Use of imported breastmilk substitutes reduces scarce foreign exchange and jeopardizes food security.


The net value of breastmilk produced in Ghana if breastfeeding were optimal would be US$165 million. The actual ‘lost breastmilk production’ is worth US$33 million (5).

A superior product and process is replaced with an inferior one at the cost of foreign exchange. At the same time, artificial feeding exacerbates deforestation and solid waste problems, as outlined in the 1997 WABA action folder Breastfeeding: Nature’s Way. Finally, the cost of human capital of not achieving children’s full physical and intellectual potential, due to not breastfeeding is another great lost, although difficult to measure.

Simply calculating the cost of breastmilk substitutes to families and multiplying by number of births per year does not reflect the total cost of ‘lost breastfeeding’ to a nation but can be a useful conservative policy tool.

Exclusive Breastfeeding

For the first six months, infants should be exclusively breastfed when babies gain weight normally. Solids should not be introduced before six months (6), as they only replace breastmilk and do not lead to better growth (7).

Premature supplementation is often advised by health workers who are unaware that breastfed infants grow differently than the largely bottlefed ones upon whom today’s growth charts are based (8).

When exclusive breastfeeding is ended too early
✓ the supplement usually just replaces breastmilk with something of lower nutritional value
✓ unnecessary contamination and infection occur at a younger and more vulnerable age
✓ this can lead to malnutrition and even death
✓ the child’s intellectual developmental may be compromised
✓ the contraceptive effect of breastfeeding is reduced and closer child spacing increases the risk of low birth weight
✓ there is a loss of oxytocin, a calming hormone

Early supplementation leads to commercial dependence

Baby food companies and the scientists whose work they fund encourage early supplementation. They know that this often results in dependence on costly commercial baby foods.

Recognizing this, the International Baby Food Action Network (IBFAN), and other concerned organizations are monitoring baby food promotion for violations of the International Code of Marketing of Breastmilk Substitutes, as well as for false claims by manufacturers.

Many women do not know that their milk is ‘alive’ and of much better quality than breastmilk substitutes, and have instead been tricked into believing that formula is as good or better than their own breastmilk.

The commonest reason women give for not breastfeeding is they do not have enough milk and that their milk “dried up.” Actually, the ‘insufficient milk syndrome’ and ‘drying up’ can be overcome by frequent feeds and maternal confidence in her ability to feed her baby. Misled by the baby foods industry and poorly trained health workers’ messages promoting mixed feeding, women’s faith in their ability to breastfeed is often undermined.