**EFFECT OF ASSERTIVENESS TRAINING ON TEENAGE MOTHERHOOD IN LAGOS STATE, NIGERIA**

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 **Abstract**

Teenage pregnancy is a global problem with adverse consequences. This phenomenon becomes necessary to find ways and strategies to curb the problem. This study, therefore, examined the effect of assertiveness training in reducing the frequency of teenage motherhood in Nigeria. Two hundred and forty female Secondary School Students were randomly selected from six Education District in Lagos State. The study adopted a pre-test, post-test control quasi-experimental design; a simple random sampling technique was utilized to gather the participants for the study. The participants were randomly assigned to experimental and control groups. The training programme for the experimental group lasted eight weeks. Adolescence Personal Data Inventory (APDI) (r-0. 77) with a five-point Likert scale response was used to gather data from the participants. The two hypotheses formulated in the study were analyzed with an analysis of covariance at a 0.05 level of significance. It was found that the assertiveness training programme is an effective technique that could be used for female students to prevent them from being victims of teenage motherhood. It is therefore recommended that parents, teachers, and counsellors should be skillful in the use of assertiveness training to help female adolescents.

**KEYWORDS: Assertiveness training, adolescent, and Teenage Motherhood**

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 **Introduction**

Teenage pregnancy has become a global issue, a global challenge, and an enormous social problem in large cities and rural areas. Globally, teenage pregnancy occurs in countries with low, middle, and high income but is likely prominent in under-developed settlements, as a result of lack of education, unemployment, and poverty (UNICEF, 2013). Darroch, Wong, Bankole, and Ashford (2016) and United Nations Population Fund (UNFPA), (2015) informed that about 12 million young girls between 15 and 19 years deliver babies on yearly basis. The National Population Commission (2013) disclosed that Kastina State in Nigeria had the highest proportion of teenage pregnancy and motherhood in Nigeria, with the state accounting for 65% of teenage pregnancy and while Edo State recorded the least percentage of 2.9%. It also revealed that teenage pregnancy varies markedly in the Northern and Southern zones of Nigeria, as well as urban and rural areas. And that, it is the cause of 50,000 deaths of teenage girls every year. Kiani, Ghazanfarpour, & Saeidi (2019) and UNICEF (2013) contended that pregnancies among teenagers may result in diverse explanations in both developed and developing countries listing the contributory factors premised on the customs and traditions that could lead to early marriage and teenage sexual activities which sometimes are caused by alcohol and drugs; lack of formal education and information about reproductive sexual healthiness; peer pressures to engage in sexual activeness; inappropriate usage of contraceptives; poverty; sexual exploitation and abuse resulting to rape; low self-worth; low educational desires and goals, being exposed to violence and family conflict at home. Furthermore, the World Health Organization (WHO), (2007) highlighted factors that contribute to teenage pregnancy including pressure from society for girls to get married and have children early (amounting to 39% prior to 18 years of age and 12% prior age 15), which especially occur in the least developed countries. Other factors are limited educational and employment prospects and teenage girls not having adequate information and delusions on where to find contraceptive methods and how to apply them. The development of sexual interest which has been dominant during the latency years and before adolescence coupled with the high proportion of fertility, results in indiscriminate sexual practice to pregnancy (Lapite, 2007).

The attending implications are multifaceted as they affect both the psychological and sociological well-being of the teenager, her child, and other members of the family. For instance, a teenage mother is likely to stop going to school, have no or low academic qualifications, be unemployed or low-paid, live in poor housing situations, grieve arising from depression, and all of these may result in committing suicide or living on welfare. The kid of the teen mother is more likely to be subjected to live in abject poverty, live with a mother without a father or father figure, do less work at school, become tangled in criminal activities, engage in drug abuse and alcohol or in the end become a teenage parent (UNICEF, 2013; National Population Commission NPC, 2013). Psychologically, teenage mothers are affected by low self-concept especially those from low-income and poor educational backgrounds are likely to experience daily interpersonal relationships which may result in isolation, marginalization, and rejection from significant people and society (Adeleke, Adeyemi, 2008; Sang, 2015). Viewed from the sociological point, Meade, Kershaw, and Ickovics (2008) reported the intergenerational possibility of female children of teenage mothers getting pregnant before the appropriate time and reported that female children of teenage mothers are 66% more possible becoming teen mothers, and also exposing themselves to other risk factors. In order to handle sexual advances from their male counterparts, teenage girls need to be assertive in their thoughts and actions. Assertiveness is considered a component of the individual personality (extrovert) dimension and linked to self-esteem.

