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RESEARCH ARTICLE
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EFFECTIVENESS OF SELF-INSTRUCTIONAL MODULE ON HOME MANAGEMENT OF DIARRHOEA

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Abstract

Diarrhea disease constitutes a leading cause of morbidity and mortality among children in developing countries. More than 3 million deaths are estimated to result each year the world. Over as a consequence of diarrhea disease in children of under 5 year of age group, 80% of these deaths occur in the first 2 years of age.

Objective: 1. To assess the existing knowledge on home management of diarrhea among ANM 1st year students. 2. To evaluate the effectiveness of self- instructional module on home management of diarrhea among ANM 1st year students. 3. To determine the association between the knowledge with their selected demographic variables.

Research methodology:

Research design: Pre-experimental and evaluative research approach with one group pre-test post-test design with no control group.

Setting of study- The present study was conducted in Rohilkhand School of Nursing, Bareilly U.P.

Target population- ANM 1st year nursing students selected for study.

Sample size-50 ANM 1st year nursing students who fulfilled inclusion and exclusion criteria.

Sampling technique-In this study, purposive sampling technique was used. Predesigned and validated tools were used. A structured questionnaire on home management of diarrhea was used for assessment of knowledge.

RESULT: On statistical analysis it was found that the knowledge level of nursing students was increased with introduction of SIM on "home management of diarrhea". The mean pretest knowledge score 19.28 SD 3.301 and posttest knowledge score 27.12 SD 1.686. The paired t test value is 16.12 which was significant at 0.5% level of significance. It shows that there is significant increase in the knowledge after the self-instructional module on home management of diarrhea. The chi-square test shows that there is significant association between knowledge and demographic variables.

CONCLUSION: Findings of the provide score evidence that Self-instructional module is an effective teaching strategy in increasing the knowledge regarding home management of diarrhea.

Keywords- Effectiveness, Home management, Self-instructional Module, Diarrhea,

INTRODUCTION

Children are the gift from the LORD; a child is a reward from HIM.

Psalm 127:3

Children are vital to the nations present and its future. Parents are providing every possible support to their children for their healthy and fruitful life. With decreasing trend of joint families now a days only parents and elder siblings play important role in upbringing of child. The pillar of a healthy life ahead is put during childhood.

For preventing mortalities as well as morbidities due to diarrheal diseases in Indian, we need gather more information regarding the determinants of this disease and thus helping in better planning and organization of research at community level. If we consider the average estimated incidence of diarrhea in rural and urban areas in children aged 0-6 years, it was found to be roughly around 1.71 and 1.09 episodes/person/year respectively.[1]

Diarrhea is defined as a passage of three or more loose or liquid stools per day(or more frequent passage than is normal for the individual) Frequent passing of formed stools is not diarrhea, nor is the passing of loose," pasty" stools by breastfed babies.[2]

Diarrhea is usually a symptom of an infection in the intestinal tract, which can be caused by a variety of bacterial, viral and parasitic organisms. The route of infection is feco-oral i.e. through contaminated food or drinking-water.[2]

There are three clinical types of diarrhea:

- Acute watery diarrhea- lasts several hours or a days, and include cholera:
- Acute bloody diarrhea – also called dysentery ;and
- Persistent diarrhea-lasts 14 days or longer.

The life threatening threat caused by diarrhea is dehydration resulting in loss of water and electrolytes (sodium, chloride, potassium and bicarbonate) through liquid stools and vomiting. When the salts are not replaced dehydration occurs.[2]

Diarrhea is one of the commonest causes of morbidity among young children in second as well as the third world countries with poor socioeconomic conditions. In the last two decades the lives lost due to diarrhea in children under five years has reduced. This fall in mortality may be due to proper management as per standard treatment guidelines of WHO. ORS (oral rehydration therapy) remains the keystone in the management.[3]

