

BREASTFEEDING

*The Best
Investment*



WABA '98

World Alliance for Breastfeeding Action

Throughout the world, families, communities and nations seek to promote the health and welfare of their children. Unfortunately, economic factors often hinder these efforts through lack of funds for nutritious foods, clean water, and preventive and curative health care.

Breastfeeding requires very little investment and has a tremendous payback for families, employers, communities, health care institutions and governments.

World Breastfeeding Week 1998 aims to initiate actions to protect, promote and support breastfeeding as one of the best investments in the health of a nation. This year's goals are to :

- ✓ Raise public awareness on the economic value of breastfeeding and the high cost of bottle feeding.
- ✓ Provide concrete data on the economic advantages of breastfeeding for public advocacy.
- ✓ Help governments to appreciate the full economic value of breastfeeding and recognise the need to include support for breastfeeding promotion programmes in the national health budget.

The Economic Benefits of Breastfeeding

Breastfeeding can bring economic benefits to many levels of society :

For House Holds

- ✓ Savings on the unnecessary purchase of breastmilk substitutes and feeding equipment
- ✓ Savings on medical care through fewer trips to a physician or hospital for a sick child, medications and time caring for a sick child
- ✓ Saving on time in preparation for bottle feeding such as to fetch water, fuel and cleaning utensils
- ✓ Savings on cost of birth control methods and menstruation supplies.
- ✓ Time savings on workdays lost in caring for a sick children

For Employers

- ✓ Savings from greater productivity, more loyalty and less absenteeism among workers with young infants.

For Nations

- ✓ Saving, often in foreign exchange, on the purchase and distribution of commercial breastmilk substitutes.
- ✓ Savings on health care for preventable acute and chronic illnesses.
- ✓ Savings in ecological damage avoided by reduced production, distribution and disposal of breastmilk substitutes and containers.

Cost of Breastfeeding

- ✓ Costs in extra food for the mother
- ✓ Costs to provide working mothers with adequate maternity entitlements such as paid leave and child-care facilities at the workplace
- ✓ Cost to provide breastfeeding education and sustain voluntary breastfeeding organisation such as mother-to-mother support groups

Cost of Artificial feeding

Artificial feeding (refers to feeding infants with breastmilk substitutes) costs billions of dollars to institutions, nations, governments, health care organizations and families.

Health Care

Artificial feeding in the infant's first year is associated with :

- ✓ More diarrhoea than in breastfed infants
- ✓ More respiratory infections
- ✓ More meningitis
- ✓ More ear infections
- ✓ Increased allergies
- ✓ More chronic digestive disorders and dental / orthodontic problems
- ✓ More diabetes
- ✓ More learning difficulties and delayed development
- ✓ More hospitalization
- ✓ In many countries, malnutrition and increased death rates from diluted formula, unsafe water and poor hygiene.

Households

Families pay for infant formula and other breastmilk substitutes, feeding and sterilizing equipment, fuel, and for health care associated and diarrhoea and other illnesses.

Formula also takes time to purchase, to prepare and to administer. In many rural areas it takes hours every day to collect water (a three month old infant needs over three liters of water a day for mixing and boiling) and wood (it takes 200 grams of wood to boil this water) (2)

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. Often misled by the baby foods industry and poorly trained health worker's messages promoting mixed feeding, women's faith in their ability to breastfeed is undermined.

Economic Studies

Breastfeeding, one of women's unique contributions to society, is worth far more than any economic value assigned to it.

Breastfeeding is "priceless." Advocacy of exclusive breastfeeding requires an appreciation of its full importance by all of society. Economic measurements cannot put a value on any expression of love or altruism. Most women view breastfeeding with pride.

However, placing human milk on food balance sheets could increase its perceived value (9). Seeing the real size of this contribution in terms of the food supply to a nation is impressive and demonstrates to responsible policy makers the importance of this activity in terms that they can more easily relate to.

Breastfeeding promotion leads to health care savings

- ✓ For each baby breastfed for six months, the US government can save \$450-\$800 in welfare and health care costs (12).
- ✓ Illness attributable to artificial feeding in the USA costs \$291 million / year for infant diarrhoea; \$225 million for respiratory syncytial virus; \$660 million for otitis media, and \$10-125 million for insulin dependent diabetes mellitus (IDDM) (13).
- ✓ If the prevalence of exclusive breastfeeding up to three months of age increased from 60-80% in Australia, A\$11.5 million would be saved on health care costs for otitis media, IDDM, gastrointestinal disease, and eczema alone (14).
- ✓ In India, if exclusive breastfeeding prevented only one episode of diarrhea per child per year, the money saved would exceed the national budget for child health. Lactation amenorrhea is by far the top contraceptive in the country; the value of this to the national family planning programme is equal to nearly half its budget (15).
- ✓ Unfortunately, many countries provide free or subsidized milk powder to families with infants and this contributes to low breastfeeding rates. The US Women's Infants and Children (WIC) program spends twice as much per mother for infant formula as it does for the food given to women who breastfeed (13).

