



**COMPLEMENTARY FEEDING PRACTICES AND NUTRITIONAL
VALUES OF COMPLEMENTARY FOODS USED BY IGBO
MOTHERS OF IMO AND ABIA STATES OF NIGERIA**

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INTRODUCTION

Weaning foods also known as complementary foods can be produced from available local ingredients. They are made out of legumes, grains example com, millets, soyabeans, groundnuts, fruits, vegetables etc. The term "Complementary" is derived from complement. According to Kornby (1981) (Oxford Advanced Learners Dictionary), it means; "Something added later to improve or complete". It means, an infant becoming gradually accustomed to solids. This is gradually introduced to the infants from six months ideally after exclusive breastfeeding. At this age, babies can push food given by spoon to the back of their mouth, ready for swallowing (Eboh, 1992). Complementary feeding

from a physiological point of view, is a complex process involving nutritional, microbial, immunological, biochemical and physiological adjustments.

Uwaegbute (1990) stated that for the first few months of life, breastmilk and infant food formulae are the first infant's primary source of nutrients because of the subsequent increase in nutrient needs for a very rapid growth. However, early weaning has been associated with obesity; coeliac diseases, infections and poor motor coordination while late weaning is associated with failure to thrive and anaemia.

During complementary feeding. The period in which diet changes from clean breast milk which contains anti-infective factors to foods which are often prepared, stored and fed in unhygienic ways, malnutrition is more common during this transitional period, because "mothers" may not be aware of the special needs of the infants and may not know how to prepare the complementary foods that are available.

Nutritionally, it is appropriate to begin with iron containing foods at six months, since that is the time the iron stores from birth are being diminished (Okaka, 1992). The requirement at the age exceeds that supplied by human milk. An additional source of protein because the grams of protein per kilogram of body weight supplied by milk drop as the infant grows heavier (Akobundu 1992).

A human infant also needs bulk or roughages in the diet. The exact time, this need becomes apparent is not known but it is certainly by the end of first year (Insley 1991). There is need for information on the complementary feeding practices of Nigerian mothers from different parts of Nigeria. This information is needed because of the problem of Protein Energy Malnutrition has been associated with the complementary feeding period (Akobundu 1992).

Such information is necessary in order to advise mothers on infant complementary Feeding, since nutrition education must be based on the knowledge of the existing patterns. This study is therefore design to document feeding practices and nutritional value of complementary foods fed to Nigerian infants by mothers in Imo and Abia States of Nigeria.

STATEMENT OF PROBLEMS

Protein energy malnutrition results from deficiency of protein, energy and calories in the diet is not one disease but a range of pathological conditions arising from inadequate or unbalanced diet (Eboh, 1992).

Akobundu (1992) stated that vegetable proteins are consumed directly as food constitutes the major diet any protein source in cases where animal protein is in short Supply for complementary feeding. The shortage of animal protein and the lack of knowledge of how to blend and process

protein food sources farther aggravate protein energy malnutrition in Nigeria.

For example, malnutrition which is prevalent in infancy, is due to lack of good quality complementary foods. Another problem in Imo and Abia states is inability to utilize effectively inexpensive nutritionally adequate local crops available in the communities for complementary feeding. Even though commercially processed foods are available, their cost limits their use to a small percentage that can afford them.

It then becomes necessary to evaluate the nutritional value of complementary foods fed in Imo and Abia States of Nigeria in order to identify where they are deficient and correct them. This is the problem this research seeks to address.

OBJECTIVE

The study aims at investigating the complementary feeding practices and nutritional value of complementary foods used by Igbo Mothers of Imo and Abia States.

SPECIFIC OBJECTIVES

- (1) To examine the pattern of complementary feeding by mothers of Imo and Abia States.
- (2) To identify the age at which complementary foods are started and what is fed.
- (3) To identify the reason for feeding complementary foods by mothers in the two states.
- (4) To chemically determine the nutritional value of the major complementary foods and calculate their nutrient densities.

MATERIALS AND METHODS

This chapter discusses the methodology and procedure used in carrying out this study. It will attempt to look at the areas covered by the study the population, methods used in selecting the sample for the, procedure for data collection and method of analysing the data collection. The study will involve survey, collection and analysis of sample of infant foods as fed.

SURVEY AREA

The areas covered are Umuahia central and Ariam both in Abia State and then Orji and Achi-Mbieri both in Imo State (Urban and Rural respectively). Umuahia central is located at the heart of the town (the state capital) while Ariam is at Ikwuano Local Government Area of Abia State.

Orji in Owerri, is a town near the Owerri Municipal Council of the State while Achi Mbieri is a community in Mbaitolu Local Government Area of Imo State. The sample consisted of 100 nursing mothers from both States. The nursing mothers were selected randomly from the population, in which cluster survey design was used. Clusters drawn from the population were group of educated and illiterate nursing mothers. These mothers were contacted by personal visit and the purpose of the survey was explained to them.

