



Microcredit and Maternal Health in Northern Ghana: An Impact Study on Smallholder Women Farmers

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Abstract

Microcredit programmes have been implemented in various regions to support smallholder farmers, often with a focus on economic empowerment and poverty reduction. In Northern Ghana, these initiatives are aimed at improving the livelihoods of women who engage primarily in agriculture. The study employs a mixed-methods approach, combining quantitative data from health records with qualitative insights from interviews and focus group discussions. Data collection spans two years (-), including baseline and follow-up surveys of participants in the microcredit programme compared to a control group. Analysis revealed that women participating in the microcredit programme were significantly less likely to experience preterm birth, with an adjusted odds ratio of 0.65 (95% CI: 0.43-0.97), indicating a modest but statistically significant reduction in risk compared to non-participants. The findings suggest that microcredit programmes can contribute positively to maternal health outcomes among smallholder women farmers, particularly in reducing preterm births. Based on these results, policymakers and implementers should consider integrating maternal healthcare services within microcredit programmes to maximise the benefits for both economic empowerment and maternal health. Microcredit, Maternal Health, Smallholder Women Farmers, Northern Ghana Treatment effect was estimated with $\text{logit}(\pi) = \beta_0 + \beta_1 X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: Ghanaian, Geographic, Microfinance, MaternalHealth, Empowerment, Sustainability, CommunityBased, Anthropology, GenderStudies, Demographics, Nutrition, Epidemiology, PublicHealth, HealthCareDelivery, PovertyReduction, RuralDevelopment, ParticipatoryApproach, EconomicEmpowerment, SocialCapital, AccessToCare, ReproductiveHealth, IndigenousKnowledgeSystems

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