



Assessing the problems associated with Early Weaning of Children in Sierra Leone. Case Study: Golahun Tonkia Community in the Kenema District.

ABSTRACT

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This research probes in to the health status of weaning infants in the Tunkia chieftdom. The population for the study includes all weaning children between four (4) months to (6) months. Questionnaires, interviews and discussion, i.e., face to face dialogue were the methods used by researcher to carry out the investigation. The selected sample for the investigation was 30% of the total population. Children weaned between four (4) to six (6) months, thirty – five (35) infants were weaned at four (4) months compared to those weaned at six (6) months. There are many reasons for studying Child care, which include, babies and children (infants) need to eat good food, have great care, provide clothing, need fresh air to make them feel good, clean, and benefit from parental love. Children feeding on various foods, imported baby formula and Bennie mix had the highest number of respondent with 21.4%, while soft cook rice with palm oil and bulgur pap with sugar had the lowest with 7.1%. Twenty – five (25) of the infants with 35.7% were taken to local clinic for treatment, while fifteen (15) of them with 12.4% were taken to herbalist for medical help. Feeding methods used by infant mothers, twenty – five (25) of the mothers feed their infants using hand feeding method while thirteen (13) of them use the bottle feeding methods. Evidence of disease in weaning infants two (2) of the infants suffered from worm infestation, while fourteen (14) of the infants were suffered from typhoid fever.

INTRODUCTION

Breastfeeding a baby is necessary for the provision of required nutrients including colostrums for the healthy growth and development of all babies. It has duration ranging from 8 months to a reasonable time of 1 year when the child will be fully matured to make a change of diet but in instances where such duration is not maintained and the baby is cutoff from breast milk, unfortunate consequences may occur. Therefore early weaning is the process of curtailing babies from breastfeeding prematurely, says when babies are the ages of 3 to 4 months old resulting too many social, economic and health problems. It is in that spirit that, the study "Early weaning and related problems" was invested in Golahun Tunkia chiefdom community (Seen zebu, Kambama, Seselah, Sannohlah, Baolah, Katehunkongolah and Kemaru). The area is selected because the researcher is conversant with this area and could obtain reliable and firsthand information. The area has a population of approximately 10,826 people with majority being females or mothers. Moreover, most women have direct contact with children at one time or the other. Men too may find themselves glad for not being entirely ignorant. Weaning which is the process during which breast milk is progressively added by other nutrient, solid semi-solid or liquid. This becomes a threat and cause of death of our babies. Men also have the responsibility of providing the necessary food (balance diet) needed by mother/babies. Millions of children in the subtropical and tropic, technically undeveloped area of the world are suffering from malnutrition as a result of poverty unavailability of suitable food, lack of knowledge and the prevalence of superstition.

The spread of technological civilization has so far done little to hope and in many cases may have loosened the condition by destroying or making impossible old and well tried beliefs and practices without supplying the means for newer methods. It is during the rapid growing period of infancy and early childhood that malnutrition is most marked, having a high morbidity and mortality and probably leaving physical and psychological scars in later life in those who swivel. The study of child health is still in its early stage and although it has many aspect in common with pediatrics and as seen in the technically developed countries of temperate zone. There are many point of difference, some of which may not be readily appreciated by those working in the health sector for the first time. This is particularly so with regards to methods of infant feeding and nutritional disorders in early childhood. More than half of the illness and death among weaning children / young is caused by germs, which get in to their mouth, water and the food. Feeding methods if they are not properly prepared and handled

with patience and care can lead to the problem associated with weaning children such as high mortality rate other food deficiencies, which called millions of children early year. The main cause of these problems are poor hygiene, lack of pure drinking water, ignorance of mother's social and cultural practices, psychological effect the food itself and beliefs and the trend towards bottle cup and spoon feeding rather them (breast-feeding). The feeding method in weaning children if they are not handled with care will cause food contamination which is dangerous to the health of children which will make them sick retard their growth, physically and mentally and later result to loss of children's' life. Infancy covers the period from one to two years. It is a period of growth. The characteristics infants which influence their nutritional needs in clued: Rapid growth child's birth weight is normally doubled in six months. He also grows in height. The different organs of the body for example the brain and the nerves develop. Hence the child needs good food that can promote growth, poor nutrition in infancy retards growth. Exercise Healthy infants are active, except when asleep or sick. The infants normally kick about using both hands and legs. Thus he needs energy rich food both for his exercise and body process food Intake. The three major classes of food which are: body building food, protective and energy given food. Infants take quite a long to learn to eat without the help and supervision of the parents. During this sensory motor stage, there is a close interplay between action and perception. The infant develops and co – ordinates a great variety of sanitation, particularly in the provision of proper balance diet and pure water according to (Fondles al, 2001). In Sierra Leone where food is inadequate and pure water rather costs, there is evidence for poor sanitary condition and high illiteracy rate, especially among women, high uninerability infections diseases with weaning children. Weaning is important not only for the body but for the mothers as well and not physically but emotionally. The importance of food is highly responsible in the development of the brain during the recommended weaning stage of six (6) months. Consequently, there are other factors that can be responsible for the causes of malnutrition and diseases such as poverty and ignorance which often lead to high infant mortality. Mothers are often ignorant about the value of nutrients in food that can provide night protein and energy for the growth of child. They are also ignorant about the ways of preventing food and water from being contaminated mainly because of social beliefs and feeding practices. These are often responsible for children being deprived of protein food. Protein sources in weaning foods like chicken, eggs, meat are believed to be harmful to children source of nutrient. Feeding practices and traditional beliefs are common throughout the developing world. The colostrums' which is the yellowish part in egg which is rich in antibodies and vitamins are considered unfit for babies in many countries. Another belief is that sexual intercourse during lactation will spoil Mothers breast milk and makes a baby sick (Robert el al 2001) social economic status of the family is another cause of problem in weaning. These affect feeding in infants

and pre – scholars. Animal sources of protein and imported baby foods are usually very expensive for low income families in developing countries or they may even be unavailable to them. Many Mothers cannot afford these expensive methods of feeding their infants and due to the prevailing economic trend, Mother need to work hard from home during the day to obtain income, therefore such Mothers do not have time to feed their children especially prepared weaning food at frequent and regular intervals, which result to under feeding. The age at which it is instituted and completed are used for poor hygiene be it personal or kitchen or environmental hygiene contaminate the weaning food and water which is very important in the life of a weaning child. Foods have emotional feeding attached to them. Some people enjoy food and eat well because of the manner in which were taught to eat and to develop attitude towards certain foods. All these may have a positive or negative effect on the nutrition and health of a person, especially infant and pre – scholars. Therefore, this exercise intends to thoroughly assess the early weaning and its effects on children in Golahun, Chiefdom.

STATEMENT OF THE PROBLEM:

The weaning age of infants in most societies is between the ages of four (4) and six (6) months. (Miner et al 1984). Infants within these ages are vulnerable to infectious diseases as a result of poor conditions which can cause early infant mortality which is on the rampage today in our post Ebola country. This research will therefore investigate and identify weaning age and common problem as a result of poor weaning practices in these study areas mentioned previously. This research is aimed at helping parents, community and government to prevent early death injection with weaning stage. Ignorance of weaning age, food practice, cultural /traditional and social inter –predation of weaning that affects children and mothers.