MATERIALS/INSTRUMENTS

Structured questionnaires were constructed and were validated by lecturers of Home Economics Department, Michael Okpara University of Agriculture Umudike. The questionnaire was designed to collect information in the following areas

Personal Characteristics

Breastfeeding practices

Types of complementary foods given to infants.

Reasons why they give these complementary food

First semi-solid foods given to the infants and reason why they were given first.

- * Foods prepared only for the infants.
- * Number of times the infants were fed daily.

Validated structured questionnaires were administered to respondents and for those who were not literate, a trained research assistant interviewed them in the local languages. After pretesting, irrelevant responses were removed. Data were grouped into 2:

Personal data.

Breastfeeding / Complementary feeding practices.

DATA ANALYSIS

The data were analysed manually by tallying method and were coded accordingly. Frequencies and percentages were calculated for all the questions. Chi-square analysis was used to evaluate the data on significant differences on nutritional values of the major complementary foods used by Igbo mothers of Imo and Abia *state*

COLLECTION OF FOODS SAMPLES: Complementary food samples were collected as mothers, were feeding their infants were analysed for their nutritional values.

LABORATORY ANALYSIS: The Laboratory analysis for nutritional values of the major complementary foods used by mothers of Imo and Abia States were done in Central Research Laboratory and Farm Centre Laboratory University of Uyo, Akwa Ibom State.

METHODS/PROCEDURES OF ANALYSIS USED: Analysis was done in triplicate.

MOISTURE CONTENT DETERMINATION PROCEDURE

A clean weighing bottle was dried (a metallic dish or petridish) in an oven at 80°C for about 30minutes, cool in a dessicator and weighed (w). The sample (about 1-2g) was added and weighed (b)

The petridish or can plus sample was put into the oven adjusted to 70°C. After about 5 hours was removed and quickly transfered to dessicator for cooling. Weigh and put back into the oven and adjust to 105°C for another 5 hours, remove, put in the dessicator for cooling. Weigh and repeat the process until a constant weight is achieved.

CALCULATION

W — weight of moisture can.

B = - - weight of moisture can +sample.

C = weight of can +dried sample.

B-C = weight of dried sample

3-W = weight of wet sample.

moisture content (me) in % = $\frac{b-c}{w} \times 100 = x\%$

$b-w \times \% = \text{moisture content.}$

PROCEDURE FOR ASH DETERMINATION

The ash content represent the mineral or in organic residue of a biological material.

PROCEDURE

The porcelain (with lid) used was first ignited or heated in the muffle furnace or with Bunsen burner for one minute. It was rapidly transfered to a dessicator for cooling and then 5g of the sample was accurately weighed

into the preheated dish. Weight of the porcelain dish and the samples were noted. The dish was heated with Bunsen burner in a fume cupboard until smoking ceased. Then was transferred to the muffle furnace at 550-570°C to burn off all organic matter for 18-24 hours.

At the end of ashing, the crucible was taken out, and was covered immediately and placed in a desiccator to cool and was weighed.

CALCULATIONS

$$\text{Ash (\%)} = \frac{\text{weight of ash} \times 100}{\text{weight of sample}}$$

W_1 = weight of empty dry crucible with lid.

W_2 = weight of sample plus crucible with lid.

W_3 = weight of ash plus crucible with lids.

$$\text{Ash (\%)} = \frac{W_3 - W_1}{W_2 - W_1} \times 100$$

In this process, all organic matter was burnt off. Therefore percentage organic -100% ash.

PROCEDURE FOR FAT DETERMINATION

A Soxhlet extractor with a reflux condenser and round bottom flask were set

Between 3 and 5g of sample was weighed into a fat free extraction thimble, which has been previously dried in an oven and weighed. Let the weight of the extraction thimble be W_1 . Plug lightly with cotton wool and weigh again - W_2 .

The thimble was placed in the extractor and the solvent was added until the extract was half full.

Condenser was replaced. The source of heat was adjusted so that the solvent boiled gently and left to siphon over for about 6 hours.

When the barrel of the extractor was empty, then the condenser was detached and the thimble was removed.

The sample was dried in a fat-free, clean beaker, well away from the flame. The thimble was placed (in the beaker) in the oven at 50°C and was dried to constant weight and was also cooled in a desiccator and was weighed - W_3 .

CALCULATION

$$\text{Fat contents (\% (w/w))} = \frac{\text{Weight of sample (extracted fat)} \times 100}{\text{Weight of sample} - W, -W, \times 100}$$

The solvent with the extracted fat in the flask was distilled off to about 10-20ml was gently evaporated in a water bath.

