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Psychiatric Nursing

A Study to Assess the Assertive Behavior and Its Psychosocial Predictors among Adolescents Studying at Selected High School of Bagalkot

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Abstract	Original Research Article

Background of the Study: Adolescence is a critical phase characterized by distinct health and developmental requirements, as well as entitlements. It serves as a crucial period for acquiring knowledge, cultivating emotional intelligence, nurturing relationships, and developing the necessary qualities and skills to navigate adulthood successfully. Adolescents are the young people aged between 10 to 19 years. *Aim:* To assess the assertive behaviour and its psychosocial predictors (self-esteem, interpersonal communication, quality of life and psychiatric morbidity) among adolescents. *Methods:* A quantitative, non-experimental descriptive cross sectional research design had used to conduct the present study and conducted at selected high school of Bagalkot. Data were collected using self-report method. Tools used for data collection were; socio-demographic variables, Rathus Assertiveness Schedule, Rosenberg Self-Esteem scale, Interpersonal Communication Skills Inventory, WHO Quality of Life Bref's Scale and General Health Questionnaire (GHQ-12). Multiple Linear Regression analysis was performed to find the significant predictors of assertive behavior among adolescents. *Results:* The study reveals that assertive behaviour among adolescents reveals that, majority of Adolescents (62.5%) had moderate assertiveness. A significant regression equation was found ($F_{4,119}=2.978$, $R^2=0.094$ $P<0.000$). Findings shows that self-esteem ($t=2.287$, $P<0.05$), Interpersonal communication ($t=1.987$, $P<0.05$) and Quality of life ($t=2.348$, $P<0.05$) positively predicted assertive behaviour among adolescents. *Conclusion:* The Findings of the present study indicates that self-esteem, interpersonal communication and quality of life positively predicted assertive behavior among adolescents. Psychosocial predictors are influencing the assertiveness of adolescents.
Keywords: Assertive behavior, Psychosocial predictors, Adolescents.

INTRODUCTION

Each and every individual passes through various stages of life. Adolescence is one of the crucial periods one must pass through in life. The way every individual passes through it with the help of people around him/her determines how better the person's youth and adult periods will look like. Adolescence, a vital stage of growth and development, marks the period of transition from childhood to adulthood. It is characterized by rapid physiological changes and psychosocial maturation. Early life experiences form the foundation for personality development, experiences during the adolescent years and contribute significantly to the unique characteristics and maturation of the young adult [1].

Adolescence is a period of life with specific health and developmental needs and rights. It is also a time to develop knowledge and skills, learn to manage emotions and relationships, and acquire attributes and abilities that will be important for enjoying the adolescent years and assuming adult roles. Adolescence is a crucial phase in one's life. Adolescence is a

transition phase in physical and mental development which is generally limited to the period from puberty to legal maturity. As well as the development from one state of life to another. Adolescent period of transition starts at the age of 10 years and ceases by the age of 19 years. Adolescence is a Latin word and the meaning is "to grow up" [2,3].

Adolescent goes through many changes. One characteristics feature seen in the adolescents is self-hatred. This is a strange emotion; it is outrageously common in teenagers and it can be extremely hard to get out of the rut it creates. Low-self-esteem is also associated with feelings of being weak, helpless, hopeless, frightened, fragile, in-complete, worthless and inadequate. Physical and psychological changes during adolescence in puberty, children get taller, heavier and stronger. An increased ability of emotions and emotional attachments, Peer pressure and the development of personal and sexual identity [4,5].

People who are not assertive may suffer from a lack of confidence or low self-esteem and may find speaking or expressing themselves clearly very difficult. Feeling that other people do not understand you or may laugh at you can lead to low mood and feelings of tension, anxiety and irritability. Various factors may suggest that a person has low assertiveness, including, poor fluidity when speaking. Stuttering. low self-esteem, worrying excessively about other people's opinions feelings of inadequacy anxiety. Frustration, sensitivity to criticism. Insecurity [6].

