Effective of Assertiveness Training in Reducing Shyness Among Secondary School Students in Ikare–Akoko, Ondo State, Nigeria

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Abstract. Ability for self-expression is one of the factors required to keep people on top irrespective of their socio-economic background. This study examined the effectiveness of assertiveness training in reducing shyness among secondary school students in Ikare, Ondo State, Nigeria. The study equally looked at the impact of gender on the shyness level of the students. Forty students were randomly assigned to two experimental groups that participated in the study. A 2 x 2 factorial design of two experimental groups consisting of assertiveness and control groups was employed for the study. Male and female were also included at the gender level. The pre-test and post-test measures of the two experimental groups were measured by using shyness scale. The experimental group one was subjected to 8 days training. In order to explore the effects of assertiveness training in reducing shyness among students, a t-test was used to analyse the null hypotheses generated. The results revealed significant difference in the shyness level of assertiveness training and control groups. Result for hypothesis 2 however showed that there is no significant difference in shyness level based on gender. Based on this result, it could be concluded that assertiveness training is capable of contributing positively to the reduction of shyness among students. Therefore, it is recommended that assertiveness skill training should be employed by counsellors in the treatment of shyness and other related social concerns among secondary school students.

Keywords: Assertiveness, Training, Shyness, Effective, Students, Self-expression

Introduction

Ability for self-expression is one of the factors that is required to keep people on top irrespective of their socio-economic background and family status (Oguzie, Uba, Ezunu & Osagie, 2019). However, among the major challenges that have killing effect on the performance, efficiency, identity formation, talent and intellectual faculty as well as emotional stability of adolescents is lack of courage to express feeling, thought and opinion to others due to shyness (Ayhan & Seki Oz, 2021).

To this end, shyness has been conceptualized and defined in a number of ways: Researchers investigating shyness have attempted to develop objective definitions of this human experience. For example, shyness has been defined as discomfort, inhibition and awkwardness in social situations particularly in situations with unfamiliar people (Buss, 2000). Similarly, Schölmerich, Broberg and Lamb (2000) and Durmuş (2007) viewed shyness as tendency to avoid social interaction and to fail to participate appropriately in social situations. Henderson and Zimbardo (2010) also described shyness as giving too much attention to oneself with consistent negative evaluation which cause inhibition in social situations and prevent interpersonal and career goals while Biljana, Dragana, Olivera, Jalena and Miljana (2010) in addition advanced that shyness is the feeling of apprehension and anxiety in social situations. Looking at these definitions, one could infer that shyness is both the feeling of inadequacy embedded in individuals and the fear of being judged as such in social situation.

Furthermore, various domains of difficulty have also been identified to further define the classes of shyness. Pilkonis (2001) distinguished the privately shy from the publicly shy, wherein the privately shy were socially skilled but self-doubting and uncomfortable and the publicly shy were more visibly uncomfortable and less skilled. Another sub-classification of

shyness defined by Lynne, Philip and Zimbardo (2010) consisted of three groups. The first group composed of individuals who did not seek social interaction and preferred to be alone. The second group included individuals who were reluctant to approach others, was socially unskilled, and had low self-confidence. The last group comprised individuals who were confined by societal expectations and were concerned about violating these expectations. In addition, Biljana, Dragana, Olivera, Jalena and Miljana (2010) identified two types of shyness. They are, chronic shyness which serves as a personality trait that is central in one's self-definition characterized by fear of not being able to perform in almost all social situations. It could also be situational shyness which involves experiencing the symptoms of shyness in specific social performance situations but not incorporating it into one's self-concept.

A large proportion of population in all cultures are reported to be experiencing shyness to a considerable degree, from as low as 31% in Israel to as high as 57% in Japan and 55% in Taiwan. In Mexico, Germany, India, Canada and United states 40% of shyness was reported. Estimates indicate that between 4% and 8% of adults in the general population suffer from chronic shyness (Kerlinger, 2006). Shyness has been rated as the third most common mental health illness affecting over 5% of the world population (Khosravi & Bigdely, 2008).

