

Relation between Level of Depressive Symptoms and Self Assertiveness among Nursing Students

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ABSTRACT:

Background: Depressive symptoms amid the college students have been recognized as a serious health distress and have been related to a multitude of health troubles such as substance misuse and low Assertiveness. **Aims:** was to determine relation between level of depressive symptoms and assertiveness amongst nursing students. **Design:** A descriptive design was used. **Setting:** the current study was conducted at the Faculty of Nursing, Zagazig University. **Subjects:** one hundred and eighty from nursing students were incorporated in the present study. **Tools of data collection:** Socio-demographic data sheet, Beck Depression Inventory Scale and Students' assertiveness questionnaire. **Results:** the nearby study showed that two third of the studied sample had depressive symptoms (mild–severe level) and more than two fifth of participants had low down levels of assertiveness, this study revealed that statistically significant difference between depressive symptoms and assertiveness. **Conclusion:** Based on the findings of the present study, concluded that statistically significant negative correlation between depressive symptoms and assertiveness as by increased the level of depressive symptoms, level of assertiveness decreased. **Recommendations:** The study suggested that, establishing psychosocial counseling center or psychiatric clinic at Faculty of Nursing to aid the students to handle issues that form a source of stress in their life.

KEYWORDS: Depressive symptoms, Assertiveness, nursing student

INTRODUCTION

College students deal with abundant types of stressors such as being separated from the family for the first time, experiencing freedom from the parents' supervision, responsibility to be successful, as well as the anxiety over the outlook and problems of combination with community system. They also suffer from bodily, emotional, familial, and social problems which can influence their learning method and educational act and, as a result, increase the possibility for developing depressive symptoms (Kample and Minchekar, 2018). Depressive symptoms is a widespread mental confusion along with academic students. The overall frequency of depressive symptoms with university students is 30.6% with a large difference crossways peoples (10–85%). Depressive symptoms has several unfavorable impacts on

college students such as meager value of life, deprived academic presentation, early departure from college, and even self-harmful behaviors such as suicide (Jiang, et al, 2019). Assertiveness is a manner of personal act and communication characterized by a readiness to stand up for one's wishes and interests in an open and straight manner. The assertive individuals stand up for things that matter to him while at the same time regarding the things that matter to others. Assertiveness has also been defined as the route of direct and appropriate communication of a person's needs, wants and opinions without harsh or putting down others (Sheinov, 2019). Unassertive adolescents may be submissive or violent; it correlated with insaniary behaviors (such as cigarette smoking and drug abuse), low self - confidence, and academic failure, and anxiety, particularly studios anxiety. Parents usually advise their adolescents to use shared assertiveness in order to temperate the unhelpful effects of peers. Assertiveness can also improve the self - value of the adolescent and so, positively affect their self - esteem and self-confidence, interpersonal contact, individuality, and internal control (Nakhaee et al .,2017). Assertiveness has been associated with mental health along with college students, in the midst of those who experience many stressful actions, a minor level of assertiveness; increase the threat of suffering from symptoms of depression. Similarly, a sense of despair is also associated with less assertiveness. Importantly, it has been found that assertiveness guidance is associated with decreased level of social anxiety and increased level of pleasure (Pham, et al., 2020). Maintaining and enhancing health is a basic branch of nursing care. Nurse practitioners working with adolescents who experience the above-mentioned symptoms should believe depression as a possible precursor of the symptomatology. Mental health nurses can play a essential role in promotion change in the social climate of education environment and helping youth to attain better depression managing (Löka, 2018). Psychiatric nurses are responsible for identifying adolescent at-risk during health evaluation. They are well-skilled to provide this psycho educational interference, moreover, as part of their health support and health instruction practice in community, psychiatric-mental health nurses and primary care nursing specialists can simply educate adaptive coping skills to adolescents to relive depression (Puskar et al., 2015). Psychiatric nurse has a crucial role in the enhancement assertiveness for nursing students by strategies as: Providing self-concept, support, encouragement and opportunities to develop self-assurance and comfort in the classroom to nonassertive students beside closer monitoring and improved nonverbal assertive contact (Kanade, 2018). As well, Nurses interact with patients, colleagues and other health care professionals on a daily basis; such an interaction is improved when nurses have good communication skills. The potential benefits of assertive behavior for nurses are enormous where it enhanced self awareness, improved staff performance, improved patient care and interdisciplinary collaboration and cohesiveness (Seaward, 2017).