Ethical and cultural factors, marital status, morals and taught principles, the level of education and culture of an individual, their partaking in various trainings and other factors. The data about a reliable and valid test of assertiveness that has been created by the author is given [7]. When you notice yourself making negative or energy-sapping statements, be sure to dispute them with a positive, self-affirming response. With practice, the positive inner dialogue will become habit [8].

Adolescence is a critical phase characterized by distinct health and developmental requirements, as well as entitlements. It serves as a crucial period for acquiring knowledge, cultivating emotional intelligence, nurturing relationships, and developing the necessary qualities and skills to navigate adulthood successfully. 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 [9,10].

Adolescence is the phase of life between childhood and adulthood, from ages 10 to 19. It is a unique stage of human development and an important time for laying the foundations of good health. Adolescents experience rapid physical, cognitive and psychosocial growth. World population has reached 8 billion people on November 15, 2022 according to the United Nations. There are more adolescents in the world than ever before: 1.2 billion, totaling one sixth of the global population. This number is expected to rise through 2050, particularly in low- and middle-income countries where close to 90% of 10- to 19-year-olds live. An estimated 1.1 million adolescents die each year [11].

Many studies have shown that low self-esteem is actually a thinking disorder in which an individual views himself as inadequate, unworthy, unlovable, and/or incompetent. Once formed, this negative view of self permeates every thought, producing faulty assumptions and on-going self-defeating behavior. A study has shown that 78% of girls with low self-esteem admit that it is hard to feel good in school when you do not feel good about how you look (compared to 54% of girls with high self-esteem). 75% of girls with low self-esteem reported engaging in negative activities such as disordered eating, cutting, bullying, smoking, or drinking when feeling badly about themselves (compared to 25% of girls with high self-esteem). 61% of teen girls with low self-esteem admit to talking badly about themselves (compared to 15% of girls with high self-esteem) [12].

MATERIAL AND METHODS

Study Design and Participants

A quantitative, non-experimental descriptive cross sectional research design had used to conduct the present study and conducted at selected high school of Bagalkot. Data were collected using self-report method. Data were collected using self-report method. Tools used for data collection were; socio-demographic variables, Rathus Assertiveness Schedule, Rosenberg Self-Esteem scale, Interpersonal Communication Skills Inventory, WHO Quality of Life Bref's Scale and General Health Questionnaire (GHQ-12). Multiple Linear Regression analysis was performed to find the significant predictors of assertive behavior among adolescents.

Instruments

The standard self-report questionnaire will be used to collect the data which will have the following sections;

Section A: Socio-demographic Profile of adolescents.

Includes information about age, sex, religion, year of study, father's education, mother's education, father's occupation, mother's occupation, family monthly income, birth order, area of residence, type of family and type of school.

Section B: Rathus Assertiveness Schedule (RAS).

It is a 30-itemself report instrument to measure the assertiveness. Each item is scored on 6-point Likert scale. Total score ranges between -90 to 90. High positive score indicates high assertiveness.

Scoring patterns:

There are 8 positive items (items 2,8,9,13,16,18,20 and 27) in Center Epidemiological Research Studies-Rathus Assertiveness Schedule, scoring of these items as follows;

- ✓ 3= Very much like me
- ✓ 2= Rather like me
- ✓ 1= Slightly like me

- ✓ -1= Slightly unlike me
- ✓ -2= Rather unlike me
- ✓ -3= Very much unlike me

There are 20 negative items (1,3,4,5,6,7,10,11,12,14,15,17,19,21,22,23,24,25,26 and 28)

To evaluate the assertiveness of adolescence aged between 14-17 years and studying in a selected high school of Bagalkot. Were categorized into different categories based on their level of RAS scores. Categorization as follows;

Table 0.1: Categorization of levels of Assertiveness

Levels of assertiveness	Range of Score
Low Assertive	-90 to 0
Moderate Assertive	1 to 30
High Assertive	31 to 90

Section C: Psychosocial Predictors
Rosenberg Self Esteem Scale:

It is 10 item scale to assess the self-esteem. Each item is scored on 4-point Likert scale. The score ranges between 0-30. Higher score indicates higher self-esteem.

