

A SYSTEMATIC REVIEW OF WOMEN'S DECISION- MAKING AUTONOMY AND INTIMATE PARTNER VIOLENCE

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Abstract

This systematic review synthesizes findings from 32 studies (2000–2025) examining the association between women's household decision-making autonomy and IPV across diverse global contexts. Egalitarian decision-making consistently reduces IPV prevalence, with reductions of up to 32% in Nigeria and 28% in Nepal. However, sole female autonomy increases IPV risk by 15–20% in patriarchal contexts, such as Nepal and Bangladesh, often due to male backlash, particularly with technological interventions like mobile banking. Contextual factors, including cultural norms, resource access, and crises (e.g., COVID-19 lockdowns), significantly moderate this relationship. Greater autonomy reduces women's justification of IPV, though men's attitudes more strongly predict IPV prevalence. Interventions should promote shared decision-making, engage men in gender norm discussions, and integrate autonomy-enhancing tools with cultural shifts. Limitations include varying definitions of autonomy (e.g., financial vs. domestic), reliance on cross-sectional data, and limited evidence from regions like India. Future research should adopt standardized scales (e.g., DHS autonomy module), prioritize understudied regions, and explore technology's dual role in IPV dynamics.

Keywords: intimate partner violence, decision-making autonomy, women's empowerment, gender norms, patriarchal contexts

INTRODUCTION

Globally, one in three women experiences intimate partner violence (IPV), encompassing physical, sexual, psychological, or economic abuse within intimate relationships, posing a major public health challenge (Garcia-Moreno et al., 2013). Women's household decision-making autonomy, defined as the ability to make independent or joint choices about financial, social, or domestic matters, is a critical indicator of empowerment (Taufik et al., 2016). Household decision-making reflects power dynamics within intimate relationships, making it a critical lens for understanding IPV risk and prevention. These decisions shape relationship dynamics and reflect how couples navigate gender and social norms, influencing family well-being (Flake & Forste, 2006). As power and control are central to gender-based violence, understanding the interplay between women's decision-making autonomy and IPV is essential for designing effective interventions (Garcia-Moreno et al., 2013). This review synthesizes global evidence on the association between women's household decision-making autonomy and IPV, exploring how power dynamics and contextual factors shape relationship outcomes across diverse socioeconomic and cultural settings.

METHOD

Protocol and Registration

A protocol for this systematic review was not registered due to its exploratory nature and resource constraints at the time of study initiation. To mitigate this, we adhered to PRISMA guidelines and provide a detailed search strategy and selection process to ensure reproducibility.

Search Strategy

A comprehensive literature search was conducted across PubMed, PsycINFO, Scopus, and Web of Science for studies published between January 2000 and June 2025. Keywords included "intimate partner violence," "household decision-making," "women's autonomy," and "domestic violence," combined using Boolean operators. Reference lists of key articles were manually searched, and grey literature included WHO reports on global IPV prevalence and regional gender-based violence studies.

The full search strategy for PubMed is detailed below as an example: PubMed Search String (January 2000–June 2025): ("intimate partner violence" OR "domestic violence" OR "gender-based violence") AND ("household decision-making" OR "women's autonomy" OR "female empowerment" OR "decision-making autonomy") AND

("married women" OR "cohabiting women"). Filters: English, Humans, Publication Date: 2000/01/01–2025/06/01.

Similar searches were adapted for PsycINFO, Scopus, and Web of Science, with database-specific syntax. The search was conducted on March 21, 2025, and updated on June 1, 2025, to include recent publications. A total of 1524 records were identified, including 52 from grey literature and manual reference searches.

Inclusion and Exclusion Criteria

Studies were included if they examined women's household decision-making (e.g., financial, social, or domestic) and its association with IPV among married or cohabiting women aged 15–49 years. Eligible studies were published in English, provided empirical data (e.g., surveys, interviews, mixed methods), and appeared in peer-reviewed journals or reputable reports. Studies were excluded if published before 2000, not in English, focused on non-IPV (e.g., stranger violence), lacked empirical data, or centered on men or women outside the specified age range.

