

Assertiveness Training: Academic Performance and Self Esteem Among College Students In Selected Rural Areas

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Abstract
Unassertiveness is a mal-adaptive behaviour which is usually seen in people with low self-esteem. It affects the ability of individuals to express their opinions, interests and needs openly, directly and honestly in matters that concern them, including standing up for their rights without violating the rights of others. It may also affect academic performance. Based on the above, this study examined assertiveness training and its effects on self-esteem and academic performance among S.S.3 students in selected secondary schools in rural areas of Anambra State. 108 student-participants comprising of 39 males and 69 females were subjects for the study. The participants' age ranged from 15 to 19 years with a mean age of 16.24 years and standard deviation of 1.10. Two hypotheses were formulated and data was collected with the aid of 25-item self-esteem questionnaire by Hudson (1982) and test scores. The participants were divided into two groups; the experimental group and the control group. After statistical analysis of the data, findings revealed that assertiveness training enhanced the self-esteem score of the experimental group whereas no significant changes were observed in that of the control group. Also, there were significant changes in the academic performance between the two groups. It is therefore recommended that government should through the intervention of the education board enhance the current curriculum to include practical assertiveness training among all the SS class students in order to improve on their self-esteem which has a positive implication for improved academic performance.

Key words: Assertiveness training, mal-adaptive behaviour, self-esteem, academic performance, experimental group and control group.

Introduction
Characteristically, severally factors both intrinsic and extrinsic affect the developmental growth of student adolescents in all its ramifications. Environmental factors such as the influences of agents of socialization, family structure, place of domicile and peer pressure affect
the emotional dispositions of growing adolescents (Corey, 2009) and these have unpalatable consequences for the growing adolescents. A lot of adolescent children have not been able to achieve their potentials due to the influences of these factors which affect them in a number of ways most especially in self-esteem and academic performance. Many studies have in the past demonstrated that there is a relationship between self-esteem and academic achievement, and that there is a unique association among the host’s environment, academic achievement, and self-esteem (e.g. Erol & Orth, 2011; Emamzadeh, 2004 and Anagbogu & Anyachebelu, 2004).

However, without doubt, children grappling with low self-esteem grow up with the problem of unassertiveness which to a greater extent may affect their academic performance (Miraei, 2005). Its impact on the academic life of adolescent children has significantly presented unassertiveness as developmental problem which children the world over face especially in the remote and rural areas of our society. As a result of a number of situations which unassertiveness among children brings, it is becoming increasingly a research focus in counseling and therapy, and among education-psychotherapists in Nigeria.

Unassertiveness is a mal-adaptive behaviour which is usually seen in people with low self-esteem (Kaya, 2009). It affects the ability of individuals to express their opinions, interests and needs openly, directly and honestly in matters that concern them, including standing up for their rights without violating the rights of others. It may also affect academic performance (Unachukwu, & Onwuka, 2009; Onyeizugbe, 2003). It may also lead to a serious psychological and social dysfunction. Unassertiveness can equally result in exhibition of physical distress in people. It may also be expressed as the lack of ability to master the skill of expression which confirms self-esteem inadequacy. Generally, the study of assertiveness and problems associated with unassertiveness evolved from the concepts of self-concept, self-esteem and human psycho-sociology which is susceptible to the influences of internal and external motivation and disposition.

In view of helping students overcome unassertiveness, assertiveness training as a therapy may be required; first to boost their self-esteem which will improve self-confidence, and secondly helping them use the achieved current state to overcome academic challenges. Prior to attempting this therapy, it is important to refresh our memory on the concept of self-esteem using its foundation to conceptualize assertiveness training.