Aim of the study

The aim of this study was to verify the relation between level of depressive symptoms and assertiveness among nursing students.

SUBJECTS AND METHODS

Research Design

A descriptive design was utilized in this study.

Setting

The study was conducted at Faculty of Nursing, Zagazig University at Sharkia governorate.

Subjects

The subjects composed of random sample 180 nursing students beyond mentioned setting according to the following inclusion criterion:

- Male & female students
- First and second university grades at Faculty of Nursing
- Agree to participate in the study

Tools of data collection

1- Socio-demographic data sheet: This scale developed by El-Gilany et al, (2012) to evaluate the personal individuality of the students and their parents. It included age, gender, Residence, marital status, Education level of parents, occupation of parents, family size, income and social level.

The Scoring system

Total social category score was calculated as:

- Low social class: 0-42 degree.
- Middle social class: 43-63 degree.
- High social class: ≥ 64 degree.
- Reliability: Reliability of this tool was assessed by Cronbach's alpha test in SPSS V.20. It show a good level of reliability as ($\alpha = 0.74$)

2- Beck Depression Inventory Scale: constructed by Beck et al., (1996). It was used to assess depressive symptom severity within students; it was a well-established self report inventory, which consisted of 21 items representing symptoms of depression such as sadness, crying, suicidal ideation, and loss of interest. Items were rated on a scale ranging from 0 to 3 with rising severity, for example, I do not feel sad (0) to I am so sad and unhappy I can't stand it (3).

The score was categorized as follow:

- Minimal depression (0–13).
- Mild depression (14–19).
- Moderate depression (20–28).
- Severe depression (29–63).
- Reliability of this tool was measured by Cronbach's alpha test in SPSS V.20. It show a good level of reliability as ($\alpha = 0.85$)

3-Students' assertiveness questionnaire

The students' assertiveness questionnaire was developed by Deltsidou (2009), to review nursing students' assertiveness level; it consisted of 24 items categorized under three dimensions:

- The ability to deal with criticism: composed of (2) items e.g.: I find criticism from friends and acquaintances hard to take, etc.
- Confronting others: composed of (11) items e.g.: I feel uncomfortable asking a colleague to do a favor for me, etc.
- Spontaneous expression of feelings which included (11) items e.g.: At faculty I tend to keep my feelings to myself, etc.

Scoring system

The responses of nursing students to these items were measured on a four-point Likert scale rating from always, often, rarely and never. scored as 4, 3, 2 and 1 respectively except items number (1, 3, 6- 8, 12, 15, 16, 18-21 and 24), had reversed score in which the reverse questions were scored as 1, 2, 3 and 4 for always, sometimes, rarely and never respectively. Then, the total score was calculated and converted into percent by dividing the total score by the maximum possible score and then multiply by 100 then classified into three categories as following:

- Low assertiveness; the score less than 60 % (< 57).
- Moderate assertiveness: the score ranges from 60% to < 80 % (58-77).
- High assertiveness: the score more than > 80 % (78-96).

- **Reliability:** Reliability of this tool was evaluated by Cronbach's alpha test in SPSS V.20. It show a good level of reliability as($\alpha = 0.82$)

Pilot study

A pilot study was conducted on 18 students from 1st and 2nd university grades at Faculty of Nursing, done by students, constituting about 10 percent of the entire study sample. It was done to check the feasibility and clarity of the tools, and helped to know the time needed for filling the tools and whether needed any change and those who participated in the pilot study were included later in the core study sample. From the pilot study results, the average time to fill-in the tool was 45-55 minutes and no alteration was needed in the data collection form.

