The Cost of Not Breastfeeding

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THE ECONOMIC COST OF NOT BREASTFEEDING ON HUMAN CAPITAL DEVELOPMENT AND HEALTH SYSTEMS IN THE ASEAN REGION

Worldwide, breastfeeding is one of the best buys in global health to save lives and improve the health, social, and economic development of individuals and nations. Yet according to UNICEF, the East Asia Pacific region's exclusive breastfeeding rate of infants (0-5 months) only slightly increased from 35 to 37 percent between 2000 and 2012 — the smallest increase of any region worldwide — and is still lower than the global target rate for countries (50 percent).[1,2] These low rates of exclusive breastfeeding amount to real costs in human life, quality of life, and national economic outcomes.

Optimal breastfeeding practices

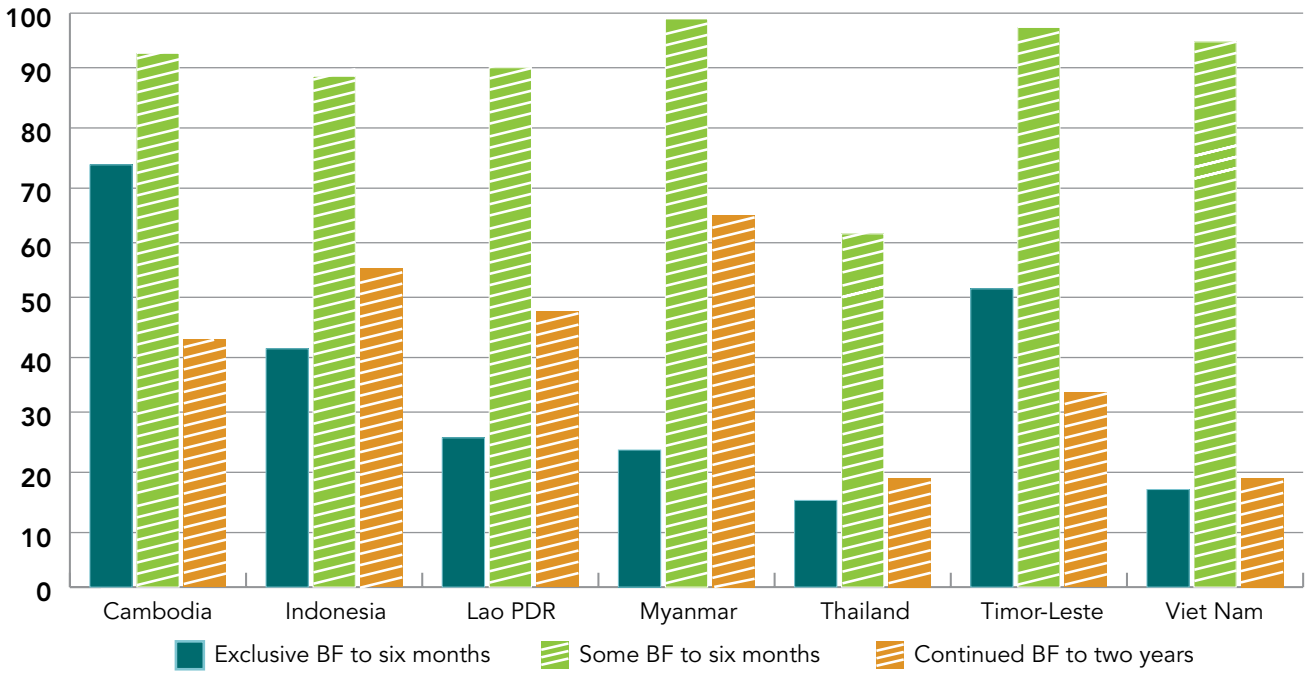
The World Health Organization and UNICEF recommend:

- Early initiation of breastfeeding within the first hour of birth
- Exclusive breastfeeding for the first six months of life
- Continued breastfeeding for two years and beyond

New research commissioned by Alive & Thrive in 2015 has quantified the economic toll that suboptimal breastfeeding takes on individuals, communities, and nations throughout the Southeast Asia region. Seven Southeast Asian countries were examined, including: two low-income countries, Cambodia and Myanmar; four lower-middle-income countries, Indonesia, Lao PDR, Timor-Leste, and Viet Nam; and one upper-middle-income country, Thailand.