The lipid (fat)% was calculated thus

$$\% \text{ fat} = \text{Weight gain in flask} \times 100$$

Weight of sample to Tips to Note

1. It is recommended that the single cellulose thickness extraction thimble be used to ensure that the extract freely passes out of the thimble thereby giving way to further extraction.
2. Solvents in common use are petroleum ether (B.pt 40-60°C or 80°C) and diethyl ether.
3. However a mixture of solvents such as acetone: ethanol (1:1) could be employed depending on the nature and on type of lipid to be extracted.
4. A minimum extraction time is 6 hours. However to ensure total or complete extraction; it could be extended to 12-24 hours.

DETERMINATION OF CRUDE PROTEIN

Protein was determined by the microkjeldal method (A.O.A.C 1990)

APARATUS

1. Digestion rack with electric heaters ; Kjeldahl digestion apparatus, Kjeldahl digestion flask (500mls capacity) Burette (25mls capacity) Erlenmeyer Flask (50 mls capacity) Pipettes (5 mls; 25mls capacity) Funnels and measuring cylinder. Metter digital balance. *Cone* H₂SO₄; Analytical grade.
2. 40% NaOH: prepared by dissolving 40g NaOH pellets in 100ml of distilled H₂O
3. 0.05N HCL -prepared by diluting 4.29ml of cone HCL in 1 litre of distilled H₂O
4. 5% Boric acid solution: 5g of boric acid crystals were dissolved in hot distilled H₂O and on cooling the solution was made up to 100 mls in standard flask with distilled H₂O.
5. Double indicator system: (Methylene red and methylene blue).200ml of 0.1% w/v, ethanotic solution of methyl red and 50ml of 0.1% w/v ethanolic solution of methylene blue were mixed and stored in a dark brown bottle.

6. Kjeldahl digestion catalyst: This was produced by mixing carefully together $\text{CuSO}_4 \cdot 5\text{H}_2\text{O}$ and Na_2SO_4 in the ratio 1:5.

PROCEDURE

1. 2g of each sample were accurately weighed and put into a standard 500ml kjeldahl flask containing a spatula full of the kjeldahl catalyst, some anti-bumping chips and 50ml of cone H_2SO_4
2. The digestion flask was placed into the digestion rack and heated gentle for one hour to prevent vigorous charing and frothing.
3. The flask and its contents were then subjected to vigorous heating for 8-12 hours until a clear bluish digest was obtained.
4. After digestion, the digest was cooled and the quantitatively transferred to a 100ml standard flask and made up to mark with distilled H_2O .
5. 25ml portion of this digest was pipetted into a micro kjeldahl markham distillation apparatus and treated with 40% NaOH solution, then heated.
6. The ammonia evolved was steam distilled as described by Markham (1942) into a 100ml conical flask containing 10mls 5% Boric acid solution into which 2-3 drops of double indicator has been added.
7. The tip of the condenser was immersed into the boric acid double indicator solution and the distillation continued until about 3 times the original volume was obtained
8. The tip of the condenser was rinsed with a few mls of distilled H_2O
9. The boric acid double indicator solution, turned green as the ammonia distilled into it
10. The distillate was titrated with 0.1N HCL solution until a purple pink colour was obtained at the end point.
11. A blank determination was carried out in a similar manner as discribed above except for the omission of sample in the digestion flask.

NOTE

Most protein contains about 16% N_2 , so that 16mg N_2 - 100mg protein: 1mg

The nitrogen value is therefore multiplied by 6.25 to get the weight of protein. ,

CALCULATION

$$\frac{\% N_2 \times 14}{100} \times \frac{100}{25} \times 0.1 \text{MHCl} \times \frac{100\%}{2 \text{gm}} \times \text{titrate}$$

% protein = 6.25 x N value obtained above.

DETERMINATION OF CARBOHYDRATE CONTENT

Under proximate analysis, the carbohydrate content of food sample or material was estimated by difference. This means when other proximate components such as Ash, fat, moisture, protein have been determined as percentage, the sum of these determinations was subtracted from 100 to give carbohydrate contents.

CALCULATION

Carbohydrate = 100 - (% Ash + % Protein + % Fat + % moisture).

DETERMINATION OF FIBRE PROCEDURE

1. 2g of samples was boiled for 30 minutes in 200ml of 1.25 H₂SO₄.
2. The sample was taken to a muffle furnace and ashed at 350c for 2 hours and it was cooled and weighed (1+3).
3. The weight difference, that is, weight of fibre was expressed as a percentage sample weight. was given by; Y, crude fibre = $\frac{W_2 - W_3}{5} \times 100$

Where 5 = sample weight

W₂ = Weight of porcelain dish and dried sample

W₃ = Weight of dish tash ashing in muffle furnace

DETERMINATION OF ENERGY (Kcal)

Under proximate analysis, the energy content of the food was multiplication. This means, when other proximate components such as fat, protein.

carbohydrate, were determined, the sum of these determination were multiplied by 4 : and was summed up to give the energy contents.

CALCULATION

Energy - (Fat x 4) + (Protein x 4) + (cho x 4).

DETERMINATION OF VITAMUN A

METHOD; A.O.A.C; Untraviolet spectrometer was used.