Self-esteem is a widely used concept both in popular language, psychology and psychotherapy. The word conies to mean “to estimate or appraise self worth”; self-esteem thus refers to our positive and negative evaluation of self. It is also an individual sense of his or her value or worth, or the extent to which a person values, appreciates, approve of, prizes, or likes him or herself (Blascovich & Tomaka, 1999). Ohu (2005) opined that self-esteem reflects the degree to which individuals, self-perceive themselves as important, meaningful, affective and worthwhile within the societal setting. In psychology, the most broad and frequently cited definition of self-esteem is that of Rosenberg (1965), who described it as both favourable and unfavourable attitude and perception towards the self. Generally, self-esteem is considered as the evaluative component of the self-concept, a broader representation of the self that includes cognitive and behavioral aspects as well as evaluative or affective ones (Blascovich & Tomaka, 1999). While the construct is most
often used to refer to a global sense of self-worth, narrower concepts such as self-confidence or body-esteem are used to imply a sense of self-esteem in more specific domains (Adebayo 2011).

Coopersmith (1967) as cited in Crocker and Pack, (2004) opined that self-esteem comprises of a number of components that include, general, personal and social self-esteem. (a) General self-esteem has to do with the individuals’ perception of their worth. (b) The personal self-esteem refers to the individuals’ most intimate perception of self-worth. For instance individuals who feel good about themselves are confident, take pride in their work and demonstrate respect and concern for people. (c) While social self-esteem refers to individuals’ perception of quality of their relationship with peers and others. In the views of Mruk (2006), the level and nature of self-esteem seems to emanate from an individual’s history usually dating back to childhood, hence to him self-esteem is the product of thoughts, feeling, experience developed since birth. There are always chances that due to previous negative events and circumstances in a person’s history that low self-esteem may somehow be inevitable among certain adolescents with its pyramid of problems not excluding effects on socialization and academic achievement.

**Consequences of Low Self-esteem**

Low self esteem has no single factor that determines it; rather, low self esteem stems from a cascade of factors such as family, environmental (negative experience) and belief, developmental tasks associated with adolescent storm, stress etc. Baumeister (2002) believed that the process of development of self-esteem begins in childhood but solidifies and gain momentum during the turbulent years of adolescents. Rosenberg and Owen (2001) concluded from their studies that low self esteem is the underlying, psychodynamic mechanism underlying all deviant and maladjustment behaviours. Crocker & Parks (2004) outlined the consequences of low self-esteem to include to neurosis, anxiety, defensiveness and ultimately alcoholism and drug abuse. Self-esteem is very vital for psychological health and the important is why the media and educational policy makers have changed course curricular in their attempts to instill high self-esteem in children. For instance, the national policy on education advocates that any child who fails a class twice should be promoted to the next class; this is to avoid puncturing the child’s self-image. Even some students are promoted to a higher grade even when they fail to master the materials from the previous level with reasonable assessments. These social promotions above are based on the belief that positive self-esteem is of cardinal importance and that many societal ills such as teenage pregnancy, drug use and abuse, violence, academic failure, crime, even suicide are caused by low self-esteem in line with Rosenberg & Owen (2001). Contributing to this, Zummerman (2000) mentioned; negative experiences, lack of parental support, abandonment, rape or molested during childhood as factors leading to insecurity and serious maladjustment as low self-worth. Cultism is also another mal-adaptive behaviour that is observed in some students with low self esteem. Today, students form gang groups because they need to belong, the reason for joining such clandestine group involve the need for recognition and identity, a sense of belonging and peer pressure. Miraei, (2005) noted that serious maladjusted behaviours stem from negligence from the home which make them develop insecurity in their feeling but feel secured with the protection of the gang. There is a correlation between low self –esteem and anti social behaviour including that of aggression and anti social
behaviour (Mruk 2006, Crocker et al., 2004). All of the above are negative antecedents to students’ academic achievement.

