Breastfeeding and Infant Illness

Raisler and colleagues[1] report that in the United States, breastfeeding has a dose-related protective effect against infant illness and leads to fewer medical visits; they also found that breastfeeding mothers have higher incomes. However, they found no interactions between the duration of breastfeeding and income. Because breastfeeding for many months is a difficult task for some mothers to carry out, the protective effect of long-term breastfeeding is not a given for either poor or rich children. Poor mothers, however, breastfeed less.

The presence of inequalities in health is nothing new, nor is the fact that children are the most affected.[2] The links between poverty and child health are extensive, strong, and persuasive.[3] The level of health is lower among children living in poverty than among children of affluent families.[4] In such a context, the findings of Raisler and colleagues are obviously important for prompt and intensive public health efforts to improve and challenge the present situation—not only in the United States but worldwide. This is even more relevant in developing countries, where the impact of disease is highest among children.[5]

When United Nations Development Programme data for 69 countries with medium or low levels of human development were assessed,[6] no relation (r=–0.06, P=.59) was found between breastfeeding duration (0–3 months exclusive, i.e., the proportion of infants younger than 4 months who received only breast milk)[7] and real gross domestic product (GDP) per capita. These results are in agreement with those obtained by Raisler et al. but contrast with other figures, such as income vs mortality,[2] suggesting that additional factors—not just income—are associated with breastfeeding duration and consequently with its effectiveness.

Average income (per capita or per family group, adjusted or not) is considered a weak indicator of poverty.[2,8,9] In fact, poverty is a complex condition involving not only income but an individual's health, education, and place in society. Since health, education, and social services are the major areas to be considered and controlled for in assessing a population's deprivation, the human poverty index (HPI) is used to monitor and rank human poverty.[6] Unfortunately, when the HPI is used instead of real GPD per capita, the magnitude of the association with breastfeeding duration does not change (r=–0.12, P=.34), although it would be useful to use the same index on Raisler et al.'s data. In any event, the reported findings, and more general considerations, highlight the fact that promotion of breastfeeding through public and professional education is one of the primary—and simpler—initiatives[10] that must be rapidly set up at local and national levels in an attempt to reduce and constrain cultural, social, and health inequalities. □

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