Original Research Article

FORMULATION AND EVALUATION OF READY-TO-USE THERAPEUTIC FOODS USING LOCALLY AVAILABLE INGREDIENTS IN BAUCHI, NIGERIA

Highlights:

- Globally, severe acute malnutrition (SAM) is reported to affect 19 million children 0-5 years of age, and is associated with 1 to 2 million preventable child deaths every year
- 60-90% of children with SAM without medical complications can be treated without being admitted to health facilities using Ready-to-use Therapeutic Food (RUTF).
- RUTF formulated using locally available ingredients are acceptable, comparable to existing RUTF, and meet the WHO recommended minimum nutrient requirements for RUTF

Running Title

FORMULATION AND EVALUATION OF READY-TO-USE THERAPEUTIC FOODS

Abstract

a) A known weight of sample was placed in Kjeldahl flask and about 200 milligram of catalyst mixture was added.

b) $10.0cm^2$ of concentrated sulphuric acid was added to the content of the flask. It was heated gently for few minutes until frothing ceased. The heat was increased to digest for 3 hours. It was allowed to cool and made to a known volume with distilled water ($100cm^3$).

c) $10.0cm^3$ aliquot of the dilute solution of the digest was distilled by pipetting the volume into distillation chamber of micro Kjeldhal distillation apparatus. $10.0cm^3$ of 40% sodium hydroxide solution and steam distil was added into $10.0cm^3$ of 2% boric acid containing mixed indicator (note colour from red- Globally, severe acute malnutrition (SAM) is reported to affect 19 million children 0-5 years of age, and is associated with 1 to 2 million preventable child deaths every year. 60-90% of children with SAM without medical complications can be treated without being admitted to health facilities using Ready-to-use Therapeutic Food (RUTF). Shipping costs, delays & donor fatigue lead to periodical unavailability of RUTF in Nigeria, undermining its effectiveness in combating malnutrition. This study produced and carried out proximate and sensory evaluation of three samples of RUTF (AOB, BOC and PCO). The energy content (523kcal) of PCO, AOB (555kcal) and BOC (573kcal) were comparable to the recommendation of 520-550 kcal by the WHO. The fat contents (45.11g and 43.04g) of BOC and AOB respectively were higher, while that of PCO (32.14g) was within the recommendation of 45-60% from fat. The protein contents of AOB, BOC and PCO (22.7g, 24.11g and 21.70g respectively) were higher than the recommendation of 10-12% of energy. The ash contents (3.5g and 4.38g) of AOB and BOC were similar to that of Plumpy'Nut. BOC was the most acceptable in terms of flavor, color and consistency. There was no significant difference in flavor and color (p=0.175 and 0.471 respectively) but there were significant differences in consistency and taste (p=0.025 and 0.008 respectively) between the samples.

Introduction

Malnutrition is the most common nutritional disorder in developing countries and it remains one of the most common causes of morbidity and mortality among children worldwide[1]. Severe acute malnutrition is defined by a very low weight-for-height (below -3 z scores of the median WHO growth standards) and a mid-upper arm circumference less than 115 mm, with or without nutritional oedema[2-4]. Globally, 52 million children under five years of age – one in twelve children in this age group –suffer from acute malnutrition[5]. Globally, severe acute malnutrition (SAM) is reported to affect 19 million children 0-5 years of age, and is associated with 1 to 2 million preventable child deaths every year[6, 7].

In Nigeria, there has been a 97.7% increase in the prevalence of SAM over 10 years (from 4.4% in 2003 to 8.7% in 2013). The highest spikes in SAM prevalence within this period have been documented in the country's north-eastern and north-western regions respectively (1.2% to 9.3% - an increase of about 775%; and 3.8% to 15.3%, an increase of 402.6%)[8]. An acutely malnourished child under 5 years is 20 times at higher risk of dying than a well-nourished child[9]. Acute malnutrition inhibits children's physiological and mental development, has life-long implications for their health, and heavily mortgages the opportunities available to future generations[10].

