significant correlation between total assertiveness skills and total Self -Esteem score level and there was positive significant correlation

between age & experience and total assertiveness skills and total Self -Esteem score level among psychiatric nurses measure 1 and measure 2 intervention program. Implementation of assertiveness training program with psychiatric nurses has a positive effect on improving their self-esteem.

Amal Sobhy Mahmoud, Mahmoud Taher Al Kalaldehy, Mona Abed El-Rahman (2013) conducted the study to assess the effect of assertiveness training program on Jordanian nursing students' level of assertiveness and self-esteem. A before-and-after design was employed through conducting three consecutive sessions that reinforce nursing students' assertiveness using different approaches. Rathus Assertiveness Schedule and Rosenberg self-esteem scale were used in the pre and post test. One hundred and twenty students joined all study stages. Although students were non-assertive before and after the program, they significantly scored higher after the program (mean difference: 4.182, t : 2.029, Sig. 0.045). The level of self-esteem did not significantly differ after delivering the training program (mean difference: 0.083, t : 0.213, Sig. 0.832). Assertiveness training has at least the effect to influence students' better self-esteem when they are being more assertive (R square 39.0, Beta 20.4, t 2.188, $P=0.031$).

Parisa Abootorabi Kashani, Mohammadreza Bayat (2010) conducted a study in which the objective of the present research has been determining the effect of social skills training (assertiveness) on assertiveness and self-esteem increase of 9 to 11 year old female students in Tehran. 20 students from third to five grades of primary school, who had the least assertiveness, were chosen by semi-experimental research method and they were randomly placed in two experiment and control groups. The design of the research was pre-test-post-test kind with control group.

Gambrel and rich's inventory was used to measure the student's self-expression amount and cooper smith's inventory was applied to measure this student's self-esteem amount. After pre test performance, assertiveness training programme was performed for ten weeks, one session a week and each session for one and a half hour and post test was performed at the end and both groups were tested once more after 25 days. The results were analysed by SPSS software and descriptive statistic and two factorial variance analysis methods with repeated measurements on one factor were used. The results demonstrated that the tester's assertiveness and self-esteem amount increased at the end of treatment programme.

Z. Ranjbarkohn, MS.Sajadinejad (2010) conducted a study in which to investigate the effect of assertiveness training on self-esteem and depression in students of Isfahan University of medical sciences. This experimental study, as pre-and post-test with a control group, was conducted in the academic year of 2009-2010. Forty students were selected through randomized cluster sampling into case and control groups (10 female and 10 men for each group). The assertiveness training program was used in case group for 8 sessions. The Ellis Pop esteem test and Beck depression questionnaire were used to evaluate the variables before and after training. The collected data were analysed by means of SPSS (version 16) using MANCOVA and t tests, at the significant level of $P < 0.05$. The Results shows that the assertiveness training caused a significant increase in the self-esteem level and decrease in the depression rate in case group ($P = 0.001$ for both) but this effect was not seen in control group ($P > 0/05$).

Lin YR, Shiah IS, Chang YC, Lai TJ, Wang KY, Chou KR (2004) A study was conducted in Islamic Azad University, Iran on 2012 determining of

efficacy assertiveness training on increasing self-esteem and general self-efficacy girls' students. Study method was two experiment groups and control group with pre-test and post test. 40 people were selected that they have lower scores on self-esteem and self-efficacy and were conducted in two groups of 20 people in training programs, assertiveness training in 90 minutes to 8 sessions of group practices. According final findings of research effect of training in combined variable self-efficiency $n=0/36$ partial Wilks lambda=0/724, $p \leq 0/001$, $F(4, 78)$ have significant effect. Means that assertiveness training was effective in increasing self-efficacy and self-esteem.

Yen-RuLin, I-Shin Shiah, Yue-Cune Chang, Tzu-JuLai, Kwua-Yun Wang, Kuei-Ru Chou (2004) conducted a study to evaluate the effect of an assertiveness training program on nursing and medical students' assertiveness, self-esteem, and interpersonal communication satisfaction. Using a longitudinal research design, 69 participants whose scores on the Assertive Scale were $\leq 50\%$ (i.e., low assertiveness) and who were willing to participate were included and assigned to an experimental group (33 subjects) or comparison group (36 participants; participants were matched with the experimental group by grade and sex). Participants in the experimental group received eight sessions of assertiveness training once a week. Data were collected before and after training and again one month after the end of the training using the Rotter's Internal versus External Control of Reinforcement Scale, Sex Role Inventory, Assertive Scale, Esteem Scale, and Interpersonal Communication Satisfaction Inventory. The generalized estimated equation (GEE) method was used for statistical analysis. The assertiveness and self-esteem of the experimental group were significantly improved in nursing and medical students after assertiveness training.

Sylvia Temple, Philip Robson (1991) conducted a study an Assertiveness training in groups drawn from the community and a psychiatric hospital is described. As an outcome marker, the self-esteem of these two samples was measured before and after the training, and at several months' follow-up, using a 30-item self-report questionnaire. For most participants, highly significant improvements in self-esteem were noted both at the end of the courses and at follow-up. The theoretical background to assertiveness training and a number of practical issues are discussed.

Slater J (1990) conducted a study to assess the Effects of Assertive Training on the Performance Self-Esteem of Adolescent Girls on 1982. Assertiveness training was provided for 148 girls in 10 high school business and homemaking classes in six senior high schools. Training sessions were co-led by an experienced leader and the students own high school teacher. Significant changes in performance self-esteem scores were found between pretesting and a three-month follow-up ($p < 0.001$) for the 103 subjects available at follow-up; low self-esteem subjects showed greater increases than high self-esteem subjects ($p < 0.001$). Changes in self-esteem were related to the girls' perceptions of teacher reactions to their assertive behaviour ($p < 0.01$).

2.3 Literature review related to assertiveness training on self -esteem among adolescents

Bola O. Makinde, Akin Jonathan Akinteye (2014) conducted a study to investigate the effects of Mentoring and Assertiveness Training on Adolescents' self-esteem in Lagos State secondary schools. A total of 96 adolescents (48males and 48 females) drawn from three public schools randomly selected from three Education Districts in Lagos State constituted the final sample. The dependent variables for this

study were self-worth and gender. Descriptive survey and quasi-experimental design using the pre-test post-test control group design were adopted for the study. Two instruments used to generate data for the study were: Adolescents' Personal Data Questionnaire (APDQ) and Rosenberg Self-Esteem Scale (RSE). Two research questions were raised and two corresponding hypotheses were formulated to guide the study. The two hypotheses were tested using the one-way Analysis of Covariance (ANCOVA) at 0.05 levels of significance. Hypotheses 1 was rejected while hypothesis 2 was accepted. The findings revealed that mentoring and assertiveness training were efficacious in raising adolescents self-esteem. The study also found that the significant effect of mentoring and assertiveness training on adolescents' self-esteem was not due to gender.

Sahar Mahmoud and Rania Abd Hamid (2013) conducted a Quasi Experimental study aiming to determine the effect of an assertiveness training program on assertiveness and self-esteem and academic performance on student girls aged at 15yrsAbha. The study was conducted in3 secondary school affiliated to Abha city (first, second and third secondary school). The study sample consisted of 145student girls. Data were collected by using. The Rosenberg Self-Esteem Scale (RSES), Assertiveness inventory and Achievement score. The result of this study revealed that there was a significant improvement in mean score of assertiveness, Self-Esteem and achievement after training program, the study recommended that further researches is need to investigate the socio cultural circumstances that may hinder or enhance the individual to be assertive.

Santhya Budhathoki (2013) conducted an evaluative study was conducted to assess the effectiveness of an Assertiveness Training program among disabled adolescents on assertiveness, self-esteem, and interpersonal communication

satisfaction. Using a longitudinal research design, 69 participants were included and 33 were assigned to an experimental group who received eight 2-h sessions of assertiveness training once a week. Data were collected before and after training and again one month after the end of the training. The assertiveness and self-esteem of the experimental group were significantly improved in disabled adolescents after assertiveness training, although interpersonal communication satisfaction of the experimental group was not significantly improved after the training program.

Ozşaker (2013) conducted a study aimed to examine the relationship between assertiveness and self-esteem in adolescents, including both athletes and nonathletic. The participants were adolescents (n=1006) aged 12 to 14 years, residing in Izmir, Turkey. The results showed that there is a significantly stronger relationship between assertiveness and self-esteem among athletic adolescents compared to the sedentary adolescents ($p < 0.05$).

Andrea (2013) conducted a study explored the associations between adolescents assertive behavior, psychological well-being, and self-esteem. The sample consisted of 1,023 students. Data were analyzed using hierarchical linear regression. It was found that assertiveness were associated with psychological well-being and self-esteem.

Gull (2012) in his study aimed to know the relationship among self-esteem, assertiveness and job satisfaction in the personnel working in banking sector in Lahore city. The sample of the research consisted of 100 respondents (50 male personnel and 50 female personnel) working in different banks of Lahore. Three questionnaires were used to measure the self-esteem, assertiveness and job satisfaction of the employees of various banks. The findings revealed that a

significant relationship exists between the employee's self-esteem, assertiveness and job satisfaction. Moreover, gender differences were also significant in the Self - Esteem and assertiveness of the employees' as male personnel scored higher on self-esteem measure than female workers, while female workers were high in the assertiveness. No significant differences were found in the level of job satisfaction of male and female workers.

Esmailinasab Maryam' Malek Mohamadi Davoud, Ghiasvand Zahra, Bahramisomayeh (2011) conducted a study to investigate effectiveness of training life skills on adolescents' students. This study is a pseudo-experimental study which accomplished on 160 students in Karaj city. Subjects of the study selected randomly from list of students in all of the schools of Karaj; then they divided randomly in two groups. Trained counsellors taught the life skills to students of the study group, and 80 reminder subjects assigned as control group. After educating the training program, subjects administered Cooper Smith self-esteem questionnaire (58-items version). Findings of the study indicated that life skills training lead to significant increase of self-esteem in study group in contrast to control group subjects. Psycho education and mental health programs such as life skills training could cause to increase the necessary skills in students and decline school and educational problems.

Charlotte G. Stewart, William A. Lewis (2011) conducted the Effects of assertiveness training on assertive behaviors and self-esteem were investigated among Black high school students. Results showed a significant difference between scores of males and females on the written assertiveness measure. Scores of the 9 females in the experimental group accounted for all of the change, whereas scores of the 18 males actually dropped somewhat. No significant differences appeared on assertiveness or

self-esteem across condition, however. Possible reasons for lack of effects of the training are discussed. Continued study is necessary to identify ways for Blacks to meet their needs by moving from passive or aggressive approaches to assertive ones.

Alkhaldeh (2011) conducted a study which aimed to evaluate the effect of assertiveness training in improving self-esteem and adjustment among victims of bullying students. The sample of the study consisted of (24) participants of the sixth, seventh and eighth grades, in Ail Reda Rekabi school from Amman Second Educational District, in the year 2010/2011. The results of this study indicated the effectiveness of assertiveness training program in improving self-esteem and adjustment among victims of bullying students.

Helseth S, Misvaer N (2008) A study was conducted on Assertiveness Training Programme's Effect on disabled adolescents Sultantepe of Üsküdar district within Istanbul. The sample taken were 40 adolescents chosen among those whose assertiveness level was low. A ten-sessioned Assertiveness Training Programme was applied to 10 girls and 10 boys chosen impartially once a week throughout ten weeks which lasted for 40-50 minutes. The control group had also been formed in the same way. The results of the study indicates that there are great differences between the experiment and control groups' assertiveness level and the increase in the assertiveness level of the experiment group has risen from the assertiveness training programme as well. In this study, it has been observed that the different sexuality of the adolescents has no effects on the assertiveness level.

Lin, (2004) conducted a study to evaluate the effect of an assertiveness training program on nursing and medical students' assertiveness, self-esteem, and interpersonal communication satisfaction. Data were collected before and after

training. The results showed that the assertiveness and self-esteem of the experimental group were significantly improved in nursing and medical students after assertiveness training, although interpersonal communication satisfaction of the experimental group was not significantly improved after the training program.

Jayne E. Stake, Cathy J. DeVille, Christine L. Pennell (1983) In this study the Assertiveness training was provided for 148 girls in 10 high school business and homemaking classes in six senior high schools. Training sessions were co-led by an experienced leader and the students' own high school teacher. Significant changes in performance self-esteem scores were found between pretesting and a three-month follow-up ($p < 0.001$) for the 103 subjects available at follow-up; low self-esteem subjects showed greater increases than high self-esteem subjects ($p < 0.001$). Changes in self-esteem were related to the girls' perceptions of teacher reactions to their assertive behaviour ($p < 0.01$).

Miller, Thomas.W (1982) conducted a study on Communicative dimensions of the coach/player relationship can have a profound impact on the self-esteem of the adolescent personality involved in sport activities. Assertiveness training as a part of standardized coaching clinics can be an important ingredient in improving the coach/player relationship. An assertiveness training module is outlined with emphasis on a specific precept cognitive model which has been shown to improve the quality of interpersonal communication. It has favourable applicability to the coach/player interaction. Issues of import for future research together with measures to assess the effectiveness of assertiveness training for coaches are discussed.

2.4 Conceptual frame work

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

Conceptual frame work 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 researchers by giving direction to go about entire research process.

The conceptual framework used for this study was derived from Johnson's Behavioral Model (Terres1986). It serves as a model for viewing people as interacting with environment. System can be open and closed.

Major concepts of theory:

Behavior:

Johnson's model views the person as a behavioral system comprised of a set of organized, interactive, interdependent, and integrated subsystems. This system maintains constancy through actions and behaviors that are regulated and controlled by biological, psychological, and sociological factors.

In this study, investigator perceives that lack of Self -Esteem in adolescent boys behavior is regulated & controlled by Biological, Psychological and sociological factors like age, religion, level of education, school performance, type of

family, order of birth, monthly family income, residential area, co-curricular participation, father's education, mother's education, father's occupation and mother's occupation.

Subsystems

Johnson's identifies seven subsystems that carry out special functions for the system as a whole.

Attachment and Affiliation:

It is the first to develop in an individual. It forms the basis for all social organization. It provides survival and provides a sense of security. It gives results in social inclusion, intimacy, and the information of strong social bonds.

In this study the investigators assertiveness training in adolescents enhances intimacy and social bond with parents & teachers.

Dependency:

It promotes helping or nurturing behavior from others. It closely parallels the affiliative subsystem. It results in approval, attention, recognition, and physical assistance.

In this study the investigators assertiveness training develops interdependence behavior in adolescents to interact with others.

Ingestion and Elimination:

It involves food intake, it relates to the biological need for food and the psychological meanings and structures of social events surrounding food consumption that results in appetite satisfaction.

In this study the investigators assertiveness training makes the adolescents accepts positive behaviour & neglects the negative behavior.

Sexual:

It involves behaviors associated with procreation and sexual gratification. It includes psychologically and socially acceptable behaviors, such as courtship and mating. Results in the development of sex role identity and sex role behavior.

In this study the investigators assertiveness training among adolescents develops gender identity and behave in a socially acceptable manner.

Aggressive:

It involves behaviors related to self –protection and preservation of the self and society. It includes the belief that aggression is learned and harmful and that people and must be properly respected and protected. It includes acknowledgement of real or imaginary dangers to develop defences to these threats.

In this study the investigator’s assertiveness training in adolescent’s constructive behavior helps to protect and preserve adolescents and society.

Achievement:

Involves behaviors related to manipulation of the environment to gain mastery and control over some aspect of oneself or environment; this control is measured against a standard of excellence. It intellectual, physical, creative, mechanical and social skills.

In this study the investigators assertiveness training among adolescents make them to attains mastery behavior by manipulating and controlling environment towards the standard of excellence.

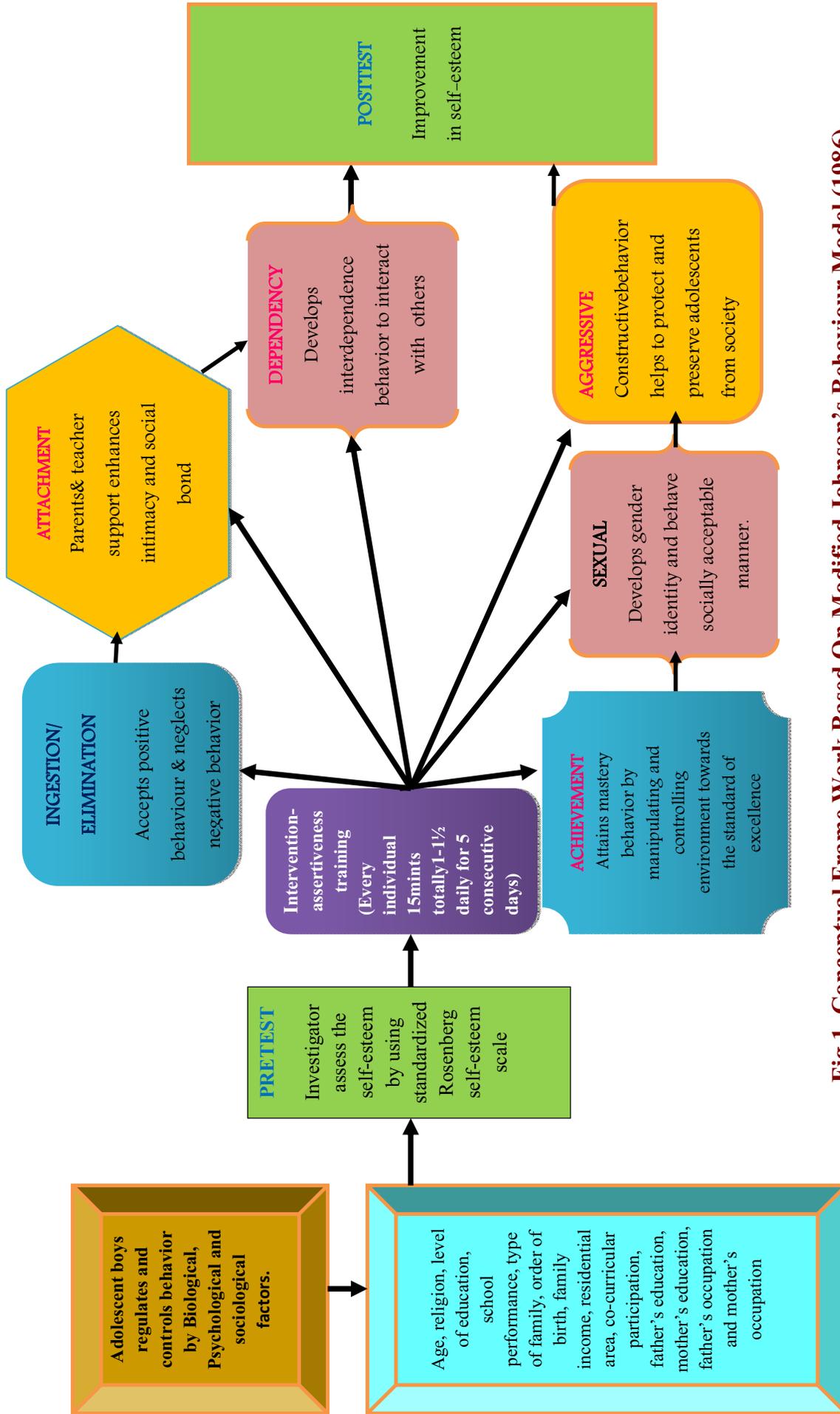


Fig.1. Conceptual Frame Work Based On Modified Johnson's Behaviour Model (1986)

Research

Methodology

CHAPTER III

RESEARCH METHODOLOGY

The methodology of research indicates the general pattern of organizing the procedure for assembling valid and reliable data for investigation. This chapter provides a brief explanation of the method adopted by the investigator in this study. It includes the research approach, research design, and variables, setting of the study, population, sample and sample size, sampling technique, description of the tool, pilot study, data collection procedure and plan for data analysis.