RESEARCH AIM AND OBJECTIVES:

AIM: The main aim of this research is to investigate and identify weaning ages and problems common with weaning children.

SPECIFIC OBJECTIVE OF THE STUDY:

- To investigate the cultural background of respondents.
- Identify weaning practices – cultural methods and social – economic factors that influence weaning.
- Identify problems of weaning experienced by respondents.
- Identify foods in the cultural setting of study area. Investigate infant mortality rate among infant population from 2014 – 2018 in Golahun Tunkia Community.

SIGNIFICANCE OF THE STUDY:

The future of nation lies in the hands of the young. These are the people who will take up the challenges of the country and turns it in to prosperity. Their health therefore is paramount in development stages to ensure good health, nutrition diet, clean and pure drinking water and proper sanitary are all of great importance. Poor health condition in our infant population composes negative impacts of the growth and development of our country in the near future. As a result, this research will be found useful to the following institutions or bodies in connection with the nutritional level of common young children who are related to numerous interacting ecological forces. It is positively related to education and economical lever of the community to the availability of sufficient food for right venality and to the adequacy correlation between nutrition lever and population size not merely because a growing population means more mouths to feed but also provision of social services, such schools, health center and the like. Fortunately, there is a growing awareness that the real obstacle to dealing with food and nutrition problem is the failures to apply existing knowledge in practices. Community malnutrition has to be attached very vigorously by an effective alliance between the services responsible for education, agriculture, health, economic development and population control to the government of Sierra Leone, the result of this research will help forming policies in decision making in planning strategies concerning nutritional effectiveness of weaning food in alleviating nutritional problem in low –income community groups. This study will help to place the government in a better position to help the communicating the nutrition information necessary to promote good weaning practices in general. It will help sensitize government in the creating of multiple strategies to meet population living in various communities. Parents who wish to wean their babies will benefit from this research as it provides information about weaning common problems that occur, the nutrition level of the weaning foods and the need to prepare in contaminated foods. In establishing weaning, parents will find the stay useful and explicit in understanding the emotional disturbances that could result to abrupt weaning of infants to aoristic effect of weaning practices and harmful cultural beliefs it will also provide awareness in mothers about how crucial weaning period could stand and how to adjust it in order to achieve the best result. Finally, this research will help to plan possible and sustainable strategies for the community development and health workers to directly improve the nutritional status of weaning infants in lower socio economic communities. It also helps community development and health worker organize the processing and production of weaning food at community level. The fact is that every research has its limitation. Therefore this piece of research is no exception. The limitations of this research include the following:

- . The researcher was preparing for major examination and also had to present other assignment/report shortly before this research was due. Therefore, the research had limited time to devote to this research.

. The financing of research work also was another limitation. A research paper entails a lot these days in the area getting good information from the internet, photocopying of other relevant materials, purchasing of reading and writing materials and so on.

.The validity and reliability of the information supplied by respondents is regarded as another limitation to this research has means of verifying the responses made by the respondents during discussions and interviews.

.The research encounter with field assistants who were not always willing to give adequate assistance in getting factual clinical information unless they were given something like money was another problem. Attitude of the respondents, for instance! Family heads often had notion that the research is being paid sum of money for the research therefore they expected to be paid (bribed) in order for them to respond to the interviews and discussions. Weaning is a concern of magnitude to all parents in every society in the whole world and not only to the parents but particularly to the lactating mother and child. This implies that data on the research topic required tapping information from wider community but time and financial constraints restricted the investigator to one Chieftdom. According to U S Department health Education and welfare (1992), weaning a small child from nursing is a concern to many mothers. It must be remembered that the time for total weaning varies from one to three years of age. Morgan et-al (1997) describes weaning as a process transition from a diet of breast milk only and other food and finally to a family diet. According to miner and Morgan, (1997), the patterns assumed this process very greatly around the world because they are affected by many factors including cultural and individual belief, taboos, and traditions and so on. Motta et-al (1997) suggested that breast milk alone fouled from the staple diet for the first four months life and that usually it should not be the predominant food after age of nine months. Infancy naturally covers the period from birth to one year. This period is characterized by rapid growth and development {Anyakoha et-al (1999) defines weaning as a process whereby feeding from the breast or bottle is replaced by the use of un-modified cow's milk and other suitable food. In the view of Anyakoha et-al (1999) weaning means changing a baby's food from milk diet which it has obtained by sucking to a diet containing solid food, which he must bite and chew and liquids which he drinks from a mug cup. This may have been started before he is six months old by the giving of certain food in small quantities along with the milk he was sucking and it most usual however for a baby to start on solids not younger than three months and not older than six months. He does not need solids than four months old.

Many factors should be considered at weaning time mainly the indication of what is best for him. They warn that advice should be taken from the expert at hand (Anyakoha) et-al (1999). According to them,

up to the first four months of age, milk preparation is an adequate source of nourishment for a baby. After this period they conclude that the baby needs other food forms of which are known as supplement besides milk. Otherwise, the baby development anemia and malnutrition. According to Eula and Anyakoha (1999) the different organs of the baby's brain and nerves gradually develop. During this period the infant is dependent on family member for its well-being. Weaning as described by Petrous et-al (2000) is an emotional significance. They agree that weaning is part of a changing relationship between a mother and her baby, because they believe that weaning should be done in such a way that a baby should feel it is being, encouraged by its mother to grow out of baby hood. Mothers should be willing to gradually relinquish the total need of her baby. They warn that "mothers should not risk difficulties over weaning. If baby is willing, forcing it may produce other behavior and feeding problems. According to Renfrew et-al (2000), the food for infants and young children vary from one place to another dependency on availability local culture food preferences and so on. They suggest that it is important that the foods are in the right proportion so that this is an adequate balance between their nutrients and energy and also other nutrient.

According to Woolridge et-al (2002), it is preferable to know that a mother lets her infants nurse for at least six months. He adds that timing of weaning has no effect on personality. According to Woolridge et-al (2002) once the child is physically and physiologically capable of handling solid food, the sequence and timing with which they are introduced should be determined by the nutritional needs of the child. Single grain cereal are frequently used because of their iron content, their ease of preparation and storage relatively low cost. Her opinion, she noted that it is not necessary nor advisable to add sugar to this food as this will encourage the baby to want sweet food when he or she grows older, and this can have undesirable consequences, nor should extra salt be added, as this will put a strain on the kidneys. Weaning has been most commonly studied in regard to practice associated with timing, health issues (Henderson et al.) (2002). Despite this popular interest in weaning, the social and emotional components of weaning remain largely ignored. Nursing, however is more than just feeding; it also entails intimate social and emotional interactions between mothers and children. Therefore, weaning includes more than simply the physical termination of breast feeding; it also marks a social and emotional transition. Chronic malnutrition is a common phenomenon in developing countries such as South Africa. Stein et-al (2002) reported that the problem found in black pre-school children is one of chronic malnutrition, caused by a diet low in energy over a long period of time. There is paucity of data in the literature also in Sierra Leone on breast feeding and weaning practices and the eating habits of children shortly after weaning (6-36 months). Poor infant feeding and weaning practices (food shortages and imbalance) can lead to stunted growth, delayed motor and mental development, immune

incompetence, frequent attacks of diarrhea disease, macro and micro nutrient deficiency and most importantly interfere with the racialization of full human Potential (stein, et-al 200) young children take unconsciously long time to learn to eat without the help supervision of their elder. Compared with say a calf and lamb a baby is seen very slow in learning to feed itself and he takes many more months than after before it can be left to its own human devices in selecting his food. However, infant feeding may be considered to its fall into four stages through the first cannot claim strictly to come within this title.