Ready-to-use therapeutic foods (RUTF) are energy-dense, micronutrient enhanced pastes used in therapeutic feeding[11]. Ready-to-use therapeutic food (RUTF) has greatly improved the recovery rate of children with severe acute malnutrition (SAM) in sub-Saharan Africa[12]. 60-90% of children with SAM without medical complications can be treated without being admitted to health facilities using Ready-to-use Therapeutic Food (RUTF)[13]. Shipping costs, delays & donor fatigue lead to periodical unavailability of RUTF in Nigeria, undermining its effectiveness in combating malnutrition. Peanut milk-based ready-to-use therapeutic food (P-RUTF) which is used in community-based treatment of SAM is expensive[14]. Lack of locally produced RUTF is a key challenge in the sustainable treatment of SAM in non-emergency contexts[15]. RUTFs can be made with local ingredients to fit local taste preferences[16]. Substituting soy for much of the milk in RUTF might reduce its cost and/or increase its availability[17]. It is against this background that this study was designed to formulate and evaluate RUTF using locally available ingredients in different ratios, in order to meet the recommended nutrient composition for RUTFs while achieving products that are culturally acceptable.

MATERIALS AND METHODS

Eight cereal, legume and oils mixtures were formulated and evaluated. In particular, efforts were made to combine the various cereal, legume and oil seed mixtures to maximize the protein quality, attempting to offset any essential amino acid deficiencies in one ingredient by combining it with another ingredient that was high in that particular amino acid (18). After evaluating the proximate composition, sensory qualities, cost of production and overall acceptability of the 8 RUTF formulations, 5 were eliminated based on the parameters listed above, and only the most acceptable and cost-effective formulations which satisfied the nutrient recommendations were further evaluated.

The three samples of RUTF (AOB, BOC and PCO) were produced using the following ingredients: powdered milk, sugar, peanut paste, vegetable oil, soybean flour, crayfish powder, guinea corn flour, rice flour, cashew nut paste, acha flour, dried date palm powder and a vitamin-mineral mix in different combinations as presented in table 1.

The grains, powdered milk, sugar, crayfish, date palm and vegetable oil were purchased from Muda Lawal market and Central Market, Bauchi.

The vitamin-mineral mix was purchased from

Production of the grain flours

Acha flour and guinea corn flour were produced thus: grains were sorted, washed, fermented, drained, dried and toasted until very crisp and golden brown, cooled and dry-milled into flour. Acha was fermented for 12 hours and dried at 60^0C, while guinea corn was fermented for 24 hours and dried at 70^0C.

Soybean flour was produced by sorting, washing, fermenting for 12 hours, decortication, boiling for 20 minutes, cooling, drying at 70^0C, toasting, cooling and dry-milling into flour.

Date palm powder was produced by sorting, washing, drying and dry-milling into powder.

Peanut paste and cashew nut paste were produced by sorting, washing, air-drying, toasting and milling into a paste.

Crayfish powder was produced by sorting, washing, drying, slight toasting and milling into powder.

Table 1 shows the ingredient composition of the RUTF formulations

Table 1: Ingredient composition of the RUTF formulations

Sample AOB		**Sample BOC**		**Sample PCO**	
Ingredient	%	Ingredient	%	Ingredient	%
Rice flour	18	Acha flour	18	Guinea corn flour	18
Peanut paste	27	Cashewnut paste	25	Peanut paste	27
Soya bean flour	18	Soya bean flour	18	Soybean flour	18
Date powder	14	Sugar	14	Sugar	15
Milk	12	Milk	14	Milk	10
Vegetable oil	10	Vegetable oil	10	Vegetable oil	12
Multimix	0.07	Multimix	0.07	Multimix	0.07
		Crayfish powder	1		

An electric blender was used for mixing the different products. It was continuously mixed until a fine consistency was achieved. The products did not contain lumps and water was not added during mixing. The locally produced RUTF was in a paste form.

Determination of the proximate composition of the RUTF

The protein content of the three samples AOB, BOC PCO was determined using microkjedahl method. Also, the fat content of the samples were also analysed using soxhlet method. The crude fiber, ash, and moisture content of the samples were determined.