The present study aimed to “Evaluate the effectiveness of assertiveness training on self-esteem among adolescents studying in selected school Madurai,”

3.1 Research approach

The research approach is the most essential part of any research. The entire study is based on it. In this study Effectiveness of Assertiveness Training on Self-Esteem among adolescents was evaluated. Therefore a quantitative evaluative approach was used to test the effectiveness of intervention.

3.2 Research design

A pre experimental one group pre test–post test design was used in this study. Pre experimental design involves the manipulation of an independent variable and lack of randomization and control group.

Pretest	Intervention	Post test
O ₁	X	O ₂

O₁ – Pre-test to assess the level of Self-Esteem among adolescents on day 1.

X - Assertiveness training given to each individual for 15mins totally 1½ hours daily in the morning for 5consecutive days.

O₂.. Post test to determine the level of Self-Esteem among adolescents
On 6th day.

3.3 Variables

Independent Variable : Assertiveness Training

Dependent Variable : Self-Esteem.

3.4 Settings of the study

The setting was selected based on acquaintance of the investigator with the Institution, feasibility of conducting the study, availability of the sample, permission and proximity of the setting to investigation.

The study was conducted in Elango Corporation Higher Secondary School, Madurai. This is one of the oldest institutions in Madurai. So many students were studied in this school, and they were in good jobs. There are 756 students are studying in this school among them 34 students are studying in 8th standard and 38 students are studying in 7th standard.

3.5 Population

Target population

The study population comprises of all adolescents.

Accessible population

The adolescents those who are studying in Elango Corporation Higher Secondary School, Madurai.

3.6 Sample

The study population comprised of adolescents who are studying in Elango Corporation Higher Secondary School, Madurai, and those who fulfilled the inclusion criteria.

3.7 Sample size

The sample size is 60 adolescents.

3.8 Sampling technique

A non probability sampling (Purposive sampling) technique was used in this study.

3.9 Criteria for sample selection

The study sample was selected by the following inclusion and exclusion criteria.

Inclusion criteria

- Adolescents who were studying in Elango Corporation Higher Secondary School, Madurai.
- Adolescents who were between 12- 14 years of age.
- Adolescents those who could speak and understand either Tamil or English.

Exclusion criteria

- Adolescents those who were not willing to participate in the study.
- Adolescents who were not available at the time of data collection.

3.10 Research tool and technique:

The tool used for the study was Rosenberg Self-Esteem Scale.

The Technique used for the study was a questionnaire method.

The Tool consisted of two sections.

- **Section I:** Socio Demographic data.
- **Section II:** Rosenberg Self-Esteem scale.

Section-I (Socio demographic data)

This section includes socio demographic variables such as age, religion, level of education, school performance, type of family, order of birth, monthly family income, residential area, co-curricular participation, father’s education, mother’s education, father’s occupation, mother’s occupation.

- **Section-II: Rosenberg Self-Esteem scale**– a 10 item questionnaire completed by an individual with each answer scored on scale of 0 to 3 which consist of positive and negative questions designed to measure the level of Self-Esteem. In this questions 1,3,4,7,and 10 have positive scores and the questions 2,5,6,8,and 9 have negative scores. The Likert scale is as follows: Strongly agree, agree, disagree, strongly disagree.

3.11 Scoring interpretation:

Section II:–Rosenberg Self-Esteem Scale a 10 item questionnaire, which were rated below.

Scores are calculated by summing the scores for the given items. The scores of the each respondent over the scales are then evaluated as per the severity rating index below.

Scores	Level of self-esteem
Low	0 –14
Average	15-25
High Self-Esteem	26-30

3.12 Reliability of the tool:

The reliability of an instrument is the degree of consistency with which it measures the attribute and it is supposed to be measuring over a period of time. The tool was a standardized one which underwent test retest for reliability. The Rosenberg self-esteem Scale has been administered on two different occasions and the reliability has been estimated using the Karl Pearson's correlation coefficient formula, $r=0.45$. Hence the tool was considered as reliable and used in this study.

3.13 Validity of the tool:

The tool used in this study was Rosenberg self-esteem scale and Socio Demographic profile proforma, which were validated by 5 experts including three nursing experts in the field of Psychiatric nursing, one psychiatrist and one clinical psychologist. The experts were requested to check the relevance, sequence and adequacy of the items in the interview schedule. The tool was first drafted in English. Tool was translated to Tamil by an expert. Language validity was established by retranslation of tool in to English.

3.14 Pilot study:

A pilot study was conducted at Elango corporation higher secondary school, Madurai among 10 adolescents (who were not included in the main Study) who fulfilled the inclusion criteria with regard to the setting, with the cooperation of the adolescents and the availability of the sample, in a manner in which a final study was done. It was carried over for the period of 7 days from 01.06.2015 to 07.06.2015. The structured interview schedule was found to be appropriate for the study. The pilot study findings revealed that the study was feasible and practicable.

3.15 Procedures for data collection:

Formal permission was obtained from the Professor and Head of the Department, Department of psychiatry, Government Rajaji Hospital, Madurai, Principal and Head of the department in college of nursing, Chief educational officer and Head master, to conduct the study in Elango Corporation Higher Secondary School. Before conducting the study, a brief self-introduction and explanation regarding the nature and purpose of the intervention was given to the students. Written and oral consent was obtained from the parents of all the subjects. 10 subjects were selected per week. Pre-test was conducted by using Rosenberg Self-Esteem scale to assess the level of Self-Esteem among adolescents on day 1. Assertiveness training given with 8 components (like situation, respecting others, self appreciation, appreciation of others, mirror talking, mirror acting exercise, self enhancement exercise and story telling) was given from on the day of pre test to till the day of post test. The session lasts for 1-1½ hours daily in the morning for each individual 15 mins once a day for 5 consecutive days. Post -test level of Self-Esteem was assessed on 6th day by using the same scale.

Intervention: Assertiveness Training

- **Day 1-** Situation and respecting others.
- **Day-2-** Self appreciation and appreciation of others.
- **Day-3-** Mirror talking and mirror acting exercise.
- **Day-4-** Self enhancement
- **Day-5-** Story telling.

The data was collected for the duration of 6 weeks from 3rd August 2015 to 13th September 2015.

3.16 Plan for data analysis:

The data analysis involved the translation of information collected during the course of research project into an interpretable and managerial form. It involved the use of statistical procedures to give an organization and meaning to the data. To compute the data, a master sheet was prepared by the investigator. Descriptive and inferential statistics used for data analysis.

Descriptive statistics:

1. Frequency and percentage distribution was used to analyse the socio demographic variables of adolescents studying in Elango Corporation Higher Secondary School, Madurai.
2. Mean and standard deviation was used for assessing the pretest and post test level of self-esteem among adolescents studying in Elango Corporation Higher Secondary School, Madurai.

Inferential statistics:

1. Paired t-test was used to examine the pre-test and post-test level of self-esteem among adolescents studying in Elango Corporation Higher Secondary School, Madurai.
2. Chi-square analysis was used to find out the association between level of self-esteem among adolescents studying in Elango Corporation Higher Secondary School, Madurai.

3.17 Protection of human rights

The investigator obtained approval from dissertation committee of College of Nursing, Government Rajaji hospital, IRB (Institutional Review Board) and Professor and Head of the Department, Department of psychiatry, Government Rajaji Hospital,

Madurai, to conduct the study in Elango Corporation Higher Secondary School, Madurai. Each individual student was informed about the purpose of the study and confidentiality was promised and ensured. Verbal consent was obtained from all the study subjects and data collected was kept confidential. The subjects were informed that they can withdraw from the study at any time if they are not willing. Confidentiality and Anonymity was maintained throughout the study.

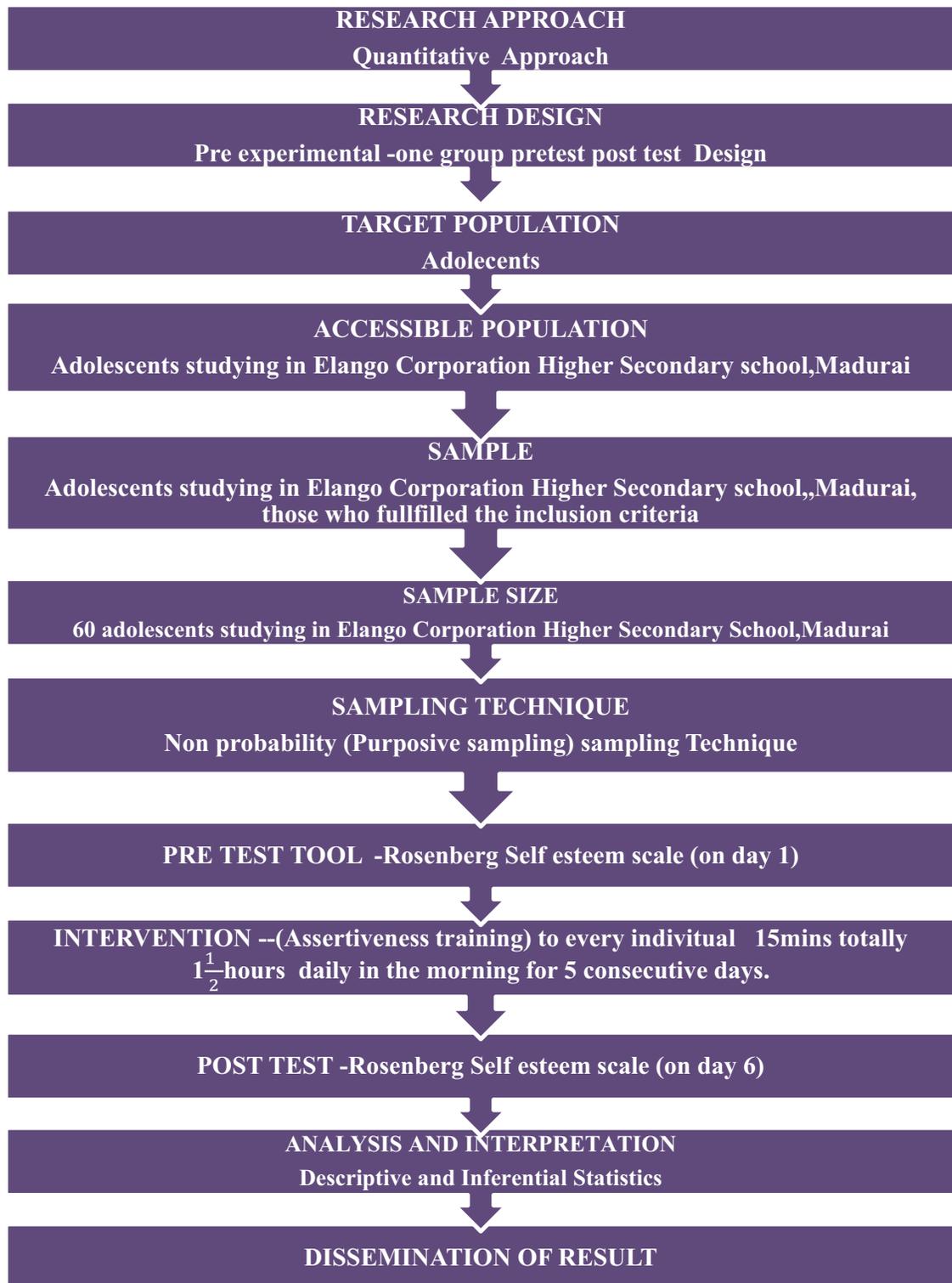


Figure 2: Schematic representation of research methodology

Data Analysis
And
Interpretation

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the description of sample, analysis, and interpretation of the data collected to evaluate the achievement of the objectives of the study. The data collected is tabulated and described as follows, In this chapter the data collected were edited, tabulated, analyzed and interpreted. The findings were organized and presented in the following orderly sections.

The data collected were interpreted under the following sections

Section I

Distribution of adolescents according to their socio demographic variables

Section II

Description of adolescents according to their level of Self-Esteem.

Section III

Effectiveness of Assertiveness Training on Self-Esteem among the adolescents.

Section IV

Association between the level of Self-Esteem among adolescents and their selected socio demographic variables.

Section-I

Distribution of adolescents according to their socio demographic variables.

Table-1: Frequency and percentage distribution of adolescents according to their socio demographic variables.

n=60

Socio Demographic Variables		f	%
Age	12 years	15	25.0%
	13 years	36	60.0%
	14 years	9	15.0%
Religion	Hindu	56	93.3%
	Christian	3	5.0%
	Muslim	1	1.7%
Educational status	7th standard	28	46.7%
	8th standard	32	53.3%
School performance	Good	32	53.3%
	Average	25	41.7%
	Poor	3	5.0%
Type of family	Nuclear Family	36	60.0%
	Joint family	23	38.3%
	Broken family	1	1.7%
Order of birth	First	19	31.7%
	Second	17	28.3%
	Higher than second	24	40.0%
Monthly family income	<Rs.3000	29	48.4%
	Rs.3001-5000	15	25.0%
	Rs.5001-10000	8	13.3%
	>Rs.10000	8	13.3%
Residential area	Urban	15	25.0%
	Rural	40	66.7%
	Sub urban	5	8.3%
Co-curricular activity	Sports	34	56.6%
	Yoga	7	11.7%
	Drawing, Speaking	19	31.7%

Socio Demographic Variables		f	%
Father's educational status	No formal education	12	20.0%
	Primary education	17	28.4%
	High school education	21	35.0%
	Secondary education	8	13.3%
	Graduate / Post graduate	2	3.3%
Mother's educational status	No formal education	19	31.7%
	Primary education	14	23.3%
	High school education	18	30.0%
	Secondary education	6	10.0%
	Graduate / Post graduate	3	5.0%
Father's occupation	Cooly	40	66.7%
	Private employee	1	1.7%
	Government employee	2	3.3%
	Self employee	8	13.3%
	Unemployed	9	15.0%
Mother's occupation	Cooly	32	53.3%
	Private employee	4	6.7%
	Government employee	6	10.0%
	Self employee	7	11.7%
	Unemployed	11	18.3%

Table 1 portrays that majority of the adolescents 36 (60.0%) were in the age group of 13 years, 15 (25%) were in the age group of 12 years and 9 (15%) were in the age group of 14 years.

Regarding religion, majority of the adolescents 56 (93.3%) were Hindus, 3 (5.0%) were Christian and 1(1.7%) was Muslim.

While comparing the Educational status, majority of the adolescents 32 (53.3%) were studying 8th standard and 28 (46.7%) were studying 7th standard.

While discussing the School Performance, majority 32 (53.3%) were Good, 25 (41.7%) were an average and 3 (5.0%) were poor.

While comparing the family type, majority 36 (60%) were from nuclear family, 23 (38.3%) were from joint family and 1 (1.7%) was from broken family.

Regarding the order of birth, majority of the adolescent 24 (40%) were higher than second child, 19 (31.7%) were first child and 17 (28.3%) were second child.

While comparing the monthly family income, 29 (48.4%) parents were earning less than Rs.3000, 15 (25%) parents were earning Rs.3001-5000, 8 (13.3%) parents were earning Rs.5001-10000 and 8 (13.3%) parents were earning ear more than Rs.10000.

Regarding the residential area, majority 40 (66.7%) were hailed from rural, 15 (25%) were hailed from urban and 5 (8.3%) were hailed from sub urban.

While discussing the co-curricular activity, majority 34 (56.6%) were interested in sports, 19 (31.7%) were interested in drawing, Speaking and 7 (11.7%) were interested in yoga.

While discussing the educational status of the father, majority 21 (35%) were studied high school education, 17 (28.4%) were studied Primary education, 12 (20%) were no formal education, 8 (13.3%) were studied secondary education, 2 (3.3%) were graduates and postgraduates.

While comparing the educational status of the mother, majority 19 (31.7%) were no formal education, 18 (30%) were studied high school education, 14 (23.3%)

were studied primary education, 6 (10%) were studied secondary education, and 3 (5%) were graduates and post graduates.

While clarifying the fathers occupation, majority 40 (66.7%) were cooly, 9 (15%) were unemployed, 8 (13.3%) were self-employee , 2 (3,3%) were government employee and 1 (1.7%) was private employee.

Regarding mothers occupation, majority 32 (53.3%) were cooly, 11 (18.3%) were unemployed, 7 (11.7%) were self-employee, 6 (10%) were Government employee and 4 (6.7%) were private employee.

