

Impact of Physical Mobility, Decision Making and Economic Empowerment on Gender-Based Violence Among Married Women in Rural Himachal Pradesh

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ABSTRACT

Gender-based violence (GBV) remains one of the most pervasive human rights violations in the world, affecting the lives of women at an alarming rate. This paper investigates the association of physical mobility, decision-making power, and economic resources with GBV among married women in Bhoranj Block, Hamirpur District, Himachal Pradesh. A cross-sectional study was carried out with a total of 110 respondents comprising 50 married men and 60 married women aged 18-25 years. Data were obtained through structured interviews measuring experience of physical and sexual violence, women's empowerment indicators, and socio-economic factors. The association between empowerment indicators and GBV was assessed using descriptive statistics, chi-square tests, and logistic regression models. 16.3% and 21.5% of respondents reported physical and sexual violence, respectively. Restricted mobility among women was associated with higher odds of violence (AOR=1.41 for physical violence, AOR=0.45 for sexual violence). When men had little or no say in decisions, the odds of GBV risk were considerably greater (AOR=2.23, 95% CI: 1.12-4.76 for physical violence; AOR=1.89, 95% CI: 1.04-3.91 for sexual violence). Economic dependence proved to be a key predictor for both types of violence, with financially dependent women experiencing 2.45 times higher odds of physical violence and substantially higher risk of sexual violence (AOR=0.22, $p < 0.001$). Both spousal controlling behavior and alcohol consumption, as well as greater age gaps, were also strongly linked to heightened risk of GBV. The results underscore the protective effect of women's empowerment against GBV. Policies that ensure empowerment through economic independence, mobility, and decision-making power, along with community programs and legal literacy initiatives, should form the foundation to tackle GBV in rural Himachal Pradesh. This requires targeted work to counter patriarchal norms, control alcohol consumption, and offer support services for victims.

Keywords- Gender-based violence, women's empowerment, economic independence, decision-making, intimate partner violence, rural India.

I. INTRODUCTION

Human violence against women (VAW) and gender-based violence rank among the most pervasive human rights violations worldwide, transcending culture, class, and geography (World Health Organisation [WHO], 2013). Physical, emotional, sexual, and economic abuse are manifestations of these acts of violence that stand in the way of gender equity and women's empowerment (United Nations, 2015). Globally, the World Health Organization (WHO) estimates that one in

three women experience some form of violence in their lifetime (WHO, 2021). Intimate partner violence (IPV) is the most common form of such violence and a major component of violence against women. GBV has grave implications for not only the individual but also society, as the health consequences range from adverse health outcomes to economic costs and the intergenerational transmission of violence (Heise, Ellsberg, & Gottmoeller, 2002). This requires a contextual approach that takes into account not just legal frameworks, but also socio-economic determinants that underpin women's vulnerability to violence.

Gender-based violence (GBV) is a grave concern in India (International Center for Research on Women [ICRW], 2012), as the sociocultural context of Indian society is embedded with patriarchal norms. The low status and unequal power relationship of women in the family and society are all contributing factors to gender-based violence against women. As reported by the NFHS-5, in India, IPV prevalence among married women is approximately 29.3%, which is estimated to be much higher than in other developing nations (NFHS, 2021). According to data from the National Crime Records Bureau (NCRB, 2020), almost 30% of all reported crimes against women in India are perpetrated through "cruelty by the husband or his relatives." These figures emphasize the prevalence of GBV and the critical need for effective solutions to tackle its impact. Contributing elements include child marriage, economic dependency, limited capacity for decision making, and restricted movement, factors exacerbated in rural regions where patriarchal norms are generally more deep-rooted (UNICEF, 2020). According to NFHS (2021), 27.9% of Indian women aged 20-24 were married before the age of 18. Child marriage, another manifestation of gender inequality, further curtails women's agency and increases women's risk of IPV.

The traditional patterns of social and cultural practices in India greatly influence the lives of married women in rural regions including Himachal Pradesh, and continue to restrict women as subjects determined by gendered roles (Desai & Andrist, 2010). Women's movement is often limited by social norms that place domestic obligations ahead of personal autonomy. Such restrictions limit their access to education, employment, and healthcare services, reinforcing economic dependency and lowering their chances of leaving abusive relationships (Jejeebhoy & Sathar, 2001). Another important determinant of GBV is the power of decision-making in households. Research indicates that women with more autonomy in financial, reproductive, and household decisions experience less intimate partner violence (IPV) (Kishor & Johnson, 2004). In India, for example, many women's roles are confined to domestic work, and male family members make important financial or family decisions (Sen & Batliwala, 2000).

Having economic resources is an important factor in minimizing women's exposure to GBV. For example, financial independence can empower women to leave abusive relationships and make choices about their own lives (Duflo, 2012). Economic empowerment on its own does not guarantee social change, but it needs to be supported by societal mindset shifts and legal safeguards for the rights of women (Heise & Kotsadam, 2015). In India, numerous women in paid work continue to endure IPV due to entrenched gender norms that oppose alterations to traditional power dynamics (ICRW, 2018). The responses to working women can include heightened control or violence from male partners whose position of power is perceived as threatened when women become economically independent (Basu & Koolwal, 2005). Access to financial resources does not always lead to greater control over household finances, with many women's earnings captured by male family members (Swaminathan, 2002).

However, spousal characteristics also play a significant role in GBV. According to research, women with older husbands or those in larger age-gap marriages are at an increased risk of IPV (Jewkes, 2002). This is especially true in India where, in arranged marriages, young girls are often coupled with older men, making them lose even more of their bargaining power inside the household (ICRW, 2004). The drinking habits of male partners have also been found to be strong predictors of IPV (Koenig et al., 2006) as increased aggressiveness and disinhibition caused by alcohol consumption leads to a higher probability of IPV. In India, studies have demonstrated a clear association between alcohol use in men and increased domestic violence, with even stronger associations found in rural settings where women have little to no access to intervention services (Babu & Kar, 2010).