The evidence is clear: when countries invest in policies and programs to support mothers to properly breastfeed, it saves lives and provides a high return on investment.

Breastfeeding rates in Southeast Asia



*Country figures from latest MICS survey available 2008-2012, acknowledging that several countries have new data in the meantime.

Optimal breastfeeding improves human capital development and reduces health expenditures for governments and families

Increased vulnerability to disease results in increases in maternal and child mortality

When children are not exclusively breastfed for six months, they are more susceptible to diarrhea and pneumonia — the two leading causes of childhood death worldwide. By supporting mothers to practice proper breastfeeding, nearly 50 percent of under two child deaths caused by diarrhea and pneumonia could be prevented annually compared to a situation with no breastfeeding. In these seven countries, more than 10,700 additional children's lives could be saved by moving from the current levels of breastfeeding to World Health Organization guideline levels.

Breastfeeding also helps protect the health of mothers. If 90 percent of mothers breastfed for two years, 10 percent of maternal deaths due to breast cancer could be prevented.

10,700 CHILDREN'S LIVES SAVED ANNUALLY

Health care costs to treat diarrhea and pneumonia could be eliminated

By ensuring optimal breastfeeding, countries could potentially eliminate diarrhea and pneumonia caused by inadequate breastfeeding and subsequently save more than 293,000,000 USD in health care expenses annually across all seven countries.

293 MILLION USD IN HEALTH CARE COSTS SAVED ANNUALLY

Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently their future earning potential. Across all seven countries in Southeast Asia, annual estimated wage losses due to lower cognitive scores were estimated at 1,630,200,000 USD.

1.6 BILLION USD IN WAGE LOSSES SAVED ANNUALLY

Indirect costs to health care systems are significant burdens on health resources

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents often incur costs to take them to a health care facility to seek treatment. The economic losses that result include lost productivity and transportation costs. Studies in Timor-Leste and Indonesia indicate that families can incur additional lost work and transportation costs of up to 25 percent of the actual cost to treat diarrhea and pneumonia.

SIGNIFICANT SAVINGS ON INDIRECT COSTS FOR FAMILIES

Formula costs are significant and reduce a family's disposable income

Economic growth and increasing disposable incomes in Southeast Asia have attracted companies to market their breastmilk substitute products to mothers to feed their children. The costs to purchase economy brand infant formula can be significant across the ASEAN region — up to one-third of monthly earnings for workers in low-paid, formal sector jobs.

UP TO ONE-THIRD OF MONTHLY EARNINGS SAVED ON FORMULA COSTS

Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, countries must invest to scale-up breastfeeding at a national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies and programs to support mothers to properly breastfeed:

- **The International Code of Marketing of Breast-milk Substitutes (BMS Code):** Enact and enforce legislation to restrict the aggressive marketing of products that undermine breastfeeding.
- **Maternity protection:** Allocate sufficient public funding for mothers to take a minimum of six months paid maternity leave, and enact and enforce legislation that enables workplace lactation support and child care.
- **Policies and practices in health facilities:** Include nutrition counseling and the 10 Steps to Successful Breastfeeding in hospital standards and accreditation systems. Cover the cost of nutrition services by health financing schemes, such as social and health insurance, and invest in pre- and in-service training curriculum for all health care providers.
- **Social and behavior change communications:** Communicate social and behavior change through multiple communication channels tailored to the local context, including through community networks and community-based workers.

> *"Despite some progress, globally more than 800 million women workers (41 percent) do not have adequate maternity protection. Additionally, use of parental leave among men is low. We need maternity protection and work-family policies that are more inclusive and supportive of gender equality."*
>
> –Guy Ryder, ILO Director-General, 2015

References

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1. World Health Organization. Global targets 2025. To improve maternal, infant and young child nutrition (www.who.int/nutrition/topics/nutrition_globaltargets2025/en/, accessed 3 November 2015)
2. http://data.unicef.org/nutrition/iycf.html

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Country-specific briefs are available upon request.