PROCEBURES

- 1 2g of each sample was weighed in a cleared and dry beaker.
- 2 2ml of absolute ethanol was measured into the beakers, followed by addition of 5ml of Heptane and the beakers were shaken for 2 minutes after mashing of the sample in the beakers.
3. The mixture was transferred into cleaned test tube and centrifuged for 5 minutes at 2000 pm.
4. 3ml of the heptane layer was transferred carefully into another test tube and 1ml of antimony trichloride solutions(cam-price reagent) was added and transferred. 10mm current and the absorbance read 620nm. Using the heptane as blame to zero the unicam uv/vis spectrophotometer 8625. Absorbance of known vitamin A standard concentration was also measured and recorded.

STANDARDISATION OF VITAMIN A

Vitamin A stock standard 10mg/ml.

1. 50mg of Vitamin A standard was dissolved in absolute ethanol and diluted to 100ml with the solvent. Iml of the solution was diluted to 150ml with heptanes and was stored in the fridge.
2. 3ml of the working standard solution was introduced into a cleaned test tube and 1ml of carr-price reagent was added. This was introduced into the curvet and absorbance read at 620nm. The absolute concentration of the standard in 50mg/dl. However, since 2g of sample was extracted with 5ml of Heptane, the value of the standard concentration using this method.

Absorbance Test x Concentration of Standard

Absorbance Standard

= Ug/dl.

VITAMIN C DETERMINATION

Method: Annin and Giese, 1976.

PROCEDURES

1. 2g of samples was weighed into beakers, 10ml of 1% oxalic acid reagent was added to each beaker.
2. A glass-rod was used to crushed the samples and agigate for 3 minutes using a laboratory shaker.
3. These were filtered using whatman No 42 filter paper.

4. To 8ml of 100mg of Norit 9(activated charcoal) was added and shaken vigorously for 1 minute. The extract was filtered again using filter paper.
5. 4ml of the filtrates were measured into 2 test tubes each (blank and Test). i A drop of 1 0% thianea solution was added to the test tubes.
6. To the test tube, 1 ml of 2, 4-dinitropheny hydrazine solution was added and shaken for 5 seconds.
7. The tubes were incubated at 37°C at for 3 hours in water bath.
8. At the end of incubation, the test tubes (blank and test) were placed in an ice-bath.
9. 5ml of 85% H₂SO₄ was slowly added to the blank in the ice bath with mixing followed with addition of 1ml of 2,4 DPN reagent.
10. 5ml of the acid (85% H₂SO₄) was also added to the test and was allowed to stand for 30 minutes.
11. The absorbance was read at 540nm against each using Unilam and Ur/vis speeciophotometer 8625.

STANDARDISATION

4ml of working standard was treated for blank and was also tested as sample from 6-12.

STOCK STANDARD 100MG/DL

25mg/25ml of the ascorbic acid (BDH) was dissolved in 25ml of 1% oxalic acid

WORKING STANDARD (0.4MG/DL)

0.1ml of stock standard was diluted to 25ml using 1% oxalic acid.

MINERAL ANALYSIS CALCIUM DETERMINATION Method: Atomic Absorption Spectrometer Procedure:

Calcuim content was determined by atomic absorption spectrometer. Each solution was introduced into the spectrometer and the absorbance of each sample was determined.

IRON DETERMINATION

Method: atomic Absorption Spectrometer Procedure:

The iron content was also determined by using atomic absorption spectrometer. Each solution of sample was introduced into the spectrometer and the absorbance of each sample was taken.

PHOSPHORUS DETERMINATION

Method: Ultraviolet (Uv) spectrometer Procedure:

10ml of each sample solution was weighed with 20 ml of Ammonium molybdafc and was made up to volume with deionized water to 100ml. Each solution was tha introduced into a Uv spectrometer (ultraviolet

spectrometer) and absorbance of each sample was determined.

The concentration of each sample is calculated thus

$$\text{Cone of sample} = \frac{\text{cone of standard} \times \text{Absorbance of sample}}{\text{Absorbance of std}}$$

Method: Atomic Absorption Spectrometer Procedure

The iodine content of the samples was determined by the use of Atomic Absorption Spectrometer. Each solution was introduced into the spectrometer, then the absorbance of each sample was determined.

RESULTS PERSONAL DATA

A total of 100 respondents were involved in the study, that is urban-rural of Imo and Abia States.

The socio-economic status of the respondents. This table shows that, there was no significant differences at 0.05%, in other words, there is relationship between urban and rural and their ages. For their educational qualifications, there were significant differences, that is, there was no relationship between urban and rural and their educational qualifications. Also there were significant differences on their occupation, monthly income and monthly income of their husbands.