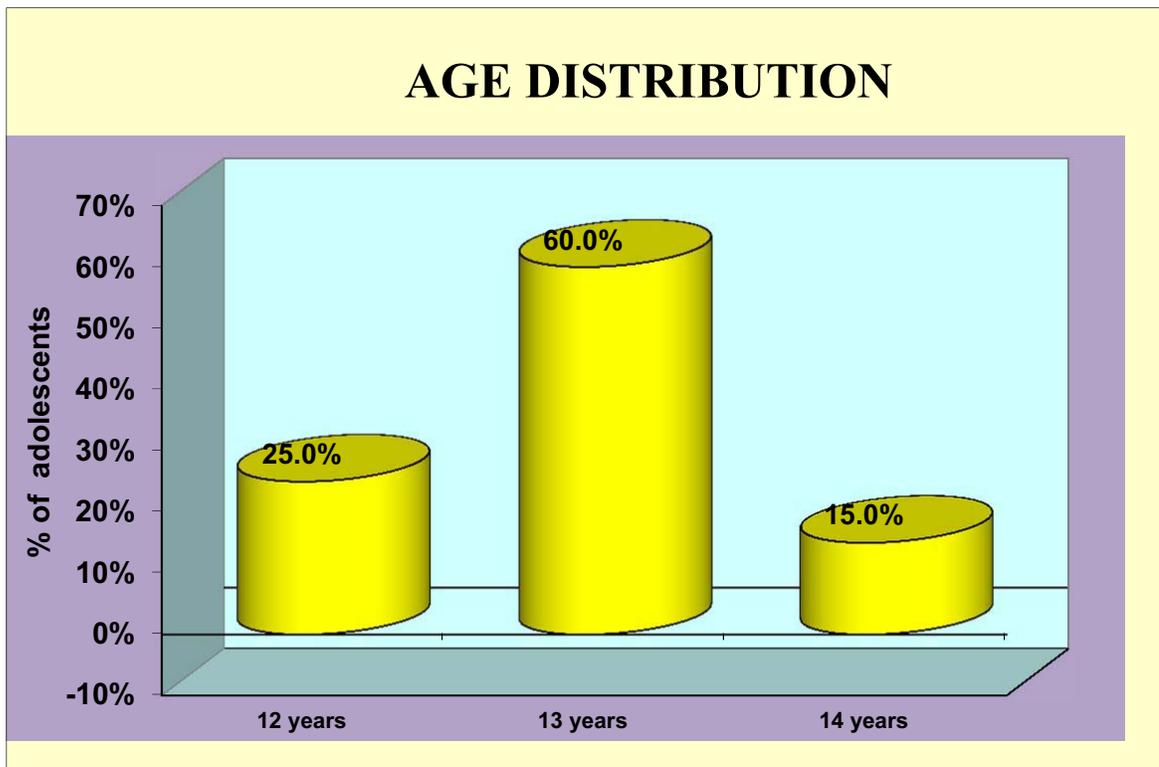


Figure 3: Simple Cylinder diagram depicts distribution of adolescents in selected school according to their age.

The above diagram depicts majority of the adolescents 36 (60%) were in the age group of 13 years, 15 (25%) were in the age group of 12 years, and 9 (15%) were in the age group of 14 years.

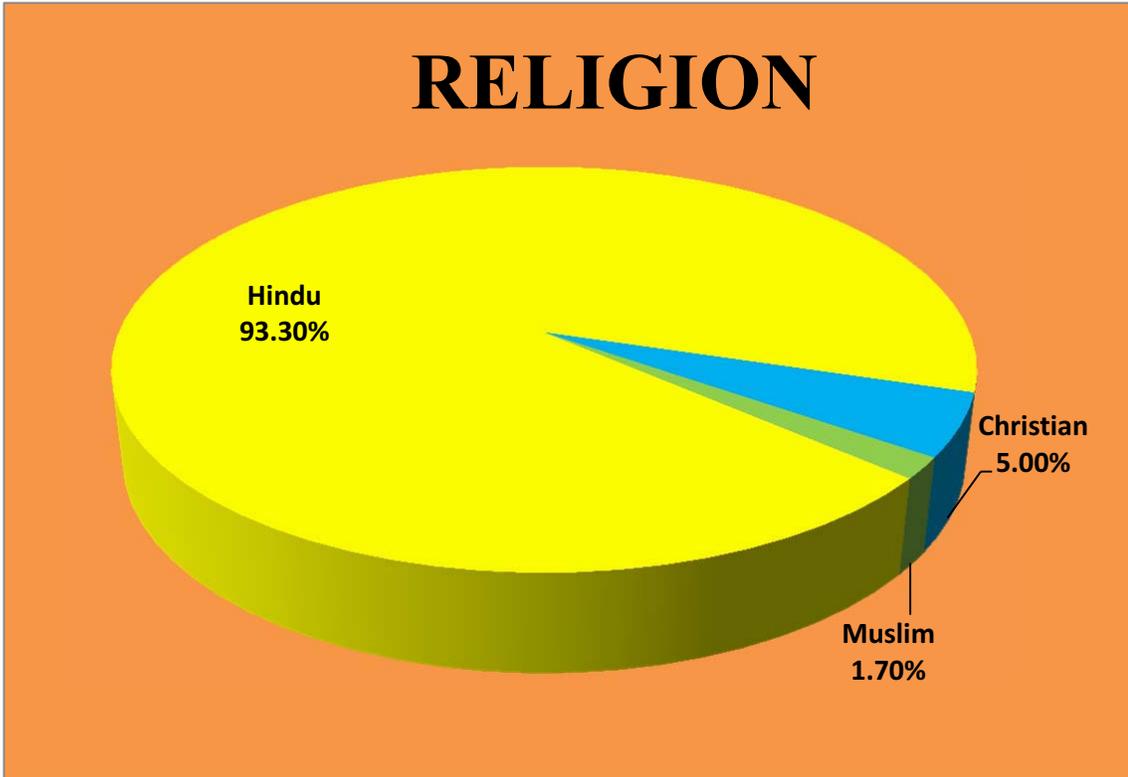


Figure 4: Pie diagram identifies distribution of adolescents in selected school according to their religion.

The above diagram shows that majority of the adolescents 56 (93.30%) were Hindus, 3 (5%) were Christians and remaining 1 (1.70%) was Muslim.

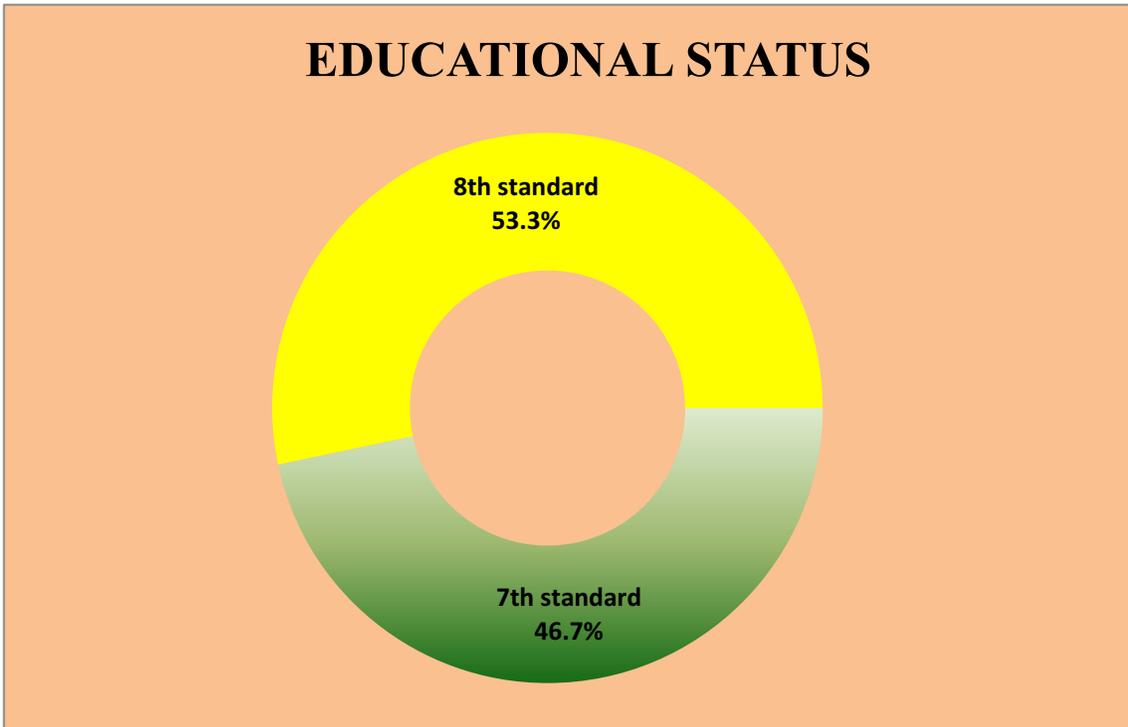


Figure 5: Doughnut diagram portrays the distribution of adolescents according to their education status.

The above diagram explains that the majority of the adolescents 32 (53.3%) were studying 8th standard and 28 (46.7%) were studying 7th standard.

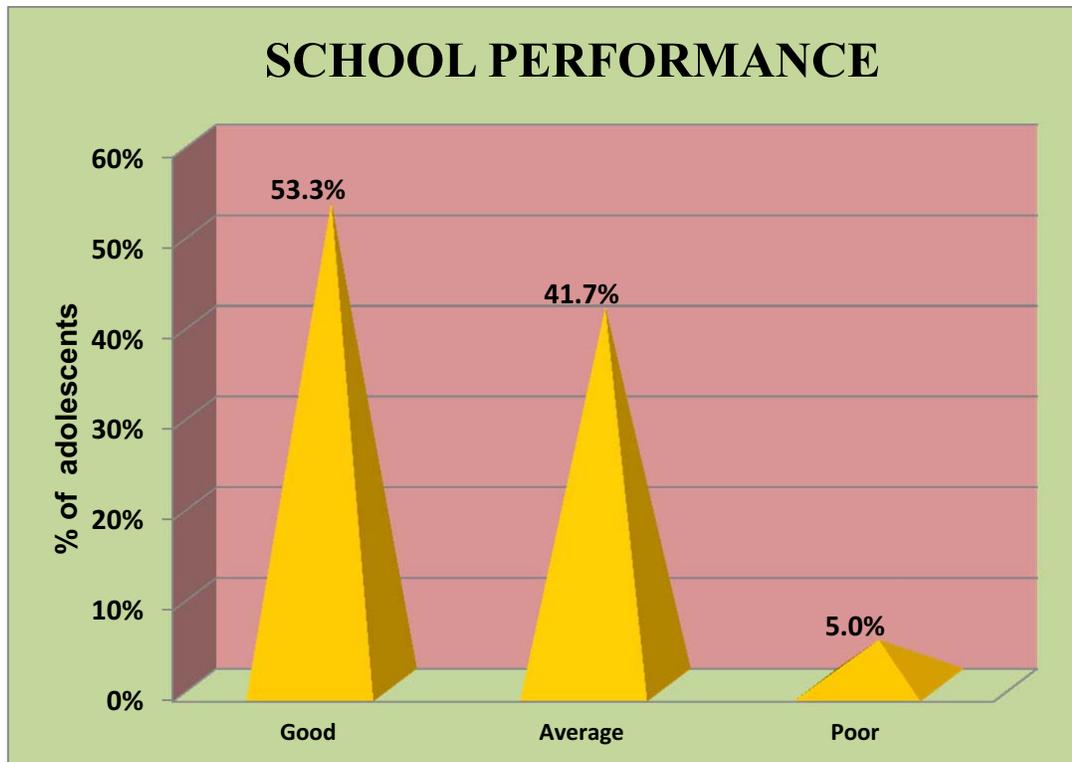


Figure 6: Pyramid diagram states the distribution of adolescents in selected school according to their school performance.

The above diagram portrays that the majority 32 (53.3%) were good in their studies, 25 (41.7%) were average in their studies, and 3 (5%) were poor in their studies.

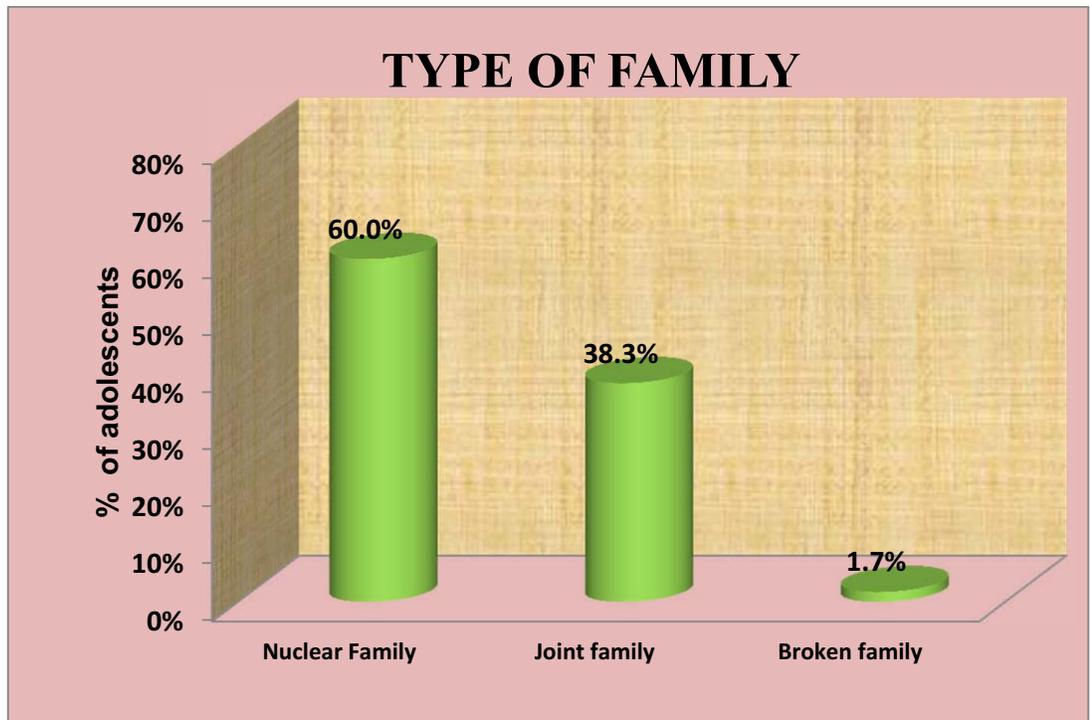


Figure 7: Cylindrical diagram states the distribution of adolescents according to their type of family.

The above diagram predicts that the majority 36 (60%) were belongs to nuclear family, 23 (38.3%) were belongs to joint family and 1 (1.7%) belongs to broken family.

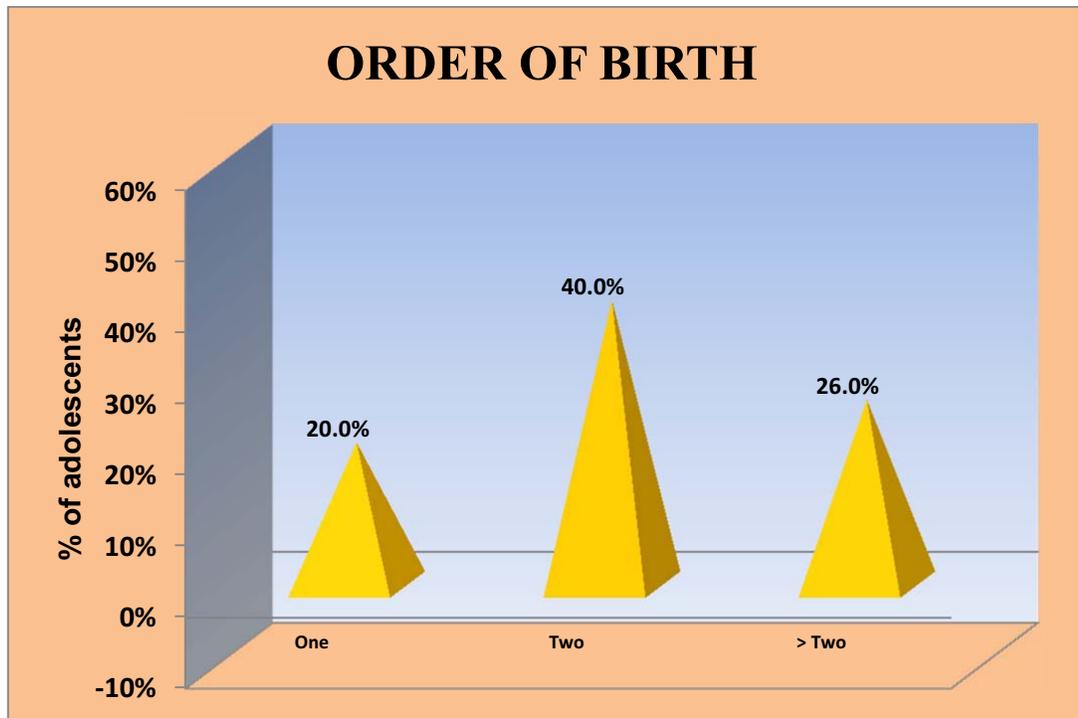


Figure 8: Pyramid diagram portrays the distribution of adolescents according to the order of birth.

The above diagram explains that the majority of the adolescent 24 (40%) were higher than the second child, 19 (31.7%) were first child and 17 (28.3%) were second child.

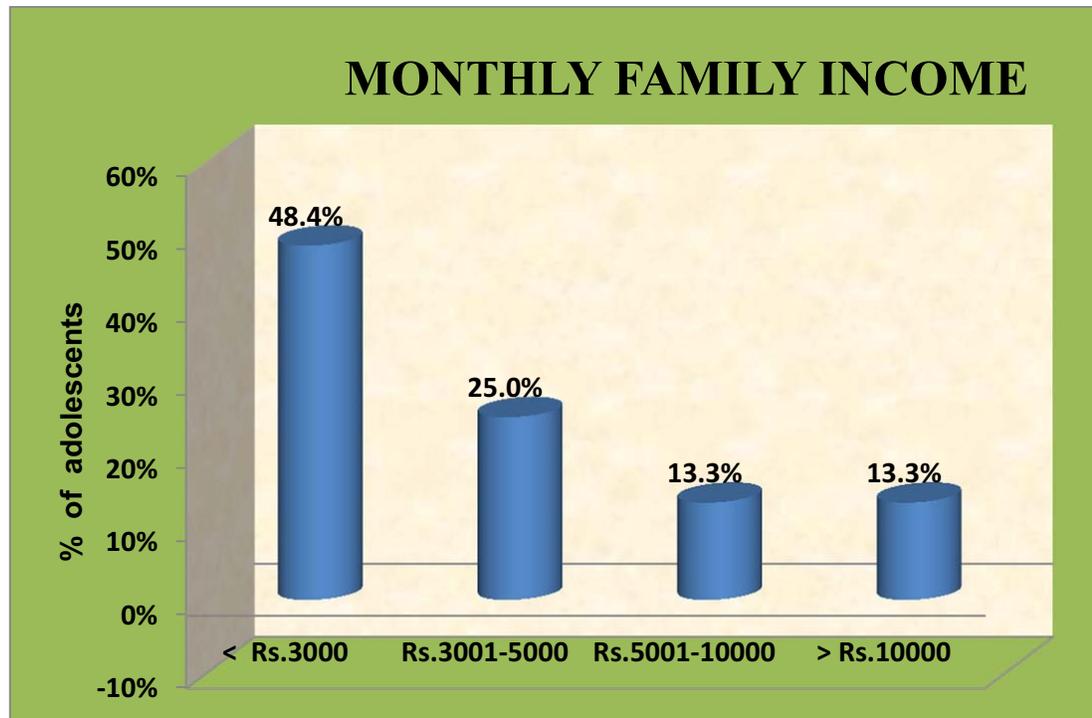


Figure 9: Cylinder diagram portrays the distribution of adolescents according to their monthly family income.