Ideas for Action

- Calculate the cost of breastmilk substitutes in your country and how much food that would buy for the family. A baby needs nearly 22kg of infant formula for the first six months or 2.5kg in the first month, 3.2kg the second month, and 4kg per month after that. Find the cost per kg of a locally popular brand of infant formula and you can use these figures to calculate the total cost for six months of artificial feeding. But remember that there are many other costs!

- As a rough rule of thumb, the health care costs may be twice as high as the cost of substitutes for that period. This will allow you to more closely estimate the cost of artificial feeding of babies to a family and to the nation.
- Organize community group discussions and presentations on the cost of formula feeding.
- Talk with your boss about the economic benefits of establishing a breastfeeding program at your workplace. Ask for WABA's flyer Steps Toward a Mother-Friendly Workplace or get it from the WABA website.
- Find ways through TV and newspapers to give recognition to workplaces that encourage breastfeeding, such as giving a mother-friendly workplace award.
- Give a copy of this folder to the people in government responsible for establishing maternity protection laws, labour regulations and health programs.
- Organize community group discussions and presentations on the cost of formula feedings.
- Offer to talk at schools, women's groups, business groups etc. about the real cost of not breastfeeding.
- Help people recognize that breastfeeding is a valuable natural resource to the country. Calculate the cost of artificial feeding for one year for one infant, multiply it by the number of births, and then compare it with the per capita GNP.
- Write to your governmental representatives at local and national levels mentioning WBW and urge them to promote breastfeeding in government offices and improve the support available for breastfeeding woman on their staff.
- Suggest ways to cut costs and increase savings in hospitals, health facilities, family planning programmes, and for families by promoting breastfeeding.
- Urge health professionals to influence economists, statisticians and those involved in drawing up health and food statistic to include human milk in their calculations of food supply, availability of food and nutrients and the economic value of food.
- Show how hospital costs can be reduced when breastfeeding increases. They realize savings in purchase of IV fluids, breastmilk substitutes, bottles, staff nursing time, reduce hospital days for premature and newborns and medication.
- In advocacy, first, action, should be urged on the basis of breastfeeding as a woman's right; then breastfeeding promoting actions should be encouraged by showing their economic benefits and how easily they pay for themselves by reducing costs for imported infant foods and for health care.

Breastfeeding is worth more than its cost saving

While economic data may be useful in certain setting for creating awareness of the importance of breastfeeding among policy makers, WABA cautions that economic calculations underestimate the larger value of breastfeeding. Its economic value is only a fraction of its human welfare value. Breastfeeding also guarantees the baby skin-to skin contact, attention from mother and other caring attributes which promote 'bonding'. Bottlefeeding does not guarantee any of these.

Furthermore, discussions on breastmilk production and its food value should be handled delicately so as not to 'offend' some women with the comparison to cows.

Policy makers should be made aware of the importance of exclusive breastfeeding, the need to make mother support available, to provide extra support for working women, and to have a system for the regulation of the baby food industry so breastfeeding is not undermined.

This year's Action Folder provides information on the economic value of breastfeeding and serves as an advocacy tool to value the economic benefits of breastfeeding. WABA emphasize that cost savings is not the only nor the major benefit of breastfeeding.

Indeed, mothers and babies have a right to breastfeed. Women should not be made to choose between mother work and other work. It is in society's interest to fund breastfeeding promotion and support programmes and to consider breastfeeding time as work time for mothers in paid jobs, or even to pay women to breastfeed. In Quebec, Canada, since 1995 there is a programme which pays mothers receiving public assistance who 'opt' to breastfeed.

Mothers who breastfeed should also be protected from advertising and promotion of breastmilk substitutes, as specified in the International Code of Marketing of BreastMilk Substitutes.

Mothers have a right to breastfeed and babies a right to breastmilk. Success in breastfeeding should not be luxury only afforded by the resourceful, the rich or the lucky.

SOURCE - WABA, Courtesy - UNICEF

Printed by :- Voluntary Health Association of Karnataka, Bangalore.