The targeted programs like for rotavirus and acute respiratory diseases in the form of interventions like Universal immunization program (UIP) integrated mother and child care (MCH) helped in bringing down the under 5 mortality rate. Although we have achieved the reduction in mortality rate of under 5 children still deaths due to diarrhea have a very high proportion. The MDG (Millennium Development Goal) seeks cooperation from all the sectors and support of national governments to achieve the target of reducing under 5 mortality rate. UN Global Strategy for Women's and Children's Health and Every Woman Every Child, and A Promise Renewed commitment to child survival also advocates the same for reduction in mortality of under 5 children.[4]

Lack of knowledge of nursing personnel on diarrhea management is a major hindrance to achieve the set goals. Hence it is felt to be essential to assess the knowledge of nursing personnel on home management of diarrhea. A lot is already known about effective treatment for diarrhea. Still after so much of progress we are lacking in the knowledge that how to make sure the children who need it most get access to proper treatment.

More than four decades ago, on the 20th of November 1959 the United Nations unanimously adopted the declaration of the rights of the child and affirmed that" all children will be entitled to special protection, opportunities and facilities to enable them to develop in a normal and healthy manner with

freedom and dignity." This affirmation still remains a promise to be fulfilled, when assessed against a single, preventable and major cause of high mortality and morbidity among them-diarrheal diseases.[5]

The investigator observe that due to lack of knowledge regarding home management of diarrhea there will be increase in mortality and morbidity rate in children.

My perception is that In future these students play a very important role in community area and applied gain knowledge to upgrade the health status of society and community.

Review of literature

Literature review is defined as a broad, comprehensive in depth, systematic critique and synthesis of scholarly publications, print and online materials, audio visual materials and personal communications.

A review of literature is a comprehensive document enumerating summary of previous research on a given topic. The literature review surveys scholarly articles, books and others sources relevant to a particular area of research.(ANA, 2000).[6]

Review of literature for the present study has been divided into the following headings:

a. Studies related to management of diarrheal diseases at home.

b. Studies related to preventive measurement of diarrhea.

c. Studies related to effectiveness of teaching program on knowledge regarding diarrhea.

Studies related to home management of diarrhea

Gollar H. L., Avabratha S.K. conducted a cross sectional study on "knowledge, attitude and practice of mothers under 5 children regarding diarrheal illness" in a Medical College Hospital, Bangalore in 2018. The100 mothers selected randomly for the study. Knowledge was access by questionnaire given to mothers under five children when they attended hospital. Most of the mothers had good knowledge Regarding sign and symptoms, spread and prevention. Majority of mothers (77%) had serious attitude towards diarrheal illness. Most of the mothers (76%) were aware about the benefits of practicing good dietary and preventive measures during diarrheal episode and also practiced them. 35% mothers had given Rotavirus vaccine to their children. A strong association found in between age group, order of Children, education and socio economic status and knowledge attitude and practices regarding diarrheal illness. Study concluded that maternal education can be effectively used to fight the morbidity and mortality caused due to diarrheal diseases in children under 5 years of age. Administration of vaccines like rotavirus will further reduce this burden.[7]

Adimora G.N., Ikefuna A.N., Ilechukwu G. conducted a study on "Home management of childhood diarrhea: Need to intensify campaign". The 203 Nigerian mothers were selected for study. Aim of the study was to assess the efficacy of home management of diarrheal diseases i.e. outside a hospital set up. Mothers of children with diarrheal diseases, with or without other symptoms, and reported at the Children's Out Patient unit (CHOP), of the UNTH were interviewed through a questionnaire designed for the study purpose. Data was analyzed in SPSS software version 10. Relevant information were acquired on the mode of detection, causative factors and treatment. Their knowledge about use of ORS (oral rehydration salts) with or without anti-diarrheal and antibacterial agents was also studied. The study reveals that, there is need to focus on the maternal education and awareness in this area by educational activities and interventions at the community level.[8]

