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**Economic Value of Breastfeeding  
in Belize**

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**Sandra Huffman, Sc.D.  
Nurture/Center to Prevent Childhood Malnutrition**

**Adwoa Steel, M.D., MPH.  
Nurture/Center to Prevent Childhood Malnutrition**

**K. Moustafa Toure  
Ministry of Economic Development  
Belmopan, Belize**

**Eva Middleton  
Breast is Best League  
Belize City, Belize**



## EXECUTIVE SUMMARY

While the health benefits of breastfeeding are widely recognized, most studies have overlooked the economic value of breastfeeding. Nurture/Center to Prevent Childhood Malnutrition developed a workbook to help policy makers assess the economic value of breastfeeding. Using this workbook in Belize, information was gathered on imports of and household expenditures on powdered milk, hospital expenditures on bottle feeding, breastfeeding promotion expenditures, and health statistics (birth rate, mortality and morbidity rates, and infant feeding practices) to estimate the economic value of breastfeeding in Belize.

A compelling case can be made for the economic value of breastfeeding in Belize. Households with children under one year of age spend approximately US \$1.2 million per year on breastmilk substitutes but in the absence of breastfeeding, households would spend over \$2 million to feed their infants. The capital city hospital spends over \$175,000 on breastmilk substitutes, but without breastfeeding, hospital costs would increase to over \$1 million. Households and health care centers would also have other additional costs due to increases in diarrhea and acute respiratory infections if bottle feeding were the only mode of infant feeding.

The current cost of breastfeeding promotion in Belize through the Breast is Best League and the Ministry of Health is estimated at \$84,000, about \$14 per birth. Savings of about \$350 per birth (that households and hospitals accrue) make breastfeeding promotion a highly cost effective preventive health measure.

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## INTRODUCTION

Breastmilk is an important resource that is often not considered for its economic values. In order to estimate the value of breastmilk for individual countries, Nurture/Center to Prevent Childhood Malnutrition, developed a workbook to help policy makers analyze information on this issue (Levine, 1991). The workbook methodology was first tried in Guatemala (population of 9.2 million), illustrating that breastfeeding there provides major savings in costs, morbidity and fertility (Mora, 1991).

This report analyzes the economic value of breastfeeding for the country of Belize. Breastmilk provides an economic resource in Belize, especially in rural areas. Over 90% of women in Belize breastfeed their infants at birth (86% of urban and 96% of rural women). Nevertheless, only 10% of urban women and 48% of rural women with infants 0-3.9 months of age breastfeed exclusively, implying that substantial additional benefits could be realized if more mothers exclusively breastfed during the first 4-6 months and continued breastfeeding for one year or longer.

This report presents information on the costs and savings associated with current levels of breastfeeding and bottle feeding at the national, public sector, hospital, and household levels. The economic value of breastfeeding is calculated by measuring the costs that would be incurred if all women bottle fed minus the present costs of promoting and supporting breastfeeding.

The potential net benefit that could be achieved by extending breastfeeding to a full year for the entire population is also discussed.

## NATIONAL DATA

Belize has the smallest population (184,000 in 1989) in Central America. The crude birth rate in Belize was 34 per 1000 in 1990 (CSO, 1990), and the infant mortality rate was 20 per 1000 (PAHO, 1991). The per capita GNP in 1990 was about \$1700 (Ministry of Finance, 1990).

In examining the costs and savings associated with breastfeeding, it is useful to compare these figures with the health budget for the government of Belize. The annual health budget in Belize is \$8,658,475.<sup>1</sup> This represents about 9% of the total national expenditure (Belize House of Representatives, 1989/1990). The percentage of GNP spent on health was 2.2%

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<sup>1</sup> \$1 (U.S.) = \$2 (Belize); throughout this paper figures are given in US dollars.



in 1990. The Primary Health Care Program was about 22% of total recurrent Ministry of Health (MOH) expenditures (MOH, National Health Plan, 1990) or about \$2 million for FY 1990-91. Of this, 18% went to Community Health Services (which includes prenatal and well child care) and 2% to Health Education (Bossert, 1991).