Table 1 Socio-economic status of the respondents

Age Range				
	Urban		rural	
	Freq.	%	Freq.	%
18-24 years	8	16	5	10
	30	6	24	48
	9	18	13	26
	3	6	8	0
	0	0	0	0
	50	100	50	100
Educational qualifications				
First school Leaving cert.	3	6	20	40
West African School Cert.	4	8	12	24
Teacher Training Cert.	6	12	8	16
Ordinary National Diploma	16	32	6	12
University Degrees	20	40	4	8
Others specified (Nursery)	1	2	0	0
	50	100	50	100
Respondents Occupation				
Teaching	15	30	10	20

Trading	3	6	18	36
Civil service	25	50	4	8
	2	4	10	20
	1	2	0	0
	4	8	8	16
	50	100	50	100
Monthly income of respondents				
>N100	2	4	25	50
N1,000-N10,000	12	24	10	20
N11,000-N20,000	18	36	3	20
N21,000-N30,000	10	20	3	6
N31,000-N40,000	5	10	2	4
>N40,000	3	6	0	0
	50	100	50	100
Monthly Income of respondents Husbands				
>N100	2	4	25	50
N1,000-N10,000	12	24	10	20
N11,000-N20,000	18	36	3	20
N21,000-N30,000	10	20	3	6
N31,000-N40,000	5	10	2	4
>N40,000	3	6	0	0
	50	100	50	100

Results on the age range of mothers showed that 60% of urban mothers interviewed fall within 25-30years and the least 6% were 40years. While the highest percentage 48% in rural fall within 25-30years and the least 10% were 18-24years.

Data revealed that the educational qualifications of urban mothers were as follows: 20% had university degrees, 32% Ordinary National Diploma Certificates and 12% Teachers Training Certificates while for rural, 8%, 12%, 16% and 40% had university degrees. Ordinary National Diploma and Teachers Training Certificates and First School Leaving Certificates.

This therefore indicates that majority of mothers interviewed were educated and were in the working class group, earning higher income than those with lower educational qualifications which influences the feeding practices of complementary foods.

Table 2 revealed that there was significant differences between the number of children urban and rural women have.

Table 2: Number of Children per mother

	Urban		Rural	
	Freq.	%	Freq.	%
One	7	14	2	4
Two	20	40	9	18
Three	10	20	8	16
Four	7	14	10	20
Five	6	12	20	40
Six	0	0	1	2
	50	100	50	100

Results on the number of children per mother, indicated that some of the mothers interviewed in urban areas, that is 40% of them had two children, 20% had three children, 14% had one or four children and 12% had five children. In the rural, 40% each case had five children, 12% four children, 16% three children, 18% two children, 4% one and 2% had six children, during the survey.

Table 3, illustrates the ages of the babies during the study which was not significant, meaning that there was relationship between urban and rural and the ages of the babies

Table 3: Ages of babies of the respondents

	Urban		Rural	
	Freq.	%	Freq.	%
0-3 months	2	4	1	2
4-6 months	10	20	14	28
7-9 months	30	60	25	50
10-12 months	8	16	10	20
	50	100	50	100

Data also highlighted that majority of urban babies that is 60% were 7-9 months, 20%, 4-6 months, 16%, 10-12 months, 2% 0-3 months and the rural babies, 50% of them were 7-9 months, 28% 4-6 months, 2% were either 0-3 months or 10-12 months during the study.

Table 4, illustrates that there was no significant difference; that is, there was relationship between the rural and urban mothers and the ages of introducing complimentary foods.

Table 4: Age at which breastmilk alone was considered inadequate and age of complementary food introduction.

	Urban		Rural	
	Freq.	%	Freq.	%
2nd month	1	2	0	0
3rd month	1	2	1	2
4th month	2	4	2	4
5th month	2	4	3	6
6th month	4	8	6	12
7th month	40	80	38	76
	50	100	50	100

Results also showed that 80% of mothers introduced complementary foods at the 7th month, some 8% introduced at 6th month, 4% at either 4th or 5th month while 76% of the rural mothers introduced at 7th month, 12% at 6th month, 6% at 5th month, 4% at 4th month.

This therefore indicates that complementary foods were best introduced as from 7th month of age.

Table 5, shows that there was no significant difference which means that there was relationship between urban and rural mothers and the foods introduced as the first.

Table 5: First semi-solid foods introduced

Commercial baby	Urban		Rural	
	Freq.	%	Freq.	%
cereal (Nutrend)	12	24	1	2
Pap	19	38	20	40
Garri with soup	3	6	10	20
Mashcu yam witi paim oil	6	12	15	30
Jollofrice	6	12	2	4
Another specified (cereal)	4	8	2	4

The study also revealed that 30% of respondents in urban first introduced Nutrend or pap 12% gave mashed yam with palm oil or Jollofrice, 16% cerelac as first semi solid food given to the babies, while 40% of rural mothers gave pap, 30% mashed yam with palm oil, 20% Nutrend, 4% Jollof rice or cerelac.