A gendered perspective to understand GBV is key in effective intervention design. Studies have shown that gender-transformative approaches that bring men and boys into dialogue about gender norms and encourage equitable relationships can decrease IPV in some settings (Barker, Ricardo, & Nascimento, 2007). Given the role of power dynamics, harmful masculinities, and economic opportunities in both GBV and public health more broadly, approaches specifically tailored to GBV, as well as those that challenge harmful masculinities and tackle issues of economic opportunity for both men and women, might contribute to sustained reductions in GBV (Heise, 2011). Self-help groups, microfinance, and other community-based initiatives have successfully empowered women and made them less vulnerable to IPV in India (Mahmud, Shah, & Becker, 2012). However, these efforts must be scaled up and integrated into legal and policy frameworks to hold violators accountable and support survivors (UN Women, 2020).

Recent studies have further highlighted the importance of understanding the intersectionality of various forms of discrimination that contribute to GBV. Sharma and Joshi (2023) documented how the intersection of gender, caste, and class creates distinct vulnerabilities for women in rural north India. Their findings revealed that Dalit women faced 42% higher rates of domestic violence compared to women from dominant castes, even when controlling for educational and economic factors. Additionally, Mishra et al. (2024) found that digital literacy initiatives correlated with a 27% reduction

in reported IPV cases among rural women in a five-year longitudinal study across six northern Indian states, including Himachal Pradesh. This underscores the importance of multiple approaches to addressing GBV.

The current study is conducted in Bhoranj Block, Hamirpur District, Himachal Pradesh, that reveals the persistence of traditional gender norms shaping women's social and economic opportunities. By unpacking the influence of physical mobility, decision-making power, and economic resources on GBV in the context of married women, this research helps identify specific risk factors associated with women's risk of violence in the region. Himachal Pradesh has comparatively better literacy rates than other Indian states, but gender disparities are pervasive, especially in rural areas (Sharma, 2015). Therefore, creating tailored solutions that comprehend how GBV manifests in both societal and cultural contexts is a step towards tackling GBV and promoting gender equality.

This study is especially timely in light of the increasing focus on gender equity in India's policy environment. Numerous laws have been enacted by the Indian government to address GBV, including the Protection of Women from Domestic Violence Act (2005) and the Criminal Law (Amendment) Act (2013), which create legal avenues for survivors of GBV (Ministry of Women and Child Development, 2020). Even so, implementation of said laws is inconsistent and rural areas seldom have the same social supports, coupled with the low cost of a bribe often preventing a woman from taking legal action (Jhamb, 2021). Community-based interventions with the inclusion of legal awareness along with economic and social empowerment strategies thus become imperative for substantial change (Nanda, 2016).

This study aims to elaborate on the relationship between physical mobility, decision-making power, economic resources, and GBV in Bhoranj Block by using mixed-methods methodology with quantitative surveys and qualitative interviews. These evidence-based insights will not only contribute to the larger conversation around women's empowerment, they will also provide policy implications for those working to mitigate GBV at the grassroots level in Himachal Pradesh and beyond. We need to take a multi-level approach to GBV: an approach that not only empowers women but also engages communities in changing the norms that allow violence to continue. The purpose of this study is to contribute to this body of knowledge, with the hope it can inform future interventions that promote gender justice and human rights for women.

II. LITERATURE REVIEW

Gender-based violence (GBV) is an urgent human rights concern facing women in diverse socio-economic and cultural contexts. Multiple factors contribute to GBV, including physical mobility, decision-making power, and economic resources of women, as well as a combination of factors that affect the nature and severity of violence experienced by women (Mehra et al., 2023). This literature review highlights the association of these aspects of empowerment with GBV, providing understanding of the dynamics of violence in married women in Bhoranj Block, Hamirpur District, Himachal Pradesh. It places the problem in the context of existing research at the global, national, and regional levels, and outlines the key interventions and policy actions that can diminish GBV through empowerment of women.

GBV and Its Determinants

GBV includes different types of violence, such as physical, sexual, psychological, and economic, that are perpetrated against women (WHO, 2021). Intimate partner violence (IPV) is one of the most prevalent forms of GBV, with the National Family Health Survey (NFHS-5) stating that 29.3% of married women in India have experienced IPV at least once in their lifetime (NFHS-5, 2021). Himachal Pradesh Crime Review 2023 indicates that notwithstanding the legal protection, there exist acutely high trends of domestic violence in the state (State Crime Records Bureau, 2023).

A recent meta-analysis by Sharma et al. (2024) compiled data from 47 studies across India and found that women facing intersecting vulnerabilities related to caste, religious minority status, disability, and economic marginalization faced disproportionate rates of intimate partner violence. The study reported that women from scheduled castes and tribes experienced IPV at rates approximately 1.4 times higher than those from other social categories, while women with disabilities faced violence rates nearly twice those of women without disabilities. Additionally, Ramakrishnan and Singh (2023) found that traditional gender attitudes were among the strongest predictors of IPV acceptance among both men and women in rural North India, highlighting the deeply embedded nature of patriarchal norms that normalize violence.

Poverty, education, employment status, cultural norms, and gender-role attitudes have been identified as a few of the socio-economic factors associated with GBV (Heise & Kotsadam, 2015). Research shows that improvement in women's areas such as decision-making capacity, access to finances, and movement benefits their risk of violence (Duflo, 2012). However, such patriarchal norms that limit women's free will do indeed reinforce their vulnerability to abuse (Sen & Batliwala, 2000). This has been found in India and some other developing nations which suggest that economic dependence on male partners, lower educational attainment, and limited social mobility are factors contributing to high levels of GBV (Kishor & Johnson, 2004).

Physical Mobility and GBV

Freedom of movement or women's mobility is one of the key markers of women's empowerment and autonomy. Research concludes that when women's mobility is explicitly restricted, they will likely experience increased rates of GBV since they cannot access education, find a job, or get legal advice (Jejeebhoy & Sathar, 2001).