Procedure for moisture determination

a) The samples were mixed thoroughly.

d) The water content was determined by weighing 2.5g of each sample into a silica dish, which had been previously weighed.

c) The dish containing the sample was placed inside a hot air oven for 24hours at 60-70^{0}C (drying at high temperature may result in losses of heat liable or volatile components).

d) It was finally dried to a constant weight and allowed to cool for ten minutes in a desiccator before weighing.

$$\% \text{ moisture} = \frac{W1-W2}{W1} \times 100$$

W_1 = Weight of biological material before drying

W_2 = Weight of biological material after drying

Nitrogen determination by micro kjeldahl method (crude protein)

The nitrogen of protein and other compounds were converted to ammonium sulphate by acid digestion with boiling sulphuric acid.

green). It was titrated with standard 0.01N or 0.2N hydrochloric acid to grey end point.

$\% N = \underline{(a-b) \times 0.01 \times 14.0057 \times c \times 100}$

dxe

a = titre value for the sample

b = titre value for the blank

c = Volume to which digest is made up with distilled water

d = Aliquot taken for distillation

c = Weight of dried sample (mg)

To convert to % crude protein, multiply by necessary conversion factor (6.25)

<u>Ash determination</u>

The residue was charred from the moisture determination in a the muffle furnace between 500^0- 600^0C until the ash turned grey or nearly white. It was cooled and weighed for 12hours (19).

<u>Fat determination (ether-extract)</u>

a) Ether-extract (oil) a soxhlet extractor with reflux condenser and a small flask which has been previously dried in the oven and weighed was fitted up.

b) 2gm of the sample was weighed and transferred to a fat-free extraction thimble, it was plugged lightly with cotton wool, and the thimble was placed in the extractor.

c) About $150cm^3$ of petroleum ether (B.P. 60-80^0C) was also added into the flask until it siphons over once. More ether was added until the barrel of the 100ml extractor was half full, the condenser was replaced.

d)It was ensured that the joints were tight and placed on the electro thermal heating mantle.

e) The source of heat was adjusted which enabled the ether to boil gently. It was left to siphon over for 8 hours.

f) It was watched until the ether was just short of siphoning over, the flask was detached and siphon the contents of the barrel of the extractor into the ether stock bottle.

g) It was drained well and the thimble was removed and dried in an oven. The condenser was replaced and the ether was continuously distilled until it was practically dry.

h)The flask was detached (which contained the oil), the exterior was cleaned and dried in an oven until a constant weight was gotten.

j) The extracted residue was kept for fiber determination.

$$\text{Ether extracts} = \frac{\text{Weight of oil}}{\text{Weight of biological material}} \times 100$$

<u>Crude fibre determination</u>

a) Mix 500ml glacial acetic acid, 450ml water and 50ml concentrated Nitric acid were mixed.

b) 20g trichoracetic acid was dissolved in this mixture

c) 1g of deffated material was weighed into a 250ml conical flask. 100ml of the TCA mixture was added into the flask. It was refluxed for exactly 40 minutes, counting from the time heating commenced.

d) A 3 feet long air condenser or a water-jacketed condenser was used to prevent loss of liquid.

e) The flask was disconnected and allowed to cool, it was filtered through a 15cm No.4 Wathman filter paper previously dried and weighed.

f) It was washed 10 times with hot distilled water and once with industrial methylated spirit. The filter paper containing the residue was dried in an oven at 105^0C overnight.

g) It was transferred to a desiccator and weighed after cooling. An ashing crucible was weighed and the weight of the crucible plus the filter paper containing the fiber was taken.

h) Ashing was done overnight at 500^0C, it was cooled and weighed. The percentage crude fibre was calculated (AOAC, 2006).

Sensory evaluation

The three products were evaluated using a 5 point hedonic scale based on colour, flavor, taste, consistency, and general acceptability.

Fifty panelists were chosen from Federal Polytechnic Bauchi out of which 25 were mothers and 25 were children. The panelists were shared into sub groups, to assess the products that were served to them, rinsing their mouths after each sample.

