

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

Breastfeeding is one of the best buys in global health to improve social, health, and economic development outcomes.

Every US\$1 invested in breastfeeding in low- and middle-income countries can generate as much as US\$35 in economic returns. Only 40 percent of babies in Malaysia are exclusively breastfed for six months—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.

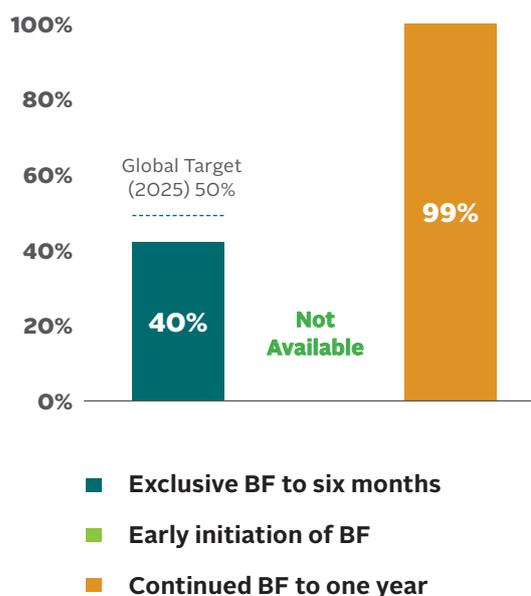
Research completed by Alive & Thrive and published by *Health Policy and Planning Journal* in June 2019 has quantified the economic toll that inadequate breastfeeding takes on individuals, communities, and countries.

Key findings in Malaysia

Each year, optimal breastfeeding practices have the potential to:

- Prevent 110 child deaths, an important contribution to reducing overall under-five child mortality
- Prevent 458 maternal deaths from cancers and type II diabetes
- Save over US\$6.7 million (MYR 27.8 million) in health system treatment costs related to inadequate breastfeeding
- Generate an additional US\$1.3 billion (MYR 5.4 billion) for the economy, or 0.4 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

Breastfeeding prevalence in Malaysia



What are the costs of not breastfeeding?



Increased vulnerability to disease results in more maternal and child mortality

When children are not exclusively breastfed for the first six months and continue to receive breastmilk up to two years, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide. By supporting mothers to practice recommended breastfeeding practices, 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 Malaysia, improved breastfeeding practices could save **110 children's lives** each year and prevent **458 maternal deaths** from cancers and type II diabetes each year.



Health care costs to treat children and mothers

Inadequate breastfeeding causes over **400,000 avoidable cases** of childhood diarrhea and pneumonia, 5,507 cases of type II diabetes in women and 4,339 cases of childhood obesity each year. The current cost to the health care system or the treatment of children with diarrhea and pneumonia that visit a health facility due to inadequate breastfeeding is estimated to be approximately **US\$6.7 million (MYR 27.8 million)**. 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. Malaysia stands to lose more than **US\$1.2 billion (MYR 4.97 billion) a year** due to future cognitive losses associated with inadequate breastfeeding



Indirect costs to treat diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents and caregivers often incur costs to take them to seek treatment at a health care facility. Based on estimates from other countries, the economic losses that result from lost productivity and transportation costs could amount to **25 percent of the cost of the health care treatment** itself.



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 cost to purchase economy brand infant formula can be significant for families compared to breastmilk, which is free, safe, and hygienic for all babies.

Policymakers must invest in national policies and programs to support breastfeeding

In 2012, the 194 countries of the World Health Assembly (WHA) committed to a target of increasing the global prevalence of exclusive breastfeeding in the first six months of life to at least 50 percent by 2025. To reach this target and realize the essential health and economic benefits of breastfeeding, Malaysia 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 optimally breastfeed:

- **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.
- **Social and Behavior Change Communication:** Use multiple communication channels tailored to the local context, including community networks and community-based workers.

The evidence is clear: investing in policies and programs that support mothers to breastfeed saves lives and provides a high return on investment.

Citation

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/cz050>

Acknowledgements

The research was commissioned by Alive & Thrive, an initiative managed by FHI 360 and currently funded by the Bill & Melinda Gates Foundation, Irish Aid, the Tanoto Foundation, and UNICEF.