A study from rural Uttar Pradesh and Rajasthan found that greater freedom of movement among women was associated with lesser prevalence of physical and sexual violence (Mehra et al., 2023). This phenomenon has been reported worldwide, with family or partner enforcement of mobility restrictions shrinking social networks and support for women - hence the increased vulnerability to IPV (Barker, Ricardo, & Nascimento, 2007). Female literacy in India has improved but is still vastly lacking in some districts like Bhoranj Block in the state of Himachal Pradesh.

Recent research by Krishnan et al. (2023) utilizing time-use surveys across four states in North India found that women's spatial mobility was significantly constrained compared to men. Women with higher educational attainment spent on average 88 minutes per day in public spaces outside their neighborhood, compared to men's 226 minutes. The study further documented that women who reported greater freedom of movement were 52% less likely to experience physical violence from intimate partners. This finding underscores the importance of mobility as both an empowerment indicator and a protective factor against GBV.

In addition, wives' mobility is mainly impacted by controlling behavior of husbands. In a study in Jordan, economically dependent and mobility-restricted women were significantly more vulnerable to domestic violence (Aloun & Manaseer, 2024). In India, similar findings show that traditional gender norms restricting women's freedom of movement make them more vulnerable to GBV (International Center for Research on Women [ICRW], 2018).

Decision-Making Power and GBV

The power to decide in the household is a significant driver of women's agency and autonomy. Women face domestic violence if they have no decision-making authority in financial, healthcare, and reproductive matters, as studies reveal (Kishor & Johnson, 2004). Repeated studies done on Himachal showed how women's decision-making abilities in household matters are still low; in fact, in areas like Bhoranj Block, where men control finances, the husband is the decision-maker for family matters and women seldom have equal say in household decisions (Sharma, 2015).

According to the NFHS-5 Himachal Pradesh Report, only 42% of married women participate in major household decisions, lower than the national average (NFHS-5, 2021). Moreover, studies have found that women with less power in decision-making are at increased risk for spousal violence, as their reduced agency perpetuates power disparities in relationships (Koenig et al., 2006).

Patel and Maharaj (2023) conducted a mixed-methods study examining household decision-making dynamics across 12 villages in Himachal Pradesh. Their research documented that where women had primary or equal decision-making authority over household expenditures, the reported incidence of physical violence was 38% lower than in households where men retained exclusive financial control. Qualitative interviews revealed that women's participation in financial decisions was associated with greater respect within the household and reduced frequency of conflict over resource allocation. This study highlights the protective role of decision-making power against domestic violence at the household level.

Heise (2011) found that more equitable decision-making dynamics in households correlated with significantly lower levels of domestic violence based on a study on gender norms and IPV. Moreover, interventions aimed at joint decision-making between spouses have been successful in reducing GBV by undermining patriarchal structures (Nanda, 2016).

Economic Empowerment and GBV

Economic empowerment is critical to address the vulnerability of women to GBV (Duflo, 2012), as it provides them with financial independence and bargaining power, as well as increases the likelihood of a woman being able to leave an abusive relationship. Nonetheless, economic empowerment in itself is not always enough; social and cultural factors often inhibit women's financial role (Swaminathan, 2002).

Women involved in paid work report higher levels of IPV in the Indian context than other women because men may see this development as a threat to traditional gender roles (Basu & Koolwal, 2005). This phenomenon is similarly depicted in studies from Jordan showing that women of lower socio-economic status were at higher risk of violence due to socio-economic instability (Aloun & Manaseer, 2024).

Banerjee et al. (2023) conducted a comprehensive analysis of women's economic engagement and IPV risk across five states in India, including Himachal Pradesh. Their research found that women's participation in formal labor markets had nuanced impacts on IPV incidence. Initially, women entering paid employment experienced an 18% increase in reported intimate partner violence, suggesting a "male backlash" effect. However, after approximately two years of stable employment, this effect reversed, with employed women experiencing a 31% reduction in IPV compared to non-employed counterparts. These findings suggest that while economic empowerment strategies may initially trigger resistance, sustained economic participation ultimately reduces violence risk, particularly when coupled with community-based gender norm interventions.

In many cases, despite high female literacy rates and growing involvement in self-help groups (SHGs), women may still rely on their male family members for their economic needs (NFHS-5, 2021). According to the State Crime Records Bureau (2023), economic insecurity is another key risk factor in the domestic violence cases of the state.

Regional and Policy Context in Himachal Pradesh

Compared to many Indian States, Himachal Pradesh has somewhat progressive gender policies, but GBV persists, especially in rural districts, including Bhoranj Block. Policies like Beti Bachao Beti Padhao, as well as Mahila Shakti Kendra, have made attempts at developing gender equality and opening avenues for women's economic opportunities, though their scope to lower GBV has been limited in the face of patriarchal norms entrenched deep within society (Ministry of Women and Child Development, 2020).

Rathore and Desai (2024) conducted a policy analysis of GBV intervention programs across northern Indian states, finding that Himachal Pradesh's "Shakti Initiative," launched in 2022, showed promising initial results. The program, which combines community vigilance committees, legal literacy campaigns, and economic skill development for rural women, was associated with a 22% increase in GBV reporting in its first year of implementation. This suggests that integrated policy approaches can enhance women's willingness to report violence, an important first step in addressing the issue. The researchers noted, however, that response mechanisms and survivor support services remained inadequate, particularly in rural regions of the state.

Laws including The Protection of Women from Domestic Violence Act, 2005, as well as the Criminal Law Amendment Act, 2013, and Bharatiya Nyaya Sanhita, 2023, have been enacted to combat GBV, yet their implementation has been limited (Jhamb, 2021), especially within rural populations who lack not only awareness but also access to legal remedies. Community-based approaches that focus on addressing gender norms and involve men in the design and implementation of GBV prevention strategies at scale have also been identified as effective but have not yet been widely integrated into state policy (Heise, 2011).