## **COSTS OF BREASTFEEDING PROMOTION**

Costs of breastfeeding include the costs of promoting breastfeeding, any loss of revenue from industries that produce breastmilk substitutes, and the costs to women in time and work opportunities. Estimating the costs in terms of women's time or lost work opportunities is difficult in the absence of empirical research. However, the time costs to women (in terms of time spent breastfeeding rather than in other activities) may be offset by the time costs to women of seeking treatment for childhood illness that could be prevented by breastfeeding. For example, in Guatemala, it was estimated that mothers completely stop work outside the home in 8.8% of cases of diarrhea and acute respiratory infection (ARI), and partially stop work in 4.4% of diarrheal and 9.2% of ARI cases (Imminck et al, 1987 as reported by Mora, 1991). Furthermore, if the mother is primarily responsible for bottle feeding, the time for breastfeeding may not differ greatly from the time required to sterilize the bottles, mix the formula, and feed the infant. Hence it is assumed that there is no significant net overall cost to breastfeeding in terms of additional time.

### **Current Costs of Breastfeeding Promotion**

In Belize, the costs of breastfeeding are primarily those associated with **breastfeeding promotion**, which is conducted by the Breast is Best League (BIB), a non-profit agency, in conjunction with the Ministry of Health. Information from expenditures of BIB was used to estimate costs of breastfeeding promotion. BIB trains breastfeeding counselors and health professionals, counsels mothers, and promotes breastfeeding through public education and mass media programs. Expenditures for activities conducted by BIB during May 1988 to July 1991 were averaged to obtain an annual cost of breastfeeding promotion in Belize. Costs were not divided by type of activity (e.g. training or counseling) because information was not considered to be adequate for such a breakdown.

The total average annual cost of BIB operations was \$74,000 per year. If these costs were covered by the Ministry of Health, this would represent less than 1% of the health budget. While the staff of the MOH also provide some direct counseling to mothers during postpartum stays in the hospital and during prenatal and well child visits, these costs were not separated from the normal costs of such services because they do not represent any additional costs.



The Ministry of Health also supports mass media efforts by BIB through use of their health education department. Other sectors of the government provide free radio and television time to BIB for mass media spots. These costs are part of the MOH's health education effort and would not necessarily be eliminated in the absence of a breastfeeding effort. However, for the purpose of these estimates, we assume that 25% of health education expenditures can be attributed to breastfeeding, i.e., \$10,000.

Other possible costs to the government for breastfeeding would be changes to hospital structures to promote rooming-in or to purchase equipment such as breast pumps. To date there have been no reported changes made in any hospital facilities to promote rooming-in and thus no costs have been incurred in that respect.

There is an electric pump available for use at the BIB office in Belize City. The cost of the electric pump and the hand-held pumps rented to women is included in the BIB budget mentioned above.

Table 1 summarizes these costs of breastfeeding promotion in Belize. The total cost of breastfeeding promotion in Belize is shown to be \$84,000 per year. This amount does not include, however, the time and costs volunteers provided to the program. This is not an insignificant amount, given that nearly 350 volunteers worked to promote breastfeeding throughout Belize for an average of 8 hours per month.

Aside from the health education funds provided by the MOH, the support for breastfeeding promotion by BIB was primarily through donor money. As with similar programs dependent upon outside sources, this type of funding can make program continuity difficult. Breastfeeding promotion needs to be built into the government's on-going health program to avert problems of inconsistent funding.

### **Costs of Expanding Breastfeeding Promotion**

If BIB and the Ministry of Health were to double expenditures estimated above, all nursing staff could be trained by BIB to promote breastfeeding, and more intensive mass media campaigns could be conducted. While this would not ensure complete success in promoting exclusive breastfeeding to 6 months, and partial breastfeeding to 1 year, it would be an important means to help reach this goal.

Table 1 shows the estimated costs of expanding breastfeeding promotion. For BIB and the Ministry of Health, it is estimated that the additional costs would be double current costs. Since there were no reported costs to promote changes in hospital practices, we assume there would be no additional facilities costs.

**Table 1**  
**Annual Costs of Breastfeeding Promotion in Belize**  
**(US\$)**

<b>Source of costs</b>	<b>Current</b>	<b>Expanded</b>
Costs of promotion	\$74,000	\$148,000
Costs of health education	\$10,000	\$ 20,000
Costs of facilities construction for rooming-in	0	0
Costs of breastmilk pumps	Included above	\$ 7,500
	_____	_____
<b>Total Costs</b>	<b>\$84,000</b>	<b>\$175,500</b>

Note: It is assumed that there is no significant difference in the time required for breastfeeding and bottle feeding (see text).



