

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

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 entire nations. While nearly nine out of 10 mothers in Indonesia breastfeed, less than 42 percent of babies are exclusively breastfed for six months as recommended by the World Health Organization and UNICEF – well below the global target of 50 percent.^{1,2} These low rates of exclusive breastfeeding amount to real costs in human life, quality of life, and national economic outcomes.

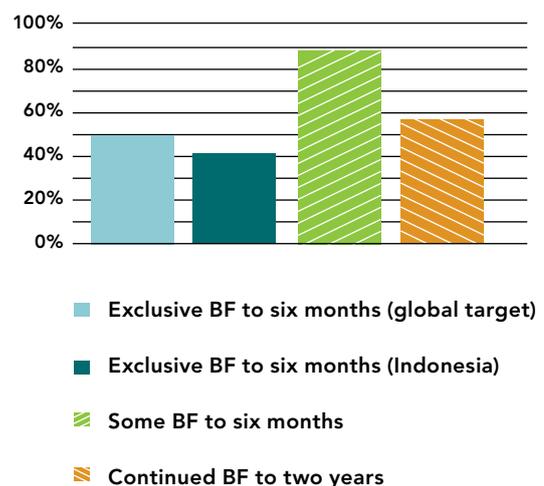
New research commissioned by Alive & Thrive in 2015 has quantified the economic toll that suboptimal breastfeeding takes on individuals, communities and seven Southeast Asian countries: Indonesia, Cambodia, Lao PDR, Myanmar, Thailand, Timor-Leste, and Viet Nam. The evidence is clear: investing in policies and programs to support mothers to properly breastfeed saves lives and provides a high return on investment.

Key findings in Indonesia

Optimal breastfeeding practices can:

- Save 5,377 children's lives annually, an important contribution to reducing overall under-5 child mortality
- Save 256,420,000 USD in health system expenditures annually
- Prevent 1,343,700,000 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 13.7 percent of their monthly earnings by not having to purchase formula

Breastfeeding rates in Indonesia



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



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. Across the 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. More than half of these annual deaths, 5,377 children under two, could be saved in Indonesia alone.

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 each year across all seven countries. At current breastfeeding rates in Indonesia there are 1,279 maternal deaths due to breast cancer prevented each year; with increased breastfeeding rates that number could rise to 2,082, saving approximately 800 more lives per year.



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. In Indonesia, the savings total 256,420,000 USD — more than 87 percent of the regional savings.



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. More than 80 percent of these wage losses occur in Indonesia — nearly 1,343,700,000 USD.



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 Indonesia and Timor-Leste 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.



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

Economic growth and increasing disposable incomes 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. In Indonesia, 13.7 percent of a worker's monthly earnings would go to pay for economy brand infant formula for an infant less than six months.

Policymakers must invest in national policies and programs to support breastfeeding

To realize essential health and economic benefits, Indonesia 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):** Enforce legislation to restrict the aggressive marketing of products that undermine breastfeeding and strengthen the consequences for violators.
- **Maternity entitlements:** Extend paid maternity entitlements to six months for all workers in the formal and informal sectors and allocate public funding to support, and include provisions in the policy that support breastfeeding breaks.
- **Health systems strengthening:** Include nutrition counseling and the 10 Steps to Successful Breastfeeding in hospital standards and accreditation systems.

“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. <https://dhsprogram.com/pubs/pdf/FR275/FR275.pdf>
2. 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).

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