According to Betty, Heisel, Hall, Levine and La France (2002), family and environmental factors also play a role in the onset and maintenance of the disorder. For example, children with shyness are more likely to have parents who are over-controlling and over protecting than children without shyness. Parental over protection is likely to lead to feeling of insecurity and lack of self-efficacy in children because they are unable to solve interpersonal problem on their own. Moreover, the nature of experiences that a child was exposed to during upbringing goes a long way to shape his/her life either positively or negatively. Reward can serve as an incentive to the child and motivates him for pleasurable and novel opportunities (Todd, 2007). On the other hand, negative experience like threat and danger motivates the child to withdraw from potentially painful stimuli. Other environmental factors fostering shyness include being teased or bullied, being dominated by older siblings and family conflict (Lynne, Philip & Zimbardo, 2010). Finally, in this rapidly changing world, the Internet and automated services are quickly reducing the need to interact with others, possibly causing people to be more isolated and socially inhibited (Kraut, Lundmark, Patterson, Kiesler, Mukopadhyay & Scherlis, 2008).

Gender is also considered to be pivotal in the discussion of shyness (Saidi, Rezvani & Rezvan, 2020). Researchers suggested that boys and girls may experience shyness at different rates. Multiple studies have shown that male college students more frequently express shyness than female college students (Park & Grant, 2005; Hallet, Howat, McManus, Meng & Maycock, 2013). In contrast, while some studies have shown that college women are more likely to report problems associated with shyness than are men (Slutske, 2005). Other research has shown no gender difference in rates of shyness experienced by both gender (Perkins, 2002). The above reports show that one cannot really ascertain whether there is difference in the shyness level of male and female in secondary schools.

However Henderson, Zimbardo and Carducci (2009) posited that Shy individuals do not take advantage of social situations. Shiomi, Matsushima and Kuhklman (2001) noted that people who are shy have emotional feeling of shame and embarrassment in social situations and are concerned about their attitudes and behaviours towards others. International Journal of Educational Science (2010) advanced that those who are shy are timid, passive, silent and cannot maintain eye contact with others during communication. An extremely shy person has the fear encountering and become elusive when faced with unfamiliar people and social communication. They often feel guilty when stand on their feet to express their right. They equally date late, are less expressive verbally and non-verbally and experience more loneliness than do non-shy people. Shy men have been found to marry and have children later, have less stable marriages, delay in establishing careers, and exhibit lower levels of career achievement

than their non-shy peers. Shy people cannot explain their problem to someone else to share hence they always remain resentful and upset (Wenzel, 2007). Shy people have been found to use alcohol in an effort to relax socially. A common observation in virtually all shyness research is that the consequences of shyness are deeply troubling. Golberge and Schmidt (2001) submitted that shyness is a risk factor which is injurious to social skill. Azadi (2003) advanced that shyness if not diagnosed and treated may be associated with adverse effects and seriously affect cognitive, social and emotional development with condition of neurosis. It may lead to impaired social performance and substance abuse. A perceived inability to socialize by shy individuals along with a pessimistic outlook for social interactions becomes an excuse for anticipated failure and a self-handicapping strategy (e.g., "I can't do it because I am shy").

Research of a shyness as a trait, shows its negative self- esteems (Croizer, 2000). Bozgeykli (2002) submitted that people typically reported as unable to defend their rights are often abused by more dominant people and therefore have little esteem. Crozier (2001) had been working with children from 4th-6th class reported that children who were estimated as shy by other children at the same age had lower self- esteems than children who were not estimated as shy. Shyness is closely connected with lack of social skill which reflected low self- esteems at social situations. The individual differences in shyness appear in the childhood and they are connected with self-esteems. Finally, severe shyness that continues into the later years of life can result in chronic social isolation that leads to increasingly severe loneliness and related psychopathology, and even to chronic illness and a shorter life-span (Crozer, 2001).