For example, the importance of self-esteem, led to the enactment of legislation by California State government in the USA, encouraging schools to develop self-esteem enhancement programs. The general idea being that high self-esteem would act something like a “social vaccine” that would prevent many of the serious behavioural problems facing their state (Evans & Lee 2008). The authors further noted that, although societal ills are not only caused by low self-esteem, it is easy to understand why policy makers and educators are concerned with emotional consequences of negative self-views. Those who feel ostracized or rejected, experience a variety of negative reactions, including physical illness, emotional problems and negative affective states. A proven intervention is the key ingredient to getting self-esteem enhanced, to enable victims of this psychological dysfunction functions maximally and be happy.

To achieve this kind intervention and to uplift the students from chronic effects of low esteem which may become recipe for unassertiveness which breeds several mal-adjustment problems, the current authors deem it expedient that providing assertiveness therapy/training will help correct the anomaly namely; low self-esteem and consequently help to improve the ailing academic achievement of the students.

Assertiveness training is a programme that teaches a multidimensional aspect of human expression, including behaviour cognition that affect behaviourally, making people to express their emotions, defend their goals and establish favourable interpersonal relationship. Cognitively and affectively, assertive people can appropriately deal with both positive and negative emotions, affect their social interactions encourage fear of interaction and fear for being adjudged negatively by others. Assertiveness training is a practical model that explores ways through which people can be confident and extinguish social anxiety by practical training. They are taught how to meet their needs effectively in interpersonal interactions (Catalan, 2000).

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and standing up oneself without undue anxiety or suppression of feelings but relatively expressing needs, interest and opinion without denying the right of self and others.

**Theoretical Framework**

The foundational framework for assertiveness therapy is to cure of social anxiety (which inhibits appropriate social expressions) involved a counter-conditioning of the anxiety eliciting the inhibited assertive responses through persuasion, instructions, modeling and role-playing. For example, the theory of assertiveness propounded by Wolpe (1958) which was based on the earlier works of Salter (1949) believed that generalized and pervasive inhibitory trait could be unlearned through (a) employing logical directive to convince the client of the disadvantages of inhibitory behaviour and (b) having the client practice excitatory exercises e.g. "feeling, talk, facial talk expressing contradictory opinion the use of 'I', agreeing when complimented etc.

Equally operant conditioning by Skinner (1949) has been useful in explaining behaviour modification such as in assertiveness therapy. Operant conditioning is used to describe the behaviour modification technique known as reinforcement and punishment as well as the concept of behaviour extinction. This theory is based on the idea that an individual will choose his behaviour based on past experience or consequences of that behaviour. If a behavior was associated with positive reinforcement, or rewards in the past; the individual will choose it over behaviour associated with punishments or negative outcomes. Skinner (1949) identified three types of responses or operants that can follow behaviour namely, (a) neutral operant responses from the environment that neither increases nor decreases the probability of a behaviour being repeated. (b) Rein-forcers which are responses from the environment that increases the probability of a behaviour being repeated and this can be positive or negative. (c) Punishers which are responses from environment that decreases the likelihood of a behaviour being repeated. Punishment according to the theory weakens behaviours.

As provided by the theory, the application of pleasant reinforcer strengthens behaviour while the application of negative reinforcement is capable of stopping or removing an unpleasant experience. The knowledge of this theory as applied to this study enables the researchers to apply it as a therapeutic process in assertiveness training using reinforcers. The use of adequate reward practice to increase the desired ones and master them so as to be able to reflect in their real life was effectively done. The theory believed that shaping involves reinforcement of behaviours that approximates or comes close to the desired new complex behaviours.

Furthermore, self-esteem theories such as the foundation laid by Rogers (1961) which focused on the individual’s self-worth and values has been found useful to the constructs of this study. Rogerian theory held that being valued as a person without being judged can help individual to accept who they are and reconnect with themselves. The theory posited that providing a relationship of “genuineness or congruence” empathy and warmth or unconditional positive regards, a therapist can create an awareness of self in a client using the models proposed thereof. Roger, (1961) believed that people with low self-esteem have psychological problems which surface as a result of the negative feedback which they received from their parents, or figures of authorities in their lives, these can be as a result of forcing of values by the crucial
figures in their lives. This can make one develop feeling of low self esteem and may become emotionally weak and low in self-esteem. The author also affirmed that people tend to be under constant ‘inner struggle’ between their desire to be ideal self instead of their true self and trying to live up the expectations of others cause them to develop low self esteem. Hence, the creation of an atmosphere of trust, empathy and understanding that aims at achievement of self-actualization, to make persons with low self-esteem to begin to understand and appreciate the personal needs and wants.