Field work

Once approval was granted to proceed with the study, the investigator met with the participant students who fulfilled the inclusion criteria. The nature, purpose and advantage of the study was explained to the students who were invited to share in the study. They were ensured of privacy and answered all related questions. All participants were recruited directly in their respective sections following the ending of section. Involvement was completely chosen. The researcher started the interview with the students individually using the data collection tools, the questionnaire was read, explained, and choices were recorded by students. From the pilot study results, it was found that the average time to fill in all tools, including: Socio-demographic data sheet, Beck Depression Inventory Scale and Students' assertiveness questionnaire ranged from 45 to 55 minutes. Data collection period continued in about 2 months from the begin of October till the start of December, 2018.

Ethical Considerations

The students were given a oral description of the aim of the study, the benefits, non-participation or withdrawal rights at any time without giving any reasons. The students were informed that their participation in this study was intentional, no names were included in the questionnaire sheet and anonymity of each participant was protected by the allocation of code number for each student. The students were secured about confidentiality of the information gathered and it was used only for their benefits and for the purpose of the study.

Statistical Analysis

Data collected throughout history, survey and outcome measures coded, entered and analyzed using Microsoft Excel software. Data were then imported into Statistical Package for the Social Sciences (SPSS version 20.0) (Statistical Package for the Social Sciences) software for analysis. According to the type of data, the following tests were used to test differences for significance. Differences between frequencies (qualitative variables) and percentages in groups were compared by Chi-square test, correlation by Pearson correlation, P value was set at <0.05 for significant results and <0.001 for high significant result.

RESULTS

Table (1) shows that the age of participant nursing students ranged between 17-22 with mean \pm SD 19 ± 0.9 , while about three quarter of the studied sample were females (74.4%) and all participants of the studied sample were single (100). Nearly three quarter of participants took health information from Audio message (TV-audio) (73.9%), more than three quarter of studied sample from rural areas (79.4%) and more than half of participant students at 2nd university grade (55.6%).

Table (2) indicates that, the highest percentage of the participant's fathers education was secondary learning (45.6%) and also in the mothers were secondary education (50%) and more than two third of the participants considered sample had families and all members go to school and university (70.6%). Additionally, this table illustrates that more than two-third of the studied sample had Professional and semi-professional worked fathers (70.6%), house

wives mothers (62.2%) and more than two-thirds of the participant students had a middle socio-economic class (70.6%).

Table (3) and figure (1) reveal that about 33.3% of participants had minimal levels of depressive symptoms, while 14% had severe levels of depressive symptoms. Table (4) and figure (2) illustrate that, about slightly more than two-fifth of participants had low levels of assertiveness (41.7%), while about (1.6%) had high level of assertiveness. Table (5) clarifies that, a statistically significant relation between participants' depressive symptoms level and age category ($p=0.007$) and university grade ($p=0.046$). It is evident that level of depressive symptoms increased among participants whose age category ≤ 19 , and also levels of depressive symptoms elevated among students at the first university grades compared with students at the second university stage. Table (6) shows that statistically significant relation between participants' Assertiveness level and social level ($p=0.001$) and also university grade ($p=0.03$). It is evident that the high-levels of assertiveness found among participants with low social class and at the second university grade. Table (7) reveals that statistically significant difference between depressive symptoms and assertiveness level $p<0.05$. It is noticed that by increased level of depressive symptoms, level of assertiveness decreased. Table (8) demonstrates that statistically significant negative correlation between participants' depressive symptoms and (assertiveness, age) ($r=-0.6$, $r=-0.195$) respectively. This table also clarifies that, statistically significant positive correlation between participants' assertiveness and age ($r=0.21$) in addition, statistically significant negative correlation between participants' Assertiveness level and social category.

