KENYA
Updated 2022

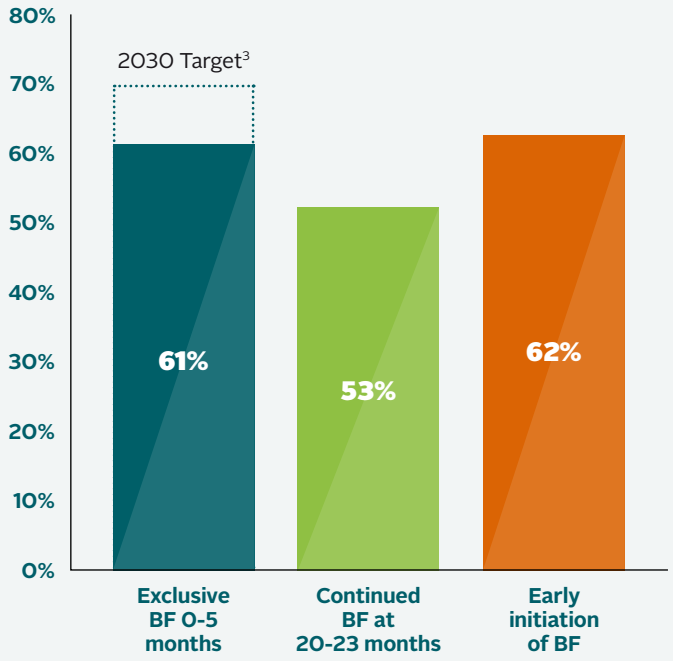
THE COST OF NOT **Breastfeeding**

BREASTFEEDING COULD SAVE NEARLY4,500 LIVES AND UP TO US$714 MILLION EVERY YEAR IN KENYA

Support for breastfeeding is one of the most critical investments a country can make 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.[1] However, in many countries, mothers still face barriers and lack the support needed to achieve the recommended practices of early, exclusive and continued breastfeeding. In Kenya, only 61 percent of babies 0-5 months of age are exclusively breastfed, falling below the World Health Assembly goal of reaching 70 percent by 2030.[2,3]

This brief quantifies the impact of inadequate breastfeeding on babies, mothers, families and Kenya as a whole, using national data from The Cost of Not Breastfeeding Tool.[4] Together, donors, policymakers and implementers can safeguard breastfeeding and turn these preventable losses into gains for all of society.

BREASTFEEDING RATES *in Kenya*



Source: Kenya Multiple Indicator Cluster Survey, 2019

KEY FINDINGS *in Kenya*

Optimal breastfeeding practices have the potential to...

- Save **4,195 children's lives** annually—an important contribution to reducing under-5 child mortality
- Prevent **274 maternal deaths** annually from breast and ovarian cancers and type II diabetes
- Save **US$8.9 million** in annual health system treatment costs related to inadequate breastfeeding
- Prevent the loss of about **1.5 million IQ points** in children each year
- Reduce families' **out-of-pocket costs** to treat childhood illnesses
- Save families **US$622.8 million** that is collectively spent on commercial milk formula each year

Source: The Cost of Not Breastfeeding Tool, 2022

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WHAT ARE THE COSTS OF NOT BREASTFEEDING?

Increased vulnerability to disease leads to more maternal and child mortality

When children are not exclusively breastfed for the first six months, they are more susceptible to diarrhea and pneumonia—the two leading causes of childhood death worldwide.[5] By supporting mothers to follow recommended breastfeeding practices, nearly 50 percent of under-2 child deaths caused by diarrhea and pneumonia could be prevented. In Kenya, this equates to more than **4,000 preventable deaths** of children under age 2 per year.

Breastfeeding also helps protect the health of mothers. A mother's risk of developing breast cancer decreases by six percent for every year she breastfeeds.[5] Increased breastfeeding rates in Kenya could prevent about **275 maternal deaths** from cancers and type II diabetes each year.

Health care costs to treat children and mothers

Inadequate breastfeeding leads to more than **1.4 million avoidable cases of childhood diarrhea and pneumonia** per year. In Kenya, the current cost to the health care system for the treatment of children with diarrhea and pneumonia and mothers with type II diabetes for patients who visit a health facility due to inadequate breastfeeding is estimated to be **US$8.9 million** a year. This cost could rise dramatically as the health system costs increase, but it could also be reduced with increased breastfeeding.

Cognitive losses result in lost wages for individuals

Inadequate breastfeeding impacts a child's ability to learn and consequently hinders their future earning potential. Each year, Kenya's children stand to collectively lose more than **1.5 million IQ points** due to inadequate breastfeeding practices.

Indirect costs to treat childhood diseases result in significant costs for families

When children become ill due to diarrhea and pneumonia caused by inadequate breastfeeding, parents or caregivers 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 a range of countries indicate that families can incur additional lost work and transportation costs up to **25 percent of the cost of the health care treatment** of diarrhea and pneumonia.

Commercial milk formula costs are significant and reduce a family's disposable income

Commercial milk formula companies continue to aggressively market their products to increase sales, costing families in Kenya more than **US$620 million** per year to pay for economy brand commercial milk formula.

Policymakers must invest in national policies and programs to support breastfeeding

The Global Breastfeeding Collective recommends the following policy actions to help all mothers breastfeed according to the WHO-recommended guidelines:

- Increase funding to improve the rates of early, exclusive and continued breastfeeding.
- Implement the International Code of Marketing of Breast-milk Substitutes (through national legislation that restricts aggressive marketing and applies stronger consequences for violators).
- Expand paid leave and workplace breastfeeding policies for all workers.
- Implement the 10 Steps to Successful Breastfeeding in maternity facilities.
- Improve access to skilled breastfeeding counseling.
- Strengthen links between health facilities and communities.
- Strengthen monitoring systems to track progress toward breastfeeding targets.

For the latest policy and program guidance, visit the Global Breastfeeding Collective. More information on the global costs of not breastfeeding can be found here.

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/czz050.

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