During intra-interline life

0-4 month's breast

0-12 months mixed feeding and weaning.

1-2 years transition to adult food.

Malnutrition of early childhood is a designation that includes disorders ranging from active protein deficiency known as kwashiorkor at one end of tonal marasmus at the other end of the spectrum and acute energy defiling or mutational at the other end of the spectrum.

Weaning is a gradual process. It stars when you being solid food to your baby and ends when the child no longer breast feeds or takes a bottle. It is a term used to describe the process of switching a baby from:

- Breast feeding to bottle feeding
- Beast or bottle feeding to a cup
- Beast or bottle feeding to solid food. Babies will go through one or more of these weaning processes.

All types of weaning usually work best when they are done gradually over several weeks, months, or every longer (Dennis et-al 2002). Weaning a baby from the breast is a change for mothers as well as babies. Babies affecting you physically it may also affect you emotionally some mothers feed a little sad to lose some of closeness that breast feeding provides. But the mother with also have more freedom. Because, others can feed her baby Donned be surprised of you both happy and sad that your child is becoming more independent. (Dennis et-al 2002). He weaning has been of such interest to anthropologist and psychologists for some time and is a prominent feature in many theories of human development. At birth, according to wreck (2003) state, a baby cries is the only way that way that he can express excitement caused by unpleasant situation. Severe malnutrition in childhood in the United States is seldom encountered not according to Guthrie (2003).because of the availability of medical services to

practically every one and the improvement of techniques for identifying abnormalities before they develop in to full-fledged deficiency syndrome. Other contributing factors to malnutrition and its complication in weaning is the inappropriate child reeling practices in order feeding of available weaning food frequent episodes of disease combined with food with-drawl on the many conflicting responsibilities of mothers, including work, (Gorger et-al, 2006). They are also at the opinion that often in developing countries; malnutrition is diagnose and reported only for children who are severally it. Failure to thrive anemia, beriberi are some malnutrition, protein, energy for example, weaning is characterized by attachment theorists (Ainsworth 2006) as a period in which the mother and child relationship likely to be under street: According to Brisbane (2007) a body produces different cries to express different things like when he hungry, pain or discomfort. At three months a baby displays the emotions of delight and distress. At six months, distress has been refined and may be fear, disgust or anger. By twelve months, delight is recognizable in most year old infants. It gradually develops its physical, abilities which are them a combination of physical, intellectual, social and emotion maturity as suggested by Brisbane (2007). She pointed out that a problem of any one of these areas can delay what is thought as physical ability. In this +view of Brisbane (2007), emotional development is also a gradual process. Babies gradually learn to express more specific emotions which depend on increasing maturity. According to extension services, U.S department of agriculture (2008), weaning g means, getting a baby accustomed to foods besides breastfeeding. Stopping a breast feeding extends from the time the baby solely breastfed until he is eating a good mixed diet with entirely replaces milk. In the book of Karent – al (2008), weaning is an aspect of socialization that involves training the child to eat by himself or more broadly, the braking psychological dependence on a parent, weaning is said is a significant episode in early socialization.

Weaning according to Karent – al (2008) as important not only for the baby but also mother, and not only physically but emotionally. A more that has set great store by nursing may feel mildly let down and depressed after she starts as if she has lost some of the closeness to the baby or as if she has lost a work – while person. He added that; it is an additional reason for making weaning a gradual – process whenever possible. In this condition, he notes that weaning should be a gradual process from breast to cup in the last part of the first year. Weaning according to Tulle (2009) is a gradual introduction of solid foods in to the diet of a baby to supplement the milk, which is still provided. (Weaning normally start after three to four months as the milk no longer provides enough nutrients on its own to cope with the baby's rapid body growth). It is inadvisable to start weaning any earlier, as the baby's kidneys and digestive system may not developed sufficiently to cope with the extra food. In her view, different foods should be introduced gradually, a little at time and should be sieved or pursed so that baby can swallow

them without choking. She also suggested introducing foods such as, Rusk or ground cereals in milk, pureed vegetables, meat, fish, and fruit sieved cooked egg custard. Tulle (2009) continue by saying, as baby becomes used to solid foods, their teeth start to develop, coarser foods like the types listed above can be introduced which are less finally pureed. Weaning food can encourage children to chew and to help teething. For example, dry rusk toasted. She also comments on the ways in which weaning food should be prepared from family meals by a liquidizer, sieve or special baby – food grinder.

Commercially produced baby foods can also be purchased; these can quickly prepared and contain the right amount of nutrients to provide a balance diet. Brisbane et – al (2009) suggests that weaning means changing a baby from drinking from the bottle. It is a sign of changing a relationship between parents and their baby. Some breast – feed babies are weaned to a bottle before a cup, trust that a baby will usually show some signs or readiness such as playing or looking around while sucking preferring to eat from a spoon cup or pushing the nipple away during feeding. The greater the preparation for weaning, the less the emotional upset. Piteouset – al (2009). Bogart /Bogartet – al (2010) children after infancy should have at least 10% of their calories intake in the form of protein with one quarter to one half the protein coming animals 'sources. The need for a generous intake of calcium to make the sound of bones and teeth has been widely stressed according to Bogart – al 2010. This is usually followed by a variety of fruit and vegetables with care being taken to avoid those that may be irritating to the gastro intestinal tract either through roughage or the production of gas. Bogart (2010) also adds egg yolk which provides vitamin A, Iron and riboflavin is used as an early source of protein, she acknowledge that in most infants the eruption of the first teeth and physical readiness to chew both occur at approximately five to six months of age. Guthrie also suggest that as the infants digestive capacities develop, the food of early infancy can be replaced less finely chopped food with a final transition to family meals.

In her view Bogart et – al (2010), at three months of age, it is desirable to provide some rich sources of iron, since milk is a very poor source and fetal reserves begin to be depleted. She suggested that iron may be provided in several foods one of which is to use an iron rich cereal. She also views that in the first few months is usually of minimum significance. Bogartet –al (2010) also suggests that improved nutrition and favorable environmental factors and the advances in medical sciences have eliminated many of the diseases that depressed growth in the earlier period. She viewed that mental and neurological development may be more seriously affected and there is some evidence that a depressed brain development caused by severe dietary restriction during weaning period in infancy may result in a permanent mental retardation. Morgan et –al (2010) also viewed weaning as the adding of food to a child diet of mother's milk and this process may begin as early as the day of birth or be delayed until

many months later, however, in most cases the weaning process is completed by two years after birth or sooner in many societies as viewed by Morgan et al (2010). The contemporaries view weaning practices as learned behaviors or part of culture's weaning and generally completed when the child is thirty – six months old. They also state that weaning may occur abruptly or gradually. Designation that includes disorders ranging from active protein deficiency known as kwashiorkor at one end of the spectrum and acute energy deficiency or nutritional Marasmus at the other end of the spectrum.

