

Financing for gender equality and the empowerment of women: *where does breastfeeding fit in?*

There can be no 'decent work' agenda in any country of the world where the needs of those providing care to their fellow human beings are neither recognized nor protected. Care work is real work and...it deserves to be fully integrated into the analysis of work. Its neglect in mainstream statistics, economic analysis and social policy in the twentieth century was deplorable.¹

Mary Daly and Guy Standing, 2001

Breastfeeding is not usually visible. Women tend to feed and care for their babies out of the public view. However, it is vital to remember breastfeeding when making policy decisions about how to spend money for gender equality.

The care economy tends to be treated as...an infinite resource... "invisible" in fiscal policy making. Put differently, the purely financial view "free rides" on the unpaid burdens of women who provide the public good of the care economy.²

Isabella Bakker, 2007

Care work is one element in a gender budget analysis, the study of the gender effects of policy decisions as they are expressed through funding allocations. For example, when government health and social services are cut, a gender analysis highlights the resulting increase in the unpaid caring work load of women in families and communities.

Breastfeeding (the behaviour) and lactation (the physiological function of making milk) constitute a type of care work that is unique to women. Mother and child function as a biological unit; the mother's hormonal, nutritional, and immune systems are physically linked with her child's through their shared activity of feeding. A gender-equitable division of labour would recognise and accommodate the unique nature of the care work that lactating women do.³

The ability of any society to maintain current or potential production levels of breastmilk depends on a supportive breastfeeding culture and institutions.⁴

Julie P. Smith & Lindy H. Ingham, 2005

In a truly supportive setting, every mother gets skilled and practical help for breastfeeding from family and health workers, beginning before birth. Her workload, both caring work and paid employment, is adjusted to allow time and energy for continued breastfeeding. She does not suffer discrimination or increased risk of domestic abuse because she is lactating. All of these conditions would be achievable, at relatively low cost, if people understood the value of breastfeeding and human milk and the true costs that follow when children are prematurely weaned.

Exclusion of human milk production distorts the view of economic activity provided by the national accounts and GDP because it significantly mismeasures food production and consumption, and wrongly counts as economic gain the healthcare expenditures associated with consumption of breastmilk substitutes.⁵

Smith & Ingham, 2005

Human milk could be abundant, but this is not the case in today's world. No country achieves the infant feeding recommendations of the WHO/UNICEF Global Strategy on Infant and Young Child Feeding (GSIYCF). Yet the average mother has the biological capacity to make ample milk for her baby, and a large proportion of mothers could increase milk production above the requirements of their own babies and have milk to share. As long as women's milk production remains invisible, policy-makers are unlikely to attempt to change the current situation.

Only one country, Norway, accounts for human milk production in its national food statistics. While the economic value of breastfeeding may be difficult to quantify, even an approximation would be an improvement over the present situation. The absence of human milk from national accounts and budgets allows human milk substitutes to dominate the theoretical "infant food market" in national statistics.

Breastfeeding is an activity with elements of a "public good", with a strong tendency to be under-produced if infant feeding is left to market forces alone.⁶

Julie P. Smith, Lindy H. Ingham & Mark D. Dunstone, 1998

The Breastfeeding Advocacy Team (UNBAT) comprises Non-Governmental Organizations that focus on breastfeeding.⁷ UNBAT proposes a Breastfeeding Budget (page 2) and suggests the following actions for governments and NGOs:

- Begin a dialogue between gender budget analysts and breastfeeding advocates.
- Endorse and implement the GSIYCF world-wide.
- Implement and monitor the International Code of Marketing of Breastmilk Substitutes world-wide.
- Integrate the topic of breastfeeding in discussions about care work.
- Include the market value of human milk and breastfeeding in the national accounts.
- Highlight national breastfeeding rates along with other measures of women's empowerment.