In line with the theoretical principles, the current researchers would create an atmosphere of unconditional positive regard by creating rapport, enabled the students to feel not being judged and free to interact during the sessions. Feeling not being under threat or judgmental would enable the client experience and accept more of who he is as a person and reconnect with his or her own values and sense of self-worth to find their own way to move forward. The room for the free interactions during the practical sessions provided the understanding that would make the realization of the goal possible.

Self-determination theory propounded by Deci & Ryan (1995) was also insightful in design of the study. This theory stated that man is born with an intrinsic motivation to explore, absorb, and master his surroundings and that is through high self-esteem. The theorist reported that when the basic needs of life (relatedness, competency and autonomy) are in balance, that is when social conditions provide support and opportunity to fulfill these basic needs; personal growth, vitality and well being are enhanced. The theory also posited that the relatedness need has to do with the inherent ability to make meaning and communicate with others through internalization of cultural practices and values (Ryan & Deci, 2004). For application, the students would be exposed through the positive cultural practices of communication through modeling of such acceptable cultural practices which they role played and practice in real life.

Self-determination theory further assumes that people are active organisms with evolved tendencies toward growing, mastering ambient challenges and integrating new experiences into a coherent sense of self. These natural tendencies cannot operate without ongoing social nutrients and supports. This means that it is the social context that can either support or mar the natural tendencies toward active engagement and psychological growth and it can trigger off lack of integration, defense and fulfillment of need substitutes. They were taught skills rudiments of assertive components necessary for social interactions which before the training they could not perform, through creation of support environment they practice and master the skills in real life performance, thereby experiencing development which is the basis for social determinant in this theory.

In the course of this study, the assumptions of self-determination theory would be invoked. The students would be allowed to identify those difficult areas of lives and circumstances surrounding their inability to perform the desirable skills and through the understanding of their strengths and weaknesses. They would also imbibe the support of providing them with adequate skills which they mastered to fulfill their basic needs, personal growth and vitality as well as their well being. Students would centrally be concerned with motivation and that is how to move themselves or others to act. The theory believed that students are often moved by external factors such as reward systems, grades, evaluations or the opinions, others might have about them. They are also motivated from within by
interests, curiosity or abiding values and these are not externally rewarded, during the sessions, they were praised, given tokens, given cards as rewards, clapping and marks were awarded as incentives to enable them to explore, look inward for their strengths and absorb the skills practiced to master their environment for their well-being.

The insights gained from the above theoretical assumptions have enabled the current researchers to hypothesize as follows:

i. There will be a significant difference in the self-esteem score between the experimental group and the control group before assertiveness training.

ii. There will be a significant difference in the self-esteem score between the experimental group and the control group after assertiveness training.

iii. There will be a significant difference in academic test scores between the experimental group and the control group before assertiveness training.

iv. There will be a significant difference in academic test scores between the experimental group and the control group after assertiveness training.

Method

108 student-participants comprising of 39 males and 69 females served as subjects of therapy for the study. The experimental group has 54 students (19 males and 35 females) whereas the control group had 54 students (20 males and 34 females). The participants’ age ranged from 15 to 19 years with a mean age of 16.24 years and standard deviation of 1.10. The participants were divided into two groups; the experimental group and the control group. Data was collected with the aid of 25-item self-esteem questionnaire by Hudson (1982) and academic test scores. Pre test and post test were carried out for both self-esteem and academic test scores. For the pretest, academic test records of the participants were obtained from the class teachers while self-esteem test was administered while in the post test, a new test examination similar to the students’ curriculum was administered to the both groups. Self-esteem was also re-administered. Consequently, to test the hypotheses, anova design was adopted and One-way analysis of variance was used as appropriate statistics to analyze the data.

