

TECHNOLOGY OPTIONS FOR FORMULATING WEANING  
FOODS FOR THE ECONOMICALLY WEAKER SEGMENTS OF  
POPULATION IN SRI LANKA

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The need for weaning foods to feed babies from six months to two years old is now being met through commercially produced weaning foods in the world prepared by extrusion or roller - drying processes. Weaning foods thus prepared are excellent products and meet the nutritional requirements of the infant, two such products in Sri Lanka being Cerulac and Biliduposha. However, the products as marketed are too expensive for the target groups who need such a product in developing countries. It is therefore desirable to study ways and means of developing less costly but equally nutritious weaning foods that may be within the reach of the wider population. The basic bulk raw materials for developing such foods should be locally available staple grains such as millets or other cereals and legumes, or edible-grade oilseed meals in some areas. The process or technology for production should not be sophisticated and should be highly adaptable. If possible, there should also be the possibility for choices in technologies for making such foods.

During the past several years, Thailand, Philippines, Indonesia, Sri Lanka and India have tried to develop weaning food mixes for their weanling infants from 6-24 months of age. The weaning food should be nutritionally well balanced in proteins and essential vitamins and minerals. It should be precooked if possible so that it can be fed to babies as a soft product by simply stirring in hot or boiling water. The fibre content in the material should be low and within permitted limits. Since nutrition is one component in Primary Health Care, delivery of supplementary food through health care network is an important strategy for us.

However Sri Lanka has been fortunate in developing a pre-cooked extruded product called Thriposha with the assistance of CARE, USDA and Colorado State University to provide a high quality weaning food to the economically weaker segments of the population through MCH of the Health Services.

The pros and cons of Thriposha, a centrally processed weaning food compared to locally produced ones at the primary health care levels are discussed.