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Effectiveness of Assertiveness Training Technique on Self-Efficacy Among In-School Adolescents in Abia State

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Abstract

This is an empirical evaluation of the effectiveness of assertiveness training technique on self-efficacy among in-school adolescents in Abia State. Two research questions and two hypotheses guided the study. The study employed a quasi-experimental design of pretest, posttest non-randomized control group using gender as moderator variable. A total of 12 in-school adolescents were purposively sampled from a population of 425 in-school adolescents with low self-efficacy. Self-Efficacy Identification Questionnaire (SIQ) developed by the researchers, validated by three experts from the College of Education, Michael Okpara University, Umudike, Abia State was used to collect data. Data were collected in three phases of pre-treatment, treatment and post-treatment. Data collected were analyzed using mean and standard deviation to answer the research questions while the Analysis of Covariance (ANCOVA) was used to test the hypotheses at 0.05 level of significance. It was found that assertiveness training technique was effective in enhancing the self-efficacy of in-school adolescents. There were no gender differences in the treatment effects. It was recommended that counsellors should use assertiveness training technique to assist in-school adolescents to enhance their self-efficacy.

Key Words: Assertiveness Training Technique, Self-Efficacy, In-School Adolescents

Introduction

In-school adolescents are individuals who spend most of their waking time at school rather than somewhere else. Adolescents are better at thinking abstractly and seeing the broad picture, but they may struggle to apply it in the moment (Nwaoba & Chikwendu, 2021). The changes that occur throughout this period create challenge for both adolescents and society as a whole. Other developmental tasks could include learning to get along with friends of all genders, accepting and maintaining one's physical physique, and becoming more self-sufficient. Self-efficacy is one of the challenges that adolescents confront.

Self-efficacy is a term that refers to the belief in one's own capacity and control. According to Bandura, as cited in Abdullah et al. (2018), self-efficacy is the belief in one's ability to arrange and carry out the courses of action required to manage potential situations. In other words, self-efficacy refers to a person's confidence in his or her ability to achieve in a given task. Self-efficacy is influenced by four major types of information: performance accomplishments, vicarious experience, verbal persuasion, and physiological knowledge. Self-efficacy is defined as an individual's psychological understanding of themselves as a result of their social experiences, which influence their level of self-concept, confidence, worth, behaviours, and reactions to situations.

Self-efficacy can be divided into two categories - low and high. Either degree may be emotionally and socially detrimental to the individual. When faced with a challenge, adolescents with high or positive self-efficacy seek solutions and express dissatisfaction without denigrating themselves or others; they are more mature and stable. People with low or negative self-efficacy, on the other hand, tend to be hypersensitive, with fragile senses that are quickly hurt by others; they are hyper attentive and hyper alert to indicators of rejection, inadequacy, and rebuff. Adolescents with low or negative self-efficacy believe they are unworthy, incapable, and inept, and as a result, they may rebel against their parents, stay out late, or flee the house.

Adolescents with poor self-efficacy are more likely to violate school rules and regulations, including fighting, interrupting classrooms, defying school officials, and insulting teachers (Hamoud et al., 2021). In social situations, they engage in undesirable behaviours with their classmates, such as foul language, poor self-control, absenteeism, and temper tantrums, among others. As a result, they and their peers engage in disputes in schools and on the streets. Adolescents with poor self-efficacy often struggle academically (Arshad et al., 2015).

Given the negative impacts of low self-efficacy among adolescents and its prevalence, there is a need for psychological intervention aimed at increasing their levels of self-efficacy. Low self-efficacy appears to impair interpersonal communication. According to studies, many people around the world, especially students, are timid due to low self-efficacy. According to Liu, et al. (2017), 49% of Americans, 31% of Israelis, 40% of Germans, 55% in Taiwan, 55% in Japan, and 57% in Nigeria identified themselves as having low self-efficacy. Low self-efficacy has been shown to affect changes in students' performance contexts, to interact with self-regulated learning processes, and to mediate students' academic progress (Akay & Boz, 2020).

Campbell and Stevenson (2012) asserted that regardless of years of schooling or gender, inschool adolescents endure a great deal of academic pressure, which has a negative impact on the student's self-efficacy in academic tasks. The majority of students' academic views or thoughts appear to be self-defeating, which could be suppressed by intervention tactics such as assertiveness training. This study focused on self-efficacy among Abia State's in-school adolescents.

Few studies seem to utilize psychotherapeutic approach to addressing difficulties related to different types of self-efficacy. Some of them include Obi and Nicholas (2018) and Mbakwe and Enwere (2021), who investigated psychological therapies using assertiveness training to improve low self-efficacy levels. Given the dangerous effects of self-efficacy, particularly among adolescents, it is critical to find techniques to help adolescents enhance their self-efficacy. Behaviour modification techniques become useful.