Shah S. M., Ahmad A., Khalique N. et.al, conducted a study on "home based management of acute diarrheal disease study assessed the knowledge and health-care seeking behavior of families" an urban slum of Aligarh, Uttar Pradesh, India. 101 Mothers were selected for study. Data was collected by Predesigned and pretested questionnaire. Overall prevalence of diarrhea in children under five was 36%. Watery stool and vomiting were considered as life threatening symptoms and awareness about them was studied. Mothers were about symptoms of watery stool (85%) and repeated vomiting (54%). Regarding breast feeding, 69% of the lactating mothers continued breastfeeding their children during the diarrheal episode. Only 38.7% of the respondents knew about role of fluid replacement therapy

and about the suitable fluids available at home. The salt sugar solution was the first choice in most cases. The study found that the mothers' knowledge is not adequate. Educating mothers and caretakers regarding early home based case management of childhood diarrhea may substantially decrease morbidity and mortality due to diarrhea.[9]

Sri Nivasan S. conducted a study a pre experimental study on effectiveness of planned teaching program on care givers of under five children at Sree Balaji Medical College and General Hospital Chennai. 60 mothers selected for present study and one group pretest posttest design choose for the study. Among 60 sample of mother, 45 (75%) had inadequate knowledge, 11(18.3%) moderately adequate and 4 (6.7%) had adequate knowledge in pretest. In posttest 1 (1.7%) had inadequate knowledge 17 (28.3%) moderately adequate 42 (70%) had adequate knowledge. Conclusion of the Study is the teaching program has an effect on improving the knowledge of mothers.[10]

Kumari R., Raju S., Sharma P., et.al, conducted a study on "Effectiveness of pamphlets on knowledge and practice regarding oral rehydration" at King George's Medical University, Lucknow, Uttar Pradesh. The sample of the study was 55mothers of under five children. Sample was selected by purposive sampling technique and pre-test and post test conducted after explain nature of study and distribution of pamphlets containing information about diarrhea and ORS. Analysis of data was done by SPSS software 16.0 version. Post-test score revealed significant improvement in their practice regarding diarrhea and ORS. So the study concluded that teaching of mothers about signs of dehydration and preparing and using O.R.S can help to reduce the mortality and morbidity of under five children.[11]

Statement of the problem

A pre experimental study to assess the "effectiveness of Self-instructional module on home management of Diarrhea among ANM 1st year students in Rohilkhand School of Nursing, Bareilly.

Objective:

1. To assess the existing knowledge on home management of diarrhea among ANM 1st year students.
2. To evaluate the effectiveness of self- instructional module on home management of diarrhea among ANM 1st year students.
3. To determine the association between the knowledge with their selected demographic variables.

Material and Methods:

A quantitative research approach was used as it allowed the investigator to collect and convert data into numerical form to make statistical calculation and draw conclusion. A Pre-experimental one group pre-test post-test design without a control group was selected for the present study. The primary objective of the study was to find the effectiveness of self-instructional modules on home management of diarrhea. In the present study, the population is 30 ANM 1st year students in the age group of 18 to 30 years above studying in Rohilkhand School of Nursing, Bareilly,U.P. .Non- probability (purposive sampling) was used in this study. ANM 1st year students who are not studying in Rohilkhand School of Nursing were excluded from the study. A written permission was obtained from College of Nursing research committee member and the Principal of respective Rohilkhand College of Nursing, Bareilly before the starting of the study. The instruments for data collection consisted of two parts: demographic variables and knowledge questionnaire.

The demographic variable of students like age, educational qualification, area of residence, religion, marital status, source of information. Total number of the questionnaire is 30 related to home management of diarrhea. The level of knowledge of the students the regarding Home management of diarrhea was divided into adequate (21-30), moderate (11-20) and Inadequate (0-10).

The reliability of the tool was found by using Karl Pearson's product-moment correlation formula. In the present study reliability of the tool is r=0.94.Informed consent was obtained from all participants. Data were collected by pre-test and post-test through structured questionnaire. Analysis and

interpretation of the data was done according to the objectives of the study using descriptive and inferential statistics.

RESEARCH VARIABLES

Variables are the qualities, properties, or characteristics of a person, thing, or situation that change or vary. Polit and Beck, (2006)

Three types of attributes were identified in the study. They are independent variables, dependent and extraneous variables.