In the battle to eradicate poverty, one small step would be to ensure that every newborn is breastfed. This would provide the best nutrition, the greatest infection protection, the most illness prevention, and the greatest food security and psychological protection for the infant.⁸

Ruth A. Lawrence, MD, 2007

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- ¹ Daly M & G Standing, *Care Work: the quest for security*, ILO, 2001, p 1.
- ² I Bakker, Day of Dialogue on Gender and Finance for Development, United Nations, February 25, 2002 <http://www.un.org/womenwatch/ianwge/activities/keynote.htm>.
- ³ Bentovim, OA (2002) Family-friendly as a double-edged sword: lesson from the "lactation-friendly" workplace. *Center for Working Families, University of California, Berkeley, Working Paper #46*, <http://wfnetwork.bc.edu/berkeley/papers/46.pdf>.
- ⁴ Smith JP & LH Ingham, Mothers' milk and measures of economic output, *Feminist Economics* 11(1) 2005, p 51.
- ⁵ Smith & Ingham, p 54.
- ⁶ Smith JP, LH Ingham & MD Dunstone, The economic value of breastfeeding in Australia. *National Centre for Epidemiology and Population Health, The Australian National University*, 1998, p 34.
- ⁷ Academy of Breastfeeding Medicine (ABM) www.bfmed.org/, International Lactation Consultant Association (ILCA), <http://www.ilca.org/>, La Leche League International (LLL), <http://www.llli.org/>, World Alliance for Breastfeeding Action (WABA), <http://www.waba.org.my/>
- ⁸ Lawrence, RA. editorial, *Breastfeeding Medicine*, 2 (4) 2007.

A Breastfeeding Budget

This Breastfeeding Budget lays out the essential budget lines for the economics of breastfeeding. A few examples are provided at household and national levels. The publications of Australian economist Julie P. Smith and colleagues are an excellent starting point for specific methodology.

BUDGET ITEM	HOUSEHOLD LEVEL	NATIONAL LEVEL
OUTPUTS of exclusive breastfeeding the food and care that women provide by breastfeeding		
Human milk	Average production per child: 234 L in 1 st year 111 L in 2 nd year Total: 345 L over 2 years ¹	1992 Norwegian milk production: 8.2 million kg. Valued at the milk bank price of US\$50 per L, it was worth over US\$400 million. ²
Caregiving time	Australia: Minimum of 1095 hours over first year ³	
COST SAVINGS from exclusive breastfeeding the costs of milk substitutes plus the excess health and other costs incurred when babies are weaned prematurely		
SAVE cost of milk substitutes	Household saves costs of purchasing milk substitutes, bottles, teats, fuel, cleaning supplies, plus transport, storage, heating and cooling, and cleaning equipment. ⁴	Nation saves costs of producing (manufacturing) or importing milk substitutes; marketing, transport, storage; added land use costs and greenhouse gases from farming; costs to dispose of packaging; and other environmental burdens. ⁵
SAVE infant lives	13% of preventable child mortality world-wide is due to lack of exclusive breastfeeding. ⁶	
SAVE on excess health care costs for children	US\$400 per child in 1 st year—USA ⁷	AU\$1-2 million per year in hospitalization costs—Australian Capital Territory ⁸
SAVE on excess health care and family planning costs for women who wean early ⁹		
SAVE on costs to workers and employers	Working parents' rate of one-day absences may double when babies are not breastfed. ¹⁰	Employers and national economy benefit from higher productivity and employee loyalty, lower turnover rates. ¹¹
SAVE excess costs to address shortfalls in normal development when children are not breastfed, such as need for speech therapy, tooth straightening, special education ¹²		

INPUTS that enable women to breastfeed exclusively funds to build a supportive infrastructure that provides the information, support, time and energy needed by breastfeeding mothers	
Women's time	Cost of raising awareness to encourage mother support
Women's energy needs	For a well-nourished woman, a modest increase in food intake, costing AU\$101 in 1 st year, AU\$73 in 2 nd year. ¹³
Women's opportunity cost to prioritise breastfeeding	Cost to enact, implement, and monitor maternity protection laws and other legal protection for breastfeeding women ¹⁴
Information and support for mothers	Cost of educating health workers ¹⁵

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The Academy of Breastfeeding Medicine



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