



A STUDY TO ASSESS THE EFFECTIVENESS OF ASSERTIVE TRAINING ON SELF ESTEEM AMONG ADOLESCENT GIRLS IN A SELECTED SCHOOL AT BHUBANESHWAR, ODISHA

Ms. Anupa Kerketta

Clinical Tutor, Mental Health Nursing
College of Nursing RIMS, Ranchi, Jharkhand

Abstract: This study has been undertaken to assess the effectiveness of assertive training on self-esteem among adolescent girls in a selected school at Bhubaneswar. The conceptual framework used for this study was based on sister Callista Roys adaptation model. Quasi experimental pre-test post -test non randomized control group design was used where subjects were drawn using convenient sampling technique. Total Sample size was 60 which divided in to experimental and control group equally using Rosenberg's self- esteem scale. The mean post-test level of self-esteem in experimental group (18.16) was higher than the post-test level of self-esteem in the control group (11.76). T-Test suggested that intervention was effective in improving self-esteem among the adolescents and there was significant association between post-test self- esteem level of adolescent girls in the experimental group with their selected demographic variables.

I. INTRODUCTION

Adolescent period of transition starts at the age of 10 years and ceases by the age of 19 years. Adolescence is a period of preparation for adulthood during which time several key developmental experiences occur. Adolescent health has become an increasingly important focus for governments, foundations, and behavioral 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 Appearance. Self-esteem refers to how much a person likes (esteems) herself or himself. Positive self-esteem for teens is important as it allows them to try new things, take healthy risks and solve problems. In turn, their learning and development will be productive and will set them up for a healthy and positive future. Low-self-esteem is also associated with feelings of being weak, helpless, hopeless, frightened, fragile, in-complete, worthless and inadequate. Low self-esteem has been identified as one of the causes of a wide range of ills facing the students of today. Assertiveness means the quality of being confident and not frightened to say what you want or believe. Assertiveness and self-esteem in adolescents are the instruments for expressing themselves without any psychological disturbances in different situations. It is essential for a better emotional wellbeing and to maintain socially Supportive relationships. Assertive training program is a systemic approach to more assertive self-expression, based on a balance between achieving one's own goals and respecting the needs of others. It is a psychological intervention which helps participants learns to integrate assertive behavior skills into their daily lives.

II.NEED OF THE STUDY

The world population trends 2012 reveals that the world's adolescent population is 7.06 billion. Current Population of India in 2012 is estimated to be 1.22 billion. Nearly 90 per cent live in developing countries. India has the largest population of adolescents in the world being home to 243 million individuals' aged 10-19 years. Karnataka is the eighth largest state in India in terms of population. Population of Karnataka in 2012 is 70,201,204 and about 21% of that comprised the adolescent population. According to Bansal V. et al. 2009, Three to nine per cent of teenagers meet the criteria for depression at any one time, and at the end of adolescence, as many as 20% of teenagers report a lifetime prevalence of depression. Several other Studies found that one-third to one-half of adolescents struggle with low self-esteem, especially in early adolescence leading to various problems like depression, anorexia nervosa, delinquency, self-inflicted injuries and even suicide and mainly poor academic performances.

III. RESEARCH METHODOLOGY

The methodology section outline the plan and method that how the study is conducted. Research methodology is the step, procedure and strategy for gathering and analyzing data in research investigation by investigator. Research approach may be defined as the description of the plan to investigate the phenomenon in the study. Quantitative research approach, a quasi-experimental pre-test, post-test non randomized control group research design was adopted for this study.

