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**From 2013 to 2016 and from 2016 to present**

<b>Diseases</b>	<b>No. of death cases</b>	<b>Years</b>
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**

<b>No</b>	<b>Months</b>	<b>Weight</b>	<b>Height</b>	<b>Percentage %</b>	<b>Nutritional status</b>
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 data 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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