The MOH has discussed the purchase of additional electric pumps for use in Belmopan, and CARE is planning to purchase hand-held breast pumps for each of the community health workers it has trained. If one electric pump were purchased for each hospital in Belize at a cost of \$1,000 per pump and 100 hand pumps were purchased at a cost of \$15 each, this would add about \$7,500 to the MOH equipment costs. The total cost to expand breastfeeding promotion would be about \$175,000.

Since there are no industries producing infant formula in Belize, there would be no revenues lost to the country from an increased use of breastmilk instead of infant formula. The government obtains revenues from duties imposed on formula imports; however, individual families that purchase the formula have to pay these duties, as well as the cost of the imports. Thus for the nation as a whole, the loss of tariff revenues as a result of lower imports of formula would represent a transfer from the government to individuals, not a net cost to the economy.

## **COSTS OF BOTTLE FEEDING**

The direct costs of bottle feeding are the expenses that hospitals and households incur to purchase supplies for bottle feeding, including breastmilk substitutes and equipment (bottles and nipples). Governments use valuable foreign exchange and pay interest for its use as debt service on foreign exchange associated with the import of breastmilk substitutes.

Indirect costs of inadequate breastfeeding include excess morbidity among bottle-fed infants, caused primarily by diarrhea and acute respiratory infections that could be prevented by breastfeeding. Savings from breastfeeding result also from reductions in fertility due to the increased durations of amenorrhea associated with breastfeeding, thus reducing pregnancies and the costs of births and contraceptive supplies.

### **Current Costs of Bottle Feeding**

#### *National Level Costs of Bottle Feeding*

At the national level, the cost of bottle feeding is measured directly by the foreign exchange spent to purchase breastmilk substitutes, bottles, and nipples. Trade data in Belize are not separated into a category delineating infant formula, but information is given for liquid/semi-solid milk or cream and solid milk or cream, both divided into content of more or less than 8% milk fat. Since breastmilk substitutes should contain about 50% of calories as fat, and since most milk fed to infants in Belize is dried milk, the figure for solid milk with at least 8% milk fat was selected as the category for imported milk used for infants. We roughly



estimated that 25% of the dried milk is used for feeding of infants, though this is probably an underestimate.

In 1990 Belize imported 2,046,450 pounds of dried milk in solid form (containing not less than 8% milk fat) and re-exported 554,707 pounds. The net wholesale cost of the milk powder imported was \$2,067,000. Assuming that 25% of this was used for infant feeding, the cost of imports was \$516,750<sup>2</sup>. These imports increased the amount of debt Belize had to incur to finance its balance-of-payments deficit. The rate of interest on foreign debt in Belize in 1990 was 12%. Annually, therefore an additional \$62,000 of interest can be attributed to the extra imports required for bottle feeding.

Trade data were not available for the categories of baby bottles and nipples.

### *Household Costs of Bottle Feeding*

In Belize, approximately 6,000 infants are born each year and live to one year of age. Of these, 11% are bottle fed from birth and 30% receive artificial milk in addition to breastmilk (CDC, 1991a). Table 2 shows the average proportions that are bottle fed with and without breastfeeding month-by-month during the first year.

To calculate household expenditures on breastmilk substitutes, it is estimated that the average monthly milk requirements of a three-month-old bottle-fed infant are ten pounds of whole milk or infant formula. A partially breastfed infant is estimated to require half that amount. Infants less than 3 months of age will need less formula, and those over will need more. However those over 6 months also receive other foods in addition to formula. Thus we use this amount as a rough estimate of the monthly amount given to bottle fed infants.

Infant formula costs between \$3 and \$4 per pound, and dried whole milk powder about \$2 per pound. We have used the cost of \$3 per pound as the average for this paper. Given the lower cost of whole milk, families in Belize use whole milk to feed their infants.<sup>3</sup>

At \$3.00 per pound, a family's monthly cost for breastmilk substitutes is estimated at \$30.00 for non-breastfed infants and \$15.00 for partially breastfed infants. Adding the cost of two

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<sup>2</sup> This figure is probably a very conservative estimate of import costs for breastmilk substitutes. The estimated annual expenditure by hospitals and households for breastmilk substitutes is \$1.38 million, which is discussed below. It is unlikely that such a sizeable difference can be explained totally by duties and mark-ups by importers and retailers.

<sup>3</sup> Families may also feed their infants other liquids as a means of economizing (for example, condensed milk that has been diluted).