1. INDEPENDENT VARIABLE

According to Treece and Treece (1988), the independent variable is the one variable that stands alone and is not dependant on any other . Independent variables are the cause of the action. In this study, the self-instructional module is the independent variable.[10]

2. DEPENDENT VARIABLES

It is presumed effect/outcome or response due to the effect of the independent variable, which the researcher wants to predict or explain.[11]In this study, the levels of knowledge of students are the dependent variable.

3. DEMOGRAPHIC VARIABLES

An uncontrolled variable that greatly influences the results of the study is called demographic variables.[12] In this study, demographic variables are age, educational qualification, area of residence, religion, marital status, source of information.

SETTING OF STUDY

The study will be conducted at ANM 1st year classroom in Rohilkhand School of Nursing, Bareilly, U.P.

SAMPLE CRITERIA

1. Inclusion criteria:

a) ANM students who are willing to participate in this study.
b) ANM students who are available at the time of data collection.

2. Exclusion criteria:

a) ANM students who are not studying in Rohilkhand School of Nursing.
b) ANM students who are not willing to participate in the study.

This section consists of a knowledge questionnaire to assess the pretest and posttest knowledge regarding home management of diarrhea among ANM 1st year students in Rohilkhand School of Nursing, Bareilly U.P. Total number of the questionnaire is 50 related to home management of diarrhea.

DEVELOPMENT OF TOOL

Method of data collection includes the development of tools, testing the validity and reliability, and data collection procedure. **Kerlinger NF, (1973)**

A structured questionnaire was prepared with the help of a review of literature i.e. books, journals, internet expert opinions, personal experiences, and discussion with an expert**.**

DESCRIPTION OF TOOL

The tool may two sections:

Section 1: demographic data

This section of the tool consists of items of the demographic variable of students like age, educational qualification, area of residence, religion, marital status, source of information regarding home management of diarrhea.

Section 2: knowledge questionnaire

This section consists of a knowledge questionnaire to assess the pretest and posttest knowledge regarding home management of diarrhea among ANM 1st year students in Rohilkhand School of Nursing, Bareilly U.P. Total number of the questionnaire is 50 related to home management of diarrhea.

DEVELOPMENT OF SELF INSTRUCTIONAL MODULE

The following steps were adopted for the development of SIM.

1. Development of criteria checklist.
2. Preparation of the first draft of SIM.
3. Content validation of SIM.
4. Pre-testing of the SIM.
5. Preparation of final draft of the SIM.

PREPARATION OF THE FIRST DRAFT OF SIM

The first draft of SIM was prepared based on the criteria checklist, extensive review literature, and the opinion of the experts. It was prepared under the following headings.

1) Definition, meaning, and types of diarrhea
2) Causes, risk factors, and mode of transmission
3) Sign /symptoms and complications of diarrhea
4) Home management and prevention of diarrhea

CONTENT VALIDITY OF SIM

The factors such as convenience, independent learning, and the level of understanding of nursing students were considered while preparing the SIM. The SIM was established in consultation with the guide and experts from the field of pediatric medicine, pediatric nursing, community medicine, and community health nursing department. The validation was based on the criteria checklist. There was 100% agreement on the content of the SIM, general objectives, and organization of the content. 87.7%.Agreement obtained for language, feasibility, and specific objectives. The suggestions received through validation were accepted and the final draft was prepared.

RELIABILITY OF THE TOOL

"The reliability of an instrument is the degree of consistency with which it measures the attribute it is supposed to be measuring." The reliability of the tool was established by using data collected from 4 nursing students in Keshlata School of Nursing. Reliability was established by the split-half method, which measures the coefficient of internal consistency. The reliability of the half test was found by using Karl Pearson's product-moment correlation formula.

In the present study reliability of the tool is 0.94. It is very reliable for study.

PILOT STUDY

A pilot study is a small preliminary investigation of the same general character as a major study.

