A study to evaluate the effectiveness of assertiveness training on low self-esteem among early adolescent girls age group between (13-15 years) a selected community area of Panipat.

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Abstract

Background of the study: Adolescence is a transition period from childhood to early adulthood. Because of the immense pressure imposed on adolescents due to the complications and ambiguities of this transition, their level of excitement increases and sometimes it appears in the form of sensitivity and intense excitement.to evaluate the effectiveness of assertiveness training on low self-esteem among early adolescent girls age group between (13-15 years) at selected community area of Panipat.

Methodology: Research approach adopted in this study was quantitative research approach. Research design selected for the present study was A quasi-experimental design with pre-test and post-test control group. Settings of the study was Baroli village and Kabri Village. The sampling technique adopted for this study was convenience sampling technique. The sample size of this study consisted of 60 adolescent girls in age 13 – 15 years, in that 30 were selected in experimental group and 30 for the control group. Standardized Sorensen self-esteem scale was used to assess the self-esteem among early adolescent girls. The pilot study was conducted among 6 subjects in Babarpur village. Data collection period was for one month from 12 – 05 -2022 to 12 – 06 – 2022. The list of early adolescent girls who fulfilled the inclusion criteria were considered for the study. The adolescent girls were selected by convenient sampling technique. After establishing rapport with the study samples the data was collected. Time spent to assess the self-esteem level of adolescent girls (pre- test) was 30-40 minutes. Assertiveness training was taught and they were encouraged to practice the same. 60 - 90 minutes was spent on each session and totally there are 5 sessions. A period of 4 weeks was allowed for the girls to practice assertiveness training before re assessing the self-esteem level. (post-test). At the end of 5 weeks of practicing assertive communication and behaviour the level of self-esteem of the study subjects was re assessed, and the difference in score of self-esteem levels were considered as the effectiveness of assertiveness training.

Results: In experimental group the post - test mean and standard deviation self - esteem score was 24.43 + 2.22. in control group at the time of post-test mean and standard deviation scores were 6.67 + 2.52. the mean difference score was 17.86. the obtained independent 't' test score was 20.429 for the degree of freedom 58. It was statistically significant at the 'p' value < than 0.001. This shows the effectiveness of assertiveness training program.

Conclusion: The results of the current study show that conducting assertive training in high community areas helps to improve their self - esteem. Given that adolescent are among the most sensitive stages of one's life plus the fact that conducting such training programs besides their safe and low cost nature are effective and practical, it is highly recommended that such programs be carried out among high school adolescents.

Keywords: effectiveness, Assertiveness Training Programme, Self - Esteem, Adolescent Girls, Community Area

Introduction

The adolescent age ranges from 11 to 21 years. Early adolescence begins with the onset of puberty, which usually coincides with high school years. Adolescence is the time of change for adolescents and their families and is a transition period from childhood to adulthood. During this transition period, changes in the physical, cognitive, emotional, and sexual characteristics may excite and even scare adolescents.[1] Adolescence is characterized as a period of emotional, social, and cognitive development. According to Ahmadi et al. studies', adolescence is a period of internal turmoil and inner revolution. In this period, adolescents are stuck between childhood and adulthood and under the pressure and expectations of this complicated and ambiguous situation.[2] The feeling of excitement grows during puberty and sometimes takes the form of sensitivity and intense excitement. Irritability, depression, anxiety, and aggression are common features associated with adolescence Adolescents comprise one-fifth of the world population (1.5 billion); 85% of this population reside in developing countries.4 According to 2006 census in Iran, 21.9% of the population which is approximately 15 million people are 10 to 19 year olds.[5] Dysfunctional social relations lead to stress, anxiety and depression in adolescents; the failure to establish and maintain constructive relationships with others is one of the problems that limits the efficiency in adolescents and prevents them from developing a healthy character, developing their talents as well as their mental and emotional growth.[6]

Self-esteem reflects a person's overall evaluation or appraisal of his or her own worth. Individuals with high self-esteem feel they are worthwhile despite their errors and flows. Self-esteem is widely recognized as a central aspect of psychological functioning during adolescence. It plays a significant role in the development of a variety of mental disorders [7] and Self-esteem has been found to be the most dominant and powerful predictor of happiness and life satisfaction.[8] Self-esteem is an important factor in mental health that affects human functions, especially job performance. The number of nurses with low self-esteem is increasing and this is mostly due to role conflict.