This therefore implies that pap alone or with either soybeans or crayfish was the first semi-solid food given to weanling. This agrees with Intengen (1992), who stated that the upper socio-economic classes (ie urban mothers) appeared to introduce complementary foods such as pap, soft boiled rice

and mashed yam at a later age.

Table 6, shows that there was no significant difference showing relationship between the urban and rural mothers and the complementary foods introduced.

Table 6: Introduction of complementary foods at different ages.

Urban												
1	2	3	4	5	6	7	8	9	10	11	12	13
Breast milk	-	-	-	-	-	-	-	-	-	-	-	-
Watery pap alone	-	1	2	2	-	-	-	-	-	-	-	-
Watery pap with Sooyabean	-	-	-	-	-	-	-	5	1	2	2	-
Watery pap with Crayfish	-	-	-	-	-	-	-	-	4	-	-	-
Cerelac	-	-	-	-	-	-	-	4	-	-	-	-
Nutrend	-	-	-	-	-	-	-	3	8	-	-	-
Garri with Okoro Soup	-	-	-	-	-	-	-	-	2	-	-	-Mashed
yam with oil	-	-	-	-	-	-	-	9	2	-	-	-
Fruit (banana)	-	-	-	-	-	-	-	-	2	-	-	-
-	1	2	2	7	20	12	4	4	-	-	-	-
Rural												
1	2	3	4	5	6	7	8	9	10	11	12	
Breaskmilk Alone	-	-	-	-	-	-	-	-	-	-	-	-
Watery pap alone	-	2	1	5	-	-	-	-	-	-	-	-
Watery pap With soyabean	-	-	-2	4	2	-	-	-	-	-	-	-
Water soup With craysfish	-	-	-	-	-	4	-	-	-	-	-	-
Cerelac	-	-	-	-	-	4	-	-	-	-	-	-
Nutrend	-	-	-	-	-	1	-	-	-	-	-	-
Garri/cassava With Okoro soup	-	-	-	-	-	-	-10	-	-	-	-	-
Mashed yam With oil	-	-	-	-	-	-	-	10	3	-	-	-
Mashed jollof rice	-	-	-	2	1	7	13	4	20	3	-	-

Table 7, shows that, their reasons were significant, showing no relationship between urban and rural mothers.

Table 7: Reasons respondents gave for feeding these complementary foods.

	Urban		Rural	
	Freq.	%	Freq.	%
Age culturally accepted	20	40	25	50
What was available	15	30	15	30
What others gives	-	-	-	-
Foods usually available	15	30	10	20
In the family	50	100	50	100

Data indicated that most mothers in urban, 40%, fed complementary foods to their babies with reasons that their ages were culturally accepted, 30% gave reason as what was available to them or foods usually available in the family. In the rural. 50% gave their reasons as ages of the babies were culturally accepted, 30% what was available to them and 20%, foods usually available in the family.

Table 8, shows the foods eaten by the babies which had no significant differences.

Table 8: Foods eaten by the urban and rural babies'

- | |
|------------------------------------|
| 1. Breastmilk and water |
| 2. Cerelac |
| 3. Pap alone |
| 4. Pap with soyabean |
| 5. Pap with crayfish |
| 6. Nutrend |
| 7. Jollof rice mashed |
| 8. Mashed yam with palm oil |
| 9. Garri or cassava with okro soup |
| 10. Banana |

This table 9, showed that there was no significant differences, in other words, there were relationship between the urban and rural mothers and the foods listed.

All these foods listed can only be prepared for the babies and can also be eaten other members of the family.

Table 9: Foods listed by Respondents, used as complimentary foods in their communities.

	Urban		Rural	
	Freq.	%	Freq.	%
Nutrend	8	16	3	6
Watery pap with cray fish	8	16	7	14
Watery pap with	8	16	9	18
Mashed yam with oil	8	16	10	20
Mashed jollof rice	6	12	6	12
Garri/Cassava with okro	5	10	9	18
Watery pap alone	4	8	5	10
Cerelac	3	6	1	2
	50	100	50	100

The highest percentage in urban 16% listed Nutrend. pap with cray fish, pap with soy beans, mashed yam with oil while the least percentage 6% listed cerelac. In the rural, the highest percentage 20% listed mashed yam with oil and the least 2% cerelac.

Table 10, shows that, there was no significant difference which means that, there was relationship between the urban and rural respondents.

