



Breastfeeding and Food Security: The High Cost of Formula Feeding

It is well known that those who choose to formula feed are often those who can least afford its consequences. In Canada, the population with the lowest level of income and education is the group most likely to use formula^{1,2,3}. It is this population that is at greatest risk for not breastfeeding and that has the most to lose from not breastfeeding.

Thus for mothers who find themselves living under social or economic stress or for very young mothers, teens, who are coping with their own developmental needs, the culture of formula feeding is all too familiar.

Canada's National Population Health Survey of 1996/1997 found approximately 4 per cent of Canadians (1.1 million people) to be living in food-insufficient households. These were mostly single-parent families, with their major source of income from welfare, unemployment insurance or workers' compensation. Food insufficiency has a significant impact on physical, social and mental health⁴. For an already stressed population, formula feeding will add not only a needless financial burden but also the related illness effects.

While we can put a dollar and cent value on the direct cost of formula feeding, it becomes difficult to quantify the impact the decision not to breastfeed can have on the health of a family, particularly those families with low-incomes. A US based study⁵ calculated that during the first year of life for 1000 infants never breastfed, there were an additional 2033 physician office visits, 212 days of hospitalization and 609 extra prescriptions for three illnesses – respiratory tract illness, otitis media and gastroenteritis. Note that in Canada the use of the health care facilities would be higher because of our publicly funded universal access system.

The data tabulated below represents formula costs versus income of a single parent, single child family. When there are older siblings in low-income families, spending such a large portion of available resources on formula can have a dramatic effect on the entire family. The money saved by breastfeeding will not only improve the health of the infant, but the health

and welfare of other family members by providing the necessities of life – and a few home comforts, too.

These savings can translate into significant improvements in the quality of life for low-income families. For example, the money saved by breastfeeding for four

months would easily cover one month's rent or mortgage payment; six months would pay for a washer and dryer; seven months, a year's electricity bill; nine months could pay for one year's property taxes or energy bills. A year's worth of formula could pay for a much-needed family vacation that everyone could enjoy.

Based on the most current data, an analysis of the welfare rates versus formula costs illustrates just how much of an impoverished family's income is spent on formula [*next page*]:

References

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Welfare vs. Formula Costs – National Summary 2004

Location	Cost of formula for six months (in Cdn. \$)*	Maximum welfare for single parent with one child**	% of income spent on formula***
Newfoundland & Labrador	509 - 2,777	5,870	9 - 47
Prince Edward Island	509 - 2,777	4,907	10 - 57
Nova Scotia	509 - 2,777	4,603	11 - 60
New Brunswick	509 - 2,777	4,961	10 - 56
Quebec	524 - 2,777	5,329	10 - 52
Ontario	560 - 2868	5,354	11 - 54
Manitoba	518 - 2,759	4,818	11 - 57
Saskatchewan	518 - 2,759	4,844	11 - 57
Alberta	518 - 2,759	4,283	12 - 64
British Columbia	478 - 2,621	5,272	9 - 50
Northwest Territories	518 - 2,759	9,190	5.6 - 30
Nunavut	518 - 2,759	12,566	4 - 22
Yukon	518 - 2,759	8,332	6 - 33

*Costs are for formula **only** and do not include the direct costs of bottles, teats and other formula feeding paraphernalia.

**Welfare rates - National Council of Welfare Reports, Welfare Incomes 2002.

***Formula rates were based on national pricing, Shoppers Drug Mart 2004.

Costs were based on lowest average (powdered cans) and highest average (ready-to-serve) of top five brands.

Improving breastfeeding rates for those who have the most to gain

- 1. Prenatal support and information.** The International Code of Marketing of Breast-milk Substitutes requires health care workers to warn parents about the risks of inappropriate use and the costs associated with formula feeding. Studies show that those who attend prenatal classes have higher breastfeeding outcomes.
- 2. Baby-friendly hospital practices.** Where UNICEF's Ten Steps to Successful Breastfeeding of the Baby-Friendly Hospital Initiative are in place, breastfeeding discharge rates and duration rates are improved.
- 3. Mother-to-mother support.** Pairing new mothers with experienced mothers improves breastfeeding capacity, reduces problems and helps convey confidence to new mothers⁶.
- 4. Postnatal follow-up visits.** Both home visits and telephone consultations to monitor and assist new mothers are known to be effective in increasing breastfeeding rates. Telephone consultations were seen to be as effective as home visits and less costly.
- 5. Remove commercial pressure to formula feed.** Implementation of the International Code and all subsequent, relevant Resolutions of the World Health Assembly is essential to creating an environment where mothers can make an informed choice and to creating a breastfeeding culture.
- 6. Addressing the sexual and nurturing nature of breasts** is important for teen-aged mothers. Partner support is also of high importance to teen mothers.