The current trend in health care settings is inclined towards team working with a multidisciplinary approach. The nurse within a multidisciplinary team can play a pivotal role in providing quality care to the patients under his / her care. There are several misconceptions about assertiveness but nurses need to be assertive in order to be an effective patients' advocate and empower them. Non assertiveness can lead to stress, low self esteem, helplessness and poor job satisfaction leading to poor job retention and high staff turnover. It is therefore very crucial that nurses are taught and encouraged to be assertive in their practice.[9]

It is one of the objectives of nursing education to develop highly self-worth, self-respect, and self-confident nursing professionals who are able to demonstrate an assertive interpersonal behavior (Kashani & Bayat, 2010; Küçük, Buzlu, & Can, 2008; Begley & Glacken, 2004). Assertiveness is a communication style in which the ordinary nursing care should reflect it to enhance successful relationships with patients, families, and colleagues (Sully & Nicol, 2005; Riley, 2000).[10] Assertiveness refers to the ability to express one's feelings, opinions, beliefs, and needs directly, openly and honestly, considering others' personal rights (Ellis & Hartley, 2005). Therefore, it is a pivotal professional character that helps nurses to become independent, decision-maker, and prudent to avoid breaching other people rights (Hunt-Slamow, 2007; Riley, 2000).[11]

Nurses who have poor self-esteem and poor interpersonal skills without a doubt exhibit negative professional attitudes and behaviors. In order for nurses to become more influential in the improvement of health care delivery system, more competent in the provision of quality patient care, more comfortable in their

communication within society and more effective in using their professional knowledge and skills, it is necessary for them to be more assertive and have high self-esteem. Accordingly, it is significantly important to enhance assertiveness and selfesteem of nurses through implementing an assertiveness skills training.[12]

Assertiveness training programs can improve students' self-actualizing through providing students with such assertiveness skills that improve their personal capabilities before graduation (Kaplan, 2006). Previous studies confirmed that assertiveness training provides the required assertiveness skills that are associated with increased assertiveness and self-esteem (Shimizu, et al., 2004; McCabe & Timmins, 2003; Scrutchfield, 2003).[13] Accordingly, developing qualified nurses who feel capable in communication with others needs high level of assertive and self-esteem.

Objectives

1. To assess the pretest and posttest level of self-esteem among early adolescent girls in the control and experimental group.
2. To evaluate the effectiveness of assertiveness training on low self esteem among early adolescent girls in the experimental group.
3. To find out the association between the levels of self-esteem among early adolescent girls and their selected demographic variables.

Hypothesis:

H_1 - The mean posttest level of self-esteem will be significantly higher among early adolescent girls in the experimental group than the mean pretest level of self-esteem among early adolescent girls.

H_2 - The mean posttest level of self-esteem among early adolescent girls in the experimental group will be significantly higher than the mean posttest level of self-esteem in the control group

H_3 - There will be a significant association between the level of self-esteem and the selected demographic variables of adolescent girls.

Methodology

Research Approach:

Quantitative research approach can be defined as a process of inquiry examining an identified problem that is based on testing a theory measured by numbers and analysed with statistical techniques.

Research Design:

A quasi-experimental design may be defined as a quantitative research design in which there is always manipulation of the independent variables and the control measures are employed, but the other element of a true experiment random assignment of subject is absent. In this study the selected quasi-experimental design with pre-test and post-test control group design was chosen for the study to evaluate the effectiveness of assertiveness training on self-esteem among early adolescent girls at selected community areas of Panipat.

Settings of the study:

Setting is the physical location and condition in which data collection takes place in a study. **(Polit and Beck 2016).**

For the present study, the researcher had selected Baroli village and Kabri Village. These villages are is located in Panipat with a distance of 2 – 5 Km away from Ved Nursing College. Panipat. Here approximately 200 adolescent girls in the age 13 – 15 are living. These 2 rural communities were chosen after considering the feasibility in terms of availability of adequate subjects and cooperation from the management.

Samples and Sampling Technique:

The sample of the study comprises of adolescent girls in selected community areas in Panipat district. Haryana.

The technique adopted for this study was convenience sampling technique. Convenience sampling technique involves using respondents who are "convenient" to the researcher. **(Sharma Suresh K, 2012)**

Sample Size:

The sample size of this study consisted of 60 adolescent girls in age 13 – 15 years, in that 30 were selected in experimental group and 30 for the control group. The sample size is decided based on the feasibility and availability of the sample.

