

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

Breastfeeding is one of the best buys in global health to save lives and improve the health, social, and economic development of both individuals and for Thailand as a nation. While nearly eight out of 10 mothers in Thailand breastfeed, only 15 percent of babies are exclusively breastfed for six months as recommended by the World Health Organization and UNICEF—far below the global target of 50 percent.¹ These low rates of exclusive breastfeeding amount to real costs in human life, quality of life, and national economic outcomes.

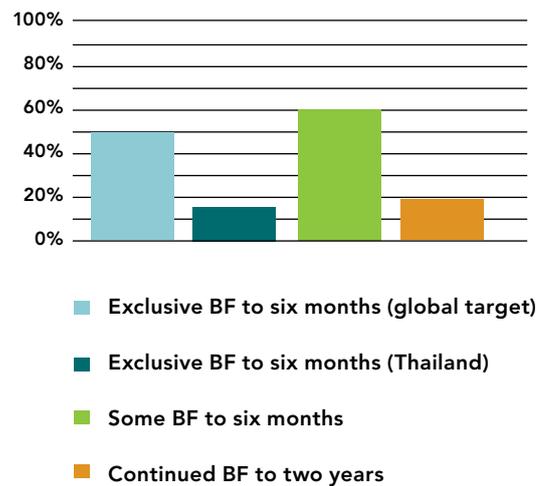
New research commissioned by Alive & Thrive in partnership with UNICEF in 2015 has quantified the economic toll that suboptimal breastfeeding takes on Thailand and its people. The evidence is clear (see key findings): investing in policies and programs that support mothers to properly breastfeed saves lives and provides a high return on investment for the country. You can learn more about the research methods used in the full report.

Key findings in Thailand

Optimal breastfeeding practices can:

- Save 262 children's lives annually, an important contribution to reducing overall under-5 child mortality
- Save 7,650,000 USD in health system expenditures annually
- Prevent 192,600,000 USD in annual wage losses by improving the learning abilities of children
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia
- Save families up to 25.2 percent of their monthly earnings by not having to purchase formula

Breastfeeding rates in Thailand



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



Decreasing vulnerability to disease can accelerate reductions in 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-2 child deaths caused by diarrhea and pneumonia could be prevented annually across the ASEAN region compared to a situation with no breastfeeding. In Thailand, 262 additional children's lives could be saved annually by moving from the current levels of breastfeeding to World Health Organization guideline levels, contributing to overall under-5 child mortality reduction.

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 annually across the ASEAN region. At current breastfeeding rates, there are 109 maternal deaths due to breast cancer prevented each year in Thailand; with increased breastfeeding rates that number could rise to 515, saving 406 more lives per year.



Health care costs to treat diarrhea and pneumonia could be eliminated

By ensuring optimal breastfeeding, Thailand could potentially eliminate diarrhea and pneumonia caused by inadequate breastfeeding and subsequently save 7,650,000 USD in health care expenses per year, paid either by public or private sources.



Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently their future earning potential. In fact, studies have shown that partial or exclusive breastfeeding to six months is associated with a 2.6 point increase in IQ. It's estimated that one standard deviation increase in cognitive scores is associated with a 12% increase in hourly earnings in high-income countries, and a 16% increase in middle and low-income countries. In Thailand, annual wage losses due to lower cognitive scores were estimated at \$192.6 million USD.



Eliminating indirect costs to treat diseases can result in significant savings

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 from ASEAN countries like Timor-Leste and Indonesia indicate that families can incur additional lost work and transportation costs up to 25 percent of the actual cost to treat diarrhea and pneumonia.



Eliminating formula costs increases a family's disposable income

As Thailand achieves economic growth, increasing disposable incomes will unfortunately attract companies to market their breastmilk substitute products to mothers to feed their children. The costs to purchase economy brand infant formula can be significant for families – up to 25.2 percent of the average monthly earnings for workers in Thailand – compared to breastmilk, which is free, safe, and hygienic for all babies.

Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Thailand must invest to scale-up breastfeeding at the national level. Policymakers should move quickly to adopt, strengthen, and implement the following policies to support all mothers to properly breastfeed to WHO-recommended guidelines.

- Adopt the draft Control of Marketing of Infant and Young Child Food Act, and build the understanding of health personnel on the Code to ensure that it is enforced.
- Expand maternity protection, especially supporting lactation facilities in workplace.
- Systematically strengthen the capacity of health personnel at all levels to provide support and counseling on IYCF

“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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Additional citations include:

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).

Acknowledgements

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Note, country breastfeeding rates are from latest MICS or DHS surveys available 2008-2012, acknowledging that several countries have new data in the meantime.

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