One such strategy is assertive training. Assertiveness training technique is one of the behaviour modification tools for increasing self-efficacy. Scholars define assertiveness as standing up for one's personal rights and expressing thoughts, feelings, and opinions in straightforward, honest, and acceptable ways that respect the rights of others (Pagaduan-Apostol, 2017). Assertiveness is an essential social trait in both professional and everyday encounter. Researchers (Lefevre & West, 2016) attempted to explain the multifaceted features of assertiveness. These authors defined assertiveness as the cognitive, emotional, and behavioural responses that increase one's chance of achieving personal goals and winning social acceptance.

According to Al-Sabaivi in Asi (2016), assertive behaviour promotes equality in human relationships by allowing one to act in ones best interest, stand up for oneself without undue anxiety, express honest feelings comfortably, and exercise personal rights without denying the rights of others. Respect for other people's rights is a crucial component of assertion, as is the ability of individuals to strike a balance between ensuring own rights and without infringing on others' rights. Low self-efficacy is at the heart of lack of assertiveness. People who have poor self-efficacy believe that other people's perspectives are superior to their own (Mbakwe & Enwere, 2021). When properly applied, assertive training becomes a practical model that teaches and supports the outward expression of feelings while also boosting an individual's self-esteem (Young, 2014).

Assertive training is founded on the principles of social learning theory and combines a variety of social skill training techniques. It is founded on the premise that assertive and non-assertive behaviours may be learned and unlearned by applying social learning theory concepts. Training is frequently delivered in groups, with modeling, role-playing, and positive behaviour rehearsal and reinforcement used to practice new behaviours in everyday situation. To encourage transformation, skill acquisition necessitates extensive practice, enough information, and effective modeling. This is accomplished by providing appropriate desired feasible positive alternative behaviours in the form of verbal and nonverbal behaviours that the students' model, rehearse, and role-play.

Assertiveness training techniques are intended to boost confidence, improve assertive beliefs, and reduce hervousness, which makes expression difficult in interpersonal relationships (Onyeizugbe, 2015). Low self-efficacy can be improved by teaching the client how to act assertively by modeling, behaviour rehearsal, role-playing, verbal instructions, coaching, exploring, brainstorming, reinforcing, assigning tasks, clarification, and direct teaching. The modeled behaviour is referred to as "assertive behaviour". Research data from Oguzie et al. (2020), as well as Ramaniah and Deniston (2018), found that assertiveness training strategies have the ability to increase students' self-efficacy. The research also discovered that assertive students had much lower neuroticism scores and higher extraversion, openness to experience, and conscientiousness scores than nonassertive students. Furthermore, the assertiveness training technique was helpful in decreasing shyness among in-school children. The researcher anticipates that utilizing assertiveness technique will improve students' effective communication skills, hence aiding in the improvement of self-efficacy among in-school adolescents in the study region, regardless of gender. However, the usefulness of the strategies in increasing self-efficacy has yet to be determined in the study region. In the current study, the

researcher empirically validated the effectiveness of assertiveness training technique in enhancing self-efficacy among in-school adolescents in Abia State.

Statement of the Problem

Learners, regardless of educational level, are expected to demonstrate some level of self-efficacy. In-school adolescents are expected to have high levels of self-efficacy, which is the idea that they have the ability, aptitude, or potential to achieve whatever goal they set for themselves. These are essential indicators of success in a variety of life pursuits. In other words, in-school adolescents should interact, maintain positive social contact and relationships with their peers, classmates, and teachers, and achieve well academically. However, it has been shown that certain adolescents have extremely low levels of self-efficacy. Such adolescents rarely connect with their peers or teachers.

They have difficulty expressing their feelings, joining groups, or engaging in group activity. They appear to lack confidence and experience worry and anxiety when asked to do a task with their classmates. They frequently engage in negative conversations or self-defeating sentiments. Furthermore, they find it difficult to express gratitude and commend positive deeds or gestures to others. All of these factors tend to impede their learning and can result in lower academic achievement, overall well-being, and relationships with others. This study therefore empirically evaluated the effectiveness of ATT in enhancing self-efficacy of in-school adolescents in Abia State.

Purpose of the Study

Specifically, the objectives of the study are to:

- i) determine the mean score difference in the rate of enhancement of self-efficacy among in-school adolescents exposed to assertiveness training technique and the control group at post-test.
- ii) find out the effect of ATT in enhancing self-efficacy among in-school adolescents by gender at post-test.

Research Questions

The research questions were posed and answered to guide the study:

RQ₁: What is the mean score difference in enhancing self-efficacy among in-school adolescents exposed to assertiveness training technique and control group at posttest?

RQ2: What is the mean score difference in enhancing of self-efficacy between in-school adolescents treated with assertiveness training technique based on gender at posttest?