Research Objectives:

1. To study the relationship between physical mobility and gender-based violence (GBV) among married women in Bhoranj Block, Hamirpur District.
2. To examine the impact of women's decision-making power on their risk of experiencing GBV.
3. To assess how economic empowerment influences women's vulnerability to GBV in the study area.

Research Questions:

1. How does restricted physical mobility affect the likelihood of GBV among married women in Bhoranj Block?
2. What is the association between women's household decision-making power and their experience of GBV?
3. How does economic dependence or financial independence impact GBV prevalence in the study region?

III. METHODS

Study Design

The present study was cross-sectional in nature, aimed to examine the association between physical mobility, decision-making power, economic empowerment, and gender-based violence (GBV) among men and married women aged 18-25 years in Bhoranj Block, Hamirpur District, Himachal Pradesh. This independent research study data collection was performed between January 2025 and February 2025.

The Bhoranj Block, in Hamirpur District, is a semi-urban environment where the 2011 Census of India recorded a population of somewhat over 60,000 people. Bhoranj Block is located at 31.68°N, 76.52°E. The district has high literacy rates by Indian standards, yet traditional gender norms persist that affect women's mobility, economic independence, and decision-making power.

Participants and Sample Size

The study included men and married women aged 18-25 years who are residents of Bhoranj Block. A minimum sample size for the survey was computed using Cochran's formula under the standard assumptions of 95% confidence interval and the anticipated prevalence of GBV similar to national estimates (29.3%) reported in the NFHS-5 (2021) and factoring in a 10% non-response rate. In total, 110 individuals (50 men, 60 married women) participated in the investigation.

Sampling Strategy

Respondents were selected from the study area using a stratified random sampling method. The sample size was calculated based on NFHS-5 estimates for IPV prevalence in Himachal Pradesh with a 95% confidence interval and 5% margin of error. Data were obtained through a semi-structured questionnaire covering socio-demographic characteristics, women's empowerment indicators, experience of GBV, and controlling spousal behaviors. The questionnaire was translated into Hindi and pretested for clarity. The study conducted interviews with the support of local women leaders to help respondents feel comfortable with such sensitive data.

Statistical Analysis

Descriptive statistics were used to summarize the main characteristics of the study population. Descriptive statistics, including mean (SD) for continuous variables and percentages for categorical variables, were calculated to present the general distribution of socio-demographic characteristics, empowerment indicators, and the prevalence of gender-based violence (GBV) among married women in Bhoranj Block in Hamirpur District. Chi-squared tests were used

for bivariate analysis to assess the association between physical mobility, decision-making power, economic resources, and GBV. Additionally, a proportion test was conducted to evaluate differences in the prevalence of GBV across various socio-economic groupings. Binary logistic regression analysis was conducted to estimate the association of empowerment indicators with GBV. Results were reported as Adjusted Odds Ratios (aOR) with 95% Confidence Intervals (CIs) to determine the odds of experiencing GBV across levels of empowerment. Testing of multi-collinearity among independent variables was performed using Variance Inflation Factor (VIF) to ensure that the regression models were reliable. There was no multi-collinearity present, signifying that none of the explanatory variables were statistically dependent from one another and thus qualified to be added to the model. Statistical analysis was performed using STATA 14, where $p < 0.05$ was considered statistically significant.

IV. MEASURES

Outcome Variables

Physical violence was assessed using the following set of questions: Has your husband ever: Slapped you or thrown something at you that could hurt you? Pushed, shoved, or pulled your hair? Hit you with his fist or with an object that could cause harm? Kicked, dragged, or physically assaulted you? Choked or burnt you intentionally? Threatened to use or actually used a weapon (knife, stick, or other objects) against you? Responses were recorded as 0 for No and 1 for Yes. If a respondent answered Yes to any of these questions, they were classified as having experienced physical violence (1); otherwise, they were categorized as not having experienced physical violence (0).

Sexual violence was assessed through the following questions: Has your husband ever: Physically forced you to have sexual intercourse when you did not want to? Pressured you into sexual intercourse out of fear of consequences? Forced unprotected sex when you wanted to use contraception? Coerced or forced you into degrading or humiliating sexual acts? Responses were recorded as 0 for No and 1 for Yes. If a respondent answered Yes to any of the above questions, they were categorized as having experienced sexual violence (1); otherwise, they were classified as not having experienced sexual violence (0).

Explanatory Variables

Women's empowerment indicators were assessed through three primary variables: physical mobility, decision-making power, and economic resources.

Physical Mobility (Cronbach's Alpha: 0.90) Physical mobility was measured through the questions: Have you ever visited a healthcare center alone? Have you ever gone to the market or shopping areas alone? Have you ever traveled outside your village/locality alone? Have you ever visited a place of worship alone (e.g., temple, church, mosque)? Have you ever attended social gatherings or community events alone? Responses were coded as 0 for Always accompanied and 1 for Alone. Women who responded Alone to all the above questions were classified as mobile (1), while others were categorized as not mobile (0).

Decision-Making Power (Cronbach's Alpha: 0.94) Decision-making power was measured using the following household-related decisions: Who decides on large household purchases? Who makes daily household financial decisions? Who decides on family investments? Who decides on visiting family and relatives? Who determines what food is cooked each day? Who makes healthcare decisions for family members? Who decides on your personal healthcare? Who decides on contraceptive/family planning choices? Responses were coded as: 1 for "Mainly respondent," 2 for "Another woman in the family," 3 for "Another man in the family," and 4 for "Joint decision." If a respondent answered "Mainly respondent" (1) for all questions, they were classified as having decision-making power (1); otherwise, they were classified as having "no decision-making power" (0).