Results

Table 1

Table of descriptive statistics showing self-esteem pre-test/post-test scores of the experimental and control groups

<table>
<thead>
<tr>
<th></th>
<th>Pre-Test</th>
<th></th>
<th>Post-Test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Std. Deviation</td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>Self-esteem</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental group</td>
<td>72.402</td>
<td>3.152</td>
<td>5</td>
<td>72.508</td>
</tr>
<tr>
<td>Control group</td>
<td>72.455</td>
<td>3.142</td>
<td>7</td>
<td>73.455</td>
</tr>
<tr>
<td>Total</td>
<td>5</td>
<td></td>
<td>8</td>
<td>5</td>
</tr>
</tbody>
</table>

Table 2

Table of descriptive statistics showing academic pre-test/post-test scores of the experimental and control groups

<table>
<thead>
<tr>
<th></th>
<th>Pre-Test</th>
<th></th>
<th>Post-Test</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Std. Deviation</td>
<td>N</td>
<td>Mean</td>
</tr>
<tr>
<td>Academic test score</td>
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<td></td>
<td></td>
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<tr>
<td>Experimental group</td>
<td>5.9</td>
<td>1.012</td>
<td>5</td>
<td>6.6</td>
</tr>
<tr>
<td>Control group</td>
<td>6.0</td>
<td>1.067</td>
<td>5</td>
<td>6.0</td>
</tr>
<tr>
<td>Total</td>
<td>5.7</td>
<td>1</td>
<td>5</td>
<td>7.3</td>
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<td></td>
<td></td>
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<td>5.7</td>
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</table>


Table 3
One way Analysis of Variance showing test of between subjects’ effects of pre-test group and post test group on self-esteem

<table>
<thead>
<tr>
<th>Source</th>
<th>Type I Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Corrected</td>
<td>604.430a</td>
<td>3</td>
<td>239.137</td>
<td>9.169</td>
<td>.000</td>
</tr>
<tr>
<td>Model</td>
<td>18336.493</td>
<td>1</td>
<td>19226.834</td>
<td>6.287E3</td>
<td>.000</td>
</tr>
<tr>
<td>Intercept</td>
<td>59.402</td>
<td>1</td>
<td>64.405</td>
<td>2.786</td>
<td>.201</td>
</tr>
<tr>
<td>Pre-test group</td>
<td>496.246</td>
<td>1</td>
<td>503.232</td>
<td>14.693*</td>
<td>.012</td>
</tr>
<tr>
<td>Post-test group</td>
<td>41.545</td>
<td>1</td>
<td>42.575</td>
<td>6.843</td>
<td>.119</td>
</tr>
<tr>
<td>Pre-test group*Post-test group</td>
<td>5382.347</td>
<td>107</td>
<td>5382.347</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>2053304.044</td>
<td>108</td>
<td>2053304.044</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>2053304.044</td>
<td>108</td>
<td>2053304.044</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*significant at p < .05  Dependent Variable: Self-esteem

Table 4
One way Analysis of Variance showing test of between subjects’ effects of pre-test group and post test group on academic test scores

<table>
<thead>
<tr>
<th>Source</th>
<th>Type I Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
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<td>Corrected</td>
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<td>3</td>
<td>302.254</td>
<td>6.205</td>
<td>.000</td>
</tr>
<tr>
<td>Model</td>
<td>230854.170</td>
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<td>220850.280</td>
<td>4.684E2</td>
<td>.000</td>
</tr>
<tr>
<td>Intercept</td>
<td>34.544</td>
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<td>34.544</td>
<td>1.869</td>
<td>.168</td>
</tr>
<tr>
<td>Pre-test group</td>
<td>506.321</td>
<td>1</td>
<td>506.321</td>
<td>22.036*</td>
<td>.034</td>
</tr>
<tr>
<td>Post-test group</td>
<td>74.301</td>
<td>1</td>
<td>74.301</td>
<td>2.116</td>
<td>.260</td>
</tr>
<tr>
<td>Pre-test group*Post-test group</td>
<td>2445.680</td>
<td>105</td>
<td>2445.680</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Error</td>
<td>6024.202</td>
<td>107</td>
<td>6024.202</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>3016045.159</td>
<td>108</td>
<td>3016045.159</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*significant at p < .05  Dependent Variable: academic test scores