**Assertiveness Training and Reduction of Teenage Pregnancy**

Assertiveness training programme according to Stake, Deville, and Pennel (1983) and Murray (2009) is a training programme in enhancing social skills which have been shown to have positive benefits on adolescents’ self-esteem, modify adolescents’ aggressive behavior, and improved the effectiveness of adolescents’ assertiveness level (Cecen-Erogul & Zengel, 2009). Agbakwuru and Ugwueze (2011) in their study on the effects of assertiveness training on resilience among early adolescents found that assertiveness training exhibited more improvement in the resilience of the girls than the boys, though both were affected by the training. Kashani and Bayat (2010) investigated the effects of social skills training on assertiveness and self-esteem increase of 9-11 years female students reported that the tester’s assertiveness and self-esteem amount increased at the end of the treatment programme. Also, Akbari, Mohaxnadi, and Sadeghi (2012) examined the effect of assertiveness training methods on self-esteem and general self-efficacy of female students and found group assertiveness training to be effective on self-esteem and general self-efficacy. However, the results of the study showed the greater significance of assertiveness on general self-efficacy compared to self-esteem.

Tannous (2015) studied the effectiveness of assertiveness training in improving self-esteem among a sample of students with low emotional behavioral traits. The result came out that there were statistically significant differences in self-esteem among members of the study group due to gender, as well as a lack of statistically significant difference among the members of the sample in self-esteem due to the interaction between the group and gender. The study of Mahmoud and Hamid (2013) reported significant improvement in mean score in assertiveness, thus revealing significantly higher post-test scores of the study participants, and also the correlation between assertiveness score and other variables were significantly higher. Widman, Golin, Kamke, Burnette, & Prinstein’s (2018) study on assertiveness training and sexual behavior of adolescents disclosed that the girls in the experimental group were more assertive in their behavioural tasks, intention to talk freely about health issues, knowledge about HIV and other sexually transmitted diseases (STDs), safer sex and attitude as compared with the control condition. Similar results were obtained from Jekabulari and Santha’s (2019) study. Nadim, (2010) who studied the effects of a group assertiveness training programme on non-assertive passive and aggressive adolescents with visual impairment, ranging from 16 to 20 years of age from mixed gender revealed a significantly greater improvement compared to the control group. However, Sert (2003) also investigated the impact of assertiveness training on the assertiveness and self-esteem level of 5th Grade children and reported that there were no concrete significant differences between the two groups based on assertiveness scores. In other to investigate the consequence of assertiveness training on the self-esteem level of children, analysis of Covariance (ANCOVA) was used and there were no significant differences found in self-esteem scores’ between the two groups though the training seemed to have contributed positively to the children’s self-esteem as perceived by the teachers.

**Theoretical Framework**

This study is hinged on the Rational Emotive Therapy (RET) of Albert Ellis. Ellis’ RET is an action-based theory that focuses on assisting individuals to deal with illogical feelings or opinions and acquire how to achieve and control their thoughts, emotions, and behaviours in a more acceptable, improved, and genuine way.

**Statement of the Problem**

Pregnancy among adolescents is a global predicament with adverse consequences. In Nigeria and sub-Saharan Africa, it has been reported that at least 50% of womenfolk give birth before attaining the age of 20 years. Often times, teenage mothers do not complete their education because of the stigma attached to early pregnancies. The friends of the teenage mothers ostracize them and they become lonely. Teenage motherhood can as well result in ill-health, poverty, and even death of the child-mother and lasting health problems if the situation is not properly handled. The impact is also felt on the family of the adolescent mothers and these factors have emotional, psychological, and sociological factors on the teenage mothers. Based on the Millennium Development Goals (MDGs), it becomes imperative to further advance approaches and interventions aimed at reducing the problems of teenage pregnancy. The question, therefore, is could assertiveness training help reduce the ratio and consequences of teenage pregnancy on adolescent students?

**Purpose of the study**

The purpose of the study was to examine if an assertiveness training programme can reduce the frequency of teenage motherhood among female adolescents in Lagos State, Nigeria.

**Research Questions**

1. Will there be any difference in the score of participants treated with assertiveness training and the control group in both pre-test and post-test in their level of understanding of measures used for reduction of teenage motherhood?
2. Is there any significant difference between the level of assertiveness among the treatment groups as a measure for the reduction of teenage pregnancy?

**Research Hypotheses**

1. There is no significant difference in the score of participants treated with assertiveness training and the control group in both pre-test and post-test in their level of understanding of measures used on the reduction of teenage motherhood.
2. There is no significant difference between the levels of assertiveness among the treatment groups? as a measure for the reduction of teenage pregnancies

**Significance of the Study**

The importance of this study is multifaceted to all and sundry in society, especially to teenage girl. First, it will equip adolescent girls with the right value and attitudes toward pre-marital sex. Furthermore, the study will assist female adolescent students to have a high level of concentration and focus on their academic pursuits. This attitude will prevent them from being derailed from their set goals and dreams in life.