There are 5 positive items (items 1, 3, 4, 7 and 10) in Center Epidemiological Research Studies-

Rosenberg Self Esteem Scale, scoring of these items as follows;
3= strongly agree
2= agree
1= disagree
0= strongly disagree
There are 5 negative items (2,5,6,8 and 9).

Table 0.2: Categorization of levels of self esteem

Levels of Self Esteem	Range of Score
Low self esteem	0-10
Moderate self esteem	11-20
High self esteem	21-30

Interpersonal Communication Scale:

It is a 40-item instrument. Each item scored on 3-point Likert scale. The total score ranges between 0-120. Higher score indicates greater communication Skills.

Scoring pattern: There are 40 items in Interpersonal Communication Scale

There are 22 positive items (1, 2, 4, 5, 11, 13, 14, 17, 18, 20, 21, 25, 26, 27, 28, 29, 31, 32, 33, 36, 39 and 40) in Center Epidemiological Research Studies-

Interpersonal Communication Scale, scoring of these items as follows;
0= Usually
1= Sometimes
3= Seldom

There are 18 negative items (3, 6, 7, 8, 9, 10, 12, 15, 16, 19, 22, 23, 24, 30, 34, 35, 37 and 38) In center for epidemiological research studies – Interpersonal Communication Scale, scoring Thus, total score for scale ranges from 0-120 for 400 items.

Table 0.3: Categorization of levels of interpersonal communication scale

Interpersonal communication scale	Range of Score
Low communication	0-40
Moderate communication	41-80
High communication	81-120

WHO Quality of Life BREF Scale:

It is 26 item scales. Each item is score on 5 point Likert scale. Total score ranges between26-130. Higher score indicates higher quality of life.

Scoring pattern: There are 40 items in Interpersonal Communication Scale

There are 23 positive items (1, 2, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24 and 25) in Center Epidemiological Research Studies-Quality of Life BREF Scale, scoring of these items as follows;
1=Very poor
2= Poor
3= Neither poor nor good
4= Good
5= Very good
There are 3 negative items (3, 4 and 26).

Table 0.4: Categorization of levels of Quality of life

Quality of life	Range of Score
Poor QOL	26-60
Moderate QOL	61-96
Good QOL	97-130

General Health Questionnaire (GHQ -12):

It is 12 item instruments to assess the psychiatric morbidity. Each item is scored on a 4 point ordinal scale (0-3). The total score ranges between 0-36. With higher score suggestive of more distress.

Scoring pattern: There are 12 items in General Health Questionnaire

There are 6 positive items (1, 3, 4, 7, 8 and 12) in Center Epidemiological Research Studies-General Health Questionnaire, scoring of these items as follows;
0=not at all
1=no more than usual
2=rather more than usual
3=much more than usual
Reverse scoring
3=better than usual
2=same as usual
1=less than usual
0=much less than usual
There are 6 negative items (2,5,6,9,10 and 11.)

Table 0.5: Categorization of levels of psychiatric morbidity

Psychiatric morbidity	Range of Score
No distress	0-15
Mild distress	16-25
Severe Psychological distress	26-36

Data Collection Procedures:

Data collection is gathering information needed to address the research problem. Prior to actual data collection, the investigator obtained permission from Principal, Sajjalashree Institute of Nursing Sciences, Navanagar, Head Master of Basaveshwar Kannada Medium High School Vidyagiri, Bagalkot. The main study was conducted from 07/08/2024 to 10/08/2024 among 120 adolescents aged between 14-17years of selected high schools of Bagalkot with following steps;

Step1: Obtaining formal administrative approval from the Principal of Sajjalashree Institute of nursing science, Bagalkot.

Step 2: Obtaining approval from institutional ethical clearance committee.

Step 3: Obtaining administrative approval from concerned authorities of selected high schools of Bagalkot.

