

Infant Feeding and Asthma: Is Breast Milk Best?

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Abstract

Asthma is the most commonly occurring chronic childhood disease in the United States and is the leading cause of hospitalization and missed school days. I examine whether socioeconomic disparities in asthma can be attributed to differences in breastfeeding incidence and duration. Using data from the Fragile Families and Child Wellbeing Survey, I examine whether unobserved heterogeneity in the breastfeeding decision plays a role in childhood asthma propensity. I use the bivariate probit framework to account for potential endogeneity by modeling the breastfeeding and asthma equations jointly. Results indicate that after accounting for the unobserved heterogeneity found in infant feeding practices, breastfeeding leads to lower rates of asthma diagnosis in children at age one. Breastfeeding for at least three months appears to have the strongest effects in children diagnosed at age one. These results indicate that breastfeeding can result in lower rates of wheezing and better respiratory health in small children.

Keywords: Child Health; Maternal Behavior; Asthma; Breastfeeding
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