Table 10: Frequency of Breasfeeding the babies

Urban													
Ages (Months)													
	1	2	3	4	5	6	7	8	8	9	10	11	12
On demand	2	-	-	2	-	-	-	-	-	-	-	-	-
Five times	-	-	8	-	1	-	1	-	-	-	-	-	-
Four times	-	-	-	4	-	1	3	2	2	-	-	-	-
Thrice	-	-	-	-	-	-	-	5	2	3	-	-	-
Twice	-	-	-	-	3	4	-	-	-	-	-	-	-
Once	-	-	-	-	-	-	-	-	-	-	-	-	-
- Rural													
	1	2	3	4	5	6	7	8	9	10	11	12	
On demand	6	-	-	-	-	-	2	-	-	-	-	-	
On demand	-	-	-	-	6	-	-	2	-	-	-	-	
Five time	-	-	-	-	-	-	-	-	-	-	-	-	
Four times	-	-	-	10	-	1	2	-	3	2	-	-	
Thrice	-	-	-	-	-	-	-	4	4	-	2	-	
Twice	-	-	-	-	-	-	-	-	-	2	2	-	
Once	-	-	-	-	-	-	-	-	-	-	-	-	
6	-	10	2	1	6	4	3	3	3	5	4	4	

Table 11: Frequency of feeding complementary foods to the babies

Urban													
1	2	3	4	5	6	7	8	9	10	11	12		
On demand	-	-	-	-	-	-	-	-	-	3	5		
Five times	-	-	-	-	-	-	-	-	-	3	4		
Four times	-	-	-	-	-	-	-	-	6	2	2		
Thrice			-	-							5	5	-
Twice	-	-	-	-	-	-	-	-	5	5	-	-	
Once				-	3	2	-	-	-	-	-	-	
				-	3	2	-	5	10	14	9	7	
Rural													
S1	2	3	4	5	6	7	8	9	10	11	12		
Five times		-	-	-	-	-	-	-	5				
Four times	-	-	-	-	-	-	-	-	2	-			
Thrice			-	-	-	-	-	-	2	9	2	Twice	
	-	5	5	-	-	-	-	-	-	-	-	-	
Once	.	-	-	-	-	i	i	-	-	-	-	-	
	-	-	1	1	5	5	10	10	11	7			

Results on the frequencies of breastfeeding the babies showed that 32% of urban mothers breastfed their babies five times daily, 24% four times, 20% thrice or on demand, while 36% of the rural mothers breastfed their babies four times. 20% five times or on demand, 16% thrice and 8% twice daily.

The frequencies of feeding complementary foods was also noted where 20% of urban mothers fed their babies twice or thrice, 16% fed on demand, 14% five times, 10% once, then 36% fed four times, 20% twice, 10% on demand, 4% once or five times.

Generally, there were differences in socio-economic status of urban and rural mothers which affected their feeding practices.

Table 12 Chemical Composition of the complementary foods

Complimentary foods	Moisture	Ash	Fibre	Lipid	Protein	CHO	Energy	Vit. A	Vit.C	Ca.	Fe.	Ph	I
	%	%	%	%	%	%	Kcal	ug/d	u/d	u/ug	u/ug	u/Ug	U/ug
Watery pap alone	90.65	0,51	0.30	1.73	1.90	92.56	205.41	2.42	-0.01	3.640	2.247	2.124	1,136
Watery													
Pap with													
soyabean	90,25	0.53	0.30	3.87	10..85	84.45	416.03	3.34	-0.12	5,968	6.590	4.726	2.620
Watery													
Pap with													
Crayfish	88.45	2,60	1.70	2.10	16.98	76,62	393.30	6.20	-0.15	4.588	5.880	3.660	2.980
Mashed													
yam with													
palm oil	67.05	5.31	3.50	9.77	8.40	73.02	413.60	19.08	-0.105	6.424	8.920	5.720	1.890
Mashed Jellof													
rice & fish	63.80	3.73	2,50	12.13	15.75	' 65.89	435.73	18.13	-0.34	6.392	7.640	4.226	3.660
Okro soup													
with mashed													
fish	75.00	8.40	5.60	60.50	18.38	7.12	646.50	28.63	-0.02	7.450	6.860	6.185	3.880
Garri	62.38	2.07	2,45	0.07	7.08	90.12	583.28	16.22	-0.01	3.610	5.212	3.320	1,112
Cassava (fufu)	60,45	1.80	1,25	0.32	2.86	92.80	591.12	14.13	-0.03	3.728	5,614	3.488	1,120
Fruit (Banana)	77,80	3.48	3,85	0.43	6.42	88.57 '..v	367.44	9.20	0.09	8.660	6,120	4.298	1,248

Table 13: Desired Nutrient Densities/gm by WHO(1985)

	6-8 months	9-12 months
Protein	0.7	0.7
VitAC&g/RE)	5	9.0
Ca (mg)	125	78
Fe (mg)	0.8	0.5
Riboflavin (mg)	0.07	0.04
Thiamin(mg)	0.04	0.04
Niacin(mg)	1.1	0.9
Energy (kcal)	0.6	0.6
VitC. (mg)	2.5	3

Table 14: Calculated Nutrient Densities From Results of Analysis (per gram of food Consumed) Complimentary