Sampling Criteria:

Selection of the samples for the present study were based on the following criteria's.

Inclusion Criteria

The study included,

- ❖ Adolescent girls who are willing to participate
- ❖ The study includes adolescent girls (age group between 13-15 years)
- ❖ Who were available on the collection period
- ❖ Adolescent girls who can speak and understand Hindi / English

Exclusion Criteria

The study excluded,

- ❖ Adolescent girls who are affected with major ill at the time of data collection.
- ❖ Adolescent girls who had undergone Assertiveness Training Programme (ATP) previously.
- ❖ Who are not willing to participate to this study.
- ❖ Who are not available on the day of data collection.
- ❖ Who are having the age group below 13 and above 15 years.
- ❖ The girls who scored less than 19 marks in the pre-test

Description of the Research Tool:
For the current study, the researcher developed the following tools and it was explained in detail below.
The developed tool for this study consisted of the following sections.
Section – I: Demographic Variables
Section – II: Sorensen Self-Esteem Test
Demographic Variables: It consisted of demographic characteristics of the adolescent girls which includes age, religion, school performance, and type of family, family income per month, no of children in the family, residential area, co- curricular participation, and educational level of the parents

Sorensen Self-Esteem Test: Standardized Sorensen self-esteem scale was used to assess the self-esteem among early adolescent girls. It consists of structured 50 questionnaires, which helps to find out the low self-esteem which is often misunderstood and it is even misdiagnosed by many therapists as being a secondary concern.:

Scoring and Interpretation: Standardized Sorensen self-esteem scale was used in the form of check list. Each item in the scale was given Yes/no responses. Total attained score was 50. Total score was calculated and was interpreted as follows.

'Yes' – 1

'No' – 0

S. No	Scores	Level of Self - Esteem
1	19 - 50	Severely low self - esteem
2	11 - 18	Moderately low self - esteem
3	05 – 10	Mild low self - esteem
4	00 - 04	Good self esteem

Validity:

Validity is an extent to which a test measures what it claims to measure. It is vital for a test to be valid in order for the results to be applied accurately and interpreted.

Content validity refers to the adequacy of the sampling of the domain being studied. The content validity of the tool was obtained by getting opinion from seven experts in the field of mental health nursing, and from one psychologist and one psychiatrist. Approval was obtained from all the experts and based on the experts suggestions.

Reliability:

Reliability is the degree of consistency with which an instrument measures the attribute it intended to measure **(Polit and Beck, 2016).**

The reliability and validity of the Standardized Sorensen self-esteem scale were evaluated in a sample of 6 adolescent girls 13 – 15 years of age in Babarpur village. the test-retest reliability score was acceptable ($r = .82$) which shows the tool was highly reliable.

Pilot Study:

According to **Polit and Beck, (2016)**, a pilot study is a miniature of some part of the actual study, in which the instruments are administered to the subjects drawn from the population. It is a small scale version or trial run done in preparation for the major study. The purpose was to find out the feasibility and practicability of the study design and pretesting of tools.

The pilot study was conducted among 6 subjects in Babarpur village from to 13 – 05 - 2022 to 20 – 05 - 022. Among 6 adolescent girls in a manner in which the final study would be done. The pilot study revealed that the study was feasible.

Data Collection Procedure:

The researcher obtained approval from the ethical committee of Ved Nursing College - Panipat. Data were collected from villages Baroli and Kabri. Data collection period was for one month from 12 – 05 -2022 to 12 – 06 – 2022. The list of early adolescent girls who fulfilled the inclusion criteria were considered for the study. The adolescent girls were selected by convenient sampling technique. After establishing rapport with the study samples the data was collected. Time spent to assess the self-esteem level of adolescent girls (pre- test) was 30-40 minutes. Assertiveness training was taught and they were encouraged to practice the same. 60 - 90 minutes was spent on each session and totally there are 5 sessions. A period of 4 weeks was allowed for the girls to practice assertiveness training before re assessing the self-esteem level. (post-test). At the end of 4 weeks of practicing assertive communication and behaviour the level of self-esteem of the study subjects was re assessed, and the difference in score of self-esteem levels were considered as the effectiveness of assertiveness training.