DISCUSSION

Assertiveness is one of the most essential and necessary social skills making a part of the extensive conception of interpersonal and behavioral skills. The company of low assertiveness and high depressive symptoms among the student's results in interrupted education act, deprived learning process, weakened capability, and immature talents. It is not only puts their psychological health at risk, but also deprives them of a healthy and wealthy life. Some students are not self-assured enough to demand or ask for aid from others. Passiveness hinders students when communicating with instructors, counselors, and classmates. The study was carried out on 180 students at Faculty of Nursing. The range of age in the studied sample was from 17-22 years old with 19 ± 0.9 , Mean \pm SD. The idea of preference of this age group was that the system of education in Egypt that the students attend university education at the age of 17 years old and the college students in this age group necessitate acquiring communication skills and that helping to make easy adjustment with college education stage. These results agreed with Gangadharan and Madani. (2018) in Saudi Arabian study, concluded that the age group ranged from 17-21 years old. Also, similar findings were supported by Soni. (2017) who conducted study in India amongst undergraduates nursing students and found that the age group ranged from 18-20 years old. Regarding personal characteristics of participant nursing students, the existing study results showed that three quarter of studied sample composed of females. This might be attributed to the greater part of sample size composed of females, too, the Faculty of Nursing at Zagazig University is mostly attended by females more than males. This finding was supported by Cheung et al, (2016) who studied Depression, among nursing students in Hong Kong and reported that about three quarter of studied sample constituted of females. Moreover these findings were in harmony with numeral of studies as done by Arslan et al., (2013), Lakdizaji et al., (2013) and Darweesh et al., (2014), conducted at Turkey, Tabriz Nursing Midwifery Faculty and Egypt, respectively and clarified that the majority of the participants were females. Regarding marital status of studied sample, the study result revealed that all the

students were single. This could be explained that the thought of marriage in the course of learning was considered a load for those students and some families favored to wait the marriage of their sons until they completed their study. Similarly, this finding was in agreement with (Maheshwari and Gill, 2016) that studied Relationship of Assertiveness and Self Esteem among Nurses and concluded that most of the participant students were single, this result also compatible with Larijani et al., (2017) who studied Factors affect assertiveness among Nursing Students of Tehran University and showed that the majority of participant students were single. Regarding the residence, the present study outcome revealed that, more than three quarter of studied sample from rural areas. This finding might be due to the location of data collection in Zagazig University at El-Sharkia governorate which is characterized by its farming life and most of its cities are rural areas. This finding was incongruent with Gultekin et al., (2018) who examined the Effect of Assertiveness Education on Communication Skills among Nursing Students in eastern Turkey and found that three quarter of participants from urban areas. The current study result revealed that more than half of participant students at the 2nd university grade. This might be owing to the large numbers of students admitted to the Faculty of Nursing in addition to rising numbers of students who altered from health technical institution to 2nd grade at Faculty of Nursing. This result was dissimilar with Arslan et al., (2013, Muriungi and Ndeteil, 2013) and Reynolds, (2015), who showed that the majority of the studied sample were at the 1st university stage. Regarding to personal characteristics of the parents of participant students, the study findings showed that the highest percent of the participant student's father education were secondary education and also in the mothers were secondary education. This might be attributed to the societal category for those families and expensive necessities that might press on them to cease the educational years at this phase. Dissimilar findings were by Clark, (2015), who studied the influence of Parenting Style on Depressive symptoms among college Students in Virginia University and reported that about two third of participants' parents had college education. Concerning Professional status of the parents of studied sample, the present study results illustrated that more than two- third of the participant students had Professional and semi-professional worked fathers and three fifth had house wives mothers. This might be owing to the fact that the father is the first responsible about the family and the veracity that the heart duty of mother is alarmed of their sons and show more attention toward academic attainment. Similarly, Eslami et al., (2016) who studied The Effectiveness of Assertiveness Training on the Levels of Stress, Anxiety, and Depression in Iran, found that three quarter of participant students had employed fathers and house wives mothers. As well, Egyptian study conducted by (Amr et al, 2011), showed that more than two third of the participant' students had professional worked fathers and housewives mothers. The present study findings indicated that more than two- third of the studied sample with a middle social class. In a parallel study, Rathnayake and Ekanayaka., (2016) found in their study in Sri Lanka, that two- third of participant students with middle social class additionally, Blanco et al, (2014), revealed that three quarter of participants had middle social category. The study findings demonstrated that about two third of participant students had some degree of depressive symptoms ranged from mild to severe depressive symptoms. These high levels of depressive symptoms might be attributed to that those students face new stressors and unable to adjust with it such as new atmosphere, academic challenges, an increased workload and establish novel interaction. Most students who joined with university left their homes for the first time. This might be exposed them to loss of the usual social Support and supervision, in addition to resided with other students and peer relationships, moreover. These changes might act as a risk issue to depression among university students. In the agreement, Egyptian study done by Ibrahim and Abdelreheem, (2015), who studied Prevalence of anxiety and depression among medical and pharmaceutical students in Alexandria University, added that more than half of college