**Table 2**  
**Estimated Household Expenditures on Breastmilk Substitutes**  
**during the First Year of Life**  
**(US \$)**

Infant age/mos	Partially Breastfed % <sup>a</sup>	# <sup>b</sup>	Cost of Partial Breastfeeding <sup>c</sup>	Not Breastfed % <sup>a</sup>	# <sup>d</sup>	Cost Not Breastfeeding <sup>e</sup>
0	30%	1800	\$ 27,000	11%	660	\$ 19,800
1	37%	2220	\$ 33,300	13%	780	\$ 23,400
2	39%	2340	\$ 35,100	24%	1440	\$ 43,200
3	36%	2160	\$ 32,400	35%	2100	\$ 63,000
4	44%	2640	\$ 39,600	41%	2460	\$ 73,800
5	48%	2880	\$ 43,200	41%	2460	\$ 73,800
6	55%	3300	\$ 49,500	34%	2040	\$ 61,200
7	50%	3000	\$ 45,000	39%	2340	\$ 70,200
8	49%	2940	\$ 44,100	41%	2460	\$ 73,800
9	52%	3120	\$ 46,800	39%	2340	\$ 70,200
10	54%	3240	\$ 48,600	38%	2280	\$ 68,400
11	49%	2940	\$ 44,100	42%	2520	\$ 75,600
Total cost for 12 months			\$488,700			\$716,400

a Running averages calculated from monthly breastfeeding rates provided by the Center for Disease Control (CDC, 1991a).

b 6000 births x % breastfeeding and giving milk supplements at each age.

c Cost of \$15.00 per month x number of infants breastfeeding with milk supplements.

d 6000 births x % not breastfed.

e Cost of \$30.00 per month x number of infants not breastfed.

### Summary of Household Costs on Breastmilk Substitutes

Projected cost of no breastfeeding	
6000 births x 12 months x \$30/month =	\$2,160,000
Current Costs to Households	
Costs of Partial breastfeeding	\$ 488,700
Costs of Not breastfeeding	\$ 716,400
Total current cost	\$1,205,100
Net savings	\$ 954,900



feeding bottles (\$4.00), households of non-breastfed infants spend \$364.00 per year on costs associated with bottle feeding. This amount represents 21% of Belize's average per capita GNP and a substantial share of annual income for most households.

Based on moving averages calculated from monthly breastfeeding rates found in the 1991 Belize Family Health Survey, it is estimated that household expenditures in Belize for breastmilk substitutes during the first year of life total \$1,205,100 (\$716,000 for non-breastfed infants and \$489,000 for partially breastfed infants).

### **Projected Household Costs in the Absence of Breastfeeding**

Table 2 shows that if no infants were breastfed in Belize, families would spend over \$2.1 million on breastmilk substitutes; imports would increase by nearly 80%. In other words, current levels of breastfeeding save almost \$1 million in household expenditures. If breastfeeding were universal in Belize, through one year of life, with no milk supplements given, households would also save what they currently spend or about \$1 million.

### ***Hospital Costs of Bottle Feeding***

There are only six hospitals in the country, and a third of all births are delivered at the Belize City Hospital. In all hospitals but the Belize City Hospital, breastfeeding is universal. Premature or ill infants are generally given expressed breastmilk from their mothers. The amount of infant formula used in the district hospitals is minimal (Steel et al, 1991). There are no milk rooms in use for preparation of formula, nor are there hospital purchases of formula. However in the Belize City Hospital, a milk room is used daily for the preparation of bottles. Infants delivered by caesarian sections receive bottles of infant formula until the mother has recovered from anesthesia, and then they are alternately given the breast and bottle. Other infants are also given bottles if requested by their mothers.

Estimates of costs to hospitals of bottle feeding were thus obtained for the Belize City Hospital. Data for three months' purchases in 1991 by the hospital were computed and the annual amount estimated. The estimated total cost of formula purchases was \$165,132, \$190 for nipples, and \$2,350 for bottles. Three milk nurses are employed by the hospital to work in the milk room preparing bottles several times a day. The total monthly salary for each milk nurse is \$200, resulting in an annual staff cost of \$7,200 to prepare breastmilk substitutes. The total annual cost to the Belize City Hospital is thus estimated at nearly \$175,000.



### **Projected Hospital Costs in the Absence of Breastfeeding**

While no data are available on the proportion of women who bottle feed while in the Belize City Hospital, we estimate this figure to be 25%. This would take into account all caesarian section births (17% of those born in the hospital) and an additional small percentage. In the absence of breastfeeding, bottle feeding expenditures in Belize City Hospital would therefore more than double. If there were no breastfeeding in any of the hospitals in Belize, the total hospital costs would be over \$1 million or three times the estimated costs for Belize City Hospital where one-third of all births occur.