Data Collection Plan

Weeks	Activity	Number of Girls
1st Week / 1st Day	Pre-test in experimental group	120
1st Week / 2nd Day	Pre-test in control group	130
1st Week / Session 1	Rapport formation and teaching on importance of assertive communication - Morning	30
	Rapport formation and teaching on importance of assertive communication - Morning	30
2nd Week / Session 2	Ice breaking and Assertion skills- morning	30
	Ice breaking and Assertion skills- morning	30
3rd Week / Session 3	Group discussion and Role play - morning	30
	Group discussion and Role play - morning	30
4th Week / Session 4	Practicing assertion skills (modelling)-morning	30
	Practicing assertion skills (modelling)-morning	30
4th Week	Post – test for both the group and analysis	60

Data Analysis:

Data analysis is the systematic organization, synthesis of research data and testing of null hypothesis by using obtained data **(Polit and Beck, 2016)**

Descriptive statistics such as percentage, mean and standard deviation was used to categorize the data. Inferential statistics such as unpaired 't' test was used to find out the effectiveness of assertiveness training on the low self – esteem of adolescent girls.

Results and Interpretations

Table – I: Frequency and Percentage Distribution of Subjects According to Demographic variables in Experimental Group

(n = 30)

S. No	Demographic Variable		Frequency (f)	Percentage (%)
1	Age	13 – 15	12	40.0
		16 – 18	18	60.0
2	Religion	Hindu	26	86.7
		Sikhs	2	6.7
		Christian	1	3.3
		Muslim	1	3.3
3	Type of family	Nuclear	9	30.0
		Joint	21	70.0
4	Scholastic performance	Excellent	5	16.7
		Very Good	8	26.7
		Good	14	46.7
		Poor	3	10.0
5	Family monthly income	6,175-18,496	8	26.7
		18,497-30,830	9	30.0
		30,831-46,128	5	16.7
		46129-61,662	8	26.7
6	Birth order	First	16	53.3
		Second	8	26.7
		Third	6	20.0
7	Participation in any extracurricular activities	Yes	21	70.0
		No	9	30.0
8	Education of the father	Illiterate (Non formal Education)	7	23.3
		Primary	8	26.7
		Secondary	3	10.0
		Senior Secondary	7	23.3
		Diploma / Degree	5	16.7

Table – I depicts the frequency and percentage distribution of subjects according to demographic variables in experimental group.

With regard to age, majority of the subjects 18 (60 %) were in the age between 16 – 18 years and those who were in the age between 13 – 15 years were 12 (40%).

Subjects distribution according to religion in experimental group reveals an overwhelming majority of the subjects 26 (86.7 %) were Hindus. Sikhs were 2 (6.7 %) and equal number of subjects 1 (3.3 %) were in Christian and Muslim.

Type of family of the subjects in experimental group depict that majority 21 (70 %) belongs to joint family and others 9 (30 %) are from nuclear family.

With regard to the scholastic performance of the subjects in experimental group, majority 14 (46.2 %) were good. Subjects with very good scholastic performance was 8 (26.7 %).

Subjects distribution with regard to family monthly income depicts that equal number of subjects 8 (26.7 %) were with Rs 6,175 – 18,496 Rs and Rs 46,129 – 61,662 Rs. Subjects in the family monthly income Rs 18,497-30,830 were 9 (30 %).

Birth order of the subjects in experimental group shows that majority 16 (53.3 %) were in first by birth order. Those who were by second birth order are 8 (26.7 %).

Distribution of subjects in experimental group with regard to the participation in any extra – curricular activities shows that majority 21 (70 %) were participated in any extra – curricular activities in their school and others 7 (30 %) have not participated.

Education of the father of the subject's in experimental group shows that majority 8 (26.7 %) are with primary education. Equal number of subject's father 7 (23.3 %) were with illiterate (no formal education) and senior secondary education.

Table – II: Frequency and Percentage Distribution of Subjects According to Demographic variables in Control Group

(n = 30)

S. No	Demographic Variables		Frequency (f)	Percentage (%)
1	Age	13 – 15	17	56.7
		16 – 18	13	43.3
2	Religion	Hindu	26	86.7
		Sikhs	1	3.3
		Christian	3	10.0
		Nuclear	7	23.3
3	Type of family	Joint	23	76.7
4	Scholastic performance	Excellent	7	23.3
		Very Good	8	26.7
		Good	8	26.7
		Poor	7	23.3
5	Family monthly income	6,175-18,496	9	30.0
		18,497-30,830	8	26.7
		30,831-46,128	9	30.0
		46129-61,662	4	13.3
6	Birth order	First	15	50.0
		Second	8	26.7
		Third	7	23.3
7	Participation in any extracurricular activities	Yes	13	43.3
		No	17	56.7
8	Education of the father	Illiterate (Non formal Education)	9	30.0
		Primary	8	26.7
		Secondary	5	16.7
		Senior Secondary	5	16.7
		Diploma / Degree	3	10.0

Table – I depict the frequency and percentage distribution of subjects according to demographic variables in control group.