It was conducted in Keshlata School of Nursing Bareilly, from 12/06/21 to 19/06/21. The study was conducted among ANM nursing students after obtaining permission from the concerned authority. It was conducted similarly to the final data collection. On the first day, a pretest was conducted by a structured questionnaire after which SIM was administered. The post-test was conducted on the 7th day, using the same questionnaire. The finding of the pilot study revealed the difference between the pretest and post-test knowledge scores. The mean post-test score was 96.66% and was higher than the mean pretest score that was 83.33%. The data analyzed showed a significant difference between the mean pretest and post-test knowledge scores. The result indicated the significance of SIM in increasing the knowledge level. The tool and SIM proved to be feasible and practicable. No further change was done after the pilot study in the tool and SIM. The investigation then proceeded to the final study.

ETHICAL CONSIDERATION

To conduct the research study in Rohilkhand School of Nursing, written permission was obtained from College of Nursing research committee member and the Principal of respective Rohilkhand

College of Nursing, Bareilly before the starting of the study Confidentiality was assured to all the subjects to get, formal their co-operation. Informed consent was taken from the subjects. Data collection was done in Rohilkhand School of Nursing, Pilibhit Bypass Road, Bareilly.

Results:

The result of the study revealed that majority of the participants i.e. belong to the age Group 18-21 years (72%) and students of age group above 30 years were less in number (0%). In their qualification depicts that highest number of students was in intermediate 76% and graduate students were 24%.

In their area of residence is represented that 80% of them from hostlers and 20% from day scholars. In religion to represents that 76% of them are Hindu and 24% of them are Muslim, Christian and Sikh is represented 0%. In marital status represents that unmarried students 90% and married students are 10%. The source of information regarding home management of diarrhea shows that 64% of them gain knowledge from classroom teaching, 24% from health professionals, 8% from mass media and 4% from training sessions. The mean pre-test knowledge score was 19.28 and the mean post-test knowledge score was 27.12. The difference between pre-test and post-test knowledge scores was 7.84 statistically significant. Hence it was inferred that there was an increase in the level of knowledge regarding home management of diarrhea among the ANM 1st year nursing students.

Discussion

The findings of the study discussed under the following headings:

➢ To assess the existing knowledge on home management of diarrhea.

➢ To evaluate the effectiveness of self-instructional module on home management of diarrhea.

➢ To determine the association between the knowledge with their selected demographic variables.

Objectives1: To assess the existing knowledge on home management of diarrhea among ANM 1st year students

In this study, in pre-test 36% of respondents had adequate knowledge scores, 64% of respondents had moderate knowledge scores.

Age

Percentage-wise distribution of students concerning their age group depicts that highest number of students was in the age group 18-21 years (72%) and students of age group above 30 years were less in number (0%).

Educational qualification

Percentage-wise distribution of students about their qualification depicts that highest number of students was in intermediate 76% and graduate students were 24%.

Area of Residence

Percentage-wise distribution of students about their area of residence is represented that 80% of them from hostlers and 20% from day scholars.

Religion

Percentages wise distribution of students about their religion to represents that 76% of them are Hindu and 24% of them are Muslim Christian and Sikh is represented 0%.

Marital status

Percentage-wise distribution of students about their marital status represents that unmarried students 90% and married students are 10%.

Source of information

Percentage-wise distribution of students about the source of information regarding home management of diarrhea shows that 64% of them gain knowledge from classroom teaching, 24% from health professionals, 8% from mass media and 4% from training sessions.

Objective 2: To evaluate the effectiveness of the self-instructional module on home management of diarrhea among ANM students.

Table 3, shows the frequency and percentage distribution of respondents according to a level of pre-test and post-test knowledge score related to home management of diarrhea. In the pre-test 36% of respondents had adequate. Adequate knowledge scores (21-30), 64% of respondents had moderate knowledge scores (11-20).

Table 3, shows that the mean pre-test knowledge score was 19.28 and the mean post-test knowledge score was 27.12. The difference between pre-test and post-test knowledge scores was 7.84 statistically significant. Hence it was inferred that there was an increase in the level of knowledge regarding home management of diarrhea among the ANM 1st year nursing students.