Despite the fact that studies conducted by Khosravi and Bigdely (2008), McDonald (2001) have shown that unresolved shyness is troubling and threatening to psychological health. However, not many studies have been conducted on how the victims could be helped to overcome it. Although, Ojewola (2008) examined Effectiveness of Assertiveness Training and Self efficacy in Reducing Aggressive Behaviour among in school adolescents in Ogbomoso. She found that assertiveness training is effective in the reduction of anger among adolescents. Yusuf (2008) researched on Comparative Effectiveness of Relaxation Techniques and Reality Therapy in Reducing Examination Anxiety among Secondary School Students in Osogbo. The result showed that both social skill training were effective. Nnodum (2010) examined the relative effectiveness of assertiveness training, modelling and their combination in reducing isolate behaviour in children. The result showed that both Assertiveness Skills Training and Modelling are effective in reducing isolate behaviour in children The present study intends to examine effectiveness of assertiveness training in reducing shyness among secondary school students in Ikare.

Assertiveness training is a helping intervention that helps to strengthen individuals' ability to express feelings, needs, likes and dislikes without cheating oneself or hurting others. Ghaseem (2009) defined assertiveness as the expression of confidence and positive attitude towards oneself and others with honest behaviour yet it does not mean getting one's wish at the expense of loose friendship with others. It rather means being respectful of oneself and others. It is based on the premise that opinion, beliefs, thought and feelings are important to us and others and this is also true about other people. Mohebi, Sharifirad, Shahsiah, Botlani, Motlabi and Razaeian (2012) stressed that assertiveness training is a structural intervention which is used for the improvement of social relationship, anxiety disorder therapy, and phobias in children, teenagers and adults. Ali, Fathad, Mohamad, Esmail and Ali (2015) advanced that assertiveness is not to spoil others, it is not aggression and bullying but an expression of ideas, feelings and thought as appropriate such that disrespect of right is disallowed. Assertiveness training teaches people how to express themselves in a way that reflect sensitivity to the feelings and right of others. Although, assertive individuals do not rigidly stand up for their rights at all costs but often avoid riding over the feelings and opinions of others (Ojewola,

2008). Assertiveness training teaches the client to learn the differences between aggressive, passive and assertive actions. It is reported that persons who carry assertive behaviour does not hurt other people physically they rather aim at negotiating solution to problem (Bower, 2006).

It can be deduced that assertiveness skills training assist an individual to maintain personal standing regarding a scenario without cheating oneself or hurting others. It also teaches an individual clients to be free to express thoughts and feelings appropriately without feeling of undue anxiety.

Assertiveness training has been reported to be effective for several classes of people with deficit or maladaptive interpersonal behaviour (Clarkson & Porkony, 2004). Kazdin (2007) posited that assertiveness training has been used for people experiencing problems that have to do with interpersonal anxiety and other defects which render them ineffective in coping with life situations and has been found effective.

It has been discovered that a good portion of human population is infected with shyness which tends to have debilitating impact on the well-being of the victims. It is observed that people who are shy lack the necessary social skills and courage for social interaction. This is observed to have been responsible for withdrawal or keeping away of such people from social interaction scenes or contact with others. According to Albuquerque and Deshauer (2002), some clients who suffer from shyness isolate themselves from their community for the fear of not being jeer at. The victims of shyness have excessive negative self-evaluation which tends to hinder their interpersonal relationship (Lynne, Philip & Zimbardo 2010). They find it difficult to interact freely to ask for assistance when and where appropriate. They are often unable to express their feelings and emotion assertively. Such category of people find it difficult to ask for clarification or ask questions on confusing issues. They are shy that is why they experience fear, low self-concept and anxiety when asked to execute a social task.

According to Todd (2007), many of these victims tend to avoid novel situations, have a default response to stimuli perceived as novel and challenging. They lack curiosity with a lot of unfinished jobs and unfulfilled aspirations which have psychological impact on them. It is further reported that the shy individuals have negative appraisal of self, they shy away from social activities, which are personality eroding. All These attitudes make them date lately. Eng, Heinberg, Hart, Schneier and Liebowits (2001), Wenzel (2001) and Lionberg (2004) found that individuals with shyness have fewer friends and lower dating experiences. The individual rely on medical substances and other substances like alcohol to be able to function well (Lynne, Philip & Zimbardo, 2010; Albuquerque & Deshauer, 2002). All these problems among others are hinder learning effectiveness and thereby lower academic performance in them. The present study therefore, examines effectiveness of assertive training in reducing shyness amongst secondary school students in Ikare-Akoko metropolis so as to build their self-confidence and improve their social skills and courage for social interaction.