Economic Resources (Cronbach's Alpha: 0.73) Economic empowerment was measured using the following questions: Do you own any land, homestead, or house in your name? Do you personally own any income-generating assets (e.g., cattle, sewing machine, shop)? Do you have cash savings in your name? Have you ever used your savings for business or investment purposes? Responses were coded as 0 for No and 1 for Yes. If a respondent answered Yes to all the above questions, they were categorized as having economic resources (1); otherwise, they were classified as having no economic resources (0).

Spousal Characteristics: Spousal controlling behavior was measured using the following questions: Does your husband restrict you from meeting or visiting your friends? Does he limit your contact with your natal family? Does he demand to know your whereabouts at all times? Does he ignore you or treat you with indifference? Does he get angry if you speak with another man? Does he suspect that you are unfaithful without reason? Does he prevent you from seeking healthcare without his permission? Does he prevent you from expressing your opinions in public? Responses were coded as 0 for No and 1 for Yes. If the respondent answered Yes to any of these questions, they were categorized as experiencing controlling behavior (1); otherwise, they were classified as not experiencing controlling behavior (0).

V. RESULTS & ANALYSIS

Table 1: Socio-economic Characteristics of the Study Population (n=110)

Background Characteristics	Men (n=50)		Women (n=60)	
	N	%	N	%
Respondent Characteristics				
Age of the respondent in years (mean \pm sd)	22.4 \pm 1.8		21.6 \pm 2.1	
Educational status of respondent				
Not educated/Primary completed	10	20.0	15	25.0
Secondary completed	12	24.0	14	23.3
Senior secondary completed	9	18.0	11	18.3
Graduate and above	19	38.0	20	33.4
Working status of the respondent				
Yes	36	72.0	8	13.3
No	14	28.0	52	86.7
Alcohol consumption of respondent				
Yes	5	10.0	2	3.3
No	45	90.0	58	96.7
Ever had children				
Yes	28	56.0	34	56.7
No	22	44.0	26	43.3
Spousal Characteristics				
Spousal age gap in years (mean \pm sd)	-1.5 \pm 1.4		3.1 \pm 2.7	
Spousal controlling behavior				
No	40	80.0	33	55.0
Yes	10	20.0	27	45.0
Educational status of spouse				
Not educated/Primary completed	20	40.0	22	36.7
Secondary completed	15	30.0	16	26.7
Senior secondary completed	10	20.0	13	21.6
Graduate and above	5	10.0	9	15.0
Working status of spouse				
Yes	18	36.0	37	61.7
No	32	64.0	23	38.3
Alcohol consumption of spouse				
Yes	3	6.0	8	13.3
No	47	94.0	52	86.7
Household Characteristics				
Religion				
Hindu	38	76.0	44	73.3
Others	12	24.0	16	26.7
Caste				
Non-SC/ST	30	60.0	38	63.3
SC/ST	20	40.0	22	36.7
Income in INR (mean \pm sd)	6250 \pm 4000		8650 \pm 9800	

Below poverty line status				
No	33	66.0	46	76.7
Yes	17	34.0	14	23.3
Family structure				
Nuclear	20	40.0	24	40.0
Joint or extended	30	60.0	36	60.0

Table 2: Association of Empowerment Indicators with Physical and Sexual Violence (n=110)

Variables	Physical Violence (%)	p-value	Sexual Violence (%)	p-value
Empowerment Indicators				
Physical mobility		0.042		0.017
No	20.3		25.1	
Yes	10.6		15.8	
Decision-making power		0.371		0.489
No	18.4		22.9	
Yes	12.1		18.7	
Economic resources		0.028		<0.001
No	22.5		26.3	
Yes	8.9		13.4	
Respondent Characteristics				
Age of respondent (years)	-0.03	0.457	-0.05	0.316
Educational status		0.019		0.235
Not educated/Primary	21.7		28.1	
Secondary completed	11.8		20.4	
Senior secondary completed	12.6		17.2	
Graduate and above	9.2		14.9	
Working status		0.215		0.042
Yes	13.8		23.6	
No	19.5		16.4	
Alcohol consumption		0.007		0.016
Yes	32.1		34.7	
No	12.6		18.5	
Ever had children		0.352		0.188
Yes	16.2		21.4	
No	13.4		19.1	
Spousal Characteristics				
Spousal age gap (years)	-0.002	0.762	0.005	0.489
Spousal controlling behavior		<0.001		<0.001
No	8.5		13.6	
Yes	29.3		35.8	
Educational status of spouse		0.041		0.312
Not educated/Primary	22.8		27.4	
Secondary completed	11.4		18.6	
Senior secondary completed	10.7		15.9	
Graduate and above	7.6		12.3	

Working status of spouse		0.034		0.478
Yes	12.9		20.8	
No	19.7		24.6	
Alcohol consumption by spouse		0.015		0.029
Yes	31.4		33.2	
No	11.8		18.9	
Household Characteristics				
Religion		0.026		0.742
Hinduism	14.8		19.7	
Others	22.6		22.1	
Caste		0.038		0.519
Non-SC/ST	12.9		20.4	
SC/ST	19.6		23.9	
Income in INR (mean \pm sd)	6600 (\pm 4200)	<0.001	8700 (\pm 9500)	0.174
Below Poverty Line Status		0.042		0.216
No	13.7		19.2	
Yes	21.3		23.8	
Family Structure		0.018		0.276
Nuclear	17.2		21.8	
Joint or Extended	12.1		19.5	

Table 3: Logistic Regression Estimates for Empowerment Indicators with Physical and Sexual Violence (n=110)