Hypotheses

The following null hypotheses were formulated and tested at 0.05 level of significance to further guide the study.

HO1: There is no significant mean score difference in enhancing self-efficacy between inschool adolescents exposed to assertiveness training technique and the control group at posttest

HO2: There is no significant mean score difference in enhancing self-efficacy between inschool adolescents exposed to assertiveness training technique and the control group at posttest based on gender.

Methodology

The study was conducted in secondary schools in Abia State. The study adopted quasi-experimental design employing the pretest, posttest, non-randomized control group design to investigate the effect of ATT on self-efficacy among in-school adolescents in Abia State. The sample for this study consisted of 12 subjects purposively sampled from a population of 425 in-school adolescents who demonstrated low self-efficacy as determined by their responses to the Self-efficacy Identification Questionnaire (SIQ). Subjects with a score of 2.50 or higher were judged to have significant levels of low self-efficacy and were specifically chosen for the study. The treatment group comprised 6 subjects while the control group 6 subjects. Gender was the moderator variable. The SIQ is a 22-item questionnaire designed to assess the level of self-efficacy of the students, based on substantial theoretical and empirical research. The SIQ is divided into two components. Section one elicited demographic data. Section two has 22 items organized into clusters for identifying and measuring the level of self-efficacy.

The SIQ was measured on a four-point rating scale, with Very High Level (VHI), High Level (HI), Low Level (LI), and Very Low Level (VLI) weighing 4, 3, 2, and 1, respectively. The negative items of the LIQ were reverse-scored with weights of 1, 2, 3, and 4. The cut-off mean score of 2.50 or more indicated low self-efficacy and a mean score of less than 2.50 indicated high self-efficacy.

Three experts in Guidance and Counselling, Educational Psychology and Measurement and Evaluation from the College of Education at Michael Okpara University of Agriculture, Umudike, Abia State, Nigeria, face-validated the initial draft of SIQ, which included the purpose of the study, research questions, and hypotheses. The experts assessed the items' appropriateness, linguistic construction, coverage, clarity, and relevance to the study. The expert comments, suggestions, and adjustments were used to produce the final copy of the instrument.

The reliability of SIQ was determined using Pearsons Product momentcorrelation which yielded a coefficient of 0.78 at two weeks interval. Cronbach alpha statistics was used to determine the internal consistency of the instrument which yielded reliability index of .77, demonstrating the suitability of the instrument for the current study.

The study's data gathering was primarily divided into three phases:

This pre-treatment phase included two pre-treatment sessions. The phase included one pre-treatment evaluation to identify students with low self-efficacy. We used SIQ to generate baseline data, which served as pretest data for the level. The subjects were purposively divided into two groups: one in the treatment group and the other in the control group.

The treatment phase dealt with the actual manipulation of experimental conditions for two weeks. The control group is a wait-list group. The treatment group has eight sessions lasting 48 minutes each. First was initial counselling establishment issues of rapport-building, concerns of confidentiality, counsellor and client roles and responsibilities, the necessity to remain in therapy, and the need to offer crucial information required for therapy development were explored, among other things. This was followed by the analysis of the target behaviour-low self-efficacy. The next was the setting of counselling goals during which the counsellor guided them to set goals in specific and measurable terms.

The skills of Assertiveness training were systematically exposed to the clients. These were modeling, role-playing, and positive behaviour rehearsal and reinforcement. They were guided to practice them in therapy and encouraged to use them outside therapy. Corresponding tasks and assignments were given at the end of each session. In the end, all the skills were rehearsed and feedback provided. The therapy was terminated following laid down procedures. They were informed to come back after a week to complete the SIQ reshuffled.

Post-Treatment Phase.

The SIQ was reshuffled and re-administered on the clients after. The clients' responses were scored, and the results were compared to their pre-test scores. The analysis of covariance (ANCOVA) was used as a statistical control measure to marshal out the initial statistical differences.

The data collected for the study were statistically analyzed using mean and standard deviation to answer the research questions, and Analysis of Covariance (ANCOVA) to test the null hypotheses at a significance level of 0.05, as indicated in Tables 1-4.

Research Question I

What is the mean score difference in enhancing self-efficacy among in-school adolescents exposed to assertiveness training technique and control group at post-test?

Table 1: Mean and Standard deviation of mean score difference on self-efficacy among inschool adolescents exposed to assertiveness training technique and control group

po	osttest						
Source		Pre-		Post-		Mean	Mean difference
		test		test		Gain	
Groups	N	\overline{X}	SD	\overline{X}	SD		
ATT	6	1.50	.52	3.42	.38	1.92	
							1.75
Control	6	1.50	.47	1.67	.42	.17	

Table 1 shows that the ATT had a self-efficacy mean difference of 1.75 in its favour. This suggests that the usage of ATT enhanced self-efficacy among in-school adolescents. Table 1.2 shows the corresponding hypothesis.