Marasmus – Is a disease of weaning age children who have received grossly insufficient food, either in association with inadequate breast – milk or as inadequate replacement of breast – feeding according to (Berggren et al 2005). Marasmus as accounted by Guthrie 2003 is a term applied to condition resulting from both a protein and calorie deficit. They describe the most noticeable feature of Marasmus which primarily affects infants, as marked wasting of fat and muscle rash characteristic of diseases according to them are weakness and nervous irritability, derma, to digest and absorb food. This is normally done or occurs through Oedema, acidemia and obviously fatty infiltration of the liver organ retarded growth. An infant suffering from this syndrome may have a characteristically wizened face and prematurely old appearance. Marasmus as described by Tulle (2009), comes from a Greek word meaning a “wasting” mainly affects babies under one year old. The body adapts to shortage of food by the wasting of muscles and the depletion of fat stores, so that energy is only supplied to vital organs, eg, brain and heart. The child therefore becomes very thin and weak and the condition often results in death. Kwashiorkor Guthrie (2003) states that the importance of protein nutrition has been emphasized in the decade with the identification of the condition. Kwashiorkor as protein deficiency diseases. According to her, this condition occurs primarily among children between two and five years who are weaned from mother's milk to a diet of starch cereal products practically devoid of protein. Kwashiorkor as described by Brock (2010), as “red boy” the name comes from the odd or reddish orange color of the hair as well as from a skin.

METHODOLOGY/RESEARCH DESIGN

INTRODUCTION:

This chapter presents the method of research and research design used by the researcher.

STUDY AREA:

The study was conducted along Senzebu, Kambamaseselah, Sannohlah, Baolah, Katehun, Kongolah and Kamaru respectively and effect they have on the (Golahun Tunkia) community. It is a central business place and chiefdom headquarter town in Kenema district. It has an estimated population of about 10,826 people the relief of Golahun Tunkia community is characterized by hilly and low elevation

due to its location. That community has seven (7) sections, namely, Golahun section, Daru section, Segbwema Section, Giewoma Section, Jewahun Section, Kwawuma Section, and Taninahun Section. Administratively, Golahun Tunkia community consists of paramount chief, chiefdom speaker, council of elders, section chiefs, town chiefs, town speakers, area chiefs, youth leader, and chairladies. The Golahun Tunkia community highly populated, the people living in this community have different life styles because of their different origins. In this community, there is Mende, Fullah and Limba of which each has different life styles for examples

- Mendes are known for farming (subsistence), fishing and hunting.
- Fullahs are mainly known for trading, cultivation of groundnut rearing of animals such as goats and sheep and also trading.
- Limbas are also known for palm wine taping and selling.

Religiously, it is well known that we have three types of religions practiced in Sierra Leone and these are:

- Islam.
- Christianity.
- Africa Traditional Religious.

In Golahun Tunkia Chiefdom Community, Islam is only religious that is predominantly practiced whereas; there is no room for any other religious practice to be observed. The social institution /service in this community are, football match, disco dance, bowie dance, gobo dance, sports and concerts. The cultural traditional practices of the people in Golahun Tunkia Community are basically poor and bond secret society. Some public social institution in Golahun Tunkia Chiefdom Community: Apart from the secret social institutions which served as denominations of tribal religion in Sierra Leone, there are those that could be practiced in public.

There is no secret attached to their activities and therefore could be watched by people who may not be members of their cult. Some of these public social institutions practice in this Golahun Tunkia Community are:

- Pouring of libation.
- Coronation of chiefs.
- Story telling

- Marriage ceremony
- Naming ceremony.

Traditionally /culturally, people in Golahun Tunkia Community have beliefs for the pregnant woman. The following beliefs are observed typically in this community:

- Avoidance of doubtful foods. It is beliefs that doubtful may create adverse effect on unborn child.
- Avoidance of intercourse for a length of period until delivery.
- She is advised not to tie knots at the edge of any cloth she wear around her waist or she does not use a cord to tie a cloth around her waist as it is believed to tie the delivery process
- She is advised against intercourse with another man except her husband. It is believed that this can also retard or delay delivery. She is not expected to commit sin of any kind nor engage in acts of theft, as it is believed to delay delivery for the expectant father;
- He does not allow his pregnant wife to wear his undies (pants) or trousers, as it believed that at delivery, he will experience delivery pains just as his wife.
- He is advised against using anything that ties up –eg, belt, necktie etc , as it is believed to affect the unborn child.

He is not supposed to tie shoe laces during his wife's confinement. It is believed that it will tie up the umbilical card and thus delay or create difficulty in delivery. Taboos in Golahun Tunkia community

Taboos are prohibitions to a person, a clan or a family which if violated, may result in an adverse effect on the person or group of persons. It can be a special thing forbidden to a person either for biological, religious, social, moral or some special reasons.

Therefore taboos in this community can looked at as follows:

PERSONAL TABOOS:

A newly born baby who refuses its mothers, breast milk observers that taboo of breast – feeding. The breast milk may either be bad or be poisonous to its system. The baby therefore naturally avoids the breast milk of its mother. Craftsmanship like blacksmithing, gold smiting, weaving pottery and the like, are occupations, which demand the observance of taboos by their practitioners. They therefore observe taboos by keeping themselves chaste before undertaking the craft. Some avoid eating certain kinds of meat egigvama Hunters, herbalists, warriors, priests and twins also observe taboos. Wives of hunter observer taboos on sexual intercourse when their husbands go out on games or else their lives will be in danger. Twins observe the prohibition of eating certain animals like iguana for fear that their bodies might develop rash or be affected by other skin diseases.

SPEECH TABOO-Speech taboo are forbidden or prohibited expressions or utterances to another person who might consider them as results. Certain words are offensive when spoken in public or character to a person or a group of persons. Examples:-The very act of calling the name of one's father or mother or the name of the ancestors or God may be taken as insult or a speech against them unless a prefix is added to it. The Meade in this community add prefixes Mahedi 'keke' and 'yea' give additional impetus to the names. The death of notables like paramount chiefs and social heads are usually not announced immediately as it is a taboo until certain ceremonies are performed. The annunciation is made through the euphemism, which is later followed by signs. The death of a chief in the mender region and particularly in (Golahun Tunkia Chiefdom Community) is distinguished in the following words:- The chiefs illness is worsened 'or' the house is broken.

SEXUAL TABOO- there is restrictions or forbidden sexual relation between people believed to have close blood or family relations-in this community, it is taboo for a man to have an affair with the wife of another man. if such acts are exposed the victim might be summoned to court and required to pay a fine, but the taboo may be broken during social ceremonies and them reinforced at the end of the period, if is a taboo to have sexual intercourse with a woman in bush. This act is traditionally against the norms of any in Africa and in the Golahun Tunkia chiefdom community specifically as the act may be responsible for famine, infertility of the soil in general. In terms of health facilities, Golahun Tunkia community can boast of two health centers. One was built by Sierra Leone government and the other established by doctor wai both of which have trained and qualified nurses, availability of water, for sewage disposal in order to maintain effective and efficient sanitation activities in this community. There is one secondary school [junior] and two primary schools within the community. There are private and public taps which are always functional but only few communal and private latrines are serviceable in the community.