Study Selection

Full-text articles were assessed for eligibility, and reasons for exclusion were documented (e.g., non-empirical data, irrelevant outcomes). The selection process is summarized in a PRISMA flow diagram (Figure 1).

Data Extraction and Synthesis

Data were extracted on study design, population, measures of decision-making and IPV, and key findings. The Joanna Briggs Institute tools assessed study quality. Findings were synthesized thematically, identifying patterns such as the impact of joint versus sole decision-making on IPV. A narrative synthesis integrated collective insights.

Risk of Bias Assessment

The JBI critical appraisal tools were used to assess risk of bias. Of the 32 included studies, 20 were rated as low risk due to robust sampling and validated measures, 10 were rated moderate risk due to reliance on self-reports, small sample sizes, or incomplete adjustment for confounders, while two had high risk due to unclear sampling methods and potential selection bias.

Certainty of Evidence

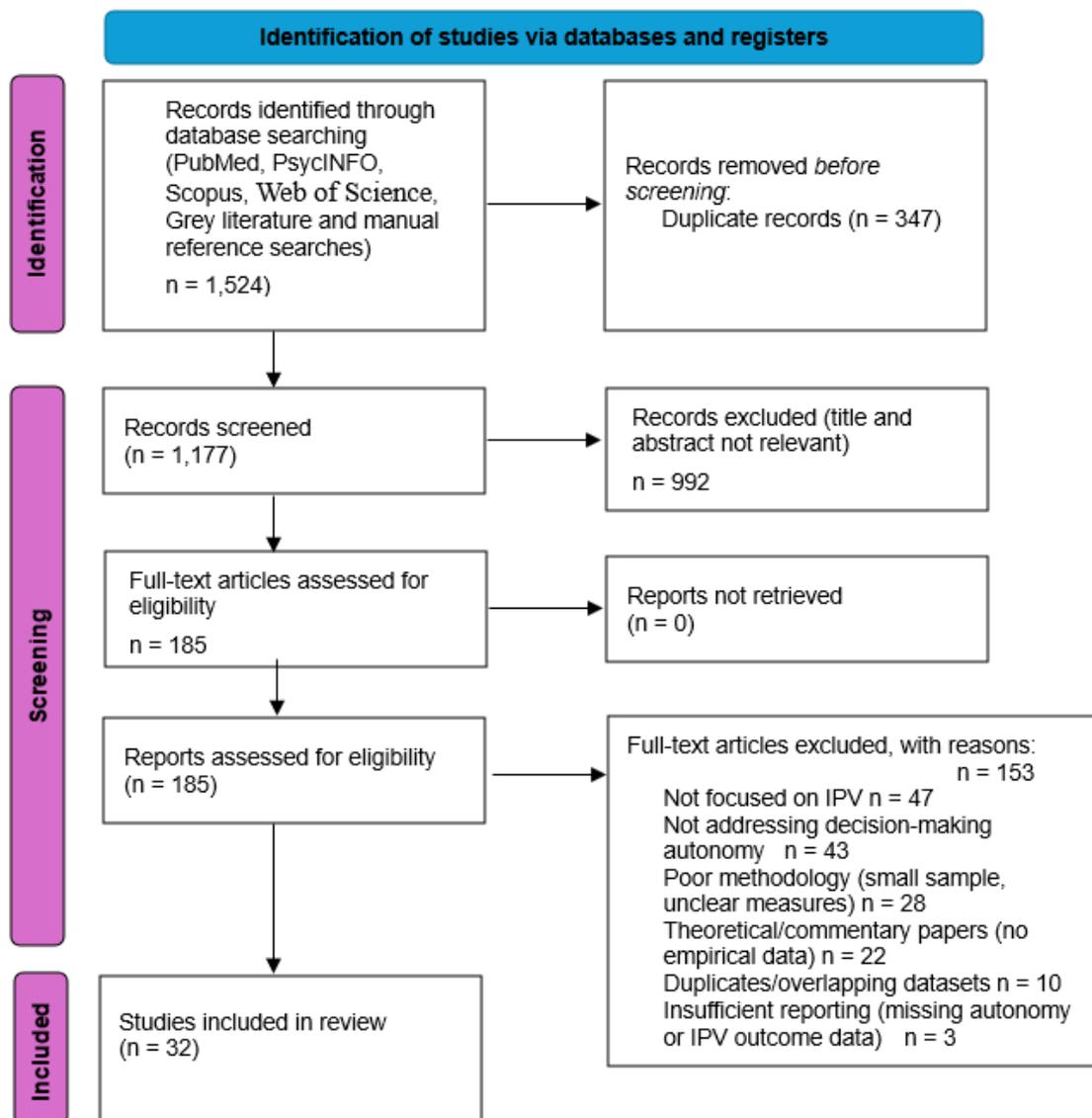
Using the GRADE approach, the certainty of evidence was assessed for key findings. Evidence for egalitarian decision-making reducing IPV risk was rated high due to consistent findings across 20 low-risk studies with large effect sizes (e.g., 28–32% reductions in Nigeria and Nepal). Evidence for sole female autonomy increasing IPV risk in patriarchal contexts was rated moderate due to contextual variability and moderate risk of bias in 10 studies. Evidence for contextual moderators (e.g., COVID-19, cultural norms) was rated moderate due to heterogeneity in study designs and reliance on self-reports.