Step4: Assessment of assertive behavior and psychosocial predictors among adolescents aged between 14-17years of selected high schools of Bagalkot

Plan Of Data Analysis:

The data obtained was analyzed in terms of achieving the objectives of the study using descriptive and inferential statistics.

- Organization of data in master sheet.
- Frequency and percentage distribution was used for analysis of Sociodemographic and clinical characteristics.
- Calculation of mean, Standard Deviation of Assertive behavior and psychosocial predictors (self-esteem, interpersonal communication, quality of life, psychiatric morbidity) scores among adolescents.
- Application of Multiple linear regression analysis to find the psychosocial predictors and assertive behavior among adolescents.

RESULTS

The percentage wise distribution of sample according to their age reveals that, the majority (70.83%) of the adolescents were in the age group of 14-15years, according to their gender reveals that, the majority of adolescents (61.67%) were males. according to their religion reveals that, majority of adolescents (85%) were belongs to Hindu religion, according to their father's education reveals that, the majority of adolescents father (38.33%) had primary education, according to their mother's education reveals that, the majority of adolescents mothers' education (33.33%) had primary education, according to their father's occupation reveals that, the majority of fathers of adolescents (43.33%) were coolies, then 22.50 percent of them were farmers, then 21.67 percent were government or private employees, and 12.50 percent of them doing business. according to their mother's occupation reveals that, the majority of Mother's (38.33%) were housewives, according to their year of study reveals that, the majority of (38%) adolescents

were in 9th class, the majority (60%) of adolescents were from urban area and according to their birth order reveals that, the majority (37.5%) of adolescent's birth order was last. their type of family reveals that, the majority (51.66%) of adolescents were belonging to nuclear family, their family monthly income reveals that, the majority (38.33%) of adolescent's family monthly income was between Rs 10001 to 20000 according to their type of school reveals that, the majority (58.33%) of adolescents were studying in Private School.

PART II: Assessment of Assertive Behavior among Adolescents.

Section A: Distribution of subjects in terms of their assertive behavior among adolescent.

Categorization of adolescents on the basis of their assertive behavior was done as follows: 31-90 high assertive, score 1-30 moderate assertive and score -90 – 0 low assertive.

Table-1.1: Distribution of subjects in terms of their assertive behavior among adolescent. N=120

Sl. No	level of assertive behavior	Range of score	Frequency	Percentage
1	Low Assertive	-90 to 0	16	13.33%
2	Moderate Assertive	1 to 30	75	62.5%
3	High Assertive	31 to 90	29	24.16%

As per findings presented in Table 1.1, assertive behavior among adolescents reveals that, majority of Adolescents (62.5%) had moderate assertiveness, 24.16% of them had high assertiveness and 13.13% of them had low assertiveness.

Section B: Mean and SD of Assertive behavior among adolescents.

Table 1.1: Mean and SD of Assertive behavior among adolescents

Variable	Mean	SD
Assertive behavior	19.8	17.77

Table 1.1 reveals, Mean and SD of Assertive behavior score [19.67±17.77].

Part-III: Assessment of Psychosocial Predictors (Self-Esteem, Interpersonal Communication, Quality of life, and Psychiatric morbidity) among adolescents.

Section A: Assessment of self-esteem among adolescents

Categorization of adolescents on the basis of their level of self-esteem was done as follows: 21-30 high self-esteem, 11-20 moderate self-esteem and 0-10 low self-esteem.

Table 1.2: Distribution of subjects in terms of their self-esteem among adolescents. N=120

Sl. No	Interpretation	Score	Frequency	Percentage
1	Low self esteem	0-10	3	2.5%
2	Moderate self esteem	11--20	102	85%
3	High self esteem	21--30	15	12.5%

As per findings presented in Table 1.2, majority of adolescents (85%) had moderate self-esteem, (12.5%) of them had high self-esteem and 2.5% of them had low self-esteem.

Section B: Mean and SD of Self-esteem among Adolescents.