With regard to age, majority of the subjects 17 (56.7 %) were in the age between 13 – 15years and those who were in the age between 16 – 18 years were 13 (43.3 %).

Subjects distribution according to religion in control group reveals an overwhelming majority of the subjects 26 (86.7 %) were Hindus. Sikhs were 1 (3.3 %) and Christians were 3 (10)

Type of family of the subjects in control group depict that majority 23 (76.7 %) belongs to joint family and others 7 (23.3 %) are from nuclear family.

With regard to the scholastic performance of the subjects in control group, equal number of subjects 8 (26.7 %) were with good and very good performance. Those who were in excellent and poor are 7 (23.3 %).

Subjects distribution with regard to family monthly income depicts that equal number of subjects 9 (30 %) were with Rs 6,175 – 18,496 Rs and Rs 30,831-46,128 Rs. Subjects in the family monthly income Rs 18,497-30,830 were 8 (26.7 %).

Birth order of the subjects in control group shows that majority 15 (50 %) were in first by birth order. Those who were by third birth order are 7 (23.3 %).

Distribution of subjects in control group with regard to the participation in any extra – curricular activities shows that majority 17 (56.7 %) were not participated in any extra – curricular activities in their school and others 13 (43.3 %) have participated.

Education of the father of the subject's in control group shows that majority 9 (30 %) are with illiterate (no formal education). Equal number of subject's father 5 (16.7 %) were with primary and secondary education.
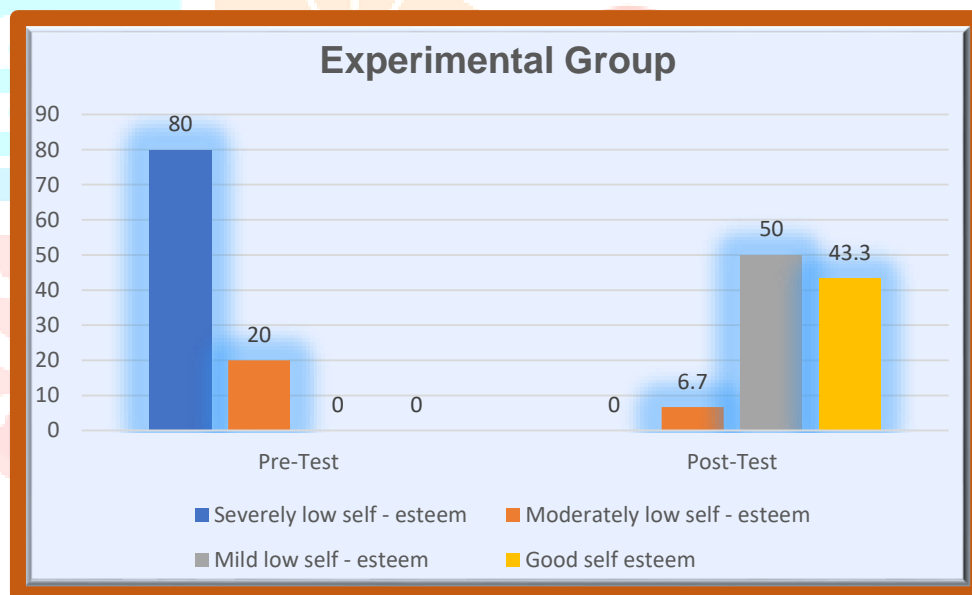

Figure – 1: Percentage distribution of subjects in experimental group according to pre-test and post-test levels of self – esteem

Figure - 1 illustrate the Frequency and Percentage Distribution of Subjects According to Level of Self – Esteem in Experimental Group

In pre-test majority of the subjects in experimental group 24 (80 %) were with severely low self – esteem. Those who had moderately low self – esteem was 6 (20 %). None of the subjects were with mild low self – esteem and good self – esteem.