The above diagram predicts that the majority 29 (48.4%) parents were earning less than Rs.3000, 15 (25%) parents were earning Rs. 3001-5000, 8 (13.3%) parents were earning Rs.5001-10000 and 8 (13.3%) parents were earning more than Rs.10000.

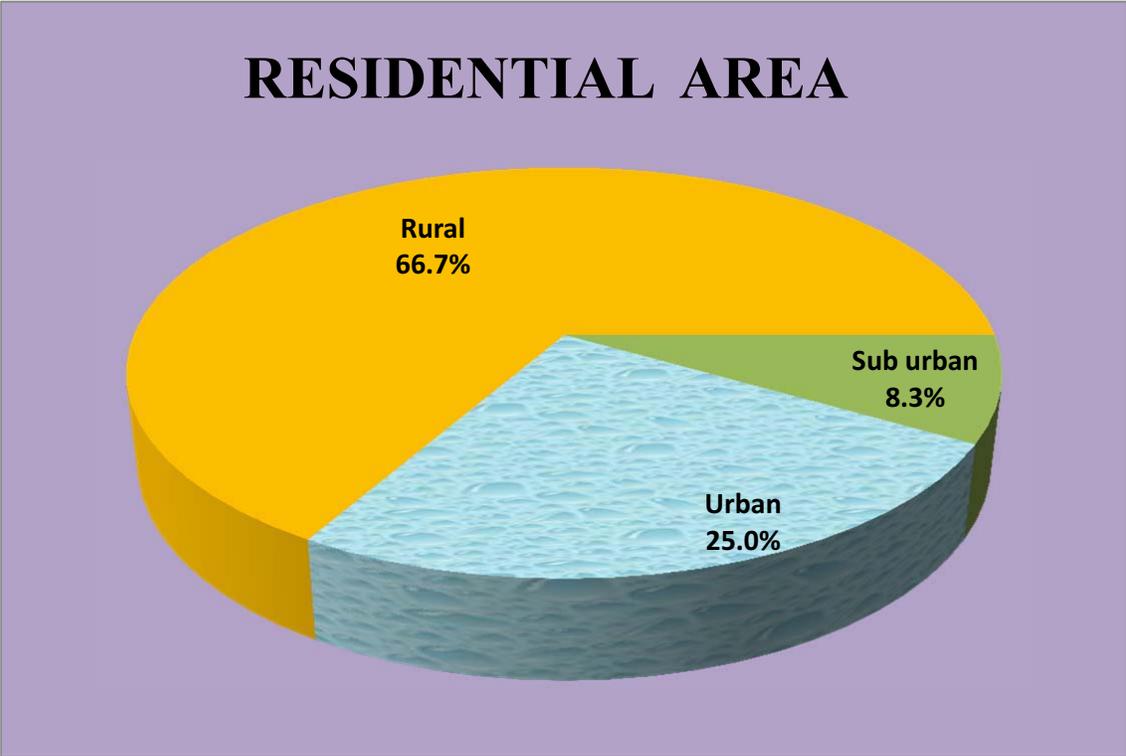


Figure 10: Pie diagram portrays the distribution of adolescents according to their place of residence.

The above diagram shows that the majority 40 (66.7%) were hailed from rural area, 15 (25%) were hailed from urban area, and 5 (8.3%) were hailed from sub urban.

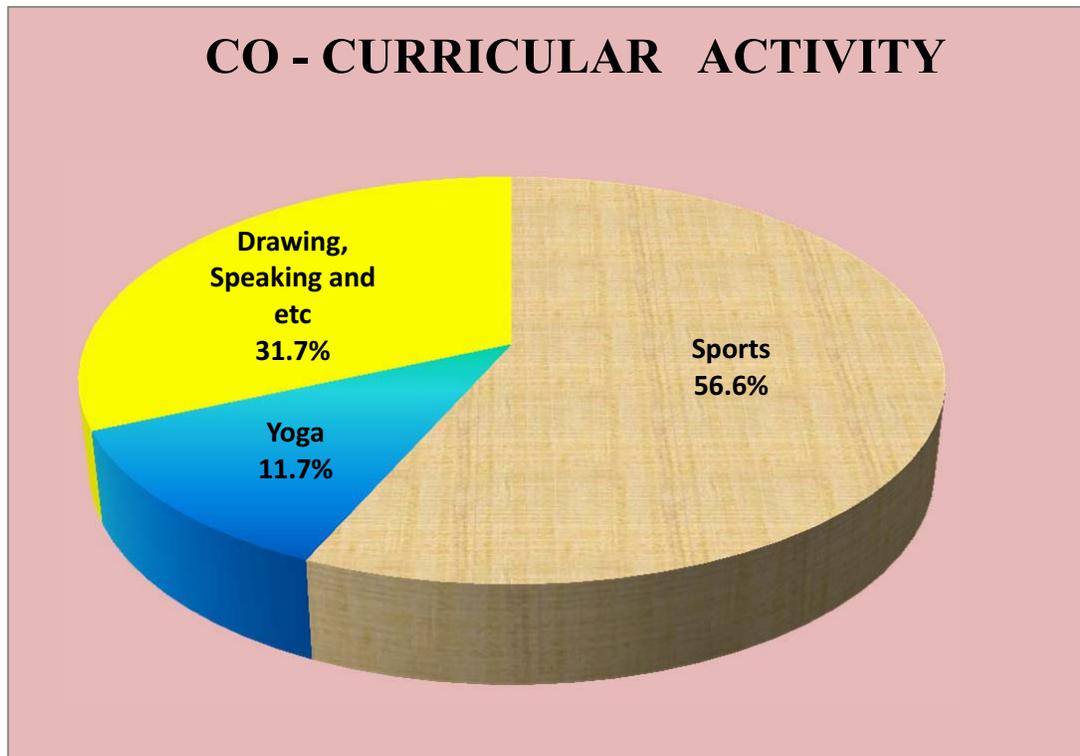


Figure 11: Pie diagram portrays the distribution of adolescents according to their co-curricular activity.

The above diagram explains that the majority 34 (56.6%) were interested in sports, 19 (31.7%) were interested in drawing, speaking, and 7 (11.7%) were interested in yoga.

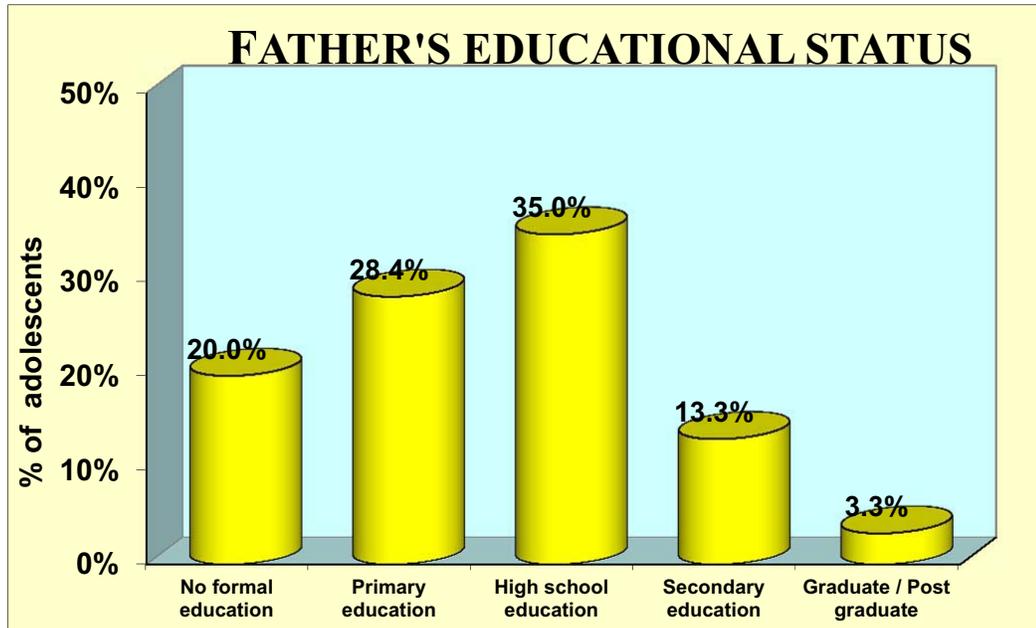


Figure 12: Cylinder diagram portrays the distribution of adolescents according to their father’s educational status.

The above diagram shows that the majority 21 (35%) were studied high school education, 17 (28.4%) were studied Primary education, 12 (20%) were no formal education, 8 (13.3%) were studied secondary education and 2 (3.3%) were graduates and post graduates.

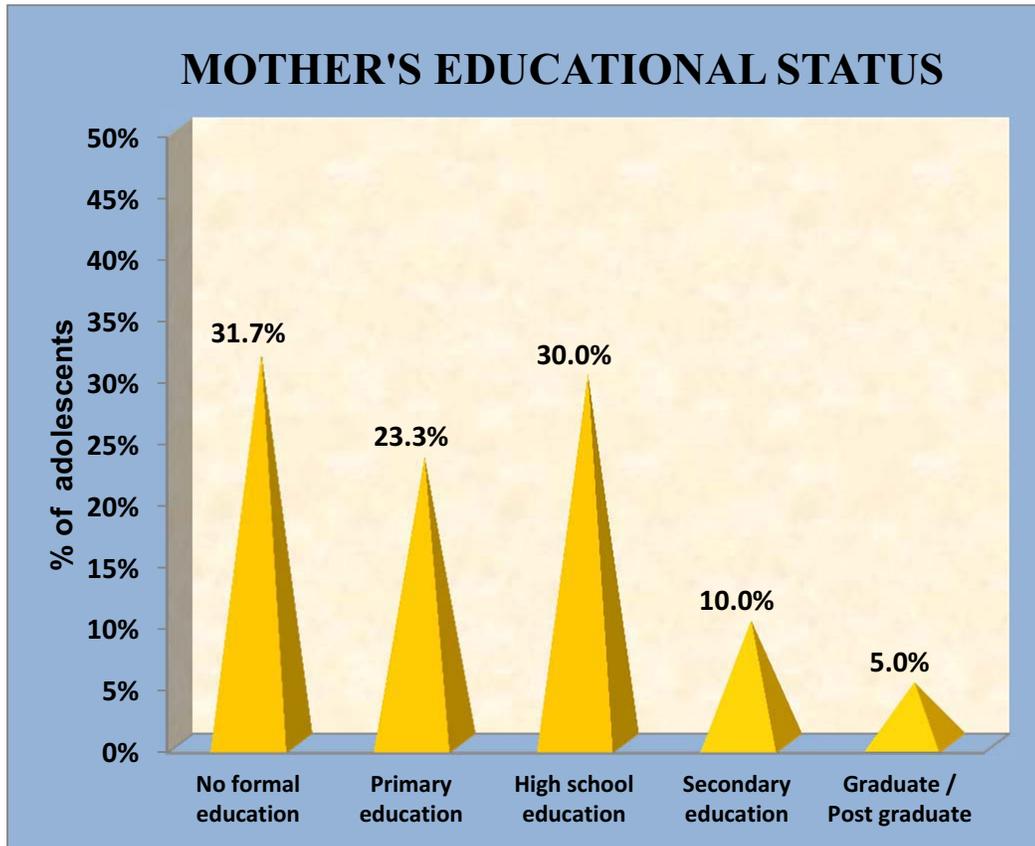


Figure 13 : Pyramid diagram portrays the distribution of adolescents according to their Mother’s educational status.

The above diagram predicts that the majority 19 (31.7%) were no formal education, 18 (30%) were studied High school education, 14 (23.3%) were studied Primary education, 6 (10%) were studied secondary education and 3 (5%) were graduates and post graduates.

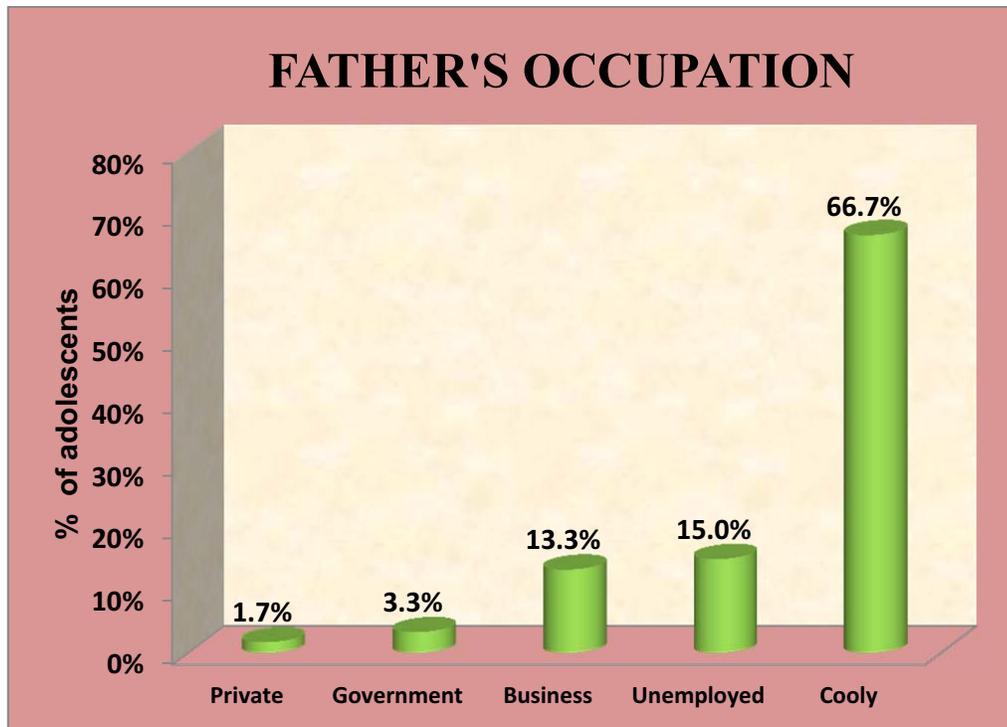


Figure 14: Cylinder diagram portrays the distribution of adolescents according to their father's occupation.

The above diagram explains that the majority 40 (66.7%) were cooly, 9 (15%) were unemployed, 8 (13.3%) were self-employee, 2 (3.3%) were Government employee, 1 (1.7%) was private employee.

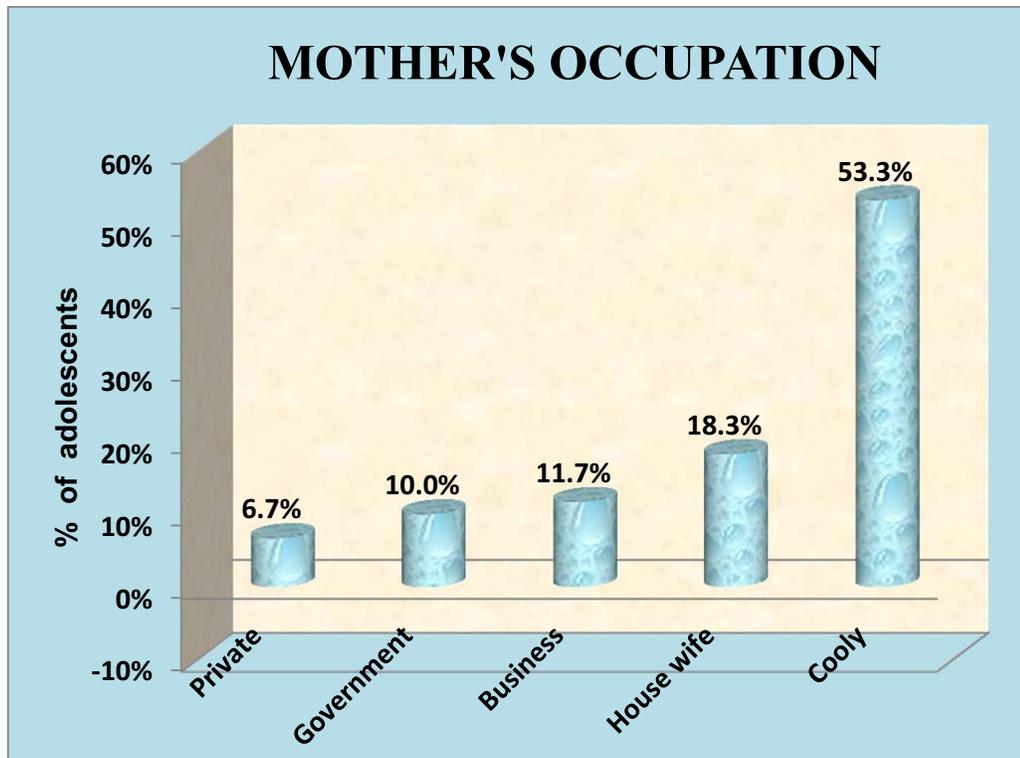


Figure 15: Cylinder diagram portrays the distribution of adolescents according to their Mother's occupation.

The above diagram shows that the majority 32 (53.3%) were cooly, 11 (18.3%) were unemployed, 7 (11.7%) were self employee, 6 (10%) were Government employee, 4 (6.7%) were private employee.

Section II

Description of adolescents according to the level of self-esteem.

Table 2: Frequency and percentage distribution of adolescents according to the level of self-esteem.

n=60

Level of Self-Esteem	Pre test		Post test	
	f	%	f	%
Low	42	70.0%	0	0.0%
Average	18	30.0%	22	36.7%
High	0	0.0%	38	63.3%
Total	60	100%	60	100%

The above table states that in the pre test majority of the adolescents 42 (70%) had low level of Self-Esteem, 18 (30%) had average level of Self-Esteem. In the post test (After intervention-Assertiveness Training) majority of the adolescents 38 (63.3%) had high level of Self-Esteem, 22 (36.7%) had average level of Self-Esteem.