students suffered from depressive symptoms. In contrary, Chen et al., (2015), who studied the prevalence and related factors of depressive symptoms among college nursing students in Taiwan, concluded that one third of studied sample had depressive symptoms ranged from mild to severe level. Additionally, the previous result was inconsistent with Iranian study carried out by Rezayat and Nayeri (2014) and revealed that less than two fifth of participants had depressive symptoms. The present study results confirmed that about slightly more than two fifth of participant students had low levels of assertiveness and a few of them had high levels of assertiveness. This might be explained as poor in social skills and lack of applying in dealing with various social situations between these groups of the students. In the agreement, Indian study conducted by Soni, (2017), who assess the impact of Assertiveness training among nursing students and revealed that more than one quarter of participant students had low levels of assertiveness. Correspondingly, Rezayat, and Nayeri, (2014) concluded in their study among nursing students of Tehran University that somewhat more than half of nursing students had low levels of assertiveness. However, this finding was disagreed with an Egyptian study by Abdel Rahman and Hosny, (2018) and concluded that more than half of nursing students had high levels of assertiveness and a few had low levels of assertiveness, regarding the relation between socio-demographic characteristic, depressive symptoms and assertiveness. The existing study results demonstrated that statistically significant relation between participants' depressive symptoms level and their socio-demographic characteristics were age category and university grade. It was evident that levels of depressive symptoms increased among participants whose age category ≤ 19 , and also levels of depressive symptoms increased among students at First university grade. This finding paralleled to each other in which by decreased the age, most of these students existed at first university stage and those groups of those students might face lots of troubles in their academic and personal life. In this respect, AlFaris et al., (2016), who studied Prevalence of Depressive Symptoms and the associated factors among college students, showed that statistical significant relation between depressive symptoms and academic year in which the severity of depression increased by advanced academic year. Unlike to the previous study findings, Jovanović et al., (2017), who studied Factors associated with the depression, anxiety and stress among Professional students and concluded that there was no significant relation between depressive symptoms and academic year, in addition to, Chinese study done by Cheung et al., (2016) who examined Depression, anxiety and symptoms of stress among baccalaureate nursing students in Hong Kong and found that there was no statistical significant relation between depressive symptoms and age group. As regard to Assertiveness, the current study findings revealed that statistically significant relation between participants' Assertiveness level and participants socio-demographic character were social level and university grade. This might be owing to that by progressed academic grade, the students leaned and acquired social skills and practiced it in different social situations for instance with college friends and therefore improved level of assertiveness among this cluster. This result agreed with Ibrahim., (2011) and (Baghani et al., 2014) who indicated that a significant difference between assertiveness and socio-demographic characteristics as regarded to social class and university grade in which by advanced university grade, the level of assertiveness increased among those students, in other words older students felt more assertive than new man students. As well, İlhan et al., (2016), reported in their research that a significant relation between assertiveness and university grade as the level of assertiveness decreased at 1st and 4^{th grade} and increased at 2nd and 3rd grade along with nursing students. Unlike to this finding, Indian study by Parry, and Kumar (2016), indicated that no significant relation between assertiveness and social class. The present study finding revealed that a statistically significant negative correlation between participants' scores of depressive symptoms and assertiveness score in which by increased level of depressive symptoms, level of