Table 1.3: Mean and SD of Self-esteem among Adolescents

Variable	Mean	SD
Self esteem	17.05	3.4

Table 1.3 reveals Mean and SD of self-esteem score [17.05±3.4].

Section C: Assessment of Interpersonal Communication among adolescents.

Categorization of adolescents on the basis of their level of interpersonal communication was done as

follows: 81-120 High communication, 41-80 Moderate communication and 0-40 Low communication.

Table 1.4: Distribution of subjects in terms of their interpersonal communication among adolescents. N=120

Interpersonal Communication	Range Of Score	Frequency	Percentage
Low communication	0-40	9	7.5%
Moderate communication	41-80	108	90%
High communication	81-120	3	2.5%

As per findings presented in Table 1.4, interpersonal communication among adolescents reveals that, majority (90%) adolescents had moderate interpersonal communication, 2.5% of them had high interpersonal communication and 7.5% of them had low interpersonal communication.

Section D: Mean and SD of interpersonal communication among Adolescents.

Table 1.5: Mean and SD of interpersonal communication among Adolescents

Variable	Mean	SD
Interpersonal communication	54.30	10.03

Table 1.5 reveals Mean and SD of interpersonal communication score [54.30 ±10.03].

Section-E: Assessment of Quality of Life among adolescents.

Table 1.6: Distribution of subjects in terms of their Quality of Life among adolescents

SL.NO	Quality of life	Score	frequency	Percentage
1	Poor QOL	26-60	12	10%
2	Moderate QOL	61-96	100	83.34%
3	Good QOL	97-130	8	6.66%

As per findings presented in Table 1.6, quality of life among adolescents reveals that, majority (83.34%) of adolescents had moderate quality of life, 10% of them had poor quality of life and 6.66% of them had good quality of life.

Section F: Mean and SD of Quality of Life among Adolescents.

Table 1.7: Mean and SD of Quality of Life among Adolescents

Variable	Mean	SD
Quality of Life	75.61	12.83

Table 1.7 reveals Mean and SD of quality-of-life score [75.61 ±12.83].

Section G: Assessment of Psychiatric Morbidity among adolescents.

Categorization of adolescents on the basis of their psychiatric morbidity was done as follows: 0-15 No distress, 16-25 mild distress and 26-36 severe psychological distress.

Table 1.8: Distribution of subjects in terms of their Psychiatric Morbidity among adolescents. N=120

Psychiatric Morbidity	Range Of Score	Frequency	Percentage
No distress	0-15	104	86.67%
Mild distress	16-25	16	13.33%
Severe psychological distress	26-36	0	0

As per findings presented in Table 1.8, psychiatric morbidity among adolescents reveals that, majority of (86.67%) adolescents had no distress, 13.33% of them had mild distress.

Section H: Mean and SD of Psychiatric Morbidity among Adolescents.

Table 1.9: Mean and SD of Psychiatric Morbidity among Adolescents.

Variable	Mean	SD
Psychiatric Morbidity	11.14	3.85

Table 1.9 reveals Mean and SD of psychiatric morbidity score [11.14 ±3.85].

Part IV: Multiple Linear Regression model to assess the significant predictors of Assertive Behavior among Adolescents.

Table 1.10: Psychosocial predictors of assertive behavior among adolescents. N=120

SL. No	Independent variable	Standardized coefficient (β)	t	P value
1	Self esteem	0.177	2.827	**0.048***
2	Interpersonal communication	0.084	1.987	**0.039***
3	Quality of Life	0.165	2.348	**0.04***
4	Psychiatric morbidity	-0.147	-1.519	0.132
Regression equation: $F_{4,119} = 2.978$, $R^2 = 0.094$ P<0.000				

***P<0.001, **P<0.01, *P<0.05**

Table 1.10 reveals the results of multiple regression analysis carried out to find the significant psychosocial predictors of assertive behavior among adolescents. A significant regression equation was found ($F_{4,119}=2.978$, $R^2=0.094$ P<0.000). Findings shows that self-esteem (t=2.287, P<0.05), Interpersonal communication (t=1.987, P<0.05) and Quality of life (t=2.348, P<0.05) positively predicted assertive behavior among adolescents.