OVERVIEW:

The overview is used in the selection of subject for the investigation. The population of the weaning children estimated to be 300 the researcher took 30% of the population which is 90. The calculation is done as $30\% \times 300 = \frac{900}{10} = 90$. The overview is then carried out since the population is heterogeneous, when the researcher know the several sub-populations that exist, the total population is sub-divided in these sub-population called strata (strata means one of the series of layers or social level).by proving for sampling through out the entire population, members from each identified stratum which definitely included in the sample, this ensures representativeness in this method, the research could proportionally

included members of the population in the sample. That is the proportion of each categories in the population must be represented the fence in the sample.

RESULT FINDING AND ANALYSIS

DATA COLLECTION:

Data was collected through interview with individual in the selected areas of the community, questionnaires, observation discussion with nurses, other relevant facts were a also collected from journals, old dissertation and educational encyclopedias. These different methods of collecting data were very important to the researcher in order not miss-out very important details on the interview guide, the researcher intended to use the interviews guide to ask the questions or pose the questions. the researcher would like to see the attributes such as proper sanitary condition physical appearance of weaning infants and there feeding habits, social interaction and there emotional disposition, clinical card and health personnel to give information on the past and present health status of the infant in the sample.

DATA ANALYSIS:

The treatment of data was done by analyzing the data qualitatively and quantitatively. that is to say, qualitatively give an indication of the age of the children at weaning while quality of food provided and there health status observation on the sanitary and home environment, family size and earning power of the family was analyses and determined whether these factors could influence malnutrition leading to kwashiorkor and Marasmus. The researcher had some discussion with health personnel on the prevalence of weaning. Related complication was analyzed in order to bring out issues on diseases, medication, social and emotional adjustment of there children. Illustration will be given through pictures which will be displayed on the research where necessary.

POPULATION AND SAMPLES/ SUBJECT SELECTION:

The population for the study include all weaning children age between four (4) month and six (6) month living in Golahun Tunkia Chiefdom Community. Weaning age and feeding practices may vary according to cultural beliefs and socio-economic factors.

INSTRUMENTATION:

In this investigation, the instrument used including the following:

- QUESTIONNAIRES
- INTERVIEWS

- BOOKS OF OBTAIN RELEVANT FACTS
- OBSERVATIONS

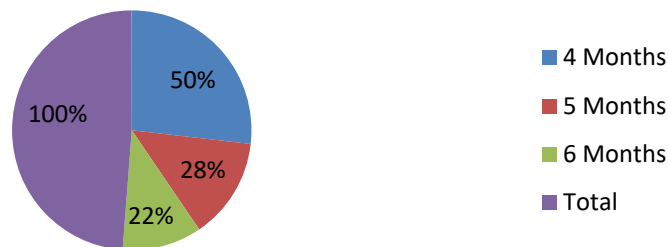
The interview guide will consist of question or statement to be responded to by the respondent .that is mother of the infant. The observation grid on the other hand has units / attributes to be observed with a form of a scale. Also, it is used to produce reliable. Result. The respondents are not aware of the fact that they are being observed. The self report questionnaires were also used for both illiterate and literate mother-Ninety (90) questionnaires were administered by the researcher. Ten (10) questionnaires were given to nurse changes or the under-fives clinic at the government hospital. The clinical careds of infants were also sullied scale to weight children. Different books form library and other places were used to gather relevant information and different methods respectively.

DATA PRESENTATION AND ANAYLSIS

This chapter denotes the data collected and analyzed by researcher in order to give out a comprehensive research objectives. This information were collected and analyzed research objectives which include the following

- ❖ Ages of weaning in infants
- ❖ Feeding methods/practices by mothers or guidance
- ❖ The different types of weaning foods
- ❖ The different types of vaccination given to babies within the age of 1.5 years
- ❖ Evidence of diseases during the course of weaning process
- ❖ Various medical centers where babies were taken to for medical treatment .
- ❖ Anthropometric of respondent in children
- ❖ Regularity of infants at the clinic for medical treatment.
- ❖ Sources of drinking water
- ❖ Ages of infants mothers
- ❖ Educational level for parent /house hold heads infants
- ❖ Current occupation of infants parents
- ❖ Death reported cases from 2013 to present

Figure 1: Shows the Children Weaned Between Four(4) to Six (6) Months

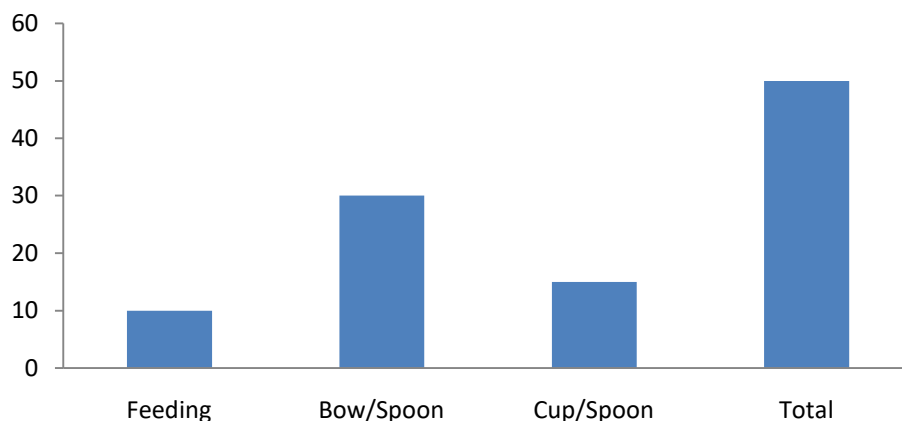


CHILDREN WEANED BETWEEN FOUR TO SIX MONTHS

Months Weaned	No of Respondent	Percentages (%)
4Months	35	50%
5Months	20	28%
6Months	15	22%
Total	70	100%

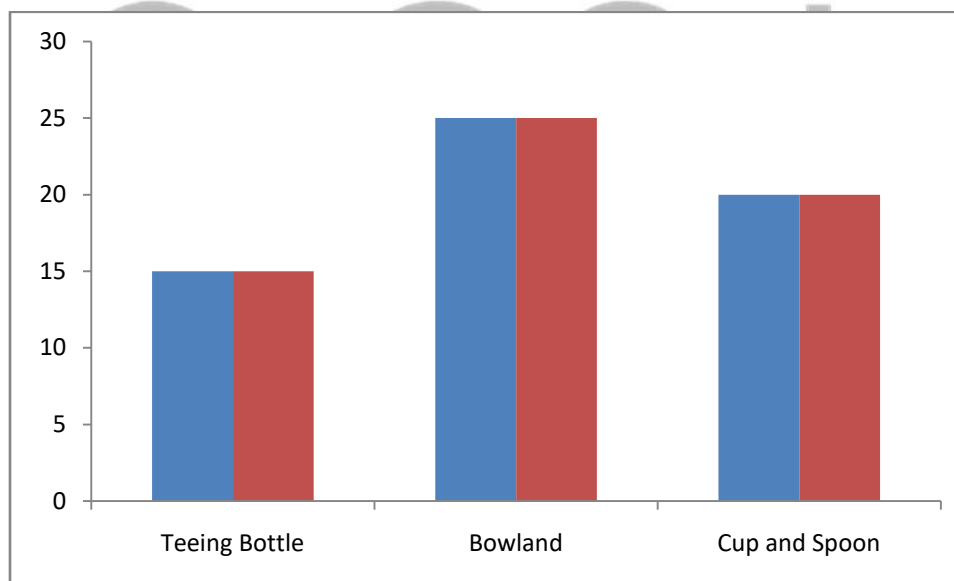
This table indicate the various weaning ages ranging from four months to six months-35 infants were weaned at four months,20 at five months and 15 of them at six months. Weaning age for infant is after six months through breast feeding. The process is a crucial stage in child development .After the exclusive breast feeding there is always an urge of the child to be measured in development of gram. In other families it is the mother sometimes who decides what the child eats.