This finding was similarly reported by Mr. Bhavesh Verma and Mr. Gajendra K. Jain who conducted the study to determine the self-instructional module on knowledge regarding diarrhea and its prevention. The authors stated that the effectiveness of the education was assessed by comparing pre and post-test knowledge scores. The mean score of pre-test knowledge 9.88 (35%) and mean of post-test knowledge score 22.79 (81.39%), as apparently higher than the mean pretest knowledge score. Researcher suggesting that the self-instructional module was effective in increasing the knowledge of the mothers of under-five children regarding diarrhea & its prevention. The mean difference12.91 between pre-test and post-test knowledge scores of the mothers of under-five children were found to be significant.[6]

Objective 3: To determine the association between the knowledge with their selected demographic variables

Table 1, shows the association pretest knowledge and demographic variables among ANM 1st year students regarding home management of diarrhea. Finding reveals that there is a significant association between pre-test knowledge score and demographic variables (age, educational qualification, area of residence, religion, marital status, and source of information).

Table 1: Association between pretest knowledge and demographic variables

S.no.	Demographic Variables	Degree of freedom	Calculated value	Tabulated value	Level of significance
1.	**Age**	2	135.96	5.99	*
2.	**Education**	1	32.95	3.84	*
3.	**Area of residence**	1	47.53	3.84	*
4.	**Religion**	1	41.23	3.84	*
5.	**Marital status**	1	151.48	3.84	*
6.	**Source of information**	3	508.53	7.82	*

*- significant

Table 1: association between pretest knowledge and demographic variables

HYPOTHESIS

H1 – There will be a significant difference between pre-test and post-test knowledge scores.

H2 - There will be a significant association between the knowledge score of ANM 1st year students on home management of diarrhea with their selected demographic variables.

There is a significant association between pre-test knowledge of respondents and demographic variables such as age ($\chi 2$= 135.96), was found to be significantly associated with pre-test knowledge score at 0.05 level and educational qualification
($\chi 2$=32.95), Area of residence ($\chi 2$=47.53), religion ($\chi 2$=41.23), marital status ($\chi 2$=151.48), and source of information ($\chi 2$=508.53) were found to be significant associated with pre-test knowledge score at 0.05. Hence research hypothesis H1 and H2 is proved and accepted.

Table 2: Frequency and percentage distribution of subjects by their selected Variables (age, educational qualification, area of residence, religion, marital status, source of information)

N=50

CHARACTERISTICS	CATEGORY	RESPONDENCE	
		Number	%
Age	a) 18-21 b) 22-25 c) 26-29 d) 30 above	36 10 4 0	72% 20% 8% -
Educational qualification	a) Intermediate b) Graduate c) Post graduate d) above	38 12 0 0	76% 24% - -
Area of residence	a) Hostler b) Day scholar	40 10	80% 20%
Religion	a) Hindu b) Muslim c) Sikh d) Christian	38 12 0 0	76% 24% - -
Marital status	a) Married b) Unmarried c) Divorced	5 45 0	10% 90% -
Source of information	a) Mass media b) Class room c) Health professional d) Training session	4 32 12 2	8% 64% 24% 4%

ASSESSMENT OF KNOWLEDGE REGARDING MANAGEMENT OF DIARRHEA

Table 3: Mean and Standard Deviation of pre-test and post-test knowledge score regarding home management of diarrhea among ANM 1st year nursing students.

Level of knowledge	Mean	Standard deviation	Degree of freedom	Calculated value(t)	Table value	Level of Significant
Pre-test	19.28	3.301	49	16.12	1.6766	*
Post-test	27.12	1.686				

t (49)= 1.6766 P<0.05 * Significant

Table 3: shows that the mean pre-test knowledge score was 19.28 and mean post-test Knowledge score was 27.12. The mean difference between pre-test and post-test Knowledge score was 7.84. The score was statistically significant. Hence it was inferred that there was an increase in the level of knowledge after Self-instructional module regarding home management of diarrhea among ANM 1st Year students, so research hypothesis H2 accepted.