Research Questions

The following research questions serves as the guiding questions that leads to attainment of the stated objectives of the study:

a. What is the shyness level of secondary school students in Ikare?
b. Will assertiveness training technique be effective in reducing shyness?
c. Will there be any difference in social anxiety level of participants exposed to Assertiveness Training treatment and control group?
d. Will there be any difference in the social anxiety level of participants exposed to Assertiveness Training based on gender?

Hypotheses

Hypothesis is a theoretical model which are meant to coordinate and give direction to the research. It is a concise statement to be tested to guide a research (Jimoh, 1995; Mabawonku & Fabunmi, 2006). The following have therefore been drawn for the purpose of this study:

i. There is no significant difference in the shyness levels of participants exposed to Assertiveness Training and the control group.
ii. There is no significant difference in the shyness levels of participants exposed to Assertiveness training based on gender.

Purpose of the Study

The purpose of this study is to find out whether assertiveness training is effective in reducing shyness among students. The influence of gender on participants' levels of social anxiety will also be investigated.

Methodology

Research Design

The research design presents the selected plan that solves and provides answers to the research problems. It also controls the experimental error and or extraneous error of variance of this research. The research design employed in this study is quasi experimental research of *2* by *2* factorial design that adopts pre-test, post-test treatment and control group. The Experimental research investigates possible cause and effect relationship by exposing participants to one or more treatment conditions and comparing the results to one or more control groups not receiving treatment. The participant in this study were randomly assigned into two groups. The first group was exposed to treatment in Assertiveness Training (AT) while the second group did not receive any treatment but placed on placebo. All the participants were pre-tested and post-tested.

Table 1. Diagrammatical expression of 2x2 factorial design and randomization of participants

Experimental Level	**Gender Level**		Total
	Male(B1)	Female(B2)	
Assertiveness Skills Training (A1)	A1B1 n=10	A1B2 n=10	n=20
Control group (A2)	A2B1 n=10	A2B2 n=10	n=20
Total	20	20	40

Forty (40) participants randomly selected and assigned into the two experimental groups participated in the experiment that was used for the study. Table 1 shows that the experiment has two levels which are: the experimental level (A) and the gender level (B). The experimental levels are made up of two (2) groups. They are the Assertiveness training (A1) and control group (A2). The design is a complete randomized *2 x 2* factorial design.

Table 2. Treatment Strategies

Experimental groups (A1-A2)	Gender	No	Pre-test	Treatment	Post-test
Assertiveness Training (A1)	Male Female	20 20	Yes	Yes	Yes
Control group that will not be trained (A2)	Male Female	20 20	Yes	No	Yes

Table 2 shows the expression of the treatment strategies that the experimental group A1 was pre-tested, treated and then post-tested. The control group A2 was pre-tested, not treated but was post-tested.

Experimental Design

This section explains the steps followed in testing the hypotheses to ascertain whether there are differences between the various variables explored in this study. The study adopted quasi experimental randomized pre-test, post-test and control design. The participants in this study were randomly assigned into two groups: group 1 and the control group. The first group was exposed to Assertiveness Skill Training (AST). The control group which is the second group did not receive any treatment. All the participants were pre-tested and post-tested.

R O1 X1 O2

R O1 - O2

Where, R represents Random Assignment of respondents to treatment groups, O1 represents Pre-test, O2 represents Post- test, and X1 represents Assertiveness skill training. No treatment for the control group, they were only exposed to placebo (Reading of story books).

Sample and Sampling Procedure

The population of the study comprises the senior secondary school students in selected schools in Ikare Metropolis. They are considered to be appropriate for the study because they would have adequate knowledge of the concept of shyness when the term is properly explained to them. Sampling in this study means the selection of a given number of subjects from a defined population as representatives of that population (Anikweze, 2009). It is a statistical practice that is concerned with the selection of individual observation to yield some knowledge about a population especially for the purpose of statistical inference (Hammed & Popoola, 2006). Two (2) public secondary schools in Ikare were selected. In each of these two schools, at least 10% of the population of students who exhibited shyness were randomly assigned to the 2 experimental groups (1 treatment group and 1 control group). The sample chosen was considered to have the same characteristics. All the groups were pre-tested and thereafter screened using a research instrument to ensure that the participants have the same entry behaviour. The same schools were not used for both treatment and control to avoid experimental contamination.