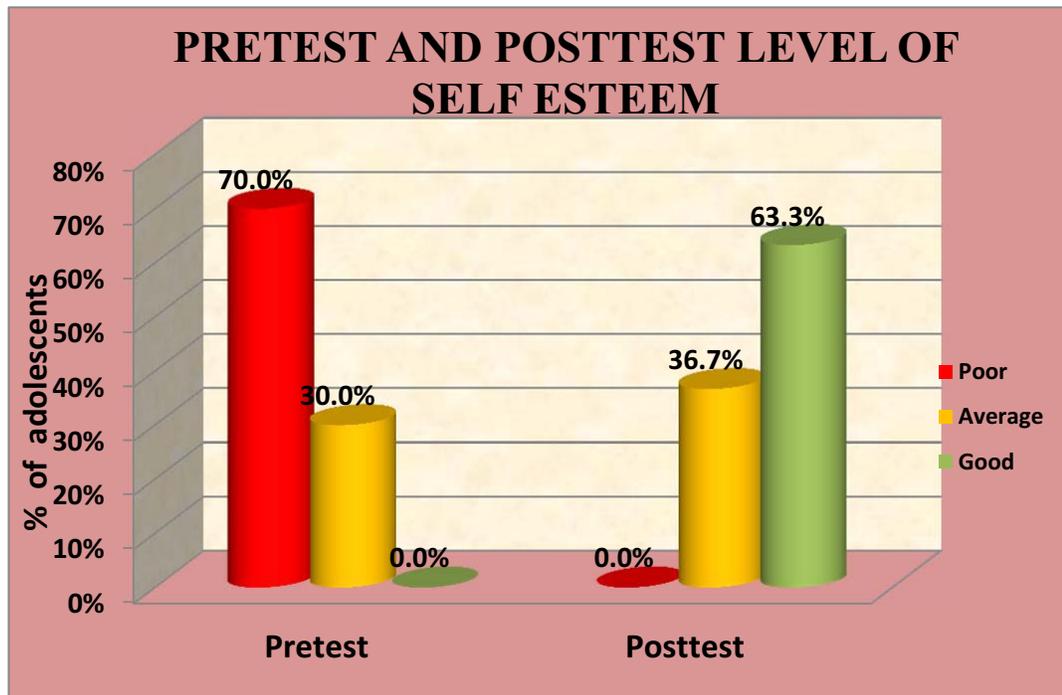


Figure: 16: Cylinder diagram quotes distribution of adolescents according to their level of Self-Esteem.

The above diagram quotes that, in the pretest majority of the adolescents 42 (70%) had low level of self-esteem, 18 (30%) had average level of self-esteem. In the post test (After intervention-Assertiveness Training) majority of the adolescents 38 (63.3%) had high level of self-esteem, 22 (36.7%) had average level of self-esteem.

Section III

Effectiveness of assertiveness training on self-esteem among the adolescents.

Table 3: Mean and standard deviation of Pretest and post test level of self-esteem among adolescents

n=60

	Mean	Mean Difference	Standard Deviation	% of mean score	't' value	'p' value
Pre Test	13.18	11.39	1.86	43.9%	T=30.84	P=0.001***
Post Test	24.57		1.92	81.9%	TV=3.46	

The above table depicts the Mean of the Pre test and Post test was 13.18 and 24.57 respectively and Standard Deviation of the Pre test and Post test was 1.86 and 1.92 respectively. The Mean difference was 11.39. The paired "t" test value was 30.84. This showed that there was a significant difference between the pre test and post test level of Self-Esteem among adolescents.

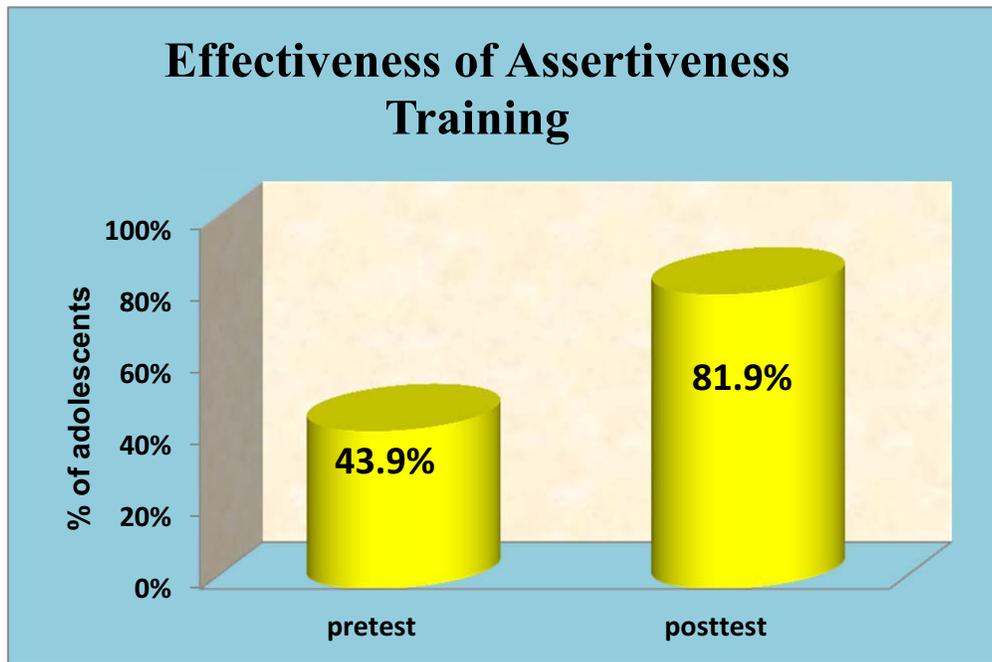


Figure 17: Cylinder diagram depicts the Effectiveness of Assertiveness Training on Self-Esteem among adolescents.

The above figure depicts the Mean of the Pre test and Post test was 13.18 and 24.57 respectively and Standard Deviation of the Pre test and Post test was 1.86 and 1.92 respectively. The Mean difference was 11.38. The paired “t” test value was 30.84. This showed that there was a significant difference between the pre test and post test level of Self-Esteem among adolescents.

Table 4: Comparison of pre test and post test mean Self-esteem score

n=60

	No. of adolescents	Self-Esteem score		Mean difference	Student's Paired t-test
		Mean	SD		
Pretest	60	13.18	1.86	11.38	t=30.84
Post test	60	24.57	1.92		P=0.001***

*****Significant at 0.001**

The above table 4 depicts the comparison of mean Self-Esteem score between pre test and post test. The pre test mean Self-Esteem score was 13.18 with the Standard Deviation 1.86, where as post test mean Self-Esteem score was 24.57 with a Standard Deviation 1.92. Mean Difference is 11.38.

The student paired 't' test was done to find out the difference between the pre test and post test score, 't' value 30.84 was greater than the table value which was significant at 0.001 level. This shows that the difference in the score was due to the intervention (Assertiveness Training) and also this proves that the Assertiveness Training was effective in increasing the Self-Esteem among adolescents studying in selected school.

Comparison of Pretest and Posttest Mean Self-Esteem Score

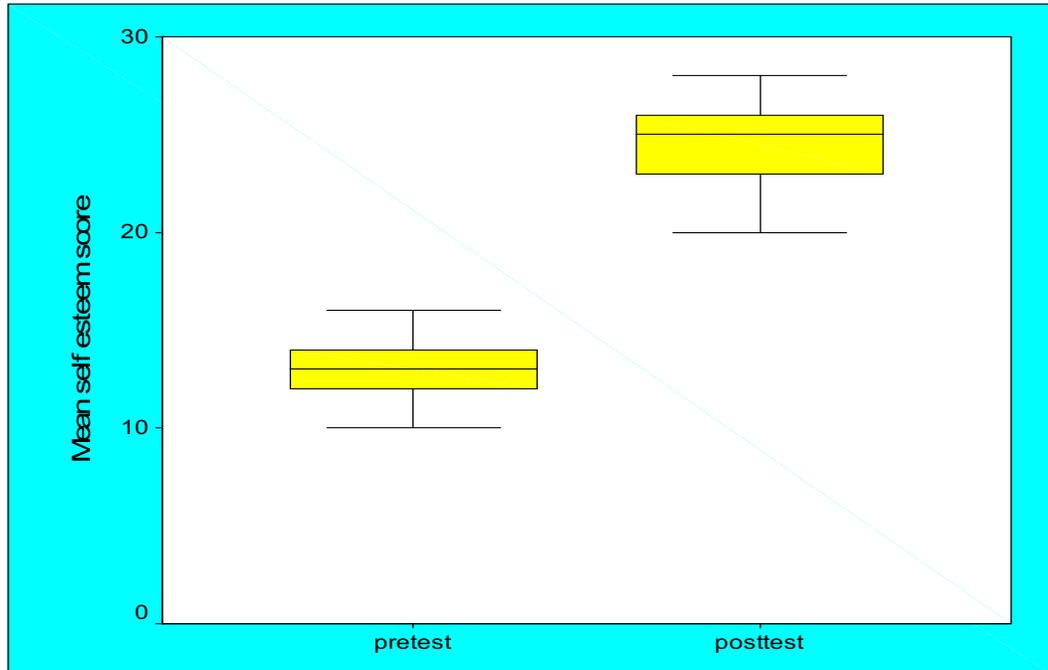


Figure 18: Box-plot diagram portrays the mean Self-Esteem score between pre test and post test among adolescents. The pre test mean Self-Esteem score was 13.18 with the Standard Deviation 1.86, whereas post test mean Self-Esteem score was 24.57 with a Standard Deviation 1.92. Mean Difference is 11.38.

Table 5: Effectiveness of assertiveness training on comparison of self-esteem score

n=60

	Maximum score	Mean Self-Esteem score	Mean difference with 95% Confidence interval	Proportion with 95% Confidence interval
Pretest	30	13.18	11.38(10.64-12.12)	↑37.9%(35.5% 40.4%)
Posttest	30	24.57		

It describes the Effectiveness of Assertiveness Training on Self-Esteem among adolescents in selected school.

On an average, after receiving assertiveness training, adolescents Self-Esteem was increased 37.9% than pre test score. Differences between pre test and post test score was analyzed by using proportion with 95% Confidence interval and mean difference with 95% Confidence interval. This 37.9% increasing score shows the effect of assertiveness training on Self-Esteem among adolescents.

Section IV

Association between the level of self-esteem among adolescents with their selected socio demographic variables.

Table 6: Association between the level of self-esteem among adolescents with their selected socio demographic variables.

n=60

Socio Demographic Variables		Level of Self-Esteem gain score				Total	χ^2
		Below average(≤ 11.38)		Above average(> 11.38)			
		f	%	f	%		
Age	12 years	11	73.3%	4	26.7%	15	$\chi^2=6.15$ p=0.05*
	13 years	17	47.2%	19	52.8%	36	
	14 years	2	22.2%	7	77.8%	9	
Religion	Hindu	28	50.0%	28	50.0%	56	$\chi^2=1.33$ p=0.51
	Christian	1	33.3%	2	66.7%	3	
	Muslim	1	100.0%	0	0.0%	1	
Educational status	7th standard	18	64.3%	10	35.7%	28	$\chi^2=4.28$ p=0.03*
	8th standard	12	37.5%	18	62.5%	32	
School performance	Good	14	43.8%	18	56.3%	32	$\chi^2=1.83$ p=0.40
	Average	15	60.0%	10	40.0%	25	
	Poor	1	33.3%	2	66.7%	3	
Type of family	Nuclear Family	20	55.6%	16	44.4%	36	$\chi^2=2.53$ p=0.28
	Joint family	9	39.1%	14	60.9%	23	
	Broken family	1	100.0%	0	0.0%	1	
Order of birth	First	9	47.4%	10	52.6%	19	$\chi^2=0.27$ p=0.87
	Second	8	47.1%	9	52.9%	17	
	Higher than second	3	154.2%	11	45.8%	24	
Monthly family income	< Rs.3000	20	68.9%	9	31.1%	29	$\chi^2=8.77$ p=0.05*
	Rs.3001-5000	6	40.0%	9	60.0%	15	
	Rs.5001-10000	2	25.0%	6	75.0%	8	
	> Rs.10000	2	25.0%	6	75.0%	8	
Residential area	Urban	6	40.0%	9	60.0%	15	$\chi^2=0.90$ p=0.63
	Rural	21	52.5%	19	47.5%	40	
	Sub urban	3	60.0%	2	40.0%	5	

Co-curricular activity	Sports	18	52.9%	16	47.1%	34	$\chi^2=0.31$ $p=0.85$
	Yoga	3	42.9%	4	57.1%	7	
	Drawing, Speaking .	9	47.4%	10	52.6%	19	
Father's educational status	No formal education	6	50.0%	6	50.0%	12	$\chi^2=1.07$ $p=0.89$
	Primary education	7	41.2%	10	58.8%	17	
	High school education	11	52.4%	10	47.6%	21	
	Secondary education	5	62.5%	3	37.5%	8	
	Graduate / Post graduate	1	50.0%	1	50.0%	2	
Mother's educational status	No formal education	14	73.6%	5	26.4%	19	$\chi^2=10.21$ $p=0.05^*$
	Primary education	8	57.2%	6	42.8%	14	
	High school education	6	33.3%	12	66.7%	18	
	Secondary education	2	33.3%	4	66.7%	6	
	Graduate / Post graduate	1	33.3%	2	66.7%	3	
Father's occupation	Cooly	21	52.5%	19	47.5%	40	$\chi^2=4.10$ $p=0.39$
	Private employee			1	100.0%	1	
	Government employee	2	100.0%			2	
	Business	4	50.0%	4	50.0%	8	
	Unemployed	3	33.3%	6	66.7%	9	
Mother's occupation	Cooly	16	50.0%	16	50.0%	32	$\chi^2=1.62$ $p=0.80$
	Private employee	2	50.0%	2	50.0%	4	
	Government employee	4	66.7%	2	33.3%	6	
	Business	4	57.1%	3	42.9%	7	
	House wife	4	36.4%	7	63.6%	11	

Table 6 explains the association between level of Self-Esteem among adolescents with their selected socio demographic variables. Chi-square analysis revealed that there was an association between the post test level of Self-Esteem and age (13years), educational status (8th standard), monthly income (below Rs.3000) and mothers educational status (No formal education) . All other variables were not significantly associated among the adolescents with their post test score.

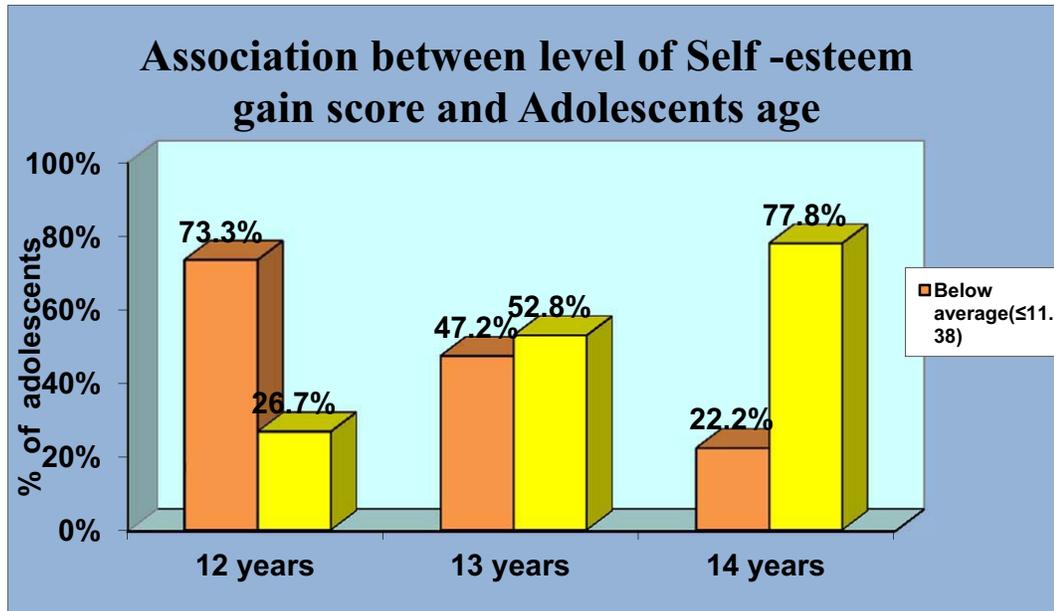


Figure 19: Multiple bar diagram depicts association between the level of Self Esteem among adolescents and their age.

The above figure depicts an association between level of Self-Esteem gain among adolescents with their selected socio demographic variables. According to the age of adolescents, the age group of 13 years were gained more Self-Esteem than other age groups.

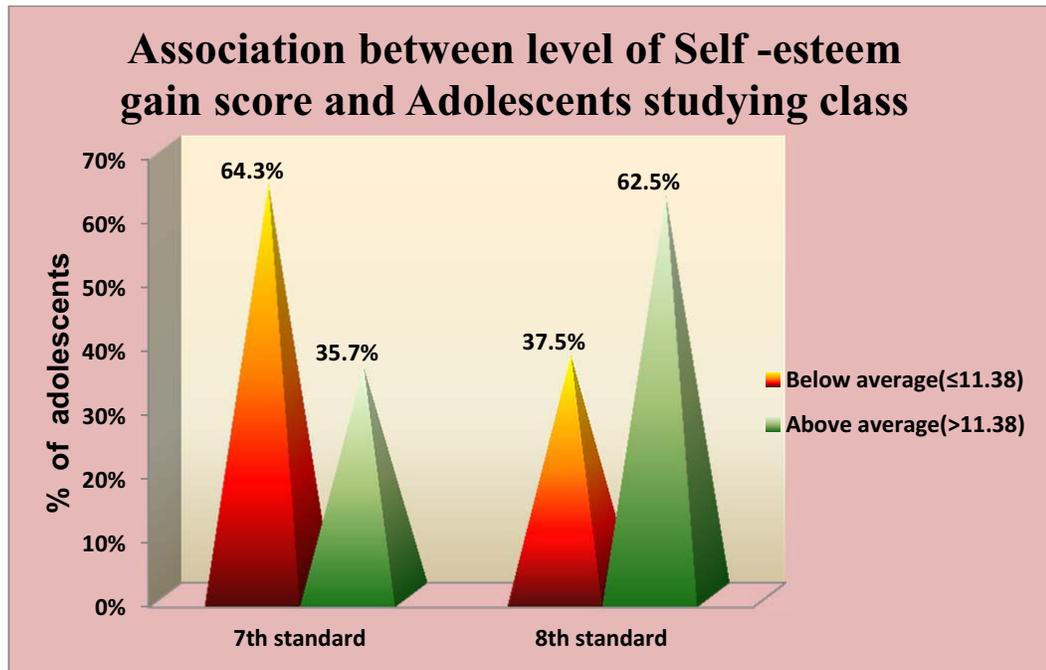


Figure 20: Pyramid diagram showing association between the level of Self-Esteem among adolescents and their educational status.