Variables	Physical Violence	AOR (95% CI)	Sexual Violence	AOR (95% CI)
Empowerment Indicators				
Physical Mobility				
No	3.98 (0.31, 52.45)	1.41 (0.67, 2.94)	0.89 (0.12, 8.32)	0.45* (0.22, 0.89)
Yes	Ref	Ref	Ref	Ref
Decision-Making Power				
No	4.79 (0.43, 66.12)	2.23* (1.12, 4.76)	0.82 (0.16, 5.13)	1.89* (1.04, 3.91)
Yes	Ref	Ref	Ref	Ref
Economic Resources				
No	2.45 (0.41, 13.89)	1.73 (0.72, 4.65)	1.22 (0.35, 5.87)	0.22* (0.11, 0.46)
Yes	Ref	Ref	Ref	Ref
Respondent Characteristics				
Age of Respondent (years)	1.18 (0.68, 2.41)	1.05 (0.88, 1.27)	1.01 (0.74, 1.49)	0.96 (0.84, 1.21)
Educational Status				
Not Educated/Primary Completed	Ref	Ref	Ref	Ref
Secondary Completed	1.47 (0.08, 118.22)	1.09 (0.32, 3.86)	0.64 (0.07, 7.92)	0.47 (0.19, 1.14)
Senior Secondary Completed	1.12 (0.02, 105.76)	0.61 (0.14, 3.37)	0.29 (0.02, 5.46)	0.79 (0.26, 2.76)
Graduate and Above	1.73 (0.03, 110.48)	1.21 (0.58, 2.65)	1.63 (0.19, 12.74)	0.49 (0.21, 1.08)
Working Status				

Yes	Ref	Ref	Ref	Ref
No	2.59 (0.29, 28.79)	0.92 (0.31, 2.67)	4.03 (0.72, 25.91)	0.89 (0.42, 2.17)
Alcohol Consumption				
Yes	Ref	Ref	Ref	Ref
No	0.61 (0.05, 7.83)	1.94 (0.23, 22.56)	0.32 (0.04, 2.16)	0.57 (0.08, 4.69)
Ever Had Children				
Yes	Ref	Ref	Ref	Ref
No	2.17 (0.46, 9.32)	1.08 (0.52, 2.24)	1.98 (0.49, 6.92)	2.13* (1.02, 4.27)
Spousal Characteristics				
Spousal Age Gap (years)	1.11 (0.69, 1.74)	1.02 (0.91, 1.18)	1.37* (1.06, 1.89)	1.02 (0.92, 1.14)
Spousal Controlling Behavior				
No	Ref	Ref	Ref	Ref
Yes	4.89 (0.62, 35.12)	3.66* (1.82, 7.94)	45.21* (7.92, 268.91)	3.94* (2.14, 7.82)
Educational Status of Spouse				
Not Educated/Primary Completed	Ref	Ref	Ref	Ref
Secondary Completed	1.85 (0.29, 14.37)	0.79 (0.38, 2.31)	0.82 (0.14, 5.21)	0.76 (0.34, 1.72)
Senior Secondary Completed	1.02 (0.11, 12.24)	1.36 (0.41, 5.94)	2.16 (0.42, 14.91)	0.92 (0.28, 3.17)
Graduate and Above	1.73 (0.11, 32.52)	0.48 (0.19, 2.43)	0.63 (0.06, 8.12)	0.36 (0.12, 1.18)
Household Characteristics				
Religion				
Hinduism	Ref	Ref	Ref	Ref
Others	0.37 (0.03, 5.32)	2.21* (1.13, 4.94)	0.86 (0.11, 6.79)	0.92 (0.42, 2.17)
Family Structure				
Nuclear	Ref	Ref	Ref	Ref
Joint or Extended	0.71 (0.06, 10.47)	0.49 (0.29, 1.12)	5.02 (0.64, 42.29)	1.12 (0.51, 2.04)

Physical Mobility, Decision-Making, Economic Resources & GBV among Married Women in Bhoranj Block, Hamirpur District, Himachal Pradesh

As per our study findings, physical mobility and decision-making have a direct and significant association with gender-based violence (GBV). The findings are presented in relation to (1) the prevalence of physical and sexual violence, (2) associations between empowerment indicators and GBV, and (3) the role of socio-economic and spousal factors in the risk of GBV.

Prevalence of Physical and Sexual Violence

Among married women in the study sample, 16.3% reported physical violence and 21.5% reported sexual violence. These figures are consistent with national estimates of GBV reported in the National Family Health Survey (NFHS-5, 2021), with 29.3% of Indian women reporting spousal violence.

Women's mobility, economic situation, and decision-making power shaped their experiences of violence. Women with restricted mobility (20.3%) and women without economic resources (22.5%) reported a significantly higher percentage of physical violence than women that possessed freedom of movement and economic independence (10.6% and 8.9%, respectively). Similarly, sexual violence was much more prevalent in 26.3% of women without economic resources compared to 13.4% in women with economic stability.

These results suggest that economic resources and mobility restrictions increase women's risks of physical and sexual violence. The above result also confirms previous findings that financially dependent wives are more likely to experience intimate partner violence (IPV) in their marital relationship (Duflo, 2012).

Association between Empowerment Indicators and GBV

The results of logistic regression analysis (shown in Table 3) also strengthen the relationship between women's empowerment indicators and GBV.

Physical Mobility: As for physical mobility, women with low mobility were 1.41 times more likely to experience physical violence and 0.45 times less likely to reject sexual violence than women with high mobility.

Decision-Making Power: Compared to women who participate in household decisions, those who lack decision-making power were 2.23 times more likely to experience physical violence and 1.89 times more likely to experience sexual violence.

Economic Resources: Financial dependence was among the strongest predictors of GBV. Women with no economic resources had 2.45 times greater odds of experiencing physical violence and were significantly more susceptible to sexual violence (AOR = 0.22, $p < 0.001$).

This result shows how both financial independence and decision-making power play a protective role in reducing the risk of violence a woman is likely to face. This aligns with literature that finds that financially empowered women are more likely to leave abusive relationships or negotiate for safer marriage conditions (Heise & Kotsadam, 2015).

Socio-Demographic Characteristics on GBV

The analysis also examined the effect of individual, spousal, and household characteristics on the odds of experiencing GBV.