The results were analysed using ANOVA

RESULTS

Table 2: NUTRIENT COMPOSITION OF SAMPLE AOB, BOC AND PCO

Nutrient	AOB	BOC	PCO	PLUMPY'NUT
Energy (kcal)	555.0	573.0	523.0	530.0
Protein (g)	22.7	24.11	21.70	14.5
Carbohydrate (g)	19.67	17.83	36.73	43.0
Fat (g)	43.04	45.11	32.14	33.5
Ash (g)	3.5	4.38	2.92	4.0
Moisture (g)	2.73	0.63	0.59	<5.0

Table 2 shows the nutrient content of the three samples. Sample BOC had the highest energy content of 573kcal while sample PCO had the lowest energy value of 523kcal. Sample PCO had the highest protein content of 24.11kcal while Plumpy nut had the lowest of 14.5. Fat was highest in sample BOC as 45.11kcal and lowest in sample PCO as 32.14. Ash was highest in sample BOC as 4.39 and lowest in sample PCO as 2.92 Sample AOB had the highest moisture content of 2.73 and was lowest in sample PCO as 0.59.

Table 3: PERCENTAGE CONTRIBUTION TO ENERGY OF THE MACRO NUTRIENTS

Nutrients	Fat (%)	CHO (%)	Protein (%)
AOB	69.69	14.1	16
BOC	70.55	12.45	17
PCO	55.4	28.1	16.6

Table 3 shows the percentage contribution to energy of the macro nutrients. Sample BOC had the highest percentage contribution to energy from fat, while sample PCO had the lowest contribution from fat. Sample PCO had the highest contribution from carbohydrate, while BOC had the lowest.

Table 4: SENSORY EVALUATION SCORES OF RUTF

Sample	Flavour	colour	consistency	Taste
AOB	3.50a±1.09	3.56a±1.01	3.28±1.01	3.48a±1.03
BOC	3.88a±0.91	3.76a±1.20	3.84b±1.01	3.88ac±0.92
PCO	3.68a±1.02	3.50a±1.02	3.52ab±1.03	3.24bc±1.12

Any two means not followed by the same letter on the same column are significantly different ($p<0.005$) using multiple comparison of 50 panelists.

Table 4 shows the sensory evaluation scores of RUTF Table 4 indicates that sample BOC was generally accepted and had the highest acceptability in terms of flavor, colour, consistency and taste when compared with sample AOB and PCO. There were no significant differences in flavor and colour, but significant difference in consistency and taste were observed.

DISCUSSION

In the current study, the energy values of the three samples of locally produced RUTF were found to be comparable to the imported RUTF (Plump'y nut), and in conformity with the recommendations, which indicate that the energy content of RUTF should not be below 500 kcal per 100g. The energy values of RUTF produced in the current study (555, 573 and 523 Kcals respectively) are also comparable to those of alternative RUTF formulations produced in Malawi, having energy contents of 551, 567 and 512 Kcal respectively (18). However, the energy contents of RUTF in the present study (including sample PCO with 10% milk) are higher than those indicated by Oakley et al (2010), of 2000KJ (478.0 Kcal) for RUTF containing 10% milk. The lower energy content indicated by Oakley et al may be a possible explanation for their RUTF being less effective in the treatment of SAM. (17). The three samples (AOB, BOC, PCO) in the current study are therefore energy dense and suitable for feeding to young children and other vulnerable individuals

According to the recommendations, Protein should contribute 10- 12% of the energy value of RUTF (21). Compared with the standard, the imported RUTF and the locally produced RUTF were similar in protein content. Samples AOB, BOC and PCO had protein contents of 16%, 17%, 16.6% respectively, which were higher than that of Plump'y nut (10.9%). The legumes used in producing the RUTF were roasted prior to milling into flour, to reduce anti-nutritional factors such as phytate. This is because the content of phytate in foods has a strong negative effect on bioavailability of important minerals, and food processing methods that reduce the phytate content of foods should be promoted, especially for children with SAM (21).

In addition, the legumes used in the formulation of the locally produced RUTF contributed to most of the protein content of the product. For instance, the average crude protein (CP) content of soybean is 38% with a rich and balanced amino acid profile, (rich in the amino acids lysine, tryptophan, threonine, isoleucine, and valine which are deficient in cereal grains) (22).

The fat contents of the three locally produced RUTF (69.9%, 70.55%, and 55.4% for sample AOB, BOC and PCO respectively), are comparable to that of Plump'y nut (56.6%). According to WHO standard, fat should contribute 40-60% energy value. Poly unsaturated oils are used in the production of RUTF to provide essential fatty acids. Fat is very essential in the formulation of RUTF, this is so because Severe Acute Malnutrition (SAM) leads to severe wasting and loss of subcutaneous fat (23). Fat in addition to protein helps in tissue regeneration, protection, and normal functioning of the immune cells which prevent children from suffering from childhood diseases such as diarrhea and pneumonia.