The above figure depicts the association between level of Self-Esteem gain score among adolescents with their selected socio demographic variables. According to their educational status 8th standard students were gained more Self-Esteem than 7th standard students.

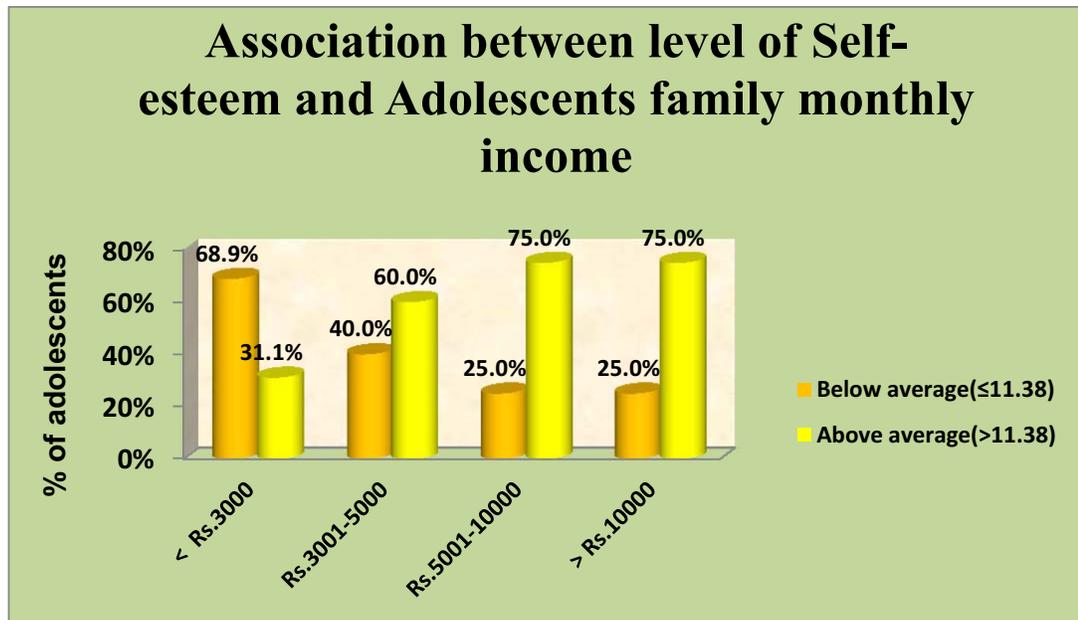


Figure 21: Multiple cylinder diagram showing association between the level Self-Esteem among adolescents and the adolescents and their monthly income.

The above figure depicts the association between level of Self-Esteem gained score among adolescents with their selected socio demographic variables. According to monthly income those who earn below Rs.3000 were gained more Self-Esteem than others.

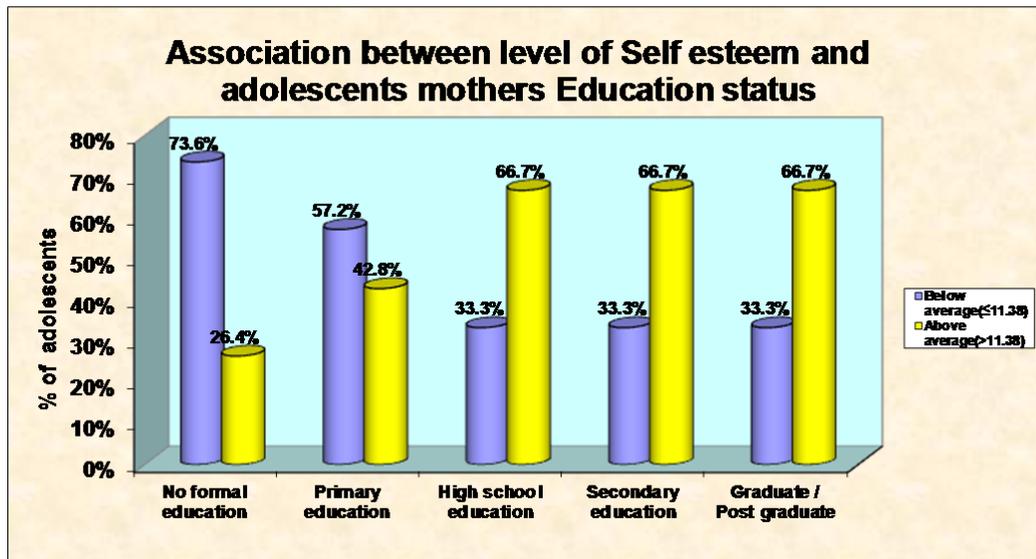


Figure 22: Multiple cylinder diagram showing association between the level self-esteem among adolescents and their mother’s educational status.

The above figure depicts the association between level of Self-Esteem gained score among adolescents with their selected socio demographic variables. According to the mother’s educational status those who were no formal education gain more Self-Esteem than others.

Discussion

CHAPTER V

DISCUSSION

This chapter deals about the results of the study interpreted from the statistical analysis. Adolescents are most often subsumed with youth or with children or with young adults. The developmental stage markers begin in the period of adolescents. They develop their sexual, gender, and ethnic identities. School responsibilities increase. Many teens experiment with drugs and alcohol. The teen years have unique stresses and pressures. Teens may not always let on – but parents and other caring adults play a vital role in providing support and helping teens achieve their best on their way to adulthood. In adolescent period the personal identity is a part of ongoing identification process .The present study was conducted to evaluate the effectiveness of Assertiveness training on self-esteem among adolescents studying in selected school, Madurai.

5.1 Description of adolescents according to their socio demographic variables.

According to the age majority of the adolescents 36 (60.0%) were in the age group of 13 years.

Regarding religion, majority of the adolescents 56 (93.3%) were Hindus.

While comparing the educational status, majority of the adolescents 32 (53.3%) were studying 8th standard.

While discussing the school performance, majority 32 (53.3%) were Good in studies.

While comparing the family type, majority 36 (60%) were from nuclear family.

Regarding the order of birth, majority of the adolescents 24 (40%) were higher than second child.

While comparing the monthly family income majority of the adolescents, 29 (48.4%) were earning less than Rs.3000.

Regarding the residential area, majority 40 (66.7%) were hailed from rural area.

While discussing the co-curricular activity, majority 34 (56.6%) were interested in sports.

While discussing the educational status of the father, majority 21 (35%) were studied high school education.

While comparing the educational status of the mother, majority 19 (31.7%) were no formal education.

While clarifying the father's occupation, majority 40 (66.7%) were cooly.

Regarding mother's occupation, majority 32 (53.3%) were cooly.

5.2 Discussion of the study based on its objectives

The first objective of the study was to assesses the level of Self- Esteem among adolescents studying in selected school, Madurai.

Rosenberg Self- Esteem scale was used in this study to assess the level of Self- Esteem among adolescents studying in Elango Corporation higher secondary school, Madurai. In the pre test, majority of the adolescents 42 (70%) had low level of Self- Esteem, 18 (30%) had average level of Self- Esteem. This study revealed that adolescents studying in Elango Corporation higher secondary school have low level of Self- Esteem.

The present study findings was supported by Amal Sobhy Mahmoud, Mahmoud Taher Al Kalaldehy, Mona Abed El-Rahman (2013) conducted the study to assess the effect of assertiveness training program on Jordanian nursing students level of assertiveness and self-esteem. One hundred and twenty B.Sc nursing students were participated in the study, among them majority of the adolescents 76 (63.4%) students had low level of Self- Esteem, 44 (36.6%) had average level of Self- Esteem.

The present study findings also was supported by Anu Maria Alias (2012) who conducted the study to evaluate the effectiveness of assertiveness training on Self- Esteem among adolescent girls in selected school, Bangalore. 30 students were participated in this study among them majority of the adolescents 18 (60%) students had low level of Self- Esteem, 12 (40%) had average level of Self- Esteem.

The second objective of the study was to evaluate the effectiveness of Assertiveness training on self-esteem among adolescents studying in selected school, Madurai.

In the pre test, majority of the adolescents 42 (70%) had low level of Self- Esteem, 18 (30%) had average level of Self- Esteem. In the post test, (After intervention-Assertiveness Training) majority of the adolescents 38 (63.3%) had high level of Self- Esteem, 22 (36.7%) had average level of Self- Esteem.

The Mean of the Pre test and Post test was 13.18 and 24.57 respectively and Standard Deviation of the Pre test and Post test was 1.86 and 1.92 respectively. The Mean difference was 11.39.

The student paired 't' test was done to find out the difference between the pre test and post test score, 't' value 30.84 was greater than the table value which was significant at 0.001 level.

Difference between the pre test and post test was analyzed using proportion with 95% confidence interval and mean difference with 95% confidence interval. The difference shows the effect of assertiveness training on Self- Esteem among adolescents.

This finding of the study was consistent with a study done by Jayne E. Stake, Cathy J. DeVille, Christine L. Pennell (1983) In this study the Assertiveness training was provided for 148 girls in 10 high school business and homemaking classes in six senior high schools. Training sessions were co-led by an experienced leader and the students' own high school teacher. Significant changes in performance self-esteem scores were found between pretesting and a three-month follow-up ($p < 0.001$) for the 103 subjects available at follow-up; low self-esteem subjects showed greater increases than high self-esteem subjects ($p < 0.001$). Changes in self-esteem were related to the girls' perceptions of teacher reactions to their assertive behaviour ($p < 0.01$).

It was also supported by Z. Ranjbarkohn, MS.Sajadinejad (2010) conducted a study, in which to investigate the effect of assertiveness training on self-esteem and depression in students of Isfahan University of medical sciences. This experimental study, as pre- and post-test with a control group, was conducted in the academic year of 2009-2010. Forty students were selected through randomized cluster sampling into case and control groups (10 female and 10 men for each group). The assertiveness training program was used in case group for 8 sessions. The Ellis Pop esteem test and Beck depression questionnaire were used to evaluate the variables before and after training. The collected data were analyzed by means of SPSS (version 16) using MANCOVA and t tests, at the significant level of $P < 0.05$. The Results shows that the assertiveness training caused a significant increase in the self-esteem level and

decrease in the depression rate in case group ($P=0.001$ for both) but this effect was not seen in control group ($P>0/05$).

Hence the stated hypotheses- H_1 “There is a significant difference between the pre test and post test level of self-esteem among adolescents studying in selected school , Madurai” was accepted.

The third objective of the study was to associate the level of Self- Esteem among adolescents studying in selected school, Madurai with their selected socio demographic variables.

Chi square analysis was calculated to determine the association between the socio demographic variables and the level of Self- Esteem among the adolescents.

Table 6 portrays the association between the post test level of Self- Esteem among adolescents with their selected socio demographic variables. Chi-square analysis revealed that there was a significant association between the post test level Self- Esteem and age ($\chi^2=6.15$), educational status ($\chi^2=4.28$), monthly family income ($\chi^2=8.77$) and mother’s educational status ($\chi^2=10.21$). All other variables such as religion , school performance, type of family, order of birth, residential area, co-curricular activity, father’s educational status, mother’s educational status, father’s occupation, and mother’s occupation were not significantly associated among adolescents with their post test score.

This study findings was consistent with the study findings of Slater J (1990) conducted a study to assess the Effects of Assertive Training on the Performance Self- Esteem of Adolescent Girls. Assertiveness training was provided for 148 girls in 10 high school business and homemaking classes in six senior high schools. The

findings suggested that assertive training was effective in improving Self- Esteem and Self- Esteem scores were associated with age ($\chi^2=6.05$), education status ($\chi^2=4.15$).

This finding was also supported by a study Sandhya Budhathoki (2012) to assess the effectiveness of assertiveness training on assertive behaviour and Self- Esteem among adolescents studying in selected school, Bangalore. Assertiveness training was provided for 60 students. The results showed that assertiveness training was effective in improving Self- Esteem among adolescents and Self- Esteem scores were associated with age ($\chi^2=7.15$), type of family ($\chi^2=9.25$), school performance ($\chi^2=10.05$).

Hence the stated Hypotheses-H₂ “There is a significant association between the level of Self- Esteem among adolescents studying in selected school, Madurai with their selected socio demographic variables” was accepted .

*Summary,
Conclusion,
Implications &
Recommendations*

CHAPTER VI

SUMMARY, CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This chapter presents the summary of the study and conclusion drawn, clarifies the limitation of the study, the implications and the recommendations, different areas like nursing practice, nursing education, nursing administration and nursing research.

6.1 Summary of the study

The present study was undertaken to evaluate the effectiveness of Assertiveness training on self-esteem among adolescents studying in selected school, Madurai. The study carried out the following objectives.

Objective of the study were

- To assess the level of self-esteem among adolescents studying in selected school, Madurai.
- To evaluate the effectiveness of Assertiveness training on self-esteem among adolescents studying in selected school, Madurai.
- To associate the level of self-esteem among adolescents studying in selected school, Madurai with their selected socio demographic variables.

The following hypotheses were tested at 0.05 level of significance.

H₁: There is a significant difference between the pretest and posttest level of self-esteem among adolescents studying in selected school, Madurai.

H₂: There is a significant association between the level of self-esteem among adolescents studying in selected school, Madurai with their selected socio demographic variables.

The study assumptions were

- Adolescents may have low self-esteem and it vary from person to person.
- Adolescents may have inadequate assertiveness.

The conceptual model of this study was based on Modified Johnson's Behavior Model (1986). The study was conducted by using one group pretest, posttest design at Elango Corporation higher secondary school, Madurai. The population of the study was adolescents studying in the same school with low self-esteem. A non probability (Purposive sampling) technique was used to select the sample. The study consisted of 60 adolescents studying in Elango Corporation Higher Secondary School, Madurai with low self-esteem. A Pilot study was conducted on 10 of the non-study subjects at the same school, Madurai, to find out the feasibility and practicability for conducting the study. After testing the validity and reliability, the tool was used for data collection. Data gathered were analyzed by using both descriptive and inferential statistics.

6.2 Major findings of the study were

- In the pre test, majority of the adolescents 42 (70%) had low level of Self-Esteem, 18 (30%) had average level of Self-Esteem. This study revealed that adolescents studying in Elango Corporation higher secondary school have low level of Self-Esteem.
- There was a highly significant difference in the mean scores between pretest and post test in relation to Self-Esteem among adolescents.
- The Mean of the Post test Self-Esteem score 24.57 was significantly higher than the Pre test Self-Esteem score 13.18 , this difference in mean is a true difference by the intervention Assertiveness training not by chance.

- There was a significant association between the post test level Self-Esteem and age($\chi^2=6.15$), educational status ($\chi^2=4.28$), monthly family Income($\chi^2=8.77$) and mothers educational status($\chi^2=10.21$) among adolescents studying in selected school.
- There was no significant association between the post test level of Self-Esteem and the other socio demographic variables such as religion, school performance, type of family, order of birth, residential area, co-curricular activity, father's educational status, mother's educational status, father's occupation, and mother's occupation.
- Assertiveness training was effective in improving Self-Esteem among adolescents studying in Elango corporation higher secondary school, Madurai.

6.3 conclusion

It is statistically evidenced that assertiveness training was effective in improving the Self-Esteem among adolescents. This is cost effective, non invasive, non pharmacological complementary and alternative therapy to improve the Self-Esteem.

6.4 Implications for nursing

The findings of the study have several implications on nursing practice, nursing administration, nursing education and nursing research that can be used in the following areas of profession.

Nursing practice:

- The nurse can learn accurate assessment of Self-Esteem with the use of standardized Rosenberg Self-Esteem scale among adolescents in the ward.
- The nurse will reinforced to practice assertiveness in personal and professional interactions with clients and family members.
- The nurse can teach the benefits of assertiveness training in improving Self-Esteem among adolescents both in clinical settings and community settings.

Nursing education:

- Nursing colleges can educate the students to learn about the Self-Esteem and the effectiveness of assertiveness training to improve the Self-Esteem in day to day life.
- Practical training on assertiveness training on assertiveness can be added in the nursing curriculum in diploma and basic B.Sc nursing programme.
- Teaching personnel's can arrange training programme for students to participate assertiveness training and to practiced in clinical area.
- Students will periodically evaluate for their assertive performance in personal and professional interactions by nursing educators.

Nursing administration

- Nurse administrators can conduct in-service education on assertiveness training and application of assertiveness training to improve the Self-Esteem among nurses.
- Nurse administrators can provide an opportunity for nurses to attend assertiveness training programme to improve Self-Esteem among adolescents.
- Nursing administrators should be a role models in assertive expression in their administrator role.

Nursing research

- The study findings will encourage, further research studies on the effectiveness of assertiveness training in improving Self-Esteem among adolescents.
- Based on the same study, more research can be conducted on the effectiveness of assertiveness training in improving Self-Esteem.
- Nurse researchers have to develop newer tools to determine assertive levels among an adolescents.
- The nurse researchers have to find out novel and interactive methods to disseminate assertive skills.

6.5 Recommendations

Based on the findings of the study, the recommendations offered for future research were

- A similar study can be conducted, replicated on a large sample to generalize the study findings.
- A similar study can be conducted with experimental research design having control group and experimental group.
- A comparative study can also be done to compare the effect of Assertiveness training with other training and exercises like Progressive muscle relaxation technique, meditation, yoga, cognitive behavior therapy, etc.
- A similar study can be conducted as comparative study between students studying in Government schools and Private schools.
- A similar study can be conducted in the same setting by using post test only design.

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39. Pitt,Amy, Roth Beatrice: A model for assertive training: Integration of feelings and behavior; *Clinical Social work Journal*.1978;Vol.6 (4), 274.

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Appendices

APPENDIX I

ETHICAL COMMITTEE APPROVAL LETTER

Ref.No.10189/E1/5/2014

Madurai Medical College,
Madurai -20. Dated: 13.10.2014.