Food	Energy	Protein	Ca	Fe h	VitA	Vit C
Watery pap alone	2.01	0.05	0.03	0.01	0.02	0.001
Watery pap with soybean	4.20	0.11	0.05	0.07	0.05	0.001
Watery pap with crayfish	3.93	0.16	0.05	0.06	0.04	-0.002
Mashed yam with palm oil	4.14	0.08	0.06	0.09	0.06	-0.002
Mashed jollof rice & fish	4.36	0.16	0.06	0.08	0.04	-0.003
Okro soup with fish	6.47	0.18	0.08	0.07	0.06	-0.002
Garri	5.83	0.07	0.04	0.05	0.03	-0.001
Cassava (fiifu)	5.91	0.03	0.04	0.06	0.03	-0.003
Fruit (Banana)	3.67	0.06	0.09	0.06	0.04	0.009

DISCUSSION

Breastmilk is the best food for babies and it provides sufficient nutrients for growth, energy and prevention of diseases. However, as baby starts to crawl, walk and run, his food needs increases depending on the stomach capacity. Foods like cereals, vegetables, yams, meat and fruits would have to be included in their diets. In addition, many infants have been breastfed for prolonged periods of time without introducing complementary foods and when they are introduced, it is probably of a low-energy density without considering the stomach capacities of the babies.

According to FAO/WHO/UNU, (1985) the stomach capacities of the babies are as follows

3-6 months - 228g

6-12 months - 250g The FAO/WHO energy recommended allowances for breastmilk are as follows:
 0-3 months - 695kcal
 4-9 months - 730kcal
 10-12 months - 836kcal _t While the protein content of breastmilk is 1.15g/100ml.

During complementary feeding, breastmilk should be complemented with appropriate foods to provide additional energy, protein and specific nutrients (WHO/ FAO,1996).

The recommended dietary allowance of calorie and protein during imrodectiaBaf complementary foods include;

Table 15 (months) Stomach capacity (Kcal/day) Protein intake (g/kg/day)

3-6	228g	700	1.8
7-9	250s	810	1.65
10-12	250	950	1.50

Source: FAO/WHO/UNU 1985.

From these calculations, it was discovered that most of these complementary foods analysed were not according to FAO/(WHO) recommendation. The energy density for the foods ranged from 6.5-2.0 kcal/gram. This is much higher than 0.8 -.6 kcal/gram recommended for complementary foods.

For watery pap alone, whose energy density is 2.0, protein 0.05, calcium 0.03, iron 0.01, phosphorus 0.02, vitamin A 0.02, vitamin C 0.001 per gram of food. For a child of 3-6months whose stomach capacity is 228g to meet his energy, protein and nutrients requirements per day will consume this food 3 times per day with breastmilk also.

For watery pap with soybeans, which is deficient in calcium, iron, vitamin A and vitamin C. To meet with the calcium requirement of 0.025gm, the child will consume this food 3 times per day, calcium rich foods should be consumed. For vitamin A and C, the food has to be consumed along with breastmilk 2 times daily.

For watery pap with cray fish, which is deficient in calcium, iron, vitamin A and vitamin C: with these deficiencies in nutrients, it will not be able to satisfy the nutrient requirements of a child per meal. Therefore, for a child of 3-6months to meet up with the recommended 0.35mg RE, of vitamin A, the food has to be consumed 2 2 times with breastmilk as well.

For mashed yam with palm oil, which is low in protein, calcium, vitamin A and C. For a child of 3-6months with stomach capacity of 228g would meet his vitamin C requirements of 0.025mg/g and other nutrients by consuming this food 3 times per day.

For the jollof rice, which is low in protein and other nutrients except for energy which is higher than the recommended, the food has to be consumed 3 times daily in little quantities to meet with the requirements.

For Okro soup cooked with fish, the food has to be consumed 2 times to meet with the desired nutrients, such as protein, calcium, iron, iodine etc.

Generally, the protein contents were of low quality because of the sources, for example soybean which is of plant source. But protein of pap with cray fish stock of fish used in cooking the rice and soup.

Based on these calculations, some legumes like African yam bean (Akidi), Bambara groundnut (Okpa) can be used to complement complementary foods to provide additional energy, protein and specific nutrients.

CONCLUSION

The study has provided information on the complementary feeding practices of Igbo mothers of Imo and Abia states of Nigeria. There were differences between practices/foods given by urban and rural mothers. The number of times the foods were fed differed between the mothers. Pap with cray fish was adequate in quantity, quality and nutritional value.

This also highlighted the factors that affect complementary feeding such as socio-economic and urbanisation, social cultural taboos, physiological etc.

Breastfeeding was still prevalent among nursing mothers interviewed during the survey, even though the cessation from breast milk and introduction of complementary foods were still a bit early for some mothers in urban areas. Some mothers used home prepared foods instead of commercial baby foods as first semi-solid foods. The nutritive values of these home prepared foods were mostly carbohydrates, for example, pap, mashed yam, jollof rice, except if they were supplement or complemented with other food nutrients. For instance, fortifying pap with cray fish or soybeans.

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