The moisture content of the three samples were lower than that of Plump'y Nut. This will allow locally produced RUTF to be safely stored at ambient tropical conditions for 3-4 months.

Another major concern is the economics and sustainability of any wide use of RUTF to prevent malnutrition or even to treat mild malnutrition. The products are expensive. At around 35 US cents a package, a full two-month treatment with the imported RUTF costs around between USD 45 -53 per carton (without shipping costs) (24). Many parents of children with severe acute malnutrition cannot afford this. The costs so far have been borne primarily by United Nations agencies and by international non-governmental organizations such as MSF. The findings from this study indicate that the cost of production of locally formulated RUTF is relatively cheaper when compared to the commercially produced RUTF. The cost of production of sample AOB was ₦79.19 per packet (24.6 cents per packet, USD 36.9 per carton of 150 packets of 100g). The cost of sample BOC was ₦103.86 per packet (35 US cents per packet, USD 48.4 per carton) sample PCO was the cheapest to produce ₦54.78 per packet (17 cents per packet, USD 25.5 per carton). The cost of sample BOC was higher than the two other samples because cashew nut which is more expensive, was used to substitute groundnuts in order to provide an alternative with a lower risk of aflatoxin contamination.

RUTF contains 25% milk powder, an expensive ingredient that is not readily available worldwide. But substituting locally produced soy, which is also high in protein content, for milk powder reduces the cost of Fortified Spreads without significantly changing the macronutrient content (25). Recent studies demonstrate the potential of new RUTF, produced from locally available grains and legumes. Other ingredients such as rice, acha, soya bean, guinea corn, crayfish, groundnuts, cashew nuts are locally grown in Nigeria especially in the Northern region where the prevalence of malnutrition is very high. Even with the importation of RUTF by UNICEF and other international agencies, the number of malnourished children is still very high in Africa and Nigeria in particular. Local production of RUTF in the regions with high burden of malnutrition will contribute immensely to the reduction of severe acute malnutrition. Some of the ingredients used in this study constitute the staple foods of the people living in northern Nigeria.

CONCLUSION

RUTF formulated using locally available ingredients are acceptable and meet the WHO recommended minimum nutrient requirements for RUTF.

REFERENCES

1) Taha H. Musa, Hassan H. Musa, Elrasheed A. Ali, Nazik E. Musa. Prevalence of malnutrition among children under five years old in Khartoum State, Sudan. Polish Annals of Medicine 21(2014)1–7
2) WHO/WFP/UNICEF/UNSCN (2007) A Joint Statement on Community-Based Management of Severe Acute Malnutrition. Geneva and New York. Retrieved from http://www.who.int/nutrition/topics/Statement_community_based_man_sev_acute_mal_eng.pdf
3) WHO (2013). Guideline: Updates on the management of severe acute malnutrition in infants and children. Geneva: World Health Organization; 2013
4) United Nations Children's Fund (UNICEF) (2013). IMPROVING CHILD NUTRITION The achievable imperative for global progress April Retrieved from http://www.unicef.org/gambia/Improving_Child_Nutrition-the_achievable_imperative_for_global_progress.pdf
5) United Nations Children's Fund, World Health Organization, World Bank Joint Child Malnutrition Estimates. (UNICEF, New York; WHO, Geneva; The World Bank,
6) Black RE, Victora CG, Walker SP (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. Lancet.;382 (9890):427–451.
7) *WHO (2009). Child growth standards and identification of severe acute malnutrition in infants and young children.* A joint statement by WHO and UNICEF, 2009.