Since it is impracticable to collect data from the entire population, a sample was selected for the study. Multistage sampling technique (Anikweze, 2009) which consists of two or more circles of listing and sampling according to was used. The multistage sampling technique that was used in selecting the sample for this study involved selection from the larger sampling frame until the actual sample for the study was obtained in two stages as follows:

Stage 1: Two (2) schools were selected from 11 schools considered to host the target population of the study using lucky dip method. Lucky dip method is a process of assigning numbers to the members of the population which are written in folded pieces of paper kept in a bag or basket and a little child is invited to come and pick one piece of the folded papers without looking into the basket. The process was repeated with replacement until the desired

number of samples have been picked. One (1) schools was used for treatment while the other served as control group. The schools were considered to have the same characteristics of being mixed schools.

Stage 2: Shyness Questionnaire (SAQ) was administered on Senior Secondary School Students in each of the two schools to identify students who suffer from shyness. Purposive sampling method was used to select students with high level of shyness in order to ensure same entry behaviour. Only 20 students with high scores was selected from each school, thus a total of 40 participants was estimated to participate in the study and they were chosen from 2 different schools. Twenty (20) participants were assigned to each of the 2 experimental groups of assertiveness skill training and control group.

Table 3. Distribution of participants by schools, group and gender

Schools	**Group**	**Gender**		Total
		Female	Male	
1	Assertiveness skills Training Group	10	10	20
2	Control group	10	10	20
Total		20	20	40

Table 3 indicates the different schools that were used for the 2 experimental groups. 20 participants distributed between genders were used for each group making a total of 40 participants. Two (2) secondary schools were randomly selected in Ikare-Akoko. The researcher made use of students in SSS1 and SSS2 in order to ensure enough sampling frame and to guide against experimental mortality that may result when SSS3 students are included.

Class teachers, captains and school counsellors were of help in identifying students with shyness. All students identified to have high level of shyness through pre-test measure with shyness scale were purposively selected and randomly assigned to the 2 experimental groups. Permission was sought from the principals of these 2 schools through the letter of permission issued by the Department of Counsellor Education, University of Ilorin. Permission and willingness of respondents were equally solicited for. In this direction letter of permission was equally forwarded to parents/guardians of the students who were expected to constitute the experimental groups. Permission granted by parents determined the inclusion of the selected students for the study.

Instrumentation

Shyness Scale (SS) constructed by Cheek (1983) was adapted as the instrument to test sampled victims of shyness. The SS consist of only 1 section but this research decided to add section A which elicits responses on personal data while 3 other items were added to section B to make it 16 items that measure various aspects of shyness. The students who were appraised to have the highest level of shyness were chosen for the study. The total score obtainable is 80, those who scored 60 and above were considered to have the highest level of shyness and were therefore selected for the study. Those who scored 10-30 or 31-59 were considered to have low and moderate level of shyness respectively and were not selected. The first administration served as their pre-test. After distribution into 2 experimental groups, the first group was exposed to training in assertiveness for 8 days spread across 2 weeks while the second group was given placebo. The outcome was thereafter measured and the result compared with the pre-test to determine the significance.

Psychometric Properties of the Instrument

The psychometric property of instruments depends on their validity and reliability. The validity and reliability of research tests are important in order to guard against unnecessary

and baseless assumptions (Anikweze, 2009). Shyness Scale is an adapted instrument used in this study therefore, the validity and reliability of the scale was ascertain to ensure that the instrument is reliable. This instrument as used in this study was given to 5 lecturers, in the Department of Counsellor Education, University of Ilorin for further cross examination and to ascertain whether the contents actually capture the construct being studied.

In order to ensure that the instrument is free from random error, the scale was used consistently over time on the variable of interest using Split-half method (Kendra, 2010). The correlation coefficient obtained from the administration of shyness scale to 20 people different from those that participate in the study but having the same characteristics with the participants is 0.93. This shows a very high correlation, therefore the instrument is considered very reliable for the study.