Figure 2: Shows the Feeding Methods Used by Infants Mothers



Feeding methods	No of mothers	Percentage%
Hand feeding	17	24,3%
Feeding bottle	15	21.4%
Bowl and spoon	25	35.7%
Cup and spoon	13	18.6%
Total	70	100%

This table reveals the following feeding methods used by infants mother. Cup and spoon has the least and bowl and spoon has shown the highest number of respondents that is 35.7% 17 of the infants used hand feeding methods 15 of them used feeding bottle, 25% of them used bowl and spoon method while 13 of them used cup and spoon methods. This simple shows that mothers have not sensitized regarding the method of feeding their babies. Infant mothers wean their children through cultural ways such adding soft cooked rice with palm oil or plantain.



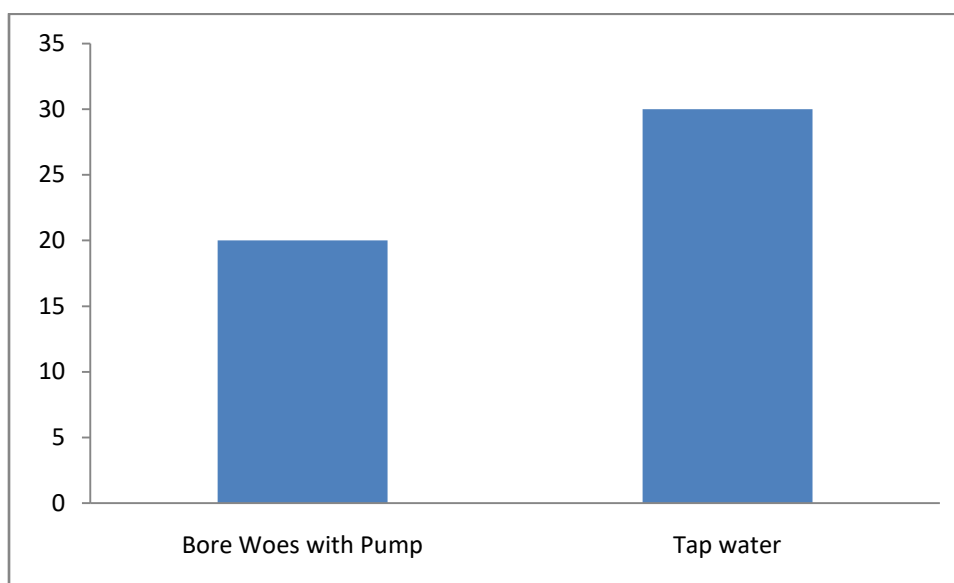
Foods	No of Respondent	Percentage%
Rice pap with sugar and salt	10	14.3%
Imported baby formula	10	14.3%
Bennie mix	15	21.4%
Bulgur pap with light sugar	5	7.1%
Soft cooked rice with palm	5	7.1%

oil		
Foo-Foo pap with light sugar	15	21.4%
Glucose biscuit	10	14.3%
Total	70	100%

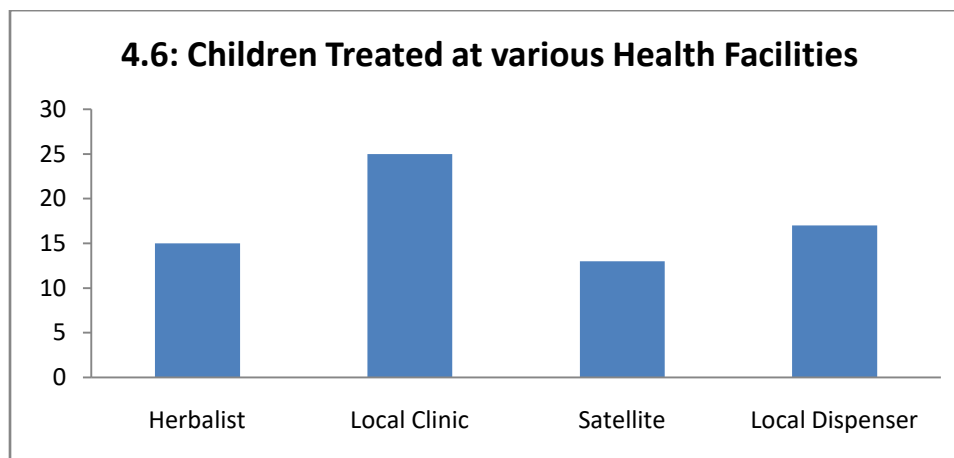
Regularity	NO . Infants	Percentage %
Weekly	12	17.1%
Monthly	10	14.3%
Seldom	15	21.4%
Very Offer	13	18.6%
Only When Ill	20	28.6%
Total	70	100%

This table shows the regularity if infants who normally visit health clinic for proper medication. This shows that infants were only taking to clinic for check-up when the need raised. It was observed from the table that 12 of the infants were kicking on weekly bases; 10 on monthly based, 15 of them seldom, 13 of these infants were taken to the clinic very often because of the health status, while 20 were taken only when they are ill, for medical assistance.

SOURCE OF DRINKING WATER:



This table shows the sources of drinking water. 25 of the respondents get the bore holes with pump, while 45 of them get their own water from the tap in their community.



Health facility	No. of Respondents	Percentage %
Herbalist	15	12.4 %
Local Clinic	25	35.5 %
Satellite	13	18.6 %
Local dispenser	17	24.3 %
Total	70	100 %

According to the 4.6, it was observed that parents took their infants to various place in search of medical assistance when they fall ill. It was also observed that 15 infants were taken to the herbalist when they are sick, 25 of the children got their treatment from the local clinic when they need help, 13 of the infants were taken to the satellite hospital, 17 of the children visited local dispensers who live among them in the community.