Table 1.11: Socio-demographic predictors of assertive behavior among adolescents. N=120

SL. No	Independent variable	Standardized coefficient (β)	t	P value
1	**AGE**			
	16-17	0.112	0.690	0.492
2	**GENDER**			
	Male	-0.159	-0.464	0.644
	Female	0.113	0.316	0.753
3	**RELIGION**			
	Muslim	-0.146	-1.491	0.140
	Christian	-0.056	-0.617	0.539
4	**FATHER EDUCATION**			
	Primary	-0.039	-0.242	0.810
	High-School	-0.037	-0.199	0.843
	High Secondary / PUC	-0.588	-2.352	**0.021**[**]
	Graduates and above	0.443	1.981	0.051
5	**MOTHER EDUCATION**			
	No Formal Education	0.216	1.876	0.064
	High-School	-0.077	-0.526	0.601
	High Secondary / PUC	-0.405	-2.463	**0.016**[**]
	Graduates and above	-0.549	-2.398	**0.019**[**]
6	**FATHER OCCUPATION**			
	Coolie	-0.057	-0.112	0.911
	Former	0.111	0.305	0.761
	Government Employee	0.351	0.855	0.395
	Business	1.024	2.521	**0.014**[**]
7	**MOTHER OCCUPATION**			
	Coolie	-0.048	-0.434	0.666
	Former	-0.263	-1.397	0.166
	Government Employee	-0.116	-0.549	0.584
8	**YEAR OF STUDY**			
	8th Class	0.113	0.741	0.461
	10th Class	0.243	1.336	0.185
9	**RESIDENTIAL STATUS**			
	Rural	-0.048	-0.257	0.798
10	**BIRTH ORDER**			
	First	-0.142	-1.027	0.307
	Middle	-0.021	-0.140	0.889
11	**TYPE OF FAMILY**			
	Nuclear	1.061	2.105	**0.038**[**]
	Joint	0.766	1.567	0.121

	Extended	0.188	0.998	0.321
12	**FAMILY MONTHLY INCOME**			
	Below 10,000	-0.234	-1.565	0.121
	20001-30,000	0.100	0.731	0.467
	Above 30,0000	0.179	1.051	0.296
13	**TYPE OF SCHOOL**			
	Government	0.061	0.708	0.481
Regression equation: $F_{4,119}=3.555$, $R^2=0.569$, P<0.000				

***P<0.001, **P<0.01, *P<0.05

Table 1.11 reveals the results of multiple regression analysis carried out to find the significant socio-demographic predictors of assertive behavior among adolescents. A significant regression equation was found ($F_{4, 119}=3.555$, $R^2=0.569$, P<0.000). Findings shows that Father occupation (Business) [t=2.521, P<0.05] and nuclear family [t=2.105, P<0.05] positively predicted the assertive behavior among adolescents. Father education (High Secondary / PUC) [t=-2.352, P<0.05], mothers' education (High Secondary / PUC) [t=-2.463, P<0.05] and mother education (gradation) [t=-2.398. P<0.05] negatively predicted assertive behavior among adolescents.

DISCUSSION

Findings related to distribution of assertive behavior among adolescents reveals that, majority of Adolescents (62.5%) had moderate assertiveness, 24.16% of them had high assertiveness and 13.13% of them had low assertiveness.

Findings of the present study are consistent and supported with the study conducted by Dr. Valliammal Shanmugam, Dr. B.V. Kathyayini. The most of the adolescents (75%) of them were moderately assertive [13].

Findings of the present study are in contradictory with the study conducted by Kumar L, Rathi K. The mean and SD level of Assertive behavior among adolescents score is109±14.3 [14].

Findings related to distribution of adolescents according to their level of self-esteem. It shows majority of adolescents (85%) had moderate self-esteem, (12.5%) of them had high self-esteem and 2.5% of them had low self-esteem.