Procedure for Treatment

The data collection procedure for this study was divided into the following 3 phases: the Pre-treatment phase, the Treatment phase, and the Post-Treatment phase.

As part of the pre-treatment phase, letter of introduction was obtained from the Department of Counsellor Education, University of Ilorin to the principals of the schools where the study was to be conducted. After the approval for the study had been granted, the researcher intimated the participating students, school authorities, counsellors and teachers as to the benefit of the study. The principals and teachers of the selected schools were informed about the purpose, aims, objectives and relevance of the programmes to the students, teachers and the society as a whole. At the treatment phase, the Shyness Scale (SS) was administered on students to identify the students with shyness. This was further screened and randomized according to the variables of gender into Assertiveness training group A1 and Experimental group 2. In the assertiveness Training group, Two (2) weeks training starting from Monday of the first week to Wednesday of the following week was used to conduct the study.

Following was the lesson outline for the eight sessions training of one hour duration for each of the experimental groups:

Experimental group A1: Assertiveness skills training.

Session 1: General orientation/ to the training programme and administration of the pre-test.

Session 2: Explanation of basic concept of social anxiety.

Session 3: Identification of social anxiety symptoms.

Session 4: Causes of social anxiety in students.

Session 5: Effects of social anxiety on students.

Session 6: Overcoming social anxiety through practical training in assertiveness skills

Session 7: Advantages of non-socially anxious life style to oneself, others and the society as a whole.

Session 8: Review of the previous sessions, administration of post-test and programme grand finale.

The Experimental group 2 is the Control group and they did not receive any treatment but post-tested. At the post-treatment phase, all the 2 groups were be post-tested.

Control of Extraneous Variables

The following steps were taken by the researcher to minimize the effect of extraneous variables:

i. The researcher showed no preference in selecting participants into experimental groups. Selection of participants was as homogeneous as possible to guide against the effect of extraneous variables on the dependent variables.

ii. The participants were randomly assigned to the 2 experimental groups, as randomization is effective in controlling both known and unknown sources of variations.

iii. Different schools were used for the two experimental groups to prevent experimental contamination.

iv. The same number of participants were equally distributed between genders.

v. Students of the same schools were used for each of the experimental groups because, they are considered to have the same experience.

vi. Hypotheses were formulated in the non-directional form to avoid any bias.

vii. The same instrument was used for both the pre-test and post-test of all the two experimental groups.

viii. To avoid experimental mortality light refreshment were provided for the participants as their motivation.

ix. Analysis of Covariance was employed for data analysis because it helps to remove any environmental source of variation that could increase experimental error.

Research Ethics

The researcher sought permission from the relevant authorities such as the school principals before involving participants. The participants were also enlightened about the research, their consents and that of their class teacher were also sought. Letter of permission was equally sent through the students to their parents to seek their consent to involve their children in the experiment. Involvement of the students was determined by letters of reply from their parents showing their permission to involve their children in the experiment. The participants were equally assured of confidentiality.

Procedure for Scoring the Instrument

A 5-point Likert Type scale of

1_____strongly disagree

2_____disagree

3_____undecided

4_____agree

5_____strongly agree

Method of Data Analysis

T-test was employed to analyse the data collected. To determine the effectiveness of assertiveness training in reducing shyness among students in Ikare. T-test was used because it is best in determining the difference between 2 groups. According to Adana (1998), t-testis a parametric test often used to compare the mean of two groups. All the hypotheses were tested at the probability level of 0.05.

Results

The information gathered was statistically presented through the use of t-test to the generate hypotheses.

Hypotheses Testing

Two null hypotheses were generated and tested for this study. The hypotheses were tested using t-test statistical methods at 0.05 level of significance.

Hypothesis One: *There is no significant difference in the shyness level of participants exposed to assertiveness training in reducing shyness and control group*

Table 4. T-test of the shyness level of participants exposed to assertiveness training in reducing shyness among secondary school students in Ikare and control group

Source	N	Mean	SD	df	Cal. t-value	Crit. t-value	F-val
Exp grp	20	65.20	11.29	38	6.618	1.684	0.011
Control grp	20	41.75	11.11				

Table 4 shows that the effect of treatment package on participants' shyness level is significant (F= 0.011; p<0.05). The null hypothesis which states that there is no significant difference in the shyness level of participants exposed to assertiveness training in reducing shyness and control group is therefore, rejected. This implies that, there is significant difference of assertiveness training in reducing shyness.