The result of the study will certainly make parents aware of the dangers of teenage motherhood and sensitize them on how to assist female adolescents to develop high moral standards and sexual discipline. Moreover, the study will be a great benefit to society by reducing the prevalence of school drop-out and street children. Likewise, it will go a long way to reducing the mortality rate and assisting the health workers to know where and how to channel their health programme as far as adolescent reproductive health is concerned.

**Methodology**

**Design**: A quasi-experimental design was adopted in this study. This design was used to estimate of the impact of teenage motherhood on female students. The design was specifically used because it allowed the researchers to control the assignment to the treatment condition but using some criteria other than random assignment. Also, in this case, the researcher does not have control over the assignment to the treatment condition.

**Population and Sample:** The population for the study comprised female students in Lagos State secondary schools. The age ranged from 14 to 17years and they were from the different socio-economic backgrounds and ethnic groups in Nigeria. A sample size of two hundred forty (240) female secondary school students was randomly selected from six educational districts in Lagos State for the study.

**Instrumentation**: The instrument used for the study was the Adolescent Personal Data Inventory (APDI and Assertiveness Training Skill) of Akinboye (1997) having a five-point Likert response format. That is, the respondents were expected to indicate 0,1,2,3,4 and 5 as responses on the spaces provided after every item or circle items most descriptive of the client were rated 4 and 5, while items least descriptive of the client were rated 1 and 2. The coefficient alpha was r=0.75. For the purpose of the study, the APDI was subjected to test re-test reliability; and the alpha split-half coefficient was 0.77. This showed that the validity of the instrument was relatively high.

**Assertiveness Training Sessions:**

The assertiveness training comprised ten sessions, they are listed below:

**Session one:** This involved visitation and familiarization with the school.

**Session two:** It comprised a general introduction, administration of pre-test, and establishment of rapport.

**Session three:** Described the meaning of assertiveness and its benefits to the participants.

**Session four:** Discussed 5 methods of assertiveness training.

**Session five:** It described the steps involved in administering assertiveness training.

**Session six:** Participants were taken through the likely problems with assertiveness training

**Session seven:** Participants were taken through building assertive beliefs in relation to pre-marital sex and its consequences.

**Session eight:** Involved assisting the participants to develop assertive beliefs.

**Session nine:** Involved revision and post-test administration.

**Session ten:** Involved winding down and demobilizing participants.

**Data Gathering:** The researchers with their three research assistants collected the pre-test information from the respondents through the administration of APDI to determine the initial level of assertiveness. Also, after the training session, the same instruments were administered to the respondents as a post-test.

**Data Analyses:** The participants’ scores in pre-test and post-test were analyzed utilizing the analysis of covariance (ANCOVA) and t-test to determine the effects of the variables under study.

**Results**

**Hypothesis One**

There is no significant difference in the score of participants treated with assertiveness training and the control group in both pre-test and post-test in their level of understanding of measures used for the reduction of teenage motherhood.

In testing this hypothesis, the data collected were analyzed using t-test statistics and the result is presented in table 1 below:

**Table 1: Summary of analysis of t-test on treated group and control group in pre-test and post- test.**

|  |  |
| --- | --- |
| **Groups** | **N Mean SD df t Sig. Decision** |
| Pre-test (treatment)(Control) | 120 96.92 11.45 238 -1.332 0.798 not significant (0.05 level of significance)120 98.9 11.91 |
| Post-test(Treatment)(control) | 120 97.88 8.54 238 15.198 0.00 significant120 84.06 5.14 (0.05 level of significance) |

Table 1 above reveals that for the pre-test the t-value of -1.332 is not significant at a 0.05 level of significance. The result indicates that the treatment group does not differ significantly from the control group in their pre-test scores on APDL. Also, the result above reveals that the post-test value of 15.198 is significant at a 0.05 level of significance. The result demonstrates that there is a significant difference in the posttest scores of treatment and control groups.

Hence hypothesis 1 which states that there is no significant difference in the score of participants treated with assertiveness training and the control group in both pre-test and post-test in their level of understanding of measures used for the reduction of teenage motherhood is not accepted. It, therefore, reveals that the assertiveness training programme, has a significant effect on the post-test scores of treatment groups.

**Hypothesis Two**

There is no significant difference between the levels of assertiveness among the treatment groups as a measure for the reduction of teenage pregnancy.

In testing this research hypothesis, the data gathered were subjected to analysis of co-variance and the result is presented in the table below.