Evaluation of knowledge before and after given self-instructional module

Table 4: Effectiveness of self-instructional module by comparing pre-test and Post-test level of knowledge score regarding home management of diarrhea Among ANM 1st year nursing students of Rohilkhand School of Nursing, Bareilly U.P.

Level of knowledge	**Pre-test knowledge score**			**Post-test knowledge score**	
	Score	**N**	**%**	**N**	**%**
Adequate	21-30	18	36%	50	100%
Moderate	11-20	32	64%	-	-
Inadequate	00-10	0	-	-	-

Table 4, shows that frequency and percentage distribution of respondents according to Level of pre-test and post-test knowledge score related home management of diarrhea Among ANM 1st year students.

In pre-test 36% of respondents had adequate knowledge score (21-30), 64% of Respondents had moderate knowledge score (11-20). Hence it inferred that the majority of respondents had moderate knowledge in pre-Test knowledge score. After self-instructional module distribution there was increase in knowledge of the respondents who were exposed to self-instructional module Content.

ASSOCIATION OF PRE-TEST KNOWLEDGE SCORE WITH SELECTED DEMOGRAPHIC VARIABLES

Table 5: Association between Pre-test level and demographic variables among ANM 1st year students regarding home management of diarrhea

S.no.	**Demographic variables**	**Adequate**		**Moderate**		**Inadequate**		**Degree Of Freedom (df)**	**Calculated value**	**Tabulated value**	**Level of significance**
		F	**%**	**F**	**%**	**F**	**%**				
1	Age a) 18-21 b) 22-25 c) 26-29 d) 30 above	 12 4 2 -	 24% 8% 4% -	 24 6 2 -	 48% 12% 4% -	 - - - -	 - - - -	2	135.96	5.99	*
2	Educational Qualification a)Intermediate b) Graduate c) PG d) Above	 12 6 - -	 24% 12% - -	 26 6 - -	 52% 12% - -	 - - - -	 - - - -	1	32.95	3.84	*
3	Area of residence a) Hostler b) Day scholar	 18 -	 36% -	 22 10	 44% 20%	 - -	 - -	1	47.53	3.84	*
4	Religion										

	a) Hindu b) Muslim c) Sikh d) Christian	13 6 - -	26% 12% - -	25 6 - -	50% 12% - -	- - - -	- - - -	1	41.23	3.84	*
5	Marital status a) Married b) Unmarried c) Divorced	 - 18 -	 - 36% -	 5 27 -	 10% 54% -	 - - -	 - - -	1	151.48	3.84	*
6	Source of information a) Mass media b) Class room c)Health professionals d) Training session	 2 13 2 1	 4% 26% 4% 2%	 2 19 10 1	 4% 38% 20% 2%	 - - - -	 - - - -	3	508.53	7.82	*

Conclusion

Based on the findings of the study obtained, the following conclusion was drawn. The level of knowledge was less when assessed after conducting pre-test, whereas the score had an increase in post-test after implementation of the self- instructional module on home management of diarrhea.

The study findings strongly suggest that the health education program is inevitable to improve the knowledge and practice of the nursing students, thereby reducing the child mortality morbidity due to dehydration. No alternative in the preliminary care can defeat health education in the process of imparting knowledge and information on home management of diarrhea. This study armed many mothers on their battlefield to save the lives of their children from the dreadful hands of diarrheal diseases.

LIMITATIONS

The study is limited to:

➢ ANM 1st year nursing students under the age of (18-30).

➢ ANM 1st year nursing students who are willing to participate in the study.

➢ The sample size was limited to 50.

RECOMMENDATIONS

➢ The same type of study can be conducted in large samples.

➢ The same type of study can be conducted among under-five mothers in the community setup.

➢ A comparative study can be done in urban and rural settings.

➢ The pediatric nurse should educate the mothers of under-five children regarding the dangerous signs of diarrhea.

➢ A study can be done to evaluate the prevalence of diarrheal disease among mothers of under-five children

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