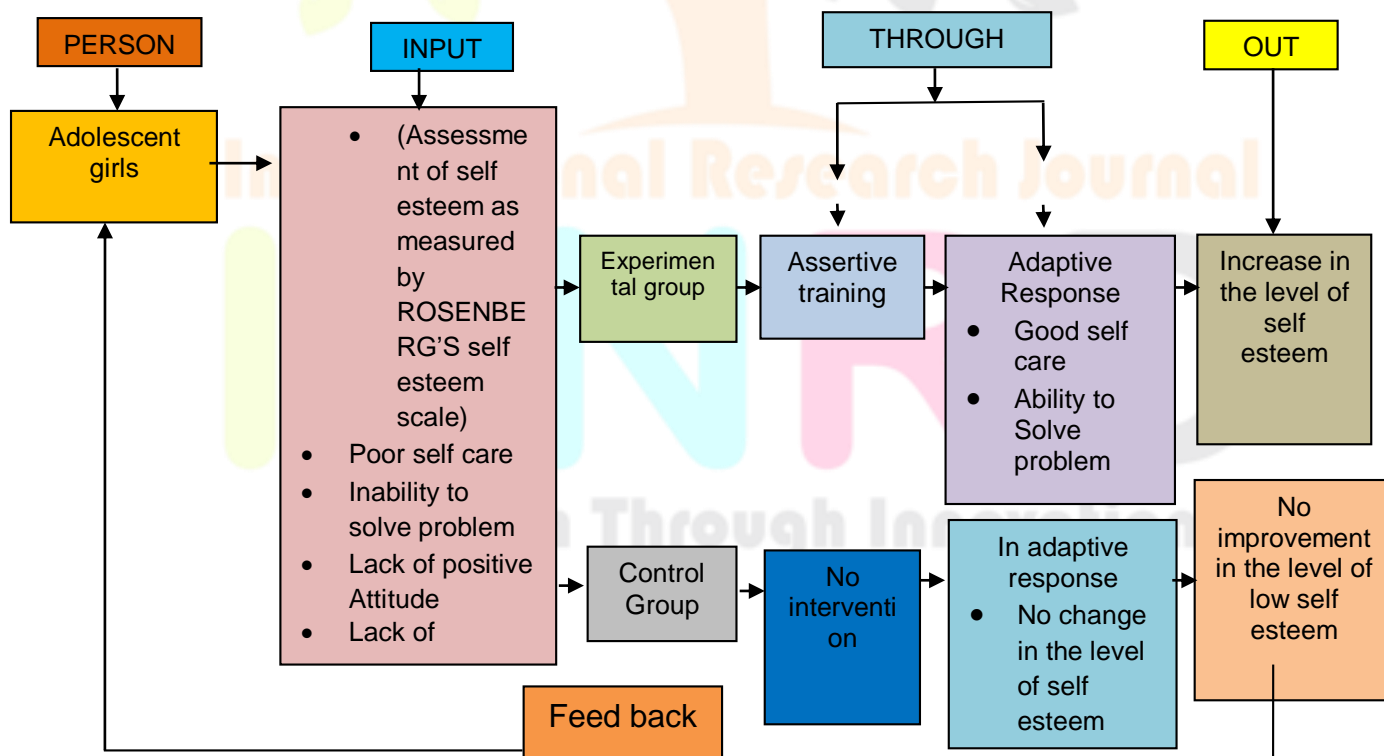
<u>Group</u>	<u>Pre-test</u>	<u>Intervention</u>	<u>Post- test</u>
<i>Experiential group</i>	<i>01</i>	<i>X</i>	<i>02</i>
<i>Control group</i>	<i>03</i>	<i>-</i>	<i>04</i>

3.1 Population and Sample

Population is the entire set of individuals or objects having some common characteristics. The population in current study are the adolescent girls. Sample is defined as representative unit of a target population, which is to be worked upon by researchers during their study. Student willingness to participated, available during the study, having low self-esteem and able to understand, write and read English were included in this study. Total number of sample collected in this study was 60 using non probability convenience sampling technique. Total selected sample were divided in to experimental and control group consisting with a subject number of 30. Research setting is the physical, social, or experimental context within which research is conducted. It can be natural, partially controlled or highly controlled. The study was conducted in Govt. high school V.S.S Nagar and Prabhujee English medium School, V.S.S Nagar and used as experimental group and control group respectively. Prior Permission was obtained from the concern authorities and consent from each participant were taken.