**Table 2: Summary of ANCOVA on level of assertiveness among the treatment groups in the i pre-test and post-test scores?**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Source** | **Variables**  | **Type iii sum of squares** | **DF** | **Mean square**  | **F** | **Sig** | **Decision** |
| Corrected Model | Pre-testPre-test  | 11410.1882150.42 | 55 | 2282.04430.08 | 25.0624.762 | 0.000.00 | Significant  |
| Intercept  | Pre-testPost-test  | 2300845.8531986166.204 | 11 | 2300845.8381986166.204 | 2.532.19 | 0.000.00 | Significant  |
| Educational District  | Pre-test Post-test | 11410.1872150.421 | 55 | 2282.037430.084 | 25.064.76 | 0.000.00 | Significant  |
| Error | Pre-test Post-test | 21306.97521134.375 | 234234 | 91.05590.318 |  |  |  |
| Total | Pre-test Post-test | 2333563.0002009451.000 | 240240 |  |  |  |  |
| Corrected Total | Pre-test Post-test | 32717.16323284.796 | 239239 |  |  |  |  |

From table 2 above, the F value 25.06 (pre-test) and 4.76 (post-test) is significant at a 0.05 level of significance. The result reveals that there is a significant difference between the level of assertiveness among the treatment group in the six educational districts, hence the null hypothesis which states that there is no significant difference between the levels of assertiveness among the treatment groups as a measure for the reduction of teenage pregnancy is not accepted. This shows that the treatment group in the six educational districts differ significantly. The Scheffe post-hoc analysis was conducted to indicate the direction of the difference and the result is presented in table 3 below:

**Table 3: Scheffe post hoc Analysis**

|  |  |  |
| --- | --- | --- |
| **Educational Districts** | **N** | **Subset** |
|  |  | **1** | **2** |
| 2 | 40 | 84.88 | 90.58 |
| 4 | 40 | 90.57 | 90.73 |
| 5 | 40 | 90.73 | 92.68 |
| 3 | 40 |  | 92.85 |
| 6 | 40 |  | 94.13 |
| 1 | 40 |  |  |
| **Sig** |  | **0.186** | **0.732** |

Table 3 reveals that educational districts 2, 4, and 5 fall into the first subset with a mean of 84.58 (District 2), 90.57 (District 4), and 90.73 (District 5). However, the difference in this subset is not significant (0.186); educational Districts 4,5,3,6 and 1 falls into the second subset with mean 90.58 (District 4); 90.73; 92.68 (District 3) 92.85 (District 6); and 94.13 (District 1). Also, the difference is not significant (0.732).

**Discussion of Findings**

The objective of the study was to examine if an assertiveness training programme can reduce the incidence of teenage motherhood among female adolescents. The results from the study revealed that there is no significant difference between the treatment and control group in the pre-test score on APDI. In addition, it also discovered that there is a significant effect of the assertiveness training programme on the post-test score of the treatment group. This indicates that with proper mentoring, monitoring, and guidance of female adolescents by significant people in their lives, the frequency of teenage motherhood may be reduced. This could be achieved by focusing on the fundamental causes of teenage motherhood such as social pressures, poverty, and gender inequality. The finding of this study is consistent with Agbakwuru and Ugwueze (2011), Tannous (2015), Mahmoud and Hamid (2013), and Sadeghi (2012). The findings of the studies mentioned above all supported the result of this study that assertiveness training was found to show a highly significant effect on the experimental group more than on the control group. A significant difference was found between the levels of assertiveness among the treatment group in the six educational districts. The finding supports Tannouns’ (2015) submission from his study that assertiveness training improves the self-esteem of a sample of students with low emotional-behaviour traits, with a statistically significant difference among the self-esteem sample members as a fallout of interaction between the group and gender. Furthermore, Sert (2003) also found that there were significant differences between the control and experimental groups based on assertiveness scores. However, the result from the analysis of variance shows no significant difference in self-esteem scores between the two groups.

**Conclusion**

This study showed positive effects of the assertiveness training on the assertive characteristics of the participants over the period of intervention. Evidence abounds in this research that assertiveness training has proven to be effective in reducing the frequency of pregnancy among teenage mothers. To allow for enhanced capacity and sustainability, further studies could be carried out to determine the practicability of such attitudinal change in and out of interventionist sessions.

**Recommendations**

On the basis of the findings of this research, below are the recommendations made:

1. Assertiveness training should be offered to female students in public secondary schools through the school counselling services unit.
2. Assertiveness training manual should be developed through the State Ministry of Education and circulated to the Educational Districts.
3. School counsellors should be further trained on Assertiveness training skills so as to be able to help adolescent girls through training to assert themselves without being rude or abusive.

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