At the time of post – test assessment for self-esteem among subjects in experimental group shows that one half of the subjects 15 (50 %) had mild low – self-esteem and 13 (43.3 %) of the subjects were with good self – esteem. None of the subjects were with severely low self – esteem and moderately low self – esteem.
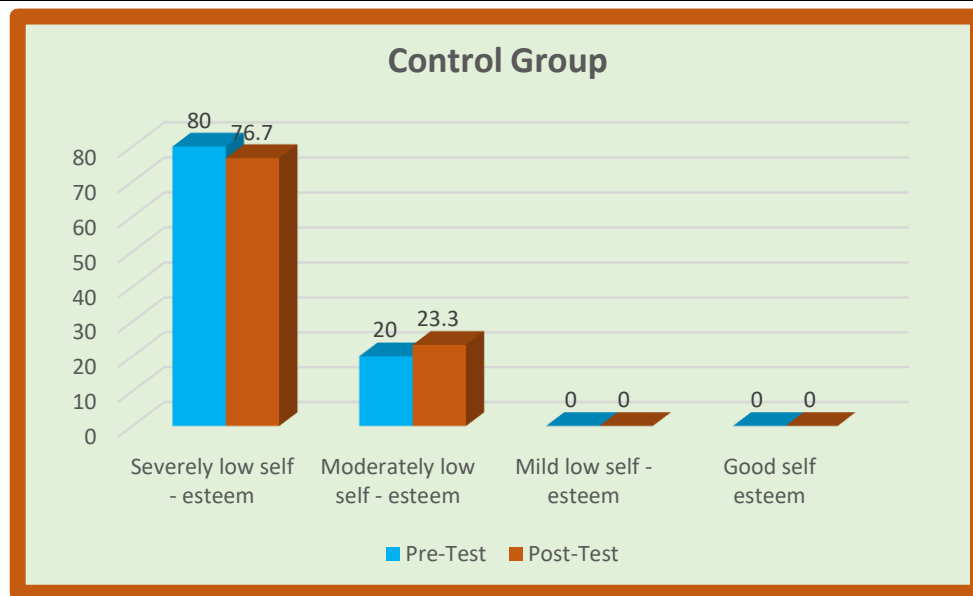
Figure – 2: Percentage distribution of subjects in control group according to pre-test and post-test levels of self – esteem

Figure - 2 illustrates the Percentage Distribution of Subjects According to the Level of Self – Esteem in the Control Group

In pre-test majority of the subjects in control group 24 (80 %) were with severely low self – esteem. Those who had moderately low self – esteem was 6 (20 %). None of the subjects were with mild low self – esteem and good self – esteem.

At the time of post – test assessment for self-esteem among subjects in control group shows that majority of subjects 23 (76.7 %) had severely low self – esteem and 7 (23.3 %) of the subjects were with moderately low self – esteem. None of the subjects were with mild low self – esteem and good self – esteem.

Table – III: Comparison of pre-test and post – test self – esteem score of subjects in experimental and control group using Independent 't' test

(n = 60)

Post-Test Self - Esteem	Mean	Mean Difference	Standard Deviation	Paired 't' test	'p' value
Experimental Group	5.63	22.14	2.98	10.97 (df = 58)	0.001* Significant
Control Group	27.77		10.5		

Table – VI depicts the Comparison of post – test self – esteem levels of subjects in experimental and control group using independent 't' test.

In experimental group the post - test mean and standard deviation self - esteem score among subjects in experimental group was 5.63 ± 2.98. during post-test mean and standard deviation scores of self - esteem score among subjects in control group were 27.77 ± 10.5. the mean difference score was 22.14. the obtained independent 't' test score was 10.97 for the degree of freedom 58. It was statistically significant at the 'p' value < than 0.001.

Hence it was concluded that, the assertiveness training program was effective in enhancing the self – esteem level of adolescent girls in the selected rural communities of Panipat.

Discussion

These findings are similar to the findings of the following research data.