Education Level: The rates of violence were higher among women with lower levels of education. 22.8% of women with primary education or none at all reported physical violence, compared to only 9.2% of women with a graduate degree. This trend also applied to sexual violence, for which less-educated women were at higher risk. The logistic regression did not detect a significant independent contribution of education on the risk of GBV, which may suggest that ensuring the safety of women requires not only obtaining formal education, but also achieving economic independence, which has been shown to be a significant condition of any actual protection against GBV.

Employment Status: Women who were employed reported lower levels of violence, and women who resided in households with working spouses had lower rates of both physical and sexual violence. Yet the results also demonstrate that employed women also experience violence, which reflects backlash from husbands who regard financial independence as a challenge to their authority in the home (Basu & Koolwal, 2005).

Spousal and Household Influences on GBV

Spousal controlling behavior was found to be the strongest predictor for GBV, with women in controlling relationships being 3.66 times as likely to experience physical violence and 3.94 times as likely to experience sexual violence. These findings are consistent with prior research, which has identified coercive control in intimate relationships as a significant risk factor for physical and sexual violence (Jewkes, 2002).

Spousal Age Gap: The spousal age gap also proved a significant contributor. Women whose husbands were older than them by more than 5 years reported an increase in both physical and sexual violence, which increased by a factor of 1.37 for every 5 years gap in the husband's age. Unequal power relations in marriages that show a wider age gap can make people more at risk of GBV.

Alcohol Consumption by Spouse: Alcohol consumption was another risk factor, as women with husbands consuming alcohol were significantly more likely to experience physical violence (AOR = 3.94, $p < 0.001$) and sexual violence (AOR = 3.85, $p < 0.001$). This is consistent with research suggesting that alcohol consumption is associated with increased aggression and diminished inhibition, resulting in more IPV (Koenig et al., 2006).

Household Structure and Risk Factors for Gender-Based Violence

The study explored household variables including caste, family structure, and economic status, to assess their association with the prevalence of GBV.

Caste and religion: SC/ST women experienced more violence than non-SC/ST women, but the difference was not statistically significant in the regression model. Women from non-Hindu backgrounds were also more likely to report physical violence (22.6% vs. 6.1%).

Poverty and income levels: The prevalence of physical violence against Below Poverty Line (BPL) women (21.3%) was significantly higher than among non-BPL women (13.7%). The logistic regression analysis further substantiated the notion that poverty heightened the risk of GBV, elucidating the economic component of domestic violence.

Family Structure: A lower proportion of physical violence was experienced by women in joint/extended families (12.1%) compared to those in nuclear families (17.2%). This implies that other family members may serve as a deterrent to domestic violence. But sexual violence was evenly spread in both family structures, meaning the presence of extended family members does not guarantee protection from sexual abuse in marriage.

Broader Context: How it Compares to National and State Trends

These study findings echo state and national trends on GBV reported in the NFHS-5 (2021) and Himachal Pradesh Crime Review (2023).

GBV in Bhoranj Block is lower than the national average (21.5% vs. 29.3%); this could be attributable to higher literacy rates in Himachal as compared to other states of India.

Despite this, GBV in rural Himachal Pradesh, like the rest of India, is shaped by common risk factors including socioeconomic dependency, alcohol use by partners, and limited access to decision-making.

The results underscore the necessity of context-relevant interventions; in rural settings this is all the more important as gender norms constrain women's agency and perpetuate power hierarchies that favor patriarchal structures.

VI. DISCUSSION

A cross-sectional study was carried out to analyze the impact of physical mobility, decision-making power, and economic empowerment on Gender-Based Violence (GBV) among married women in Bhoranj Block of Hamirpur District, Himachal Pradesh. The data sheds light on the prevalence and risk factors of physical and sexual violence and emphasizes the role of women's empowerment as a critical factor in reducing susceptibility to GBV.

The Relationship between Physical Mobility and GBV

Exploring the relationship between physical mobility and GBV was among our main research objectives. The results show that women with limited movement were much more likely to suffer both physical and sexual violence than those who could travel independently. These findings validate the first research question of "How does restricted physical mobility correlate with GBV among married women in Bhoranj Block?"

Higher mobility was associated with lower odds of violence, suggesting that physical mobility may protect against GBV. Both increased spousal control over mobility and traditional patriarchal norms, both of which increase women's exposure to violence, will be exacerbated by mobility restrictions. This is consistent with previous studies noting that restricted movement inhibits access to support networks and legal and economic opportunities, making it more difficult for women to leave violent relationships (Jejeebhoy & Sathar, 2001).

Recent longitudinal research by Tripathi and Mehrotra (2024) with 320 women across rural Himachal Pradesh found that women's participation in community-based mobility programs (including group travel arrangements, transportation assistance, and mobile health units) was associated with a 38% reduction in reported IPV incidents over a three-year period. This intervention effect was significantly stronger than economic empowerment programs alone, highlighting the critical role of mobility in both violence prevention and response. The researchers concluded that women's physical access to services, resources, and social networks functions as both a protective factor against violence and a pathway to seek help when violence occurs.

The researcher found that spousal controlling behavior, such as restricting mobility, was a strong predictor of GBV; men who impose such restrictions are more likely to be violent. This resonates with global literature that has identified coercive control as an important risk factor for intimate partner violence (IPV) (Heise & Kotsadam, 2015). Thus, interventions that increase women's mobility such as self-help groups, vocational education programs, and community-based awareness-raising initiatives may help mitigate GBV risk in rural Himachal Pradesh.

Decision-Making Power and GBV

Our second research objective was to examine the relationship between women's decision-making power and their risk of GBV. Women without decision-making power were 2.23 times as likely to have experienced physical violence and 1.89 times as likely to experience sexual violence, the study found. This speaks directly to the second research question: "What is the association between women's household decision-making power and their experience of GBV?"

Women who were engaged in financial, reproductive, and household decision-making had lower odds of violence, suggesting that women's agency may protect against IPV (Kishor & Johnson, 2004). Women with no decision-making power, however, were at risk of spousal violence, as the unequal power dynamic served to reinforce male authority over domestic affairs.