RESULTS

Study Selection

The search identified 1524 records (487 from PubMed, 392 from PsycINFO, 431 from Scopus, 162 from Web of Science, 52 from grey literature). After removing 347 duplicates, 1177 records were screened by two independent reviewers, with disagreements resolved through discussion. Of these, 992 were excluded (694 for irrelevant outcomes, 298 non-empirical). Full texts of 185 articles were assessed, with 153 excluded (47 not IPV-focused, 43 not addressing autonomy, 28 poor methodology, 22 theoretical, 10 duplicates, 3 insufficient reporting). Thirty-two studies were included in the review (Figure 1).

Figure 1 illustrates the study selection process, detailing the number of records identified, screened, and included, following PRISMA 2020 guidelines.



Notes:

- The number of records identified from each database (PubMed, PsycINFO, Scopus, Web of Science) and grey literature is reported individually, as recommended by PRISMA 2020.
- No automation tools were used for screening; all records were screened by two independent reviewers, with disagreements resolved through discussion.

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Definitions

IPV is defined as behaviour within an intimate relationship causing physical, sexual, or psychological harm, including aggression, coercion, and controlling behaviours (Garcia-Moreno et al., 2013). Household decision-making refers to consumer decisions involving multiple household members, such as financial or domestic choices (Solomon, 2018).

KEY FINDINGS

Table 1 summarizes key findings from the included studies.

Study	Country	Autonomy Type	IPV Outcome	Effect Size
Bamiwuye & Adebowale (2023)	Nigeria	Joint decision-making	Physical IPV	32% reduction

<https://www.gapjibs.org/>

Sharma et al. (2023)	Nepal	Joint decision-making	Any IPV	28% reduction
Ebrahim & Atteraya (2019)	Ethiopia	Joint decision-making	Any IPV	Lower vs. low autonomy
Svec & Andic (2019)	Peru	Joint decision-making	Physical IPV	Reduced risk
Acharya et al. (2022)	Nepal	Sole financial autonomy	Any IPV	15–20% increased risk
Rahman & Hoque (2024)	Bangladesh	Sole financial autonomy (mobile banking)	Any IPV	Increased risk
Flake & Forste (2006)	Latin America	Sole female autonomy	Any IPV	Increased risk
Gage (2005)	Haiti	Sole female autonomy	Any IPV	Increased risk

Egalitarian decision-making consistently reduces IPV risk. In Nigeria, joint decision-making was associated with a 32% reduction in physical IPV (Bamiwuye & Adebawale, 2023). In Nepal, joint decision-making lowered IPV prevalence by 28%, with effects amplified by community-based programs (Sharma et al., 2023). In Ethiopia, joint decision-making was associated with a statistically significant reduction in IPV compared to low autonomy (Ebrahim & Atteraya, 2019). In Peru, joint decision-making decreased physical IPV, particularly when women's status exceeded their partner's (Svec & Andic, 2019).