Table 4.7: DIFFERENT VACCINATIONS OF INFANTS AND CHILDREN

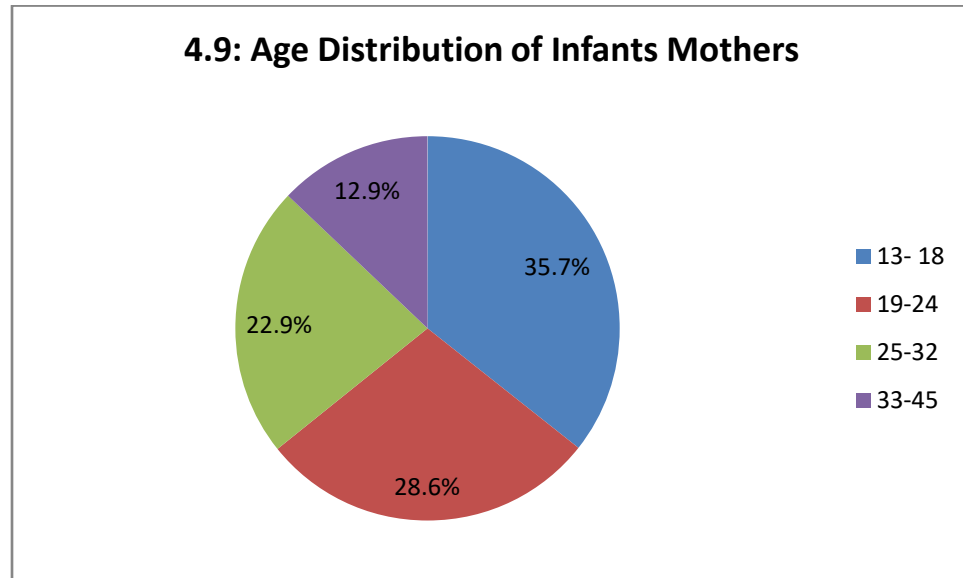
VACCINE	DISEASE	NO. ADMINISTERED	PERCENTAGE %
Bacillus Camille (B.C.G)	Poliomyelitis and tuberculosis	40	57 %
Diphtheria	Hemophilusinfluenz and hepatitis B	30	54 %
Total		70	100 %

Table 4.7 Shows diseases and their vaccines 40 of the respondents that are 57.1% took the first Vaccination which is given from birth up to 20 days after birth while 30% the respondents took the second vaccine.

Table 4.8: EVIDENCE OF DISEASE IN WEANING INFANTS

DISEASES	NO of infants	Percentage %
Diarrhea with fever	12	17.1%
Cough with Pneumonia	8	11.4%
Typhoid fever	14	20.0%
Malaria	10	14.3%
Gastroenteritis	5	7.1%
Worm infestation	2	2.9%
Anemia	9	12.9%
Total	70	100%

Table 4.8 identified problems with early weaning % children 12% the infants suffered from diarrhea with fever due to sanitary condition and poor hygienic practices 8% the infants suffered from cough with pneumonia due to the exposure of body and poor sleeping condition as most Of these infants sleep with their mothers on mat 14 of them suffered from typhoid fever accord in to parents this fever often comes on and off which makes the infants very deuce and inactive . 10% the infants were suffering from malaria also 10 of them suffered from diarrhea with vomiting which showed signs of weakness and weight loss 5 of them suffered from gastroenteritis which is due to the contaminated food and drinking water , poor hygiene practices which parents are ignorant of Children were detected with worm infestation due to the destroy area and contaminated food being picked up from the ground to eat while 9% these children were anemic due to lack of iron and folic acid intake.



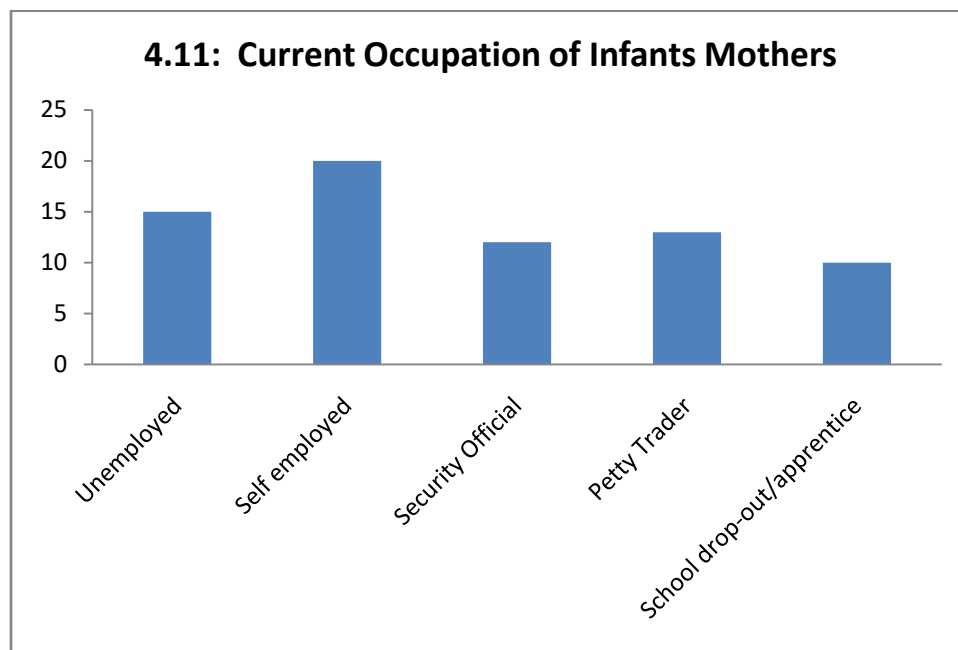
Age	N0.of Mothers	Percentage (%)
13- 18	25	35.7%
19- 24	20	28.6%
25- 32	16	22.9%
33- 45	9	12.9%
Total	70	100%

This table identifies ages of infant's mothers. 25 % of the mothers were between 13- 18, 20 of them are between the age of 19- 24, 16 of the respondents are between age of 25 -32, while 9 of the mother are between the age of 33-45.

Table 4.10: EDUCATIONAL LEVEL OF INFANT'S MOTHERS

EDUCATIONL LEVEL	NO OF MOTHERS	PERCENTAGE (%)
PRIMARY	25	35.7%
SECONDARY	10	14.3%
TERTIARY	5	7.1%
KORANIC	10	14.3%
PRE- VOCTIONAL	12	11.4%
UNEDUCATED	12	17.1%
Total	70	100%

Table 4.10 about identifies the educational status of infant's mothers 25 of these mothers had primary education caption 10 had secondary education, 5 of them went through the tertiary education 10 of these mothers went through the Islamic training form of education, 8 of these mothers had their pre-vocational education, while 12 of them did not go to school.



Occupation	No. of mothers	Percentage %
Unemployed	15	21 %
Self employed	20	28.6%
Security official	12	17.1%
Petty trader	13	18.6%
School drop-out/apprentice	10	14.3%
Total	70	100%

Table 4.11 states the various occupations of infants' mothers. These occupations included self employed, security officer, petty trading, unemployed and school drop-out/where in most of them are apprentice; 15 of them are unemployed, 20 of the mothers were self employed, 20 of the mothers were self employed, 12 of the mothers were security officer, 13 of them are petty traders, while 10 of the mothers are school drop-out/apprentice.

