ICT services and gender-based violence in Ethiopia

A study of four organisations’ implementation of ICT services during the “shadow pandemic” of COVID-19

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Abstract

The term “shadow pandemic” arose along with the spread of the COVID-19 pandemic globally, referring to the parallel increase of gender-based violence (GBV) as a result of lockdowns, preventive measures and economic hardships in almost every nation worldwide, including Ethiopia, with one of the highest rates of GBV in the world. With limited physical access to essential services and support, information and communication (ICT) services became an important factor to rely on. Based on interviews with four Ethiopian organisations working with women’s health and rights, this study investigates how ICT services were implemented to support victims of GBV during COVID-19 in Ethiopia, including the facilitators and barriers to using these services for women seeking support and information.

The study finds that all four organisations either created new or scaled up existing ICT services during COVID-19. The ICT services provided by the organisations were mainly telephone helplines, while interactive voice response services and mobile chat applications were also provided as channels for support. The identified facilitators and barriers to using these ICT services were related to accessibility and technology, language and cultural traditions, and anonymity and security. While the use of ICT services for victims of GBV seems to be a functioning option for many when the access to in-person support is limited, barriers such as the lack and disruption of networks and telephones still pose a significant challenge for women in rural areas to use the support systems provided by the organisations. A postcolonial feminist approach to the findings highlights the need for a contextualisation of the services and the need to move away from simplistic assumptions that access to services automatically leads to active use and empowerment, and the need to work with an intersectional lens and multiple layers of analysis when battling sensitive issues like GBV in areas where harmful practices are part of longstanding cultural traditions, to ensure access and active use for groups in different contexts and areas throughout the country.
1. Introduction

1.1 Background

The COVID-19 pandemic was declared a public health emergency of international concern by the WHO in February 2020 (Lanyero et al., 2021:1). Alongside the spread of the virus, it quickly became apparent that the pandemic indirectly created a substantial rise in gender-based violence (GBV)1 on a global scale. Movement restriction and social isolation through school closures, lockdowns and economic hardships increased the vulnerability to violence in the home and forced many victims to be locked in with their abusers. Health services, including sexual and reproductive health (SRH), and systems for reporting and support, were often disrupted or inaccessible due to many governments’ re-direction of efforts to tackle the spread of the COVID-19 virus. Hence, the term “shadow pandemic” was coined (UN Women, 2021). Global projections by UNFPA at the initial phase of the pandemic stated that for every three months the lockdown continued, an additional 15 million cases of GBV were expected globally. (John et al., 2021; UNFPA, 2020) Furthermore, the pandemic’s indirect effects will potentially add ten million child marriages globally that could have been adverted before the end of the decade (UNICEF, 2021).

In Ethiopia, the first case of COVID-19 was reported in March 2020, and a public health emergency was declared in April 2020, resulting in various measures such as prohibiting interregional public transport, social and religious gatherings, and closing schools across the country to limit the virus’s rapid spread. Preventive strategies such as closing crowded public areas and prohibiting in-house visitation outside of family members further limited the movement of the population. The pandemic and its restrictions added a layer of hardship to a country already distressed due to internal conflicts, a civil war outbreak in the northern regions, and natural disasters, including extreme drought. (CARE, 2021, