

Letters to the Editors

Weaning food mythology

The traditional weaning foods of the Third World come in for a lot of criticism in Ann Walker's (1990) review 'The contribution of weaning foods to protein-energy malnutrition'. They were considered 'inappropriate', 'inadequate', 'contaminated' and 'improperly introduced'. I would like to defend the traditional weaning food here in The Gambia, and suggest that much of the criticism levelled at Third World weaning foods is misplaced and comes from a poor understanding of child feeding practices.

A bland, semi-liquid cereal is recommended to British and American mothers as a first food for babies (Leach, 1988). On these criteria, the millet-flour thin porridge *nyo mono*, given to Gambian babies, must be an ideal first food (Samba & Gittlesohn, 1991). A baby's first food teaches the baby to eat rather than suck. As the baby becomes accustomed to eating, more solid foods are introduced. A baby can get used to handling more solid food quite quickly, and babies in The Gambia are capable of eating the adult staple of boiled rice by the time they are 5 months old. Once the baby can eat boiled rice (66% water, 4770 kJ/kg) the 'problem' of the traditional weaning food (81–89% water, 1339–2259 kJ/kg) ceases to be a problem (GAFNA, 1988). The *nyo mono* has performed its part in accustoming the baby to solid food and is not a major component of the baby's diet.

To tamper with the *nyo mono* in the way suggested by Dr Walker would reduce its suitability as a first food and lead to confusion about its role. Ideally, *nyo mono* is introduced when the baby is interested, at 3–4 months of age, and its role is complete at 5–6 months. During this time the baby is breast-fed *ad lib.* on demand, so the bulk of the nutrient needs of the baby is met by breast milk (Whitehead, 1983). More solid foods are tried in the baby's own time and at 6 months the baby should be eating slightly modified (chopped or pounded) family food.

Why some mothers persist in feeding *nyo mono* to their 8-month-old baby as a major component of the baby's diet is a complex question to answer. In part the blame lies with the attention given to weaning paps.

Contrary to Dr Walker's request that Third World weaning foods need more attention, I plead that they receive less attention. I suggest that the traditional weaning food of the Third World returns to its modest, brief but essential role as a first food, and more attention be paid to the problems of the mother who is led to feed her 8-month-old baby on this first food rather than the family food.

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Reply from A. F. Walker

I was pleased to hear of Dr Jones's account of the success experienced in feeding infants in The Gambia. It is a pity that we do not hear more of these success stories. Published information of this type, including longitudinal data on height and weight of infants, with nutrient intakes, would be extremely valuable source material for those concerned with the problem of Third World malnutrition. Clearly, once the infant is able to eat solid food the low energy density of weaning gruels ceases to be a problem. Indeed, a recent survey which we have conducted ourselves in Northern Nigeria shows that energy densities of weaning gruels are usually high when there are no mitigating circumstances and mothers are not severely constrained by finance.

Despite Dr Jones's positive report, infant mortality in the first year of life due to malnutrition remains a major problem in Third World countries. Nutritionists need to pool all the available information to determine why this is so, in order to make appropriate recommendations based on locally available foods to alleviate the situation. This is why, despite the success of feeding many infants in the Third World, infant feeding practices worldwide need to be closely monitored and recorded, including those during the weaning period. This will enable nutritionists to make recommendations adaptable to local circumstances, which are based on fact.

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