### **Health Services Costs of Illnesses**

In addition to the costs of purchasing breastmilk substitutes, there are costs to the health services in Belize because of the additional illnesses contracted by infants who are not exclusively breastfed during the first 4-6 months of life and those who are not breastfed through one year. Such infants are more likely to become ill with diarrhea and acute respiratory infections.

The Belize Family Health Survey conducted in 1991 reported a high prevalence of diarrhea and acute respiratory illnesses among young children. Over ten percent (10.4%) of infants ages 0-5 months and 18.6% of infants 6-11 months were reported to have had diarrhea in the two weeks prior to the survey. This high prevalence means that an infant will experience 3.8 cases of diarrhea in the first 6 months of life and another 6.8 in the second. While urban and rural rates were similar for younger infants (11% and 9.2% respectively), older urban infants had nearly twice the rate of diarrhea as rural infants (23.9% compared to 12.8%), which may be related to lower breastfeeding rates in urban children in the second half of infancy.

Of children with diarrhea, 83% were reported to have been treated for the illness, with 33% receiving ORS, 61% antibiotics or anti-diarrhetics, and 4% intravenous solution. Three percent were hospitalized. An even higher proportion of infants experienced ARI during the preceding two weeks, with 49% of infants suffering from ARI. Of children less than five years with ARI symptoms, 87% were treated, and 1.4% were hospitalized. Bossert (1991) reports that among children less than five years of age, 5,535 cases of diarrhea, and 155,700 cases of ARI were treated by the MOH.

Bossert reported that the cost in Belize in 1991 for treatment of these illnesses was \$7.75 per episode of diarrhea and \$5.48 per episode of ARI. Given the much lower relative risk of diarrhea and ARI when a child is breastfed, the added costs of treatment of illnesses in Belize if there were no breastfeeding are likely to be substantial. In urban Peru, where



**Table 3**  
**Hospital Costs of Bottle Feeding in Belize**  
**(US\$)**

	<b>Current Costs</b>	<b>Projected Cost With no Breastfeeding</b>
<b>Belize City Hospital</b>		
Infant formula	\$165,132	
Bottles	2,350	
Nipples	190	
Milk room nurses	<u>7,200</u>	
Sub-total	\$174,872	\$ 350,000 <sup>a</sup>
<b>Other Hospitals</b>	<u>0</u>	<u>\$ 700,000<sup>b</sup></u>
<b>Total for Hospitals</b>	<b>\$174,872</b>	<b>\$1,050,000</b>

<sup>a</sup> Projected at least double current costs.

<sup>b</sup> One-third of all births occur in Belize City Hospital, two-thirds in other hospitals.



studies have been conducted to assess the relative risk of diarrhea by feeding method, the prevalence of diarrhea among non-breastfed infants 0-5.9 months of age was 27.1% and for infants 6-11.9 months 23.7% compared to the prevalence of diarrhea for exclusively breastfed infants of 6.35% (0-5.9 months), and 14.7% for partially breastfed infants in the second half of life. If optimal breastfeeding were to occur in Belize, additional illnesses could be prevented, since Belize's rates of ARI prevalence of 10.4% and 18.6% respectively in the first and second halves of the first year suggest that they are between the results for exclusively and non-breastfed infants observed in Peru.

### **Reductions in Fertility**

Aside from preventing illnesses among children, breastfeeding is associated with reductions in fertility among women not practicing contraception. With 53% of married women in Belize currently not using contraception, breastfeeding's impact on fertility is an important means of reducing fertility, especially in rural areas where 67% are not using contraception compared to 45% in urban areas. There are also cost savings associated with the additional contraceptives that would be needed to replace the protection provided by breastfeeding.

### **Environmental Costs**

Costs to the society for environmental damage associated with bottle feeding include solid waste pollution from production, packaging and distribution of breastmilk substitutes and supplies (plastic bottles and nipples). Another environmental cost is deforestation related to using firewood to boil water for preparing breastmilk substitutes and for sterilizing feeding bottles. If more women used breastmilk substitutes, additional land would need to be converted to grazing areas for cows.

## **SUMMARY OF ECONOMIC COSTS and BENEFITS OF BREASTFEEDING IN BELIZE**

Table 4 summarizes the current costs of bottle feeding in Belize, and the additional expenditures that would be needed if there were no breastfeeding in Belize.