Hypothesis I

There is no significant mean score difference in enhancing self-efficacy between in-school adolescents exposed to assertiveness training technique and the control group at posttest

Table 2: Analysis of Covariance (ANCOVA) of mean score difference on self-efficacy among in- school adolescents exposed to assertiveness training technique and control group at posttest

control gro	oup at positest				,
Source	Type III Sum	Df	Mean Square	F	Sig.
	of Squares				
Corrected Model	2.067 ^a	2	1.033	2.583	.130
Intercept	.022	1	.022	.055	.820
Pre	.400	1	.400	1.000	.343
Group	2.057	1	2.057	5.143	.050
Error	3.600	Ģ	.400		
Total	126.000	12	2		
Corrected Total	5.667	11	[

The results in Table 2 revealed that the F-calculated value of 5.143 in relation to the treatment has a main effect with a probability value of .050 with 2 and 9 degrees of freedom, and is thus significant at 0.05 level. This signifies that the null hypothesis was rejected while the alternative hypothesis was accepted. This implies that there is a significant mean score difference in enhancing self-efficacy among in-school adolescents in the ATT group versus those in the control group at the posttest.

Research Question II

What is the mean score in enhancing of self-efficacy between in-school adolescents exposed to assertiveness training technique based on gender at posttest?

Table 3: Mean and Standard deviation of mean score difference on self-efficacy among school adolescents exposed to assertiveness training technique and control group Posttest by gender

		P	retest		Posttest	Mean	Mean enhance difference
Groups	N	\overline{X}	SD	\overline{X}	SD	Enhancing Score	\D)
Male	6	42.59	4.51	28.89	4.35	13.7	0.16
Female	6	42.63	4.45	28.77	4.45	13.86	47,

The results in Table 3 showed that the male students in the experimental group subjected to assertiveness training approaches had a mean score of 42.59 with standard deviation of 4.51 at pretest and 28.89 with standard deviation of 4.35 at post-test. The average score among male adolescents exposed to ATT was 13.7. Female adolescents in the treatment group who were subjected to assertiveness training techniques (ATT) had mean score of 42.63 with standard deviation of 4.45 at pre-test and 28.77 with standard deviation of 4.45 at post-test. It also found that female adolescents had a mean score of 13.86. The female adolescents outperformed the other group by a mean of 0.16.

Hypothesis II

There is no significant mean score difference in enhancing self-efficacy between in-school adolescents exposed to assertiveness training technique and the control group at posttest based on gender.

Table 4: Analysis of Covariance (ANCOVA) of mean score difference on self-efficacy among in-school adolescents exposed to assertiveness training technique and control group at Posttest by gender

Source	Type III Sun	Df	Mean Squa	\mathbf{F}	Sig.
	Squares				
Corrected Model	1023.134 ^a	2	511.567	1.625	.000
Intercept	3866.093	1	3866.093	12.280	.001
Pretest	546.329	1	546.329	1.735	.020
Gender	522.910	1	522.910	1.661	.121
Error	2518.600	8	314.825		
Total	55790.000	10			
Corrected Total	5561.733	9			

Table 4 shows a -calculated value of 1.66 and a P-value of 0.12, which exceeds the alpha value of 0.05. This, however, means that the hypothesis of no statistical significance was not rejected. As a

result, there is no significant effect of gender on treatment on the enhancement of self-efficacy among in-school adolescents.

Discussion

The study found that ATT considerably enhanced the self-efficacy of in-school adolescents with low self-efficacy. This is demonstrated by the finding that in-school adolescents exposed to ATT had a higher mean self-efficacy than those in the control group. The findings were consistent with previous research by Oguzie et al. (2020), as well as Ramaniah and Deniston (2018), who found that assertiveness training strategies have the ability to increase students' self-efficacy. The study also found that there was no significant interaction effect of gender on treatment as both male and female students exposed to the ATT responded equally to treatment. In this regard, Akay and Boz (2020) and Campbell and Stevenson (2012) asserted that regardless of gender, in-school adolescents respond favourably to interventions targeting enhancement of their self-efficacy.

Conclusion

Based on the study's findings, it was concluded that assertiveness training technique considerably enhanced the level of self-efficacy of in-school adolescents. This was demonstrated by the data that in-school adolescents exposed to ATT experienced a higher mean self-efficacy score than those in the control group. This suggests that in-school adolescents exposed to ATT had a much higher level of self-efficacy after treatment.

Recommendations

The following recommendations were made:

- 1) Professional counsellors should utilize assertiveness training techniques to help students with low self-efficacy to enhance their self-efficacy.
- 2) Parents and teachers should refer their children or wards noticed to have low self-efficacy to professional counsellor for counselling.
- The government should ensure a functional Guidance and Counselling programme in all schools by posting professional counsellors and equipping them adequately.

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