***Women Empowerment, Spousal Violence and Maternal and Child Health Seeking Behaviors***

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***Abstract***

Gender based discrimination has been identified to be a major constraint to economic wellbeing across countries. This is particularly relevant in developing countries where system is not well developed to deal with such challenges. In recent years, empowering women and reducing gender-based violence has dominated national and international policy spaces. Several targets of the recently launched sustainable development goals are directly or indirectly linked to empowering women. The reason for this is not far-fetched; empowering women has several pathways to welfare improvement, including education and health. In this study, we seek to understand the effect of women’s empowerment and spousal violence on maternal and child health seeking behaviors.

The research analyzed data on women aged 15-49 who were interviewed on spousal violence from the 2008 Ghana Demographic and Health Survey (GDHS). A total of 2,442 women were sampled for the purpose of the current study. To measure women’s empowerment, we develop a composite Women’s Empowerment Index (WEI) using Multiple Correspondence Analysis (MCA) that included four indicators; household decision-making, women’s education, ownership of land or house and proportion earning cash. Spousal violence was measured by a dummy variable that takes the value of 1 if a woman has ever experienced some form of violence and 0, otherwise. Child and maternal health indicators used in this study include delivery care by skilled attendants, contraceptive use, immunization and low birth weight. The models were estimated using logit technique.

The results suggest a positive and statistically significant relationship between spousal violence and contraceptive use. This implies that victims of spousal violence were more likely to use contraceptive. On the other hand, we found empowered women were less likely to use contraceptives. There was a negative and statistically significant relationship between spousal violence and delivery by skilled birth attendants. Victims of spousal violence were less likely to use delivery care from skilled attendants. We also found empowered women were more less likely to be delivered by skilled attendants. There was evidence of strong negative relationship between women empowerment and low birth weight. That is, more empowered women less likely to have children with low birth weight.

These findings indicate that women empowerment and spousal violence have important implications for the health of women and their children. It is advocated that an approach to improving the health of women and children in Ghana incorporate programmes to promote women’s empowerment and reduce gender-based violence.