assertiveness decreased. This might be attributed to that non-self-assured people get depressed. Usually they didn't know their own rights and didn't stand for it. This type of action lead such people felt despair and this are all because of their mistaken attitudes toward life and their own self. So it becomes clear that those who are non-self-confident finally turned toward depression. In the accord with the study finding, number of studies done by , Sarkova et al., (2013), Blanco et al., (2014), Rezayat and Nayeri, (2014), Jeon, (2014) and Eslami et al., (2016) ,their findings demonstrated that there were statistically negative correlation between depressive symptoms and assertiveness. The current study findings revealed that a statistically significant negative correlation between participants' depressive symptoms and age. This might be due to by developed age and maturity, the individual gained skills that helped to make adjustment with traumatic situations. In disparity with this finding, studies by Cheung et al., (2016) and Al Faris et al., (2016), indicated that no significant relation between age group and severity of depressive symptoms . With reference to assertiveness, the recent study findings showed that a statistically significant positive correlation between participants' assertiveness and age. This might be related to that the age development had a positive relation with assertiveness as mature students had ability to resolve problems and get social skills than immature students .In like study, Abed et al., (2015) concluded that a positive correlation between age and assertiveness. Moreover, Maheshwari and Gill, (2015), revealed that a positive correlation between age and assertiveness. On the opposing , Egyptian study by Eldeeb et al., (2014) among under graduate nursing students at Menoufyia University and Iranian study by Larijani et al., (2017) among Nursing Students of Tehran University of, indicated that a negative correlation between age and assertiveness . The current study result showed that statistically significant negative correlation between participants' Assertiveness and social level as by diminished level of social class, the level of assertiveness enhanced Similarly, Erbay and Akçay, (2013) demonstrated in their study results that a negative correlation between social class and assertiveness.

CONCLUSION

Based on the findings of the present study, it can be concluded that: two third of the studied sample had depressive symptoms (mild-severe) and more than two fifth of participants had low levels of assertiveness. A statistically significant negative correlation between participants' scores of depression symptoms and assertiveness score as by increased level of depressive symptoms, level of assertiveness decreased.

RECOMMENDATION

Based on the findings of the present study, the following recommendations are suggested:

- Establishing psychiatric clinic at Faculty of Nursing to discover the students with Psychological problems at early stage.
- Holding seminars and conferences periodically for students to improve their knowledge about ways of dealing with depression.
- Providing regular workshops for students on stress management, time management, and assertive training and communication skills
- Upcoming research should include large number of students and varied academic years.

Table (1):
Socio- demographic and personal characteristics of nursing students in the study sample
(n=180)

student's personal characters	No	%
Age group		
≤19	124	68.9
≥20	56	31.1
mean± SD	19±0.9	
minimum-maximum	(17-22)	
Sex:		
- Male	46	25.6
- female	134	74.4
Marital status		
Single	180	100
Health information source		
printed material	47	26.1
- Audio message (TV-audio)	133	73.9
Residence		
- Rural	143	79.4
- Urban	37	20.6
University grade		
First university grade	80	44.4
second university grade	100	55.6

Table (2)
Personal characteristics of parents of participant students in the studied sample (n=180)

parents' Personal characters	No	%
Father education		
Illiterate	5	2.8
Basic	40	22.2
Secondary education	82	45.6
University education& post graduate	53	29.4
Mothers education		
Illiterate	18	10
Basic	31	17.2
Secondary education	90	50
University education& post graduate	41	22.8
Number of educated members		
All members go to school or university	127	70.6
More than 50 % of members go to school or university	51	28.3
No one goes to school or university	2	1.1
Fathers occupation		
Unemployed	8	4.4
Worker	45	25
Professional& semi professional	127	70.6
Mothers occupation		
House wives	112	62.2