Table 4.12: DEATH REPORTED CASES RECORDED

From 2013 to 2016 and from 2016 to present

Diseases	No. of death cases	Years
Cholera	385	2013-2016
Malaria	591	
Anemia	175	
Diarrhea	587	
Measles	275	
Malnutrition	250	
Dysentery	349	
Typhoid fever	214	
Ebola	10,000	
Diarrhea	490	2016-2018
Malnutrition	378	
Anemia	589	
Malaria	987	
Dysentery	466	
Pneumonia	578	
Measles	369	
Cholera	567	

This table shows the number of diseases of deaths reported and recorded from various diseases from 2013 to 2016 and from 2016 to 2018 in 2014, Ebola scourge was higher increase which led to the death of thousands of Sierra Leoneans. In 2016, malaria cases were also another increase to present year 201

ANTHROPOMETRIC DATA OF RESPONDENTS CHILDREN

No	Months	Weight	Height	Percentage %	Nutritional status
1	6	6.5kg	65	97%	Over weight
2	6	6.0kg	60.7	94%	Over weight
3	4	5.3kg	49.0	100%	Over weight

4	6	7.8kg	78	95%	Over weight
5	6	7.2kg	60.7	80%	Over weight
6	5	6.0kg	71.1	89%	Over weight
7	5	5.9kg	61.1	80%	Over weight
8	6	7.0kg	63.5	82%	Over weight
9	6	6.6kg	65.8	91%	Over weight
10	4	5.1kg	68.0	89%	Over weight
11	5	6.6kg	69.0	80%	Over weight
12	6	7.2kg	63.7	99%	Over weight
13	6	8.2kg	65.3	99%	Over weight
14	5	7.5kg	68.7	94%	Over weight
15	4	4.6kg	78.0	95%	Over weight
16	5	6.5kg	86.0	98%	Over weight
17	5	6.5kg	69.0	91.5%	Over weight
18	6	6.9kg	66.0	94.5%	Over weight
19	6	8.7kg	67.0	114%	Over weight
20	5	6.2kg	66.0	98.6%	Over weight
21	4	5.0kg	71.0	91%	Over weight
22	6	9.3kg	76.0	94%	Over weight
23	6	6.1kg	61.7	100%	Over weight
24	6	8.0kg	66.2	99%	Over weight
25	6	6.8kg	65.0	97%	Over weight
26	5	6.1kg	60.7	94%	Over weight
27	5	6.8kg	71.1	99%	Over weight
28	6	7.1kg	61.7	91%	Over weight
29	5	6.6kg	69.8	91%	Over weight
30	5	6.7kg	63.7	84%	Over weight
31	6	8.2kg	65.3	91%	Over weight
32	5	7.0kg	68.7	94%	Over weight
33	5	60.8kg	78.0	95%	Over weight
34	5	6.6kg	86.0	98%	Over weight
35	4	6.5kg	86.0	89%	Over weight

36	4	6.2kg	86.0	89%	Over weight
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No	Months	Weight	Height	Percentage %	Nutritional status
37	6	8.1kg	69.0	98%	Over weight
38	6	7.9kg	66.0	88%	Over weight
39	5	6.0kg	78.0	86.5%	Over weight
40	5	6.5kg	71.0	84.2%	Over weight
41	6	8.5kg	69.0	84.2%	Over weight
42	5	6.1kg	83.0	96%	Over weight
43	5	6.1kg	74.5	94.7%	Over weight
44	4	6.0kg	78.8	95%	Over weight
45	5	3.3kg	49.0	100%	Over weight
46	6	8.8kg	71.1	61%	Over weight
47	5	6.6kg	69.0	80%	Normal weight
48	4	5.8kg	68.0	73%	Normal weight
49	4	6.5kg	76.0	85%	Normal weight
50	5	4.3kg	84.0	80%	Normal weight
51	6	6.0kg	66.5	82%	Normal weight
52	5	7.1kg	68.0	89%	Normal weight
53.	4	4.3kg	85.3	85%	Normal weight
54	5	7.6kg	76.0	76%	Moderate
55	5	7.0kg	78.0	78.8%	Moderate
56	5	6.2kg	84.5	77.2%	Moderate
57	5	7.2kg	75.0	78%	Moderate
58	5	7.0kg	76.0	76%	Moderate
59	4	4.6kg	76.0	76%	Mild Malnutrition
60	4	6.3kg	84.0	79%	Mild Malnutrition
61	6	6.4kg	80	60%	Severe Malnutrition
62	6	6.6kg	81.0	60%	Severe Malnutrition
63	4	6.8kg	80.0	60%	Severe Malnutrition
64	5	6.4kg	80.0	60%	Severe Malnutrition
65	4	5.5kg	95.0	67%	Severe Malnutrition

66	4	6.2kg	100	64%	Severe Malnutrition
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This table give the Anthropometric date of respondents at Golahun Tonkia Community Health Centers (Government and Private Clinic). From the findings, it was observed that 46 of the respondent (infants) were having over weight due to too much carbohydrate nutritional status; 7 of the infants were normal with their nutrition; 5 also of the infants were having moderate nutritional status; 2 of the infants were having mild malnutrition while 6 of these children were severe malnutrition.

SUMMARY, CONCLUSION AND RECOMMENDATION

Summary:

This chapter gives the summary of the study as well conclusion and recommendation in respect of these research findings. The problems of weaning children provided as systematic process for identifying, directing and evaluating community natural and human resources.

This study has raised a number of important issues relating to the economic activities, constraints and sometimes family issues/problems with positive recommendations to inform stakeholders and to advocate for enhancing development in the community for nursing mothers.

The findings of this study are thus summarized as follows; that the respondents are engaged in trading and some are without good caring husbands little environmental education, workshops and seminars are organized and this is done to few member of the Golahun Tunkia Community which is very inefficient. There is also an increase in nursing mothers more especially those who are in educated.

Conclusions:

More children were weaned at six months as compared to those weaned at four months upon result researcher believed to be ideal age for an infant to be weaned is at six months. This was because according to W.H.O and save the children, it was concern that six months is appropriate for children as the activity and the development of a child was vigorous and rapid. Moreover, the breast milk cannot produce enough milk to sustain her child except some additional food to make them very active (15) fifteen of the children suffered from frequent diarrhea and (7) seven of the respondent suffered from pneumonia. These conclude that the infants are vulnerable but the environment as a result of poor sanitation, poor economic status of the parent and poor nutritional value.

Recommendations:

In developing countries, part of the population will not be able to afford adequate foods. In an effort to help the situation of possible malnutrition in children, the following recommendations are made;

1. Government should support the Ministry of Health and Sanitation by Organizing workshops for mother, originating seminars and to solve form of the problems within weaning ages in there.
2. Moreover effective police and programmes should be reinforced or created to impose economic growth, should be put in place.
3. Babies and infants are venerable and grow faster it is the very important that the are examined and weighed on frequent basis. Also, visiting the clinic/hospital at a regular intervals are ideal for detection of poor health, poor growth and by so doing early treatment can be administered to save the children from malnutrition and other diseases.
4. In order to meet the nutrition need of the poor group, food, productions and distributions for children should go through non-commercial channels such as churches/mosque, mother clubs in your area and health cherubic so the those food can be used in weaning programmes to prevent and reduce malnutrition in infants and the pre-school children particular those of weaning age.
5. It is also recommended that parents especially people who prepare and cook babies foods observed some amount of light standard of hygiene and sanitation which will prevent contamination and food poisoning.
6. Government should provide first Aid Kits at home for immediate treatment and mother should be educated on how to use them to solve or rid more problems at home.
7. Government should try to implement health policies in connection with health education activities including the effective primary health care programmes for both mother and their children, and promotions of appropriate weaning foods.
8. The researcher would also want to recommend that an organization of local entrepreneurs to be established in the community which may produce and distribute weaning foods for mother who may have come to settle in any other area/environment to prepare weaning food using our local food stuff.

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