Summary of Findings
From the result tables above, significant differences were only observed between the experimental and the control group on the post-test scores of self-esteem and academic test after assertiveness therapy/training at F (1, 108) = 14.69*, p < .05 and F (1, 108) = 22.03*, p < .05 respectively; whereas no significant differences were observed between the experimental and the control group on the pre-test scores. Based on the above statistical evidence, only two hypotheses were confirmed which supports the claim that assertiveness therapy/training could help students overcome low self esteem and consequently, poor academic performance.

In the first hypothesis, it was observed that in the pre-test administration (before assertiveness therapy/training) students’ scores on self-esteem between the experimental group and the control group did not show any significant mean difference. However, after the post-test (after the assertiveness therapy/training) significant mean difference was observed between the self-esteem scores of the experimental group and the control group as assumed in hypothesis two.

Similarly, in hypothesis three, it was observed that in the pre-test administration (before assertiveness therapy/training) students’ academic test scores between the experimental group and the control group did not show any significant difference. However, after the post-test (after the assertiveness therapy/training) significant mean difference was observed between students’ academic test scores of the experimental group and the control group as assumed in hypothesis four.

Implication of Study Findings
Significant mean differences recorded on self-esteem and academic test scores of students in the post tests (after the assertiveness therapy/training) is an indication that there is prevalence of unassertiveness among the students with several mal-adjustment problems such as low self-esteem and poor academic achievement. The findings further suggest that assertiveness therapy/training if well implemented in secondary school curricula would turn around the fortunes of the
affected students. High mean scores on self-esteem and academic test scores after the assertiveness therapy/training in the post-test is indicative of the efficacy of the therapy/training and can be harvested to help a number of challenged students in most rural areas.

Conclusion
This study examined “assertiveness training: academic performance and self esteem among college students in selected rural areas”. The need for assertiveness therapy/training was emphasized as a consequent of observed problem of unassertiveness among most rural secondary school students which practically affects their self-esteem and academic achievements. Consequently, unassertiveness was defined as a mal-adaptive behaviour which is usually seen in people with low self-esteem. It also affects the ability of individuals to express their opinions, interests and needs openly, directly and honestly in matters that concern them, including standing up for their rights without violating the rights of others. It may also affect academic performance.

There is evidence in literature that the problem of unassertiveness is intertwined with the problems of the self perception especially that of self image, concept and esteem. Evidence garnered in literature points to the fact that the target of unassertiveness is low self-esteem which literally manifests a host of other maladjustment problems like academic under achievement. Consequently, based on the preponderance of literature, the current study envisaged that with assertiveness therapy/training, students’ low self-esteem and academic achievement will be improved upon. Data gathered and analyzed confirmed that there are significant mean differences in self-esteem scores and academic tests scores were recorded between the experimental group and the control group. Experimental group had better self-esteem and academic test scores than the control group after the assertiveness therapy/training in the post-test examination – an evidence that assertiveness therapy/training helped to improve students’ self-esteem and academic achievement.

It is therefore recommended that education policy makers should integrate assertiveness therapy/training into the secondary school curricula in order to assist the challenged students to overcome low self-esteem and boost their academic achievement. Further studies are however called to find out how this therapy (assertiveness therapy/training) may help in other areas of the students’ life such as peer pressure and social media influence with its associated problem of anxiety.

References