Worker	12	6.7
Professional& semi professional	56	31.1
Social level		
High	17	9.4
Middle	127	70.6
low	36	20

Table (3):
Depressive symptoms levels among participants students in the studied sample (n=180)

Depressive symptoms	Frequency	Percent
minimal depressive symptoms	60	33.3
mild depressive symptoms	42	23.3
moderate depressive symptoms	53	29.4
severe depressive symptoms	25	14

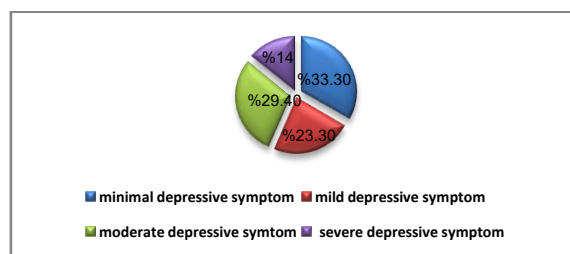


Figure (1): level of depressive symptoms among participants in the studied sample (n=180)

Table (4):
Assertiveness levels among participants in the studied sample (n=180)

Assertiveness levels	Frequency	Percent
low(57) <60%	75	41.7
Moderate (58-77) 60%<80%	102	56.7
high score (78-96) =>80%	3	1.6

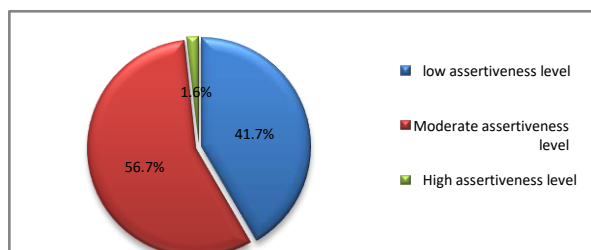


Figure (2): Level of assertiveness among participants in the studied sample (n=180)

Table (5):
Relation between participants' depressive symptoms and their personal characteristics in the studied sample(n=180)

personal characteristics	Total number	Depressive symptoms								χ^2	p
		minimal		mild		moderate		severe			
		No.	%	No.	%	No.	%	No.	%		
Sex											
Male	46	12		13		15		6		1.8	0.6
		26.1		28.3		32.6		13			
Female	134	48		29		38		19			
		35.8		21.6		28.4		14.2			
Age group											
≤19	124	32		29		42		21		12	0.007
		25.8		23.4		33.9		16.9			
≥20	56	28		13		11		4			(S)
		50		23.2		19.6		7.2			
Marital status											
single	180	60		42		53		25			
		33.3		23.3		29.4		14			
Father education											
Illiterate	5	2	40	2		0		1			
				40		0.0		20			
Basic	40	12		8		14		6		3.5	0.9
		30		20		35		15			
Secondary education	82	29		18		24		11			
		35.4		22		29.2		13.4			
University education& post graduate	53	1	7	14		15		7			
		32.1		26.4		28.3		13.2			
Mothers education											
Illiterate	18	6		6		4		2			
		33.3		33.3		22.2		11.1			
Basic	31	9		5		12		5		8	0.5
		29		16.2		38.7		16.1			
Secondary education	90	34		18		28		10			
		37.8		20		31.1		11.1			
University education& post graduate	41	11		13		9		8			
		26.8		31.7		22		19.5			
Residence											
rural	143	49		35		40		19		1.3	0.7
		34.3		24.4		28		13.3			
urban	37	11		7		13		6			
		29.7		19		35.1		16.2			
Fathers occupation											
unemployed	8	2		4		1		1		6.2	0.4
		25		50		12.5		12.5			
worker	45	15		13		10		7			
		33.3		28.9		22.2		15.6			