3.2 Theoretical framework

A theoretical framework is a way to outline concepts, definitions and existing theories that align with the current study being undertaken. The concept of this study is based on the sister Callista Roys adaptation model which involves 5 concept. They were personal, Goal of Nursing, Nursing Activities, Health and Environment. In this study assessment of self-esteem among adolescent girls is taken as input. Assertive training is learned and practiced by the adolescent girls under supervision to increase the level of self-esteem. The effectors are adaptive models of the adolescent girl’s which are regulated by self-concept to improve the self-esteem. Output of the system as either adaptive response or ineffective response.



SISTER CALLISTA ROY'S ADAPTATION MODEL

3.3 Statistical tools

This section elaborates the proper statistical/econometric/financial models which are being used to forward the study from data towards inferences. Statistical analysis is a method for rendering quantitative information, meaningful and intelligible with the aid

of statistics, the quantitative data collected in a research project would be a little more than a chaotic mass of numbers, statistics procedures enable the researcher to reduce, summarize, organize, evaluate, and interpret and communicative numeric information.

3.3.1 Descriptive Statistics

Descriptive Statics has been used to find Frequency and percentage wise distribution of adolescent girls according to their demographic variables in experimental group and control group, Distribution of adolescent girls according to the level of self-esteem in the experimental group and Distribution of adolescent girls according to the level of self-esteem in the control group.

3.3.2 Inferential statistics

Inferential statistics uses statistical techniques to extrapolate information from a smaller sample to make predictions and draw conclusions about a larger population. Inferential statistics has been used to find out Comparison of mean pre-test and post-test level of self-esteem among adolescent girls in the experimental group, Comparison of mean pre-test and post-test level of self-esteem among adolescent girls in the control group and Comparison of mean post-test level of self-esteem among adolescent girls in the experimental and control group.

IV. RESULTS AND DISCUSSION

Section-1: - It Contains frequency and percentage wise distribution of adolescents girls according to their age, religion, age at menarche, number of siblings, educational status, peer relation, types of family, occupation of parents, income of family, area of living in experimental and control group.

Section-2:- It contains Distribution of adolescent girls according to the level of self -esteem in the experimental group.

N=30

Level of self esteem	Experimental Group			
	Pre Test		Post Test	
	Frequency	Percentage	Frequency	Percentage
Low self esteem	30	100%	02	6.66%
Normal self esteem	0	0%	27	90%
high self esteem	0	0%	1	3.33%

Table:-1

Table-1 Shows the pre-test experimental group all 30(100%) had experienced low self-esteem. In the post test, the number of adolescent girls in the low self-esteem has decreased to 2(6.66%) and 27(90%) adolescent had experienced normal self-esteem and 1(3.33%) adolescent girl had experienced high self-esteem.

Distribution of adolescent girls according to the level of self-esteem in the control group.

Level of self esteem	Control Group			
	Pre Test		Post Test	
	Frequency	Percentage	Frequency	Percentage
Low self esteem	30	3%	30	100%
Normal self esteem	0	0%	0	0%
High self esteem	0	0%	0	0%

Table:2

Table:-2 shows the pre-test and post-test level of self-esteem in the experimental group. In the pre-test experimental group all 30(100%) had experienced low self-esteem. In the post test there is no variation in the level of self-esteem.

Section: - 3 Comparison of mean pre-test and post-test level of self-esteem among adolescent girls in the experimental group.

variables	Mean	Mean difference	SD	't' Value	Table Value $P= \leq 0.05$
Pretest	12.33	5.83	4.56	11.98	2.05
Post test	18.16		9.58		

Table:-3

Table-3 showing compare the mean pre-test and post-test level of self-esteem in the experimental group. The hypothesis was tested using paired 't' test. This table portrays that the mean post-test level of self-esteem (18.16) was higher than the mean pre-test level of self-esteem (12.33). The obtained 't' value (11.98) was statistically highly significant at 0.05 level. This illustrates the mean difference of 5.85 was a true difference and has not occurred by chance. Hence Hypothesis H1 accepted.