Hypothesis Two: *There is no significant difference in the shyness level of participants exposed to assertiveness training in reducing shyness based on gender.*

Table 5. T-test of assertiveness training in reducing shyness based on gender

Source	N	Mean	SD	Df	Cal. t-value	Crit. t-value	F-val
Male	13	50.69	18.02	38	0.748	1.688	.445
Female	27	54.81	15.46				

The above table indicated that the F-value of 0.445 is greater than the P-value of 0.05 level of significance. The null hypothesis which state that there is no significant difference of assertiveness training in reducing shyness based on gender is therefore, accepted. Which mean that there is truly no significant difference of assertiveness training in reducing shyness based on gender.

Summary of the Findings

This section explains the analysis of the data gathered for the study. Based on the information on the prevalence of shyness among secondary school students in Nigeria, the study find out the effectiveness of assertiveness training in reducing shyness among secondary school students. Two null hypothesis generated for the study were tested and the result shows that there is significant difference in the shyness level of participants exposed to assertiveness training and the control group but there is no significant difference in the shyness level of participants exposed to assertiveness training based on gender among secondary school students in Ikare-Akoko, Ondo State, Nigeria.

Discussion of Findings

This study was carried out to determine the effectiveness of assertiveness training in reducing shyness among secondary school students in Ikare. A total number of 40 students both male and female participated in the study (13 males and 27 females) participated in the experimental exercise. These participants were randomly assigned into 2 groups of assertiveness skill training and control group. The experimental group 1 was exposed to assertiveness training procedures of 8 sessions of 1hour each which lasted for 8 days. The exercise was carried out through lectures, discussions and home-work. The second group which is the control group was not exposed to lecture on assertiveness skill but was given placebo.

Participants were exposed to a pre-test using Shyness Scale (SS) which was used to screen into the two groups of assertiveness training (group 1) and control (group 2). Those with the required cut-off scores were randomised into the 2 groups. A post-test using the same

instrument was administered at the end of the training exercise. In order to establish the effectiveness of assertiveness training in reducing shyness among secondary school students, t-test was used to test the two null hypothesis generated for this purpose.

Hypothesis one stated that there is no significant difference in the shyness level of participants exposed to assertiveness training and the control group. The result showed that there is significant difference between participants exposed to assertiveness training and control group. In other words those in assertiveness training showed reduction in shyness than those in control group. Therefore, programmes that involve social skill training appear to be most effective in raising the social skill level of the secondary school students.

Hypothesis two stated that, there is no significant difference in the shyness level of participants exposed to assertiveness training in reducing shyness based on gender. The result showed that gender does not have significant effect on the reduction of shyness among secondary school students. This result is in support of the findings of Perkins (2002) which stated that there is no gender difference in the rate of shyness experience by both gender. The findings is however in contrast with Park and Grant (2005), Hallet, Howart, McManus, Meng and Maycock (2013) who submitted that male college students frequently express shyness than female college students. The findings also contradict the report of Slutske (2005) which stated that female are more likely to report problem associated with shyness than their male counterparts.

Conclusion and Recommendations

Based on the findings of this study assertiveness training was found to be effective in reducing shyness among secondary school students. There was no significant difference in the reduction of shyness based on gender.

The findings of this study have the following implication for counsellors. As it was found that assertiveness training is effective in the reduction of shyness among secondary school students, counsellors should try to introduce assertiveness training to school in order to help secondary school students who are affected with shyness and other related social problems to overcome.

Therefore, it is recommended that assertiveness treatment package should be used for the shy secondary school students as this package holds the promise of remedying shyness. Counsellors should endeavour to acquire more practical skills in order to effectively use assertiveness training in assisting clients with concerns that are related to shyness.

Children identified to be affected by shyness should be subjected to immediate counselling intervention so that they would not grow up with the problem.

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