Findings of present study is not supported with study conducted by B M, N S, Patel UY, Gnanadesigan E. The most of the adolescents (70%) of them were have poor self-esteem [15].

Findings of the present study are consistent and supported with the study conducted by Kumar L, Rathi K. The mean and SD level of self-esteem among adolescents score is 18.9±3.2 [14].

Findings related to distribution of adolescents according to their level of interpersonal communication among adolescents reveals that, majority (90%) adolescents had moderate interpersonal communication, 2.5% of them had high interpersonal communication and 7.5% of them had low interpersonal communication.

Findings of the present study are inconsistent and not supported with the study conducted by Hong C, Jing Q, Jing L, Guangjia Z. The mean and SD level of interpersonal communication among adolescents score is 3.81±0.45 [16].

Findings related to distribution of adolescents according to their level of quality of life among adolescents reveals that, majority (83.34%) of adolescents had moderate quality of life, 10% of them had poor quality of life and 6.66% of them had good quality of life.

Findings of present study is consistent and supported with study conducted by Onoja Matthew Akpa and Elijah Afolabi Bamgboye. The most of the adolescents (70.7%) had moderate quality of life [17].

Findings of the present study are consistent and supported with the study conducted by Freire T, Ferreira G. The mean and SD level of quality-of-life among adolescents score is 108.63±13.85 [1].

Findings related to distribution of adolescents according to their level of psychiatric morbidity among adolescents reveals that, majority of (86.67%) adolescents had no distress, 13.33% of them had mild distress.

Findings of present study is consistent and supported with study conducted by Zulkefly SN, Baharudin R. Majority of (52.9%) adolescents' students are psychologically healthy [19].

Findings of present study is consistent and supported with study conducted by Golshiri P, Mostofi A, Rouzbahani S. The Mean and SD of psychiatric morbidity score 16.36 ± 4.13 [20].

Limitations
➤ Socio-demographic and clinical factors to find out association of assertive behavior of

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adolescents with its selected socio-demographic variables.
- To find out association of assertive behavior of adolescents with its selected psychosocial predictors.

Recommendations
- Intervention can be provided to improve the assertiveness among adolescents.
- As the researcher taking into consideration to involve other psychosocial predictors which can improve assertiveness among adolescents.
- Present study basis for future experimental study.

CONCLUSION

Assessment of Assertive Behavior among Adolescents reveals that, highest percentage (62.5%) of adolescents had moderate assertiveness. Assessment of self-esteem among adolescents reveals that, majority of adolescents (85%) had moderate self-esteem. Assessment of Interpersonal Communication among adolescents reveals that, majority (90%) adolescents had moderate interpersonal communication. Assessment of Quality of Life among adolescents reveals that, majority (83.34%) of adolescents had moderate quality of life. Assessment of Psychiatric Morbidity among adolescents reveals that, majority of (86.67%) adolescents had no distress. A significant regression equation was found ($F_{4,119}$=2.978, R^2=0.094 P<0.000). Findings shows that self-esteem (t=2.287, P<0.05), Interpersonal communication (t=1.987, P<0.05) and Quality of life (t=2.348, P<0.05) positively predicted assertive behavior among adolescents. A significant regression equation was found ($F_{4, 119}$=3.555, R^2=0.569, P<0.000). Findings shows that Father occupation (Business) [t=2.521, P<0.05] and nuclear family [t=2.105, P<0.05] positively predicted the assertive behavior among adolescents. Father education (High Secondary / PUC) [t=-2.352, P<0.05], mothers' education (High Secondary / PUC) [t=-2.463, P<0.05] and mother education (gradation) [t=-2.398. P<0.05] negatively predicted assertive behavior among adolescents.

Ethical consideration

Ethical clearance certificate was obtained from Institutional Ethical Clearance Committee of B.V.V.S Sajjalashree Institute of Nursing Sciences, Bagalkot.

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