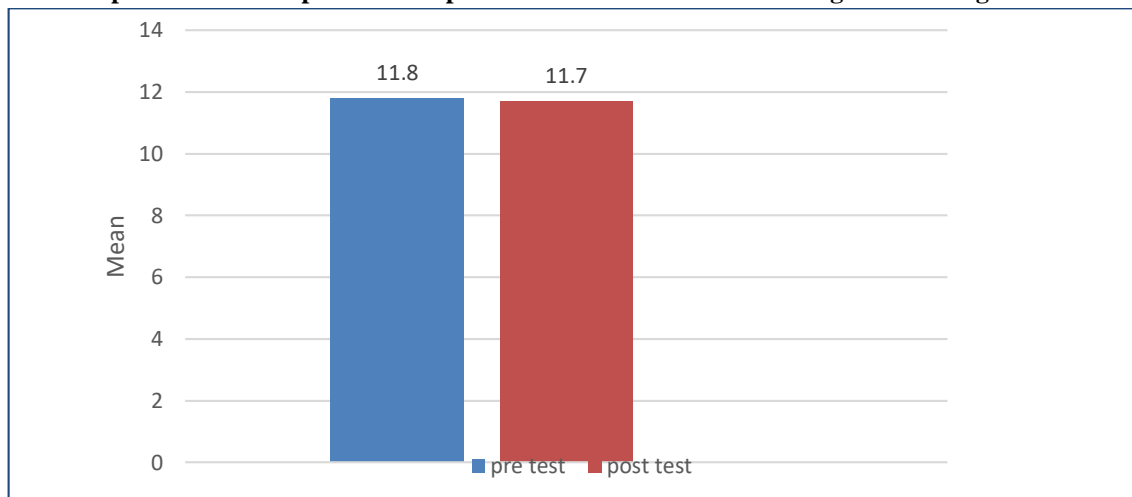
Comparison of mean pre-test and post-test level of self-esteem among adolescent girls in the control group.

Fig-1 showing column diagram representing Comparison of mean pre-test and post-test level of self-esteem among adolescent girls in the control group. Data found that the mean post-test level of self-esteem (11.77) was lower than the mean pre-test level of self-esteem (11.8). The obtained 't' value (0.09) was not statistically significant at 0.05 level. This illustrates the mean difference of 0.03 was not a true difference.

Comparison of mean post-test level of self-esteem among adolescent girls in the experimental and control group

Group	No. of sample	Mean	Mean difference	SD	't' Value	Table Value $P \leq 0.05$
Experimental group	30	18.16	2.68	3.34	10.15	0.25
Control group	30	11.76		1.82		

Table 4 shows the mean post-test level of self-esteem in experimental group (18.16) was higher than the mean post-test level of self-esteem, in the control group (11.76). The obtained 't' value (10.15) was statically significant at 0.05 level at 58 degree of freedom. This illustrates that the mean difference (2.68) was a true difference and has not occurred by chance. This may be due to the effect of assertive training. Therefore, the researcher rejects the null hypothesis and accepts the research hypothesis.

Section:-4 Association between post test score of self-esteem among adolescent girls with their selected demographic variables in experimental group.

There is no significant association between the post-test level of self-esteem and selected demographic variables such as age, religion, age at menarche, number of siblings, class studying, relationship with peer, family type, occupation of parents, income of family except area of living.

REFERENCES

- [1] Mary c. Townsend, 1015, psychiatric mental health nursing, 8th edition, Delhi, jaypee brothers publication. Page no 223-240
- [2] Louise rebraca shives, 2005, basic concept of psychiatric mental health nursing, 6th edition, London, Lippincott publication, page no 139-140.
- [3] Gail w. Stuart, 2005, principle and practice of psychiatric nursing, 8th edition, Missouri, westline industrial drive. Page no 639-640.
- [4] Kaplan and shaddocks, text book of psychiatric, vol 1, Philadelphia, Lippincott publication. Page no 3859-3922.
- [5] O brine, Patricia, psychiatric mental health nursing, London, jones and Bartlett publication page no 544.