Professional & professional semi	127	43 33.9	25 19.7	42 33	17 13.4		
Mothers occupation							
House wives	112	39 34.8	23 20.5	35 31.3	15 13.4		
worker	12	5 41.7	4 33.3	2 16.7	1 8.3	3.2	0.8
Professional & professional semi	56	16 28.6	15 26.8	16 28.6	9 16		
Social level							
high	17	6 35.3	7 41.2	4 23.5	0 0.0	5.8	0.45
moderate	127	41 32.3	28 22	39 30.7	19 15		
low	36	13 36.1	7 19.4	10 27.8	6 16.7		
university grade							
First university grade	80	19 23.8	25 31.2	24 30	12 15	8	0.046(S)
second university grade	100	41 41	17 17	29 29	13 13		

Table (6):

Relation between participants' assertiveness level and their socio-demographic characteristics in the studied sample (n=180)

personal characteristics	number	Assertiveness level						χ^2	p
		Low		Moderate		high level			
		No.	%	No	%	No	%		
Sex									
male	46	23	50	22	47.8	1	2.2	1.98	0.37
female	134	52	38.8	80	59.7	2	1.5		
Age group									
≤19	124	57	46	66	53.2	1	0.8	4.3	0.11
≥20	56	18	32.1	36	64.3	2	3.6		
Marital status									
single	180	75	41.7	102	56.7	3	1.6		
Father education									
Illiterate	5	2	40	3	60	0	0.0		
Basic	40	20	50	19	47.5	1	2.5	7.9	0.24
Secondary education	82	38	46.3	42	51.3	2	2.4		
University education& post graduate	53	15	28.3	38	71.7	0	0.0		

Mothers education							
Illiterate	18	6	33.3	11	1		
				61.1	5.6		
Basic	31	18	58.1	12	3.2	11.4	0.76
Secondary education	90	40	44.5	49	1		
				54.4	1.1		
University education& post graduate	41	11	26.8	30	0		
				73.2	0.0		
Residence							
rural	143	60	42	80	3	0.86	0.65
				55.9	2.1		
urban	37	15	40.5	22	0		
				59.5	0.0		
Fathers occupation							
unemployed	8	4	50	4	0		
				50	0.0		
worker	45	21	46.7	22	2	4.1	0.39
				48.9	4.4		
Professional& semi professional	127	50	39.4	76	1		
				59.8	0.8		
Mothers occupation							
House wives	112	51	45.5	59	2		
				52.7	1.8		
worker	12	5	41.7	6	1	6.6	0.16
				50	8.3		
Professional& semi professional	56	19	33.9	37	0		
				66.1	0.0		
Social level							
high	17	0	0.0	17	0		
				100	0.0		
moderate	127	58		68	1	18.4	0.001
		45.7		53.5	0.8		
low	36	17	47.2	17	2		(S)
				47.2	5.6		
university grade							
First university grade	80	41	51.3	39	0	7.2	0.03
				48.7	0.0		
second university grade	100	34	34	63	3		(S)
				63	3		

Table(7):

Relation between participants' Depressive symptoms Level and Assertiveness Level in the studied sample (n=180) :

variable	Depressive symptom Level								χ^2	p
	minimal (n=60)		Mild (n=42)		Moderate(n=53)		severe (n=25)			
	No	%	No	%	No	%	No	%		
Assertiveness Level										
Low(n=75)	3	5	21	50	33	62.3	18	72	52.6	0.00001 (S)
Moderate (n=102)	54	90	21	50	20	37.7	7	28		
high (n=3)	3	5	0	0.0	0	0.0	0	0.0		

Table (8):
Correlation matrix of participants' Depressive Symptoms, and Assertiveness Score and their characteristics in the studied sample (n=180)

Score	Depressive Symptoms		Assertiveness	
	(r)	p	(r)	p
Assertiveness	-0.6	0.0001		
age	-0.195	0.009	0.21	0.004
Education level of father	-0.06	0.43	0.15	0.051
Education level of mother	-0.008	0.92	-0.13	0.094
Social level	-0.045	0.55	-0.17	0.023

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