Conversely, sole female autonomy can increase IPV risk in patriarchal contexts. In Nepal, financial autonomy increased IPV risk by 15–20% due to male backlash (Acharya et al., 2022). In Bangladesh, mobile banking empowered women but triggered IPV when husbands perceived a loss of control (Rahman & Hoque, 2024). Similar patterns were observed in Latin America and Haiti, where women-dominated decisions increased IPV risk (Flake & Forste, 2006; Gage, 2005).

Contextual factors significantly moderate this relationship. COVID-19 lockdowns exacerbated IPV in male-dominated households, while shared autonomy was protective (Garcia-Diaz et al., 2023). Gradual increases in autonomy reduced IPV across 30 low- and middle-income countries (Sardinha et al., 2022). Women with greater autonomy were less likely to justify IPV (Ebrahim & Atteraya, 2017; Dzantor & Sambah, 2021), though men's attitudes were a stronger predictor of outcomes (Mann & Takyi, 2009).

DISCUSSION

This review confirms that egalitarian decision-making reduces IPV risk by 28–32% across diverse contexts, including Nigeria, Nepal, Ethiopia, and Peru (Bamiwuye & Adebawale, 2023; Sharma et al., 2023; Ebrahim & Atteraya, 2019; Svec & Andic, 2019). These findings highlight the protective role of shared power in intimate relationships. However, sole female autonomy can provoke male backlash in patriarchal settings, increasing IPV risk by 15–20% in contexts like Nepal and Bangladesh (Acharya et al., 2022; Rahman & Hoque, 2024).

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Inconsistent definitions of decision-making autonomy (e.g., financial vs. domestic) and reliance on self-reports limit comparability across studies. The lack of longitudinal data hinders causal inferences, and limited evidence from regions like India restricts generalizability.

LIMITATIONS

This review has several limitations. The reliance on cross-sectional data limits causal inferences about the relationship between decision-making autonomy and intimate partner violence (IPV). Self-reported data may be biased by social desirability or fear, particularly in patriarchal contexts. Inconsistent definitions of autonomy (e.g., financial vs. domestic) hinder comparability across studies. Publication bias was not formally assessed (e.g., via funnel plots or Egger's test) due to the heterogeneity of study designs, but the potential for over-representation of significant findings may skew the evidence base. Additionally, limited data from South Asia (e.g., India), the Middle East, and Southeast Asia restrict the generalizability of findings to these regions.

IMPLICATIONS

Interventions should promote egalitarian decision-making through community-based workshops and male engagement sessions to transform gender norms (Mann & Takyi, 2009). Integrating autonomy-enhancing tools, such as mobile banking, with culturally sensitive education is essential to reduce backlash risks (Rahman & Hoque, 2024). Policymakers should embed IPV prevention within national gender equality and public health frameworks, prioritizing shared decision-making and male involvement to foster sustainable change. Crisis-specific interventions, such as counseling during lockdowns, are critical for supporting women in male-dominated households (Garcia-Diaz et al., 2023). Future research should adopt standardized measures, such as the Demographic and Health Survey's (DHS) autonomy module, to enhance comparability. Expanding studies to understudied regions, such as South Asia and the Middle East, and exploring technology's dual role in IPV dynamics will strengthen the global evidence base.

CONCLUSION

This systematic review underscores the protective effect of egalitarian decision-making in reducing intimate partner violence (IPV) across diverse global contexts, while highlighting the risks associated with sole female autonomy in patriarchal settings. These findings emphasize the importance of fostering shared power dynamics to mitigate IPV. Future research should prioritize standardized autonomy measures, such as the DHS autonomy module, and focus on understudied regions like South Asia and the Middle East to enhance generalizability. Interventions must be culturally sensitive, integrating autonomy-enhancing technologies like mobile banking with efforts to shift gender norms. Researchers, practitioners, and policymakers must collaborate to develop scalable, context-specific strategies that promote shared decision-making and address IPV effectively, ensuring safer relationships worldwide.

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