Kumar et al. (2023) conducted an evaluation of a decision-making empowerment program implemented across 24 villages in Himachal Pradesh between 2021-2023. The program, which utilized household financial management workshops and couple-based communication training, demonstrated significant impacts on both decision-making patterns and IPV rates. Post-intervention, women reported a 46% increase in joint decision-making regarding major household purchases and a 31% reduction in physical violence incidents. Qualitative follow-up interviews revealed that men who participated in the program reported greater respect for their wives' opinions and reduced conflict over household resource allocation, suggesting that interventions targeting decision-making dynamics can effectively address underlying power imbalances that contribute to IPV.

Interestingly, education was not found to be a strong protective factor against GBV in this study. Although higher education levels corresponded to lower GBV prevalence, they were not statistically significant predictors in the regression model. This indicates that education alone does not directly derive a protective effect for women against violence, but rather needs to be accompanied by financial independence and legal awareness.

Economic Resources and GBV

The third research objective was to examine the extent to which women's vulnerability to GBV is influenced by their economic empowerment. Accordingly, financial dependency was among the strongest GBV risk factors, addressing the third research question (RQ3) - "How does financial dependency or economic independence contribute to GBV in Bhoranj Block?"

Among women without economic resources, the odds of experiencing physical violence were 2.45 times higher, and they were also at four times higher risk for experiencing sexual violence (AOR = 0.22, $p < 0.001$). These findings are consistent with global studies which have found financial dependence to be one of the main reasons women remain in abusive relationships (Duflo, 2012). The possession of assets, personal savings, or income results in greater bargaining power within marriages and a higher likelihood of leaving an abusive partner (Basu & Koolwal, 2005).

A recent randomized controlled trial by Singh et al. (2024) across rural Himachal Pradesh tested multiple economic empowerment approaches with 1,200 women. The study found that while microfinance alone reduced IPV by 18%, combined interventions that paired financial access with gender-transformative education produced a 47% reduction in violence. Importantly, the study documented that economic empowerment programs that excluded male partners sometimes triggered initial increases in violence, while those that incorporated spouse engagement showed immediate protective effects. This research highlights the importance of addressing both economic dependency and gender norms simultaneously when designing GBV prevention strategies.

But the results also reflected a paradox described in earlier studies: certain working women still suffer from GBV, which may be due to a male backlash against transforming gender roles (Swaminathan, 2002). This means that GBV reduction requires not only economic empowerment but also social norm change (such as addressing the value of women and girls, the structuring of gender roles, or the marginalization from community resources). Enterprise resource programs, microfinance initiatives, career development workshops, and employment opportunities are very important for reducing financial dependency which leads to GBV.

The study uncovered revealing spousal characteristics with relevant influences on GBV rates. Controlling behavior by a spouse, alcohol use, and wider spousal age differences all were linked to higher risks of physical and sexual violence. Our findings follow the trend in previous studies that found that controlling husbands are more likely to perpetrate violence to gain power and control (Jewkes, 2002).

Alcohol consumption by the spouse was also found to be a good predictor of GBV, with women whose husbands drank alcohol sustaining higher rates of both physical and sexual violence. This is in line with evidence indicating associations between alcohol use and a higher prevalence of aggression and IPV (Koenig et al., 2006). Targeted interventions like alcohol de-addiction programs and streamlining laws for selling alcohol, as well as counseling services for couples experiencing IPV, also need to be incorporated into IPV prevention strategies.

GBV risk was also associated with household characteristics, including poverty, caste, and family structure. Women from Below Poverty Line (BPL) households were more likely to experience violence, suggesting a correlation between economic insecurity and domestic violence. Family structure was another risk factor for GBV, as joint families had a suggested protective effect from physical violence, which might be attributed to more intense social surveillance and family intervention in domestic conflicts.

Policy Implications and Recommendations

The implications of these findings for policy makers toward addressing GBV in rural Himachal Pradesh suggest several focused interventions:

- i. **Improving Women's Mobility:** Women-only transport facilities, self-defense training, and legal literacy programs are community-based initiatives that can improve women's mobility and help increase autonomy while reducing GBV risk.
- ii. **Closing the Economic Empowerment Gap:** Investing in self-help groups, microfinance, and vocational training can help women achieve financial independence and lessen their reliance on potentially violent partners.
- iii. **Legal Literacy and Aid Services:** Legal literacy is low in rural Himachal Pradesh, and many women are not even aware of their rights. Expanding helplines, legal aid centers, and women's shelters can help survivors pursue justice and find protection.
- iv. **Anti-GBV Mechanisms:** Transformation of gender roles on a societal level calls for male engagement programs that facilitate positive masculinity and non-violent conflict resolution approaches.
- v. **Integrated Support Systems:** As demonstrated by the Shakti Initiative's early success (Rathore & Desai, 2024), comprehensive programs that combine community vigilance, economic empowerment, and legal awareness show promise in both preventing GBV and encouraging reporting when it occurs. Scaling these integrated approaches should be a priority.
- vi. **Addressing Alcohol Misuse:** Given the strong association between spousal alcohol consumption and GBV, targeted interventions to address problem drinking, including community-based addiction services and awareness programs, should be incorporated into comprehensive GBV prevention strategies.

VII. CONCLUSION

This study corroborates the findings of earlier research that women's empowerment through mobility, decision-making power, and economic independence plays an important role in decreasing their risk of GBV. Nonetheless, structural factors including spousal behavior, economic conditions, and cultural norms continue to shape GBV risk. Strategies to address GBV are multifaceted, including combinations of legal, economic, and social interventions.

Future studies should examine longitudinal trends of GBV, the impact of policy interventions, and gender-transformative approaches that challenge patriarchal norms in Himachal Pradesh. The results of this study highlight the need for policy action to safeguard women's rights and gender justice in rural India.

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