### **Household Costs of Bottle Feeding**

- By combining costs of bottle feeding for infants who never breastfeed or who stop during the first year with the costs for those who breastfeed but also are



**Table 4**  
**Economic Costs of Bottle Feeding in Belize**

Level	Cost with Current Costs	No Breastfeeding	Net Savings
<b>Household Costs</b>			
Purchases of breastmilk Substitutes	\$1,205,100	\$2,160,000	\$ 954,900
<b>Hospital Costs</b>			
Belize City Hospital	\$ 174,872	\$ 350,000	
Other hospitals	0	\$ 700,000	
<b>Sub-total</b>	<b>\$ 174,872</b>	<b>\$1,050,000</b>	<b>\$ 875,128</b>
<b>National</b>			
Interest on debt	[62,000 <sup>a</sup> ]	[111,000 <sup>a</sup> ]	
<b>Total</b>	<b>\$1,379,972</b>	<b>\$3,210,000</b>	<b>\$1,830,028</b>

<sup>a</sup> Not included in the total costs because household eventually pay this cost through the retail price. With no breastfeeding, household cost of breastmilk substitutes is estimated to be 79% more than current cost (2,160,000/1,205,000 = 1.79; p.8). Interest on projected imports would then be 1.79 x \$62,000 = \$111,000.



supplemented with other milk, the total cost to households for bottle feeding is estimated at \$1,205,100<sup>4</sup>.

- If no infants in Belize were breastfed, the total annual cost to households for breastmilk substitutes would be \$2,160,000.
- The difference in these two costs illustrates that breastfeeding saves households nearly \$1 million.

### **Hospital Costs**

In all hospitals except Belize City Hospital, newborns are universally breastfed. Premature or ill infants are generally given expressed breastmilk from their mothers. The amount of infant formula used in the district hospitals is minimal.

- Based on hospital records, the total annual cost to the Belize City Hospital for infant formula, bottles and staff time to prepare bottles is estimated at nearly US \$175,000.
- If there were no breastfeeding in Belize, hospitals would need to spend \$1,050,000 to cover costs of bottle feeding.

### **Costs of Breastfeeding Promotion**

These savings to households and hospitals are substantial, especially when viewed in relation to the current costs of breastfeeding promotion of only \$84,000, or \$14 per birth. This is compared to the savings at current breastfeeding levels reported in Table 4 of \$1,930,000, or \$305 per birth!

## **CONCLUSION**

Breastfeeding represents a major economic resource in Belize. Breastfeeding provides an important food resource, which saves the nation foreign exchange that would be needed to import breastmilk substitutes. Additional benefits of breastfeeding include reduced illnesses due to diarrhea and acute respiratory infections and delayed return to fertility.

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<sup>4</sup> This is about 2.5 times the wholesale cost of imports, allowing for costs of duties and mark-ups. Our estimate of the proportion of imports used for infant feeding (25%) may also be too low.



While 90% of women in Belize breastfeed their infants at birth, the rate of exclusive breastfeeding during the first 6 months postpartum is low, with only 10% of infants ages 3-4 months being exclusively breastfed, and 19% receiving only breastmilk and other liquids such as plain water, glucose water or juice. Because of the role exclusive breastfeeding has in preventing morbidity from diarrhea and in preventing fertility, exclusive breastfeeding for the first 4-6 months of life is the preferred method of infant feeding. Belize could save substantial funds, and reduce the illness burden that infants experience, as well as further reduce fertility without increases in contraceptive use, if there were increases in exclusive breastfeeding.

The costs of promoting breastfeeding are low relative to the benefits. The current expenditures on breastfeeding promotion conducted by the Breast is Best League and the health education efforts of the Ministry of Health are about \$84,000. One hospital in Belize alone spends nearly \$175,000 on the purchase of breastmilk substitutes, supplies and staff costs. There would still be substantial savings to the hospital if staff were trained to promote breastfeeding and the three milk nurses were trained instead to be breastfeeding counselors.

For an individual household, increases in breastfeeding would result in fewer illnesses due to diarrhea and ARI among infants and avoid the costs of treatment. It would also result in substantial savings from purchases of breastmilk substitutes.

In the Government of Belize's National Plan of Action for Children 1992-2000, a stated goal is to implement constant breastfeeding promotion and to strengthen BIB's efforts to reinforce breastfeeding. The analysis in this report illustrates that doing so will not only have benefits for child health, it will yield economic gains.



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