Institutional Review Board/Independent Ethics Committee
Capt.Dr.B.Santhakumar,MD (FM). deanmdu@gmail.com
Dean, Madurai Medical College &
Government Rajaji Hospital, Madurai 625 020 . Convenor

Sub: Establishment – Madurai Medical College, Madurai-20 –
Ethics Committee Meeting – Meeting Minutes - for October 2014 –
Approved list – reg.

The Ethics Committee meeting of the Madurai Medical College, Madurai was held on
October 15th 2014 at 10.00 Am to 12.00 Noon at Anaesthesia Seminar Hall at Govt. Rajaji Hospital,
Madurai . The following members of the Ethics Committee have attended the meeting.

- | | | |
|--|---|---------------------|
| 1.Dr.V.Nagarajan,M.D.,D.M(Neuro)
Ph: 0452-2629629
Cell No.9843052029
nag9999@gmail.com . | Professor of Neurology
(Retired)
D.No.72, Vakkil New Street,
Simmakkal, Madurai -1 | Chairman |
| 2.Dr.Mohan Prasad, MS.M.Ch.
Cell.No.9843050822 (Oncology)
drbkemp@gmail.com | Professor & H.O.D of Surgical
Oncology (Retired).
D.No.32, West Avani Moola Street,
Madurai.-1 | Member
Secretary |
| 3. Dr.L.Santhanalakshmi, MD (Physiology)
Cell No.9842593412
dr.lsanthalakshmi@gmail.com . | Vice Principal, Prof. & H.O.D.
Institute of Physiology
Madurai Medical College | Member |
| 4.Dr.K.Parameswari, MD(Pharmacology)
Cell No.9994026056
drparameswari@yahoo.com . | Director of Pharmacology
Madurai Medical College. | Member |
| 5.Dr.S.Vadivel Murugan, MD.,
(Gen.Medicine)
Cell No.9566543048
svadivelmurugan_2007@rediffmail.com . | Professor & H.O.D of Medicine
Madurai Medical College | Member |
| 6.Dr.A.Sankaramahalingam, MS.,
(Gen. Surgery)
Cell.No.9443367312
chandrahospitalmdu@gmail.com | Professor & H.O.D. Surgery
Madurai Medical College. | Member |
| 7.Mrs.Mercy Immaculate
Rubalatha, M.A., Med.,
Cell.No.9367792650
lathadevadoss86@gmail.com | 50/5, Corporation Officer's
Quarters, Gandhi Museum Road,
Thamukam, Madurai-20. | Member |
| 8.Thiru.Pala.Ramasamy, B.A.,B.L.,
Cell.No.9842165127
palaramasamy2011@gmail.com | Advocate,
D.No.72,Palam Station Road,
Sellur, Madurai-20. | Member |
| 9.Thiru.P.K.M.Chelliah, B.A.,
Cell No.9894349599
pkmandeo@gmail.com | Businessman,
21 Jawahar Street,
Gandhi Nagar, Madurai-20. | Member |

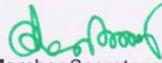
.. 2 ..

The following Project was approved by the Ethical Committee

Name of P.G.	Course	Name of the Project	Remarks
R.Sudha	M.Sc (Nursing) 1 st year Mental Health Nursing, Madurai Medical College, Madurai	A study to evaluate the effectiveness of Assertiveness training on self esteem among adolescents in selected school, Madurai.	Approved

Please note that the investigator should adhere the following: She/He should get a detailed informed consent from the patients/participants and maintain it Confidentially.

1. She/He should carry out the work without detrimental to regular activities as well as without extra expenditure to the institution or to Government.
2. She/He should inform the institution Ethical Committee, in case of any change of study procedure, site and investigation or guide.
3. She/He should not deviate the area of the work for which applied for Ethical clearance. She/He should inform the IEC immediately, in case of any adverse events or Serious adverse reactions.
4. She/He should abide to the rules and regulations of the institution.
5. She/He should complete the work within the specific period and if any Extension of time is required He/She should apply for permission again and do the work.
6. She/He should submit the summary of the work to the Ethical Committee on Completion of the work.
7. She/He should not claim any funds from the institution while doing the work or on completion.
8. She/He should understand that the members of IEC have the right to monitor the work with prior intimation.


Member Secretary
Ethical Committee


Chairman
Ethical Committee


DEAN/Convenor
Madurai Medical College &
Govt. Rajaji Hospital, Madurai.

To
The above Applicant
-thro. Head of the Department concerned

APPENDIX II

From

R.Sudha,
II year M.Sc (N),
College of Nursing,
Madurai Medical College,
Madurai-20.

To

Mrs.Janci, M.Sc (N).,Ph.D.,
Lecturer,
C.S.I.College of Nursing,
Madurai.

Through the proper channel,

Respected Madam,

Sub: Requesting to validate my content and tool-Reg.

I am R. Sudha studying in College of Nursing, Madurai Medical College, Madurai-20. Here with I am sending my content and Tool, Kindly validate my content and tool.

Thanking You,

Madurai-20.

29.05.2015.

Yours faithfully,



(R. SUDHA).
(R. SUDHA).

APPENDIX III

CERTIFICATE FOR VALIDATION

This is to certify that the content and tool

Section-A : Socio Demographic data

Section- B:Rosenberg self esteem scale

Prepared for data collection by Mrs.R.Sudha, II Year M.Sc Nursing, college of Nursing , Madurai ,Medical College, Madurai-20, who has undertaken the study field on thesis entitled “ **A Study to evaluate the effectiveness of Assertiveness training on self esteem among adolescents studying in selected school, Madurai ,**” has been validated by me.



Signature of the expert

Name: **Dr. T. KUMANAN, M.D.(PSY).DPM**
Reg. No. 43337
Professor of Psychiatry, Senior Civil Surgeon
Madurai Medical College, Govt. Rajaji Hospital
Madurai

Designation:

Date: 31-7-2015

CERTIFICATE FOR VALIDATION

CERTIFICATE FOR VALIDATION

This is to certify that the content and tool

Section-A : Socio Demographic data

Section- B:Rosenberg self esteem scale

Prepared for data collection by Mrs.R.Sudha, II Year M.Sc Nursing, college of Nursing , Madurai ,Medical College, Madurai-20, who has undertaken the study field on thesis entitled “ **A Study to evaluate the effectiveness of Assertiveness training on self esteem among adolescents studying in selected school, Madurai ,**” has been validated by me.

N. Suresh Kumar
1/08/15

Signature of the expert

N. SURESH KUMAR, M.A., M.Phil.
Asst. Prof. Cum Clinical Psychologist
Dept. of Psychiatry
Madurai Medical College
Madurai-207

Name:

Designation:

Date:

CERTIFICATE FOR VALIDATION

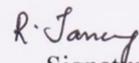
CERTIFICATE FOR VALIDATION

This is to certify that the content and tool

Section-A : Socio Demographic data

Section- B:Rosenberg self esteem scale

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Signature of the expert

Name: DR. R. JANCY RACHEL DAISY

Designation: PROFESSOR CUM HOD .

Date: 5.6.15 .

CERTIFICATE FOR VALIDATION

This is to certify that the content and tool

Section-A : Socio Demographic data

Section- B:Rosenberg self esteem scale

Prepared for data collection by Mrs.R.Sudha, II Year M.Sc Nursing, college of Nursing , Madurai ,Medical College, Madurai-20, who has undertaken the study field on thesis entitled “ **A Study to evaluate the effectiveness of Assertiveness training on self esteem among adolescents studying in selected school, Madurai ,**” has been validated by me.

G. Gomathy
Signature of the expert

Name: *G. Gomathy*

Designation: *Assist professor*

Date: *27-7-15*

CERTIFICATE FOR VALIDATION

CERTIFICATE FOR VALIDATION

This is to certify that the content and tool

Section-A : Socio Demographic data

Section- B:Rosenberg self esteem scale

Prepared for data collection by Mrs.R.Sudha, II Year M.Sc Nursing, college of Nursing , Madurai ,Medical College, Madurai-20, who has undertaken the study field on thesis entitled “ **A Study to evaluate the effectiveness of Assertiveness training on self esteem among adolescents studying in selected school, Madurai ,**” has been validated by me.



Signature of the expert

Name:

Mrs. SUMATHI SANTHA KUMAR, M.Sc(N)

Designation:

Assistant Professor
HOD of Mental Health Nursing
Sakthi College of Nursing
Omanchattam, DINDIGUL Dist

Date:

APPENDIX IV

ஒப்புதல் அறிக்கை

பெயர்

நாள்

வயது

பாலினம்

எனக்கு இந்த செவிலிய ஆய்வினை பற்றிய முழுவிபரம் விளக்கமாக எடுத்துரைக்கப்பட்டது. இந்த ஆய்வில் என் மகன் பங்கு கொள்வதினால் ஏற்படும் நன்மைகள் பற்றி முழுமையாக புரிந்து கொண்டேன். இந்த ஆய்வில் என் மகன் தானாக முன் வந்து பங்கு பெற சம்மதிக்கிறேன். மேலும் என் மகன் இந்த ஆய்வில் இருந்து எந்த சமயத்திலும் விலகிக் கொள்ள முழு அனுமதி வழங்கப்பட்டுள்ளது. என்னுடைய மகன் விவரங்களை பார்வையிட்டு அதை ஆய்வில் பயன்படுத்தி கொள்ள முழு அனுமதி அளிக்கிறேன். என்னுடைய மகன் பெயர் மற்றும் அடையாளங்களை ரகசியமாக வைத்து கொள்ளப்படும் என்றும் எனக்கு உறுதியளிக்கப்பட்டுள்ளது.

இப்படிக்கு

CONSENT FORM

Here I am acknowledging that information regarding the project study topic was explained to me and positive reason was pointed out. I am voluntarily willing to participate my son/daughter in the study. At any time my son/daughter is free to exclude from the study and promised that all personal information of my son/daughter will be kept in confidential.

Signature of the participant

APPENDIX V

LETTER SEEKING AND GRANTING PERMISSION TO CONDUCT THE PILOT STUDY

FROM

R.Sudha,
II year M.sc (N),
Madurai medical college
Madurai-20

TO

The Head Master,
Elango Corporation Higher Secondary School,
Shenoy Nagar,
Madurai.

Through the proper channel.

Respected sir,

Sub: Requesting Permission to conduct Pilot study in Elango Corporation Higher Secondary School , Madurai- Regarding,

As per the curriculum recommended by the Indian Nursing Council and Tamil Nadu Dr.MGR Medical University all the M.sc (N) students are required to conduct a Pilot Study for the partial fulfillment of the course.

I have selected a study on "A study to evaluate the effectiveness of Assertiveness training on self esteem among adolescents at selected school, Madurai" for my study. I would like to conduct the Pilot study in Elango Corporation Higher Secondary School, Madurai, **From 01.06.2015 to 06.06.2015**. So, I kindly request you to consider, guide and allow me to conduct the study.

Thanking you.

Madurai.

27 . 05 . 2015.

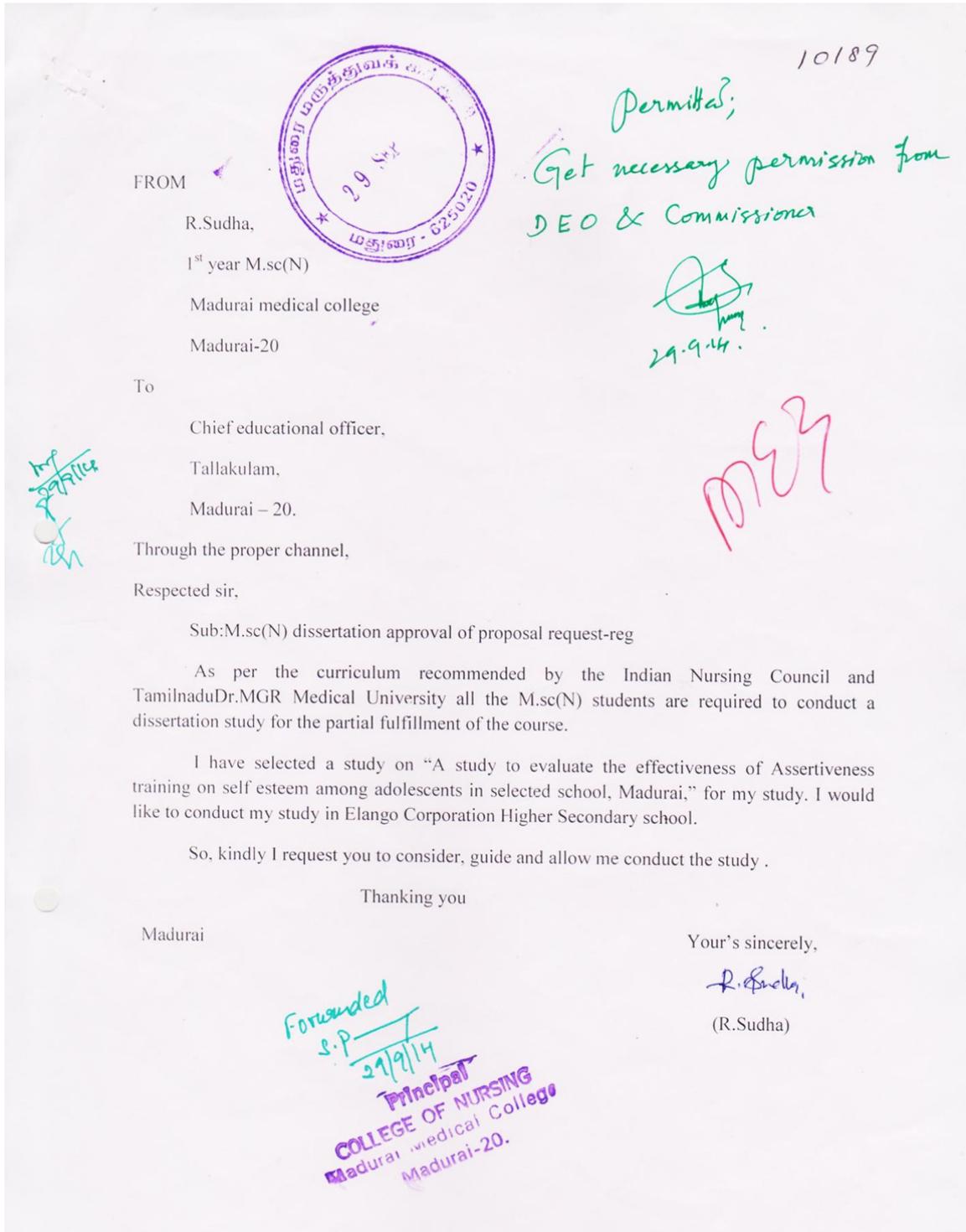
Yours sincerely,

R.Sudha
(R.Sudha.)

Box
27.5.15
A-4
HEAD MASTER
Corpn Elango Hr. Sec. Sch
Shenoy Nagar,
Madurai-625 020.
Forwarded
S. Rajamoni
27/5/15
For Principal
COLLEGE OF NURSING
Madurai Medical College
Madurai-20.

APPENDIX VI

LETTER SEEKING AND GRANTING PERMISSION TO CONDUCT THE STUDY



மருத்துவ கல்வித்துறை

அனுப்புநர்
கேப்டன் மரு.பொ.சாந்தகுமார்,எம்டி(எப்எம்),
முதல்வர்
மதுரை மருத்துவக் கல்லூரி,
மதுரை.

பெறுநர்
மாவட்ட கல்வி அலுவலர்
மதுரை.

ந.க.எண்.10189/நி1/5/2014 நாள் 10.10.2014.

அய்யா,

பொருள்: நிர்வாகம் - மதுரை மருத்துவக் கல்லூரி, மதுரை — எம்எஸ்சி
நர்சிங் மாணவி ஆராய்ச்சி பயிற்சி மேற்கொள்வதற்கு —
அனுமதி கேட்டல் தொடர்பாக.

பார்வை: R.சுதா, எம்எஸ்சி நர்சிங் மாணவி, மதுரை மருத்துவக் கல்லூரி,
மதுரை கடித நாள் 29.09.14.

மதுரை மருத்துவக் கல்லூரி, மதுரையில் எம்எஸ்சி நர்சிங் படிக்கும் மாணவி R.சுதா,
அவர்கள் இளங்கோ கார்ப்பரேசன் மேல்நிலைப்பள்ளியில் தனது ஆராய்ச்சி பயிற்சிக்காக
அனுமதி வழங்குமாறு கேட்டுள்ளார்கள். அன்னாரது அசல் கடிதம் தங்களது மேல்
நடவடிக்கைக்காக இத்துடன் இணைத்து அனுப்பப்படுகிறது என்பதனை கனிவுடன் தெரிவித்துக்
கொள்கிறேன்.


முதல்வருக்காக, 10/10/14

21/10
10/10/14

நகல்
தலைமை ஆசிரியர்,
இளங்கோ கார்ப்பரேசன் மேல்நிலைப்பள்ளி,
செனாய் நகர்,
மதுரை.


13.10.14
HEADMASTER
CORPORATION ELANGO HR. SEC. SCHOOL
Shenoyagar, MAURAI - 20.

10189

Permitted;
Get necessary permission from
D E O & Commissioner .


29.9.14.

FROM

R.Sudha,
1st year M.sc(N)
Madurai medical college
Madurai-20

hwp
29/9/14.

The Head Master,
Elango Corporation Higher Secondary School,
Shenoy Nagar,
Madurai – 20.



Through the proper channel,



Respected sir,

Sub: M.sc(N) dissertation approval of proposal request-reg

As per the curriculum recommended by the Indian Nursing Council and Tamilnadu Dr.MGR Medical University all the M.sc(N) students are required to conduct a dissertation study for the partial fulfillment of the course.

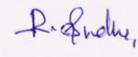
I have selected a study on “A study to evaluate the effectiveness of Assertiveness training on self esteem among adolescents in selected school, Madurai,” for my study. I would like to conduct in your school.

So, kindly I request you to consider, guide and allow me conduct the study .

Thanking you

Madurai

Your's sincerely,


(R.Sudha)

Forwarded
S.P. 
29/9/14
Principal
COLLEGE OF NURSING
Madurai Medical College
Madurai-20.

மருத்துவ கல்வித்துறை

அனுப்புநர்
கேப்டன் மரு.பொ.சாந்தகுமார்,எம்டி(எப்எம்),
முதல்வர்
மதுரை மருத்துவக் கல்லூரி,
மதுரை.