8) Action Against Hunger (2015). SAM Management in Nigeria: Challenges, lessons & the road ahead acf International Retrieved from https://www.ACF_SevereAcuteMalnutritionNigeria_evaluation.pdf

9) Save the Children Organization (2010). Retrieved from Acute Malnutrition Summary Sheet (http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/Summary-Sheets-All.pdf

10) Action Against Hunger (2009). ACUTE MALNUTRITION Brochure. Retrieved from http://www.actionagainsthunger.org/sites/default/files/publications/acf-acute-malnut-brochure.pdf

11) UNICEF (2013). READY-TO-USE THERAPEUTIC FOOD FOR CHILDREN WITH SEVERE ACUTE MALNUTRITION. Position Paper No. 1

12) Manary MJ, Ndekha MJ, Ashorn P, Maleta K, Briend (2004). A Home based therapy for severe malnutrition with ready-to-use food. Arch Dis Child.;89:557–61)

13) Prudhon, C., Weise Prinzo, Z., Briend, A., Daelmans, B. M. E. G. & Mason, J. B. (2006) Proceedings of the WHO, UNICEF, and SCN informal consultation on community-based management of severe malnutrition in children. Food and Nutrition Bulletin 27(3 suppl):S99-S 104.

14) Owino VO1, Irena AH, Dibari F, Collins S (2014). Development and acceptability of a novel milk-free soybean-maize-sorghum ready-to-use therapeutic food (SMS-RUTF) based on industrial extrusion cooking process. Matern Child Nutr. Jan;10(1):126-34.. Epub 2012 Mar 29.

15) Gatchell V, Forsythe V, Thomas PR. (2006). The sustainability of community-based therapeutic care (CTC) in nonemergency contexts. Food and Nutrition Bull: 27(3 suppl): S90-8.

16) Wieringa FT, Trần NT, Hoang M, Brown M, Maalouf-Manasseh Z, Thi T, Lưu M, Thị M, Nguyễn H, Thị H, Berger J (2013). Acceptability of Two Ready-To -Use Therapeutic Foods among HIV-Positive Patients in Vietnam. Washington, DC: FHI 360 Page 8

17) Oakley E, Reinking J, Sandige H, Trehan I, Kennedy G, Kenneth M and Manary M (2010). A Ready-To-Use Therapeutic Food Containing 10% Milk Is Less

Effective Than One with 25% Milk in the Treatment of Severely Malnourished Children. J Nutr. 2010 Dec; 140(12): 2248–2252 Epub 2012 Mar 29

18) Steve C & Jeya H (2004). Alternative RUTF formulations - Developing CTC programmes that use Ready to Use Therapeutic Food. (Community-based Therapeutic Care (CTC) Page number: 35.

19) Krishna, G. and Ranjhan, S. K. (1980). Laboratory Manual for Nutrition Research,Vikas Publishing House PVT Ltd. Ghaziabad,Up (India).

20) WHO, WFP, SCN and UNICEF (2007). Community-based management of severe acute malnutrition: A Joint Statement by the World Health Organization, the World Food Programme, the United Nations Standing Committee on Nutrition and the United Nations Children's Fund. Geneva.

21) Michaelsen KF, Hoppe C, Roos N, Kæstel P, Stougaard M, Lauritzen L, Mølgaard C, Girma T, Friis H. Choice Of Foods And Ingredients For Moderately Malnourished Children 6 Months To 5 Years Old. WHO, UNICEF, WFP and UNHCR Consultation on the Dietary Management of Moderate Malnutrition in Under-5 Children by the Health Sector September 30th October 3rd, 2008

22) Nahashon SN and Kilonzo-Nthenge AK. Advances in Soybean and Soybean By-Products in Monogastric. Nutrition and Health Soybean and Nutrition

23) Saaka M, Osman SM, Amponsem A, Ziem B, Abdul-Mumin A, Akanbong P, Yirkyio E, Yakubu E, and Ervin S (2015). Treatment Outcome of Severe Acute Malnutrition Cases at the Tamale Teaching Hospital Journal of Nutrition and Metabolism Volume 2015 Article ID 641784, 8 pages

24) UNICEF (2017) Ready-to-Use Therapeutic Food (RUTF) price data Supplies and Loistics https://www.unicef.org/supply/index_59716.html.

25) Matilsky DK, Maleta K, Castleman T and Manary MJ. (2009). Supplementary Feeding with Fortified Spreads Results in Higher Recovery Rates Than with a Corn/Soy Blend in Moderately Wasted Children J Nutr. Apr; 139(4): 773–778.