

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. Every \$1 invested in breastfeeding in low- and middle-income countries can generate as much as \$35 in economic returns¹. Only 23 percent of babies in Thailand are exclusively breastfed for six months—well below the global target of 50 percent. Breastfeeding not according to World Health Organization (WHO) and UNICEF recommendations amounts to real costs in human life, quality of life, and national economic outcomes.

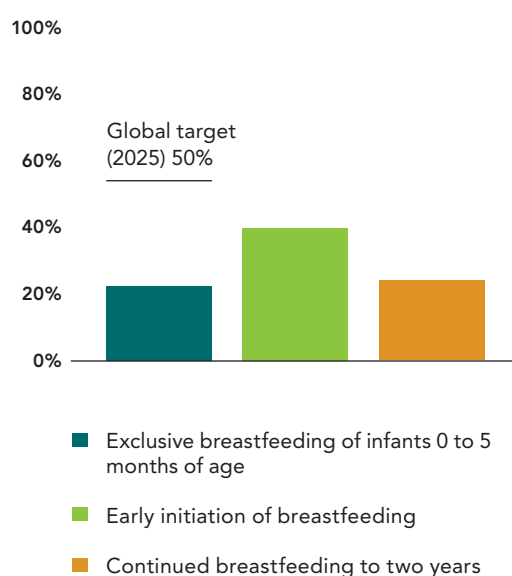
Research completed by Alive & Thrive and published by Health Policy and Planning Journal in June 2019, has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

Key findings in Thailand

Each year, adequate breastfeeding practices have the potential to:

- Prevent 643 child deaths
- Prevent 3,021 maternal deaths from cancers and type II diabetes
- Save over US\$5.6 million in health system treatment costs related to inadequate breastfeeding
- Generate an additional US\$2 billion for the economy, or 0.57 percent of its GNI, over children's productive years by increasing cognitive capacity and preventing premature mortality in the early years
- Reduce families' out of pocket expenditures to treat diarrhea and pneumonia
- Save families up to 12.4 percent of their nominal wages by not having to purchase formula

Breastfeeding prevalence in Thailand



Adequate 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-two child deaths caused by diarrhea and pneumonia could be prevented annually across the ASEAN region compared to a situation with no breastfeeding. In Thailand, **643 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-five 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. Increased breastfeeding rates in Thailand could prevent **3,021 maternal deaths** from cancers and type II diabetes each year.



Health care costs to treat diarrhea and pneumonia could be eliminated

Inadequate breastfeeding causes over **620,000 avoidable cases of childhood diarrhea and pneumonia** and **18,728 cases of childhood obesity** each year. The current cost to the health care system for the treatment of children with diarrhea and pneumonia and type II diabetes in mothers that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$5.6 million a year**. This cost could rise dramatically as the health system coverage of treatment for diarrhea and pneumonia increases, but could also be reduced with increased breastfeeding practices.



Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Thailand stands to lose **US\$2 billion** a year due to future cognitive losses associated with inadequate breastfeeding.



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 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 12.4 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.

- **Policies and practices in health facilities:** Include nutrition counseling and the 10 Steps to Successful Breastfeeding in hospital standards and accreditation systems.
- **International Code of Marketing of Breast-milk Substitutes:** Enact and enforce national legislation to restrict the aggressive marketing of products that undermine breastfeeding and strengthen the consequences for violators.
- **Paid Leave and Workplace Policies:** Expand paid family leave and workplace breastfeeding policies for all workers in the formal and informal sectors and allocate public funding to support.
- **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.

References

Walters D, Phan L, Mathisen R. The Cost of Not Breastfeeding: Global Results from a New Tool. Health Policy and Planning. 2019 June 24. Available from <https://doi.org/10.1093/heapol/czz050>

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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