பெறுநர்
ஆணையர்,
மதுரை மாநகராட்சி,
மதுரை

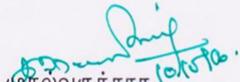
ந.க.எண்.10189/நி1/5/2014 நாள் 10.10.2014.

அய்யா,

பொருள்: நிர்வாகம் - மதுரை மருத்துவக் கல்லூரி, மதுரை— எம்எஸ்சி
நர்சிங் மாணவி ஆராய்ச்சி பயிற்சி மேற்கொள்வதற்கு—அனுமதி
கேட்டல் தொடர்பாக.

பார்வை: R.சுதா, எம்எஸ்சி நர்சிங் மாணவி, மதுரை மருத்துவக் கல்லூரி,
மதுரை கடித நாள் 29.09.14.

மதுரை மருத்துவக் கல்லூரி, மதுரையில் எம்எஸ்சி நர்சிங் படிக்கும் மாணவி R.சுதா,
அவர்கள் இளங்கோ கார்ப்பரேசன் மேல்நிலைப்பள்ளியில் தனது ஆராய்ச்சி பயிற்சிக்காக
அனுமதி வழங்குமாறு கேட்டுள்ளார்கள். அன்னாரது கடித நகல் தங்களது மேல்
நடவடிக்கைக்காக இத்துடன் இணைத்து அனுப்பப்படுகிறது என்பதனை கனிவுடன் தெரிவித்துக்
கொள்கிறேன்.


முதல்வருக்காக, 10/10/14.

நகல்
தலைமை ஆசிரியர்,
இளங்கோ கார்ப்பரேசன் மேல்நிலைப்பள்ளி,
செனாய் நகர்,
மதுரை.

21-b
10/10/14

FROM

R.Sudha,
1st year M.sc(N),
Madurai medical college,
Madurai-20.

To

The Head of the Department,
Department of Psychiatry,
Madurai Medical College,
Madurai – 20.

Through the proper channel,

Respected sir,

Sub:M.sc(N) dissertation approval of proposal request-reg,

As per the curriculum recommended by the Indian Nursing Council and Tamilnadu Dr.MGR Medical University all the M.sc (N) students are required to conduct a dissertation study for the partial fulfillment of the course.

I have selected a study on “A Study to Evaluate the effectiveness of Assertiveness training on self esteem among adolescents studying in selected school, Madurai” for my study. I would like to conduct the study in Elango corporation higher secondary school, Madurai. So, kindly I request you to consider, guide and allow me conduct the study in that school.

Thanking you .

Madurai

10/10/14

Your's sincerely,



(R.Sudha)

Forwarded
S. Rajamami
10/10/14
S. RAJAMAMI, ENRM, M.Sc.(N)
LECTURER
DEPARTMENT OF PSYCHIATRIC NURSING
COLLEGE OF NURSING
MADURAI MEDICAL COLLEGE
MADURAI-20.

Dr. T. Kumanan
10/10/2014
(Dr. T. Kumanan
MD DPM)
Dr. T. KUMANAN, M.D., DPM.
Professor of Psychiatry
Senior Civil Surgeon,
Govt. Rajaji Hospital,
MADURAI.

APPENDIX VII

SECTION-A

SOCIODEMOGRAPHIC PERFORMA OF ADOLESCENTS

Sample No:

Sex:

Date:

Place:

1. Age

a) 12years

b) 13 years

c) 14years

2. Religion

a) Hindu

b) Christian

c) Muslim

3. level of education

a) 7th standard

b) 8th standard

c) 9th standard

4. School Performance

a) Good

b) Average

c) Poor

5. Type of Family

- a) Nuclear Family
- b) Joint Family
- c) Extended family
- d) Broken family

6. Order of birth

- a) First
- b) Second
- c) Higher than second

7. Monthly family income

- a) < Rs3000
- b) Rs3001-5000
- c) Rs5001-10000.
- d) > Rs 10000

8. Residential area

- a) Urban
- b) Rural
- c) Sub urban

9. Co-curricular participation

- a) Sports
- b) Yoga
- c) Drawing, Speaking

10. Father's education

- a) No formal education
- b) Primary education
- c) High school education
- d) Secondary education
- d) Graduate / Post graduate

11. Mother's education

- a) No formal education
- b) Primary education
- c) High school education
- c) Secondary education
- d) Graduate / Post graduate

12. Father's occupation

- a) Cooly
- b) Private employee
- c) Government employee
- d) Business
- d) Unemployed

13. Mother's occupation

- a) cooly
- b) Private employee
- c) Government employee
- d) Business
- d) House wife.

APPENDIX VIII

ROSENBERG SELF-ESTEEM SCALE

S.NO	QUESTIONS	SA	A	D	SD
1.	On the whole, I am satisfied with myself	3	2	1	0
2.	* At times, I think I am no good at all.	0	1	2	3
3.	I feel that I have a number of good qualities .	3	2	1	0
4.	I am able to do things as well as most other people.	3	2	1	0
5.	* I feel I do not have much to be proud of.	0	1	2	3
6.	* I certainly feel useless at times.	0	1	2	3
7.	I feel that I'm a person of worth, at least equal to others.	3	2	1	0
8.	* I wish I could have more respect for myself.	0	1	2	3
9.	* All in all, I am inclined to feel that I'm a failure.	0	1	2	3
10.	I take a positive attitude toward myself.	3	2	1	0

Scoring:

-For questions 1, 3, 4, 7, and 10 score SA=3, A=2, D=1, and SD=0: Your Total _____

-For questions 2, 5, 6, 8, and 9 score SA=0, A=1, D=2, and SD=3: Your Total _____

Grand Total _____

Score between 15-25 are considered average .

APPENDIX IX

பகுதி - அ
தன்னிலை விபரக்குறிப்பு

மாதிரி எண்:

1. வயது

அ. 12வயது

ஆ. 13வயது

இ. 14வயது

2. மதம்

அ. இந்து

ஆ. கிறிஸ்தவர்

இ. முஸ்லீம்

ஈ. பிற மதத்தவர்

3. கல்வி நிலை

அ. 7ம் வகுப்பு

ஆ. 8ம் வகுப்பு

இ. 9ம் வகுப்பு

4. பள்ளியில் செயல்திறன்

அ. சிறந்தவர்

ஆ. சராசரி

இ. மோசமான

5. குடும்ப வகை

அ. தனிக்குடும்பம்

ஆ. கூட்டுக்குடும்பம்

இ. நீட்டிக்கப்பட்ட குடும்பம்

6. பிறப்பு நிலை

அ. முதல்

ஆ. இரண்டு

இ. மூன்றாவது மற்றும் அதற்குமேல்

7. குடும்ப வருமானம்

அ. ரூ.3000க்கும் குறைவாக

ஆ. ரூ.3001 முதல் ரூ.5000 வரை

இ. ரூ.5001 முதல் ரூ.10,000வரை

ஈ. ரூ.10,000க்கும் மேல்

8. வசிப்பிடம்

அ. நகர்ப்புறம்

ஆ. கிராமப்புறம்

இ. நகர்புற கிராமம்

9. இணை கல்விசார் பங்கு

அ. விளையாட்டு

ஆ. தியானம்

இ. வரைதல், பேச்சுத்திறமை, இன்னபிற

10. தந்தையின் கல்வித்தகுதி

அ. முறையான கல்வி இல்லை

ஆ. தொடக்கக்கல்வி

இ. உயர்நிலைக்கல்வி

ஈ. பட்டம் மற்றும் பட்டயப்படிப்பு

11. தாயின் கல்வித்தகுதி

அ. முறையான கல்வி இல்லை

ஆ. தொடக்கக்கல்வி

இ. உயர்நிலைக்கல்வி

ஈ. பட்டம் மற்றும் பட்டயப்படிப்பு

12. தந்தையின் பணிமுறை

அ. தினக்கூலி

ஆ. தற்காலிக வேலை

இ. நிரந்தர வேலை

ஈ. வேலை செய்யாதவர்

13. தாயின் பணிமுறை

அ. தினக்கூலி

ஆ. தற்காலிக வேலை

இ. நிரந்தரவேலை

ஈ. வீட்டில் இருப்பவர்

APPENDIX X

ரொசன்பெர்க் தன்மதிப்பு அளவுகோல்

கீழ் உள்ள வாக்கியங்களுக்கு எந்த அளவு அமோதிக்கின்றனர் என்று கூறவும்.

வ. எண்	வாக்கியம்	நிச்சயம் ஒப்புக் கொள்கிறேன்	ஒப்புக் கொள்கிறேன்	ஒப்புக் கொள்ள மாட்டேன்	நிச்சயம் ஒப்புக் கொள்ள மாட்டேன்
1.	மொத்தத்தில் என்னைப் பற்றி நான் திருப்தியாய் உள்ளேன்.				
2.	அவ்வப்போது நான் சரியில்லை என்று நினைப்பதுண்டு.				
3.	என்னிடம் பல நல்ல விஷயங்கள் உள்ளதாக என்னுகிறேன்.				
4.	என்னால் மற்றவர்களை போல் காரியங்களை செய்ய முடியும்.				
5.	பெருமைப்படுகின்ற அளவுக்கு என்னிடம் ஒன்றும் இல்லை.				
6.	நான் எதற்கும் பயனில்லை என்று நினைப்பதுண்டு.				
7.	என் மதிப்பு மற்றவர்க்கு இணையாக இருப்பதுண்டு.				
8.	எனக்கு இன்னமும் ஆதிக்கம், மரியாதை இருந்தால் நன்றாக இருக்கும்.				
9.	ஆக மொத்தத்தில் என் வாழ்க்கை ஒரு தோல்வி என்று நினைப்பதுண்டு.				
10.	நான் என்னைப்பற்றி உயர்வாய் என்னுகிறேன்.				

APPENDIX XI
ENGLISH EDITING CERTIFICATE

CERTIFICATE OF ENGLISH EDITING

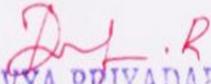
TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation, **“A study to evaluate the effectiveness of Assertiveness training on self esteem among adolescents studying in selected school, Madurai.”** by Mrs.R.Sudha M.Sc(N) II year student , college of Nursing, Madurai Medical College, Madurai-20 has been edited for English language appropriateness.

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DINDIGUL-DIST, TAMILNADU

Signature

APPEND XII
TAMIL EDITING CERTIFICATE

CERTIFICATE OF TAMIL EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation, “A study to evaluate the effectiveness of Assertiveness training on self esteem among adolescents studying in selected school, Madurai.” by Mrs.R.Sudha M.Sc(N) II year student , college of Nursing, Madurai Medical College, Madurai-20 has been edited for Tamil language appropriateness.

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Signature,

APPENDIX XIII

ASSERTIVENESS TRAINING MODULE

Assertiveness training is a form of behavior therapy designed to help people stand up for themselves, to empower themselves, in more contemporary terms.

Assertiveness is the person stand up for one's own rights without infringing the rights of others.

Assertiveness Training Session:

Duration of Training : 5 sessions

Duration : 1½ hours daily (maximum).

DAY 1:

Situation: Keep the water bottle on the table

The particular situation was given to assess the subjects assertive behavior by asked the students to take the way of taking the water bottle, on first day.

Respecting Others:

In this training student respects others by saying good morning in different manner. Researcher taught about how to respect other class mates in a proper manner.

DAY 2:

Self Appreciation and Appreciation of Others:

Second day among the subjects one of them share about his good habits in front of other subjects within the group, then the researcher will allows the other participants to appraise who had previously shared his feelings.

DAY 3:

Mirror Talking and Mirror Acting:

On day three the researcher will keep the mirror in front of the subjects and ask them to see their face on the mirror and appraise themselves about the good behavior, that has happened on that day.

In mirror acting exercise the researcher ask one subject to stand in front of other subjects and to imitate the act of other subject.

DAY 4:

Self Enhancement Exercise:

In self enhancement exercise the student drew a flower on the paper, and again draws the petals, in that researcher asked to write their good habits on the petals and share his good behavior to others and left over habits was added by other subjects.

DAY 5:

Story Telling:

On day 5 the researcher and the subject drew the picture on a paper which they imagine in their mind. And the researcher asked the subject to create a story about what both of them drew in the paper.

APPENDIX XIV

உண்மையில் உறுதியாய் இருத்தலின் பயிற்சிகள்

பயிற்சி காலம் : 5 பிரிவுகள்

நேரம் : $2\frac{1}{2}$ மணி நேரம்

நாள் :1

சூழ்நிலை

மாணவர்கள் உண்மையில் உறுதியாய் இருக்கிறார்களா என்பதை அறிவதற்கு குறிப்பிட்ட சூழ்நிலை கொடுக்கப்பட்டது. அந்த சோதனைக்காக மாணவர்களை மேசையின் மேல் உள்ள தண்ணீர் குடுவையை எடுக்கச் சொல்லி அதன் மூலம் எத்தகைய முறையை மேற்கொண்டு அவர்கள் அதை (தண்ணீர் குடுவை) எடுக்கிறார்கள் என்பது ஆராயப்பட்டது.

மற்றவர்களுக்கு மரியாதை செய்தல்

இந்தப் பயிற்சியில் மாணவர்கள் சக மாணவர்களிடம் விதவிதமான முறையில், பல்வேறு செய்கையில் வணக்கம் செலுத்துவர். ஆராய்ச்சியாளர் மாணவர்களுக்கு எவ்வாறு சரியான முறையில் மரியாதை செலுத்துவது என்பதை கற்றுக் கொடுத்தார்.

நாள்:2

தன்னையும் மற்றவர்களையும் பாராட்டுதல்:

இரண்டாம் நாள் மாணவர்கள் தங்களிடம் உள்ள நல்ல குணங்களை மற்ற மாணவர்களிடம் பகிர்ந்து கொள்வர். அதே சமயம் மற்ற மாணவர்களிடம் உள்ள நல்ல குணங்களையும் எடுத்துரைப்பர்.

நாள்:3

கண்ணாடி முன் பேசுதல் மற்றும் நடிப்பும் பயிற்சி

இந்தப் பயிற்சியில் மாணவர்கள் கண்ணாடியின் முன்பாக நின்று கொண்டு தமது முகத்தை தாமே நேரடியாகப் பார்த்து தங்களிடம் உள்ள நல்ல குணங்களையும், அன்று செய்த நல்ல செயல்களையும் எடுத்துக்கூறி தங்களைத் தாமே பாராட்டிக் கொள்வர்.

நாள்:4

சுய விரிவாக்கப் பயிற்சி

இந்தப் பயிற்சியின் போது ஒவ்வொரு மாணவனிடமும் தூய வெள்ளைத்தாள் ஒன்று கொடுக்கப்பட்டது. அந்தத்தாளில் தாமரைப் பூ வடிவமும், அந்தப்பூவைச் சுற்றி தேவையான அளவுக்கேற்ப கூடுதலான பூ இதழ்களும் வரையச் செய்யப்பட்டது. பின்பு, அவ்வாறு வரைந்துள்ள இதழ்களுக்குள் தன்னிடம் உள்ள நற்குணங்கள் ஒவ்வொன்றாக எழுதச் செய்யப்பட்டன. அதன்பிறகு தாங்கள் பட்டியலிட்ட நற்குணங்கள் ஒவ்வொன்றையும் அந்த மாணவன் தன்னுடைய சக மாணவர்கள் அனைவரின் முன்பாக நின்று அந்த குணங்களைப் பற்றி ஒவ்வொன்றாக எடுத்துரைப்பான். அதைக் கேட்கின்ற பிற மாணவர்கள் அந்த மாணவன் கூறிய நற்குணப் பட்டியலில் இல்லாத அவன் தொடர்புடைய கூடுதல் நற்குணங்களையும் எடுத்துரைப்பார். அவ்வாறு சக மாணவர்கள் எடுத்துக்கூறிய குணம் தொடர்பான தகவல்களை தாம் ஏற்கனவே வைத்துள்ள பூ இதழ் பட்டியலுக்குள் கூடுதலாக இணைத்துக் கொள்வர்.

நாள்: 5

கதை கூறுதல்

இந்தப் பயிற்சி முறையின் படி ஆய்வாளரும், ஆய்வுக்குட்படுத்தப்பட்ட மாணவரும் ஒரு வெள்ளைத்தாளை எடுத்துக் கொள்ள வேண்டும். இருவரும் அருகருகே அமர்ந்து அந்த வெள்ளைத்தாளை சரிபாதியாக பங்கிட்டுக் கொள்ளுதல் வேண்டும். (தாளை கிழிப்பதோ, தனியாக பிரித்தெடுப்பதோ கூடாது) ஒரே தாளை இருவரும் சரிசமமாக அதே இடத்தில் பங்கிட்டுக் கொண்டு தாம் மனதில் நினைக்கும் ஏதேனும் ஒரு ஓவியத்தையோ, படத்தையோ வரைந்திடுதல் வேண்டும். அவ்வாறு இருவரும் (ஆராய்ச்சியாளரும், மாணவரும்) வரைந்து முடித்த பின்பு அந்த இரண்டு படங்களையும் ஏதேனும் ஒரு வகையில் ஒற்றுமைப்படுத்தி, அவ்விரண்டும் தொடர்புபடுமாறு கதை ஒன்றை உருவாக்கி கூறுதல் வேண்டும்.

APPENDIX XV

TRAINING CERTIFICATE FOR ASSERTIVENESS TRAINING



THE VALLIAMMAL INSTITUTION (TVI)
2/18A Upstairs, B.B. Road 2nd St., Pankajam Colony, Madurai-625 009.
☎ 98942 49630; 98430 40226 email: ananthibetsy@rediffmail.com

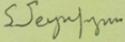
Reg. No. PCC/48/May 15/300 Date: 29/05/15

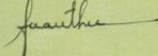


**Certificate Course in Basic Counselling Skills and
Assertiveness Training**

This is to certify that R. SUDHA has completed our
**CERTIFICATE COURSE IN BASIC COUNSELLING SKILLS AND
ASSERTIVENESS TRAINING** (24 hrs Part-time Education Programme
designed and offered by experts) by effectively participating in theory &
practical classes and successfully completing all the exercises. She has been
placed in *First Class*




Prof. Dr. S. Jeyapragasam M.Sc., M.A., M.A., Ph.D.,
Director
Rajarajan Institute of Science (RISE)


Dr. B. Ananthavalli M.Sc., M.A., M.Phil., Ph.D.,
Director & Secretary
The Valliammal Institution (TVI)

APPENDIX XVI
PHOTOGRAPHS