In a study to determine the effectiveness of assertiveness training in terms of improving self-esteem among adolescents by **Khansa Malik, Bince Varghese (2020)** the majority of the adolescence 51.7% belong to the age group of 13-14 years, 53.3% were males, 53.3% were belong to 11-12th standard, majority 58.3% had excellent school performance, 50 % of them belongs to the nuclear family, 56.7% had family income less than 10000 INR per month, 51.7% were belong to the rural area, 50% were having three numbers of siblings in their family, 50% reported their birth order in the were second.[14]

In another study with the aim to assess the effectiveness of assertiveness training on self-esteem and assertive behavior among adolescents at a selected school **Nicholas S, Neelakshi G, Nalini. S (2015)** the frequency and percentage distribution of level of self-esteem among the adolescents in the pretest and the posttest score. In the pretest, 37 (61.7%) of the adolescents had good assertiveness, 22 (36.6%) had fair assertiveness and one (1.7%) had very good assertiveness. After the assertiveness training, 32 (53.3%) of the adolescents had very good assertiveness, 25 (41.7%) had excellent assertiveness and three (5%) had good assertiveness. It shows that the assertiveness training had an impact in enhancing assertive behavior.[15]

The first objective of the current study was to assess the pretest and posttest level of self-esteem among early adolescent girls in the control and experimental group.

In this study, during pre – test majority of the subjects in experimental and control group 80 % equally were presented with severely low self – esteem. Those who had moderately low self – esteem was 20 % in both the groups.

At the time of post – test assessment for self-esteem among subjects in experimental group shows that one half of the subjects 50 % had mild low – self-esteem. At the time of post – test assessment for self-esteem among subjects in control group shows that majority of subjects 76.7 % had severely low self – esteem.

Studies in the past which shows similar data like the present study were listed below.

Eslami, A. A., Rabiei, L., Afzali, S. M., Hamidizadeh, S., & Masoudi, R. (2016). aimed at determining the effectiveness of assertiveness training on the levels of self – esteem of high school students. Before training, 71.4% of the students had a low self - esteem. Following the assertiveness training, the number increased and 90.5% of students had good self – esteem levels.[16]

The second objective of the present study was to evaluate the effectiveness of assertiveness training on low self-esteem among early adolescent girls in the experimental group.

In experimental group the post - test mean and standard deviation self - esteem score among subjects in experimental group was 5.63 ± 2.98. during post-test mean and standard deviation scores of self - esteem score among subjects in control group were 27.77 ± 10.5. the mean difference score was 22.14. the obtained independent 't' test score was 10.97 for the degree of freedom 58. It was statistically significant at the 'p' value < than 0.001.

Hence it was concluded that, the assertiveness training program was effective in enhancing the self – esteem level of adolescent girls in the selected rural communities of Panipat.

Studies in the past which were supporting the present study results were as follows.

S.A Karthika (2016) done a study with the aim to compare the effectiveness of assertiveness training on level of self – esteem among late adolescent girls in experimental control group. When comparing the post-test level of assertive behaviour score between the experimental and control group, the post-test mean score in the experimental group was 58.07 with S.D 12.99 and the post-test mean score in the control group was 114.07 with S.D 27.69. The calculated un paired " t " value of t = 10.03 was found to be statistically significant at p< 0.01 level. This clearly indicates that after the administration of assertiveness training on level of self – esteem among adolescent girls.[17]

The Third Objective of the present study was find out the association between the levels of self-esteem among early adolescent girls and their selected demographic variables.

In the experimental group of the current study, The chi – square value for birth order with post – test self - esteem scores was 9.045 for the degree of freedom 6, which was statistically significant at the 'p' value < than

0.04. whereas among the subjects in control group The chi – square value for family monthly income (Rs) with post – test self - esteem scores was 9.736 for the degree of freedom 3, which was statistically significant at the 'p' value < than 0.021.

These findings were contradictory to the findings of the following studies.

Saradha and Sasikala (2022) Conducted a research study aims to improve the quality of life in adolescents using assertiveness training programme (ATP) among adolescents. The results revealed a statistically significant difference in the pre and posttest level of quality of life among adolescents. The overall 't' value obtained was 13.42 and p = 0.001*** where p <0.001. which means that the assertiveness training Programme (ATP) has shown significant changes in improving the level of quality of life among adolescents. There is an association between quality of life of adolescents with their selected demographic variable for age and academic performance significant at 0.005 level. This study concluded that the assertiveness training programme plays a vital role in improving the level of quality of life during this crucial period among adolescents.[18]

Conclusion:

The results of the current study show that conducting assertive training in high community areas helps to improve their self - esteem. Given that adolescent are among the most sensitive stages of one's life plus the fact that conducting such training programs besides their safe and low cost nature are effective and practical, it is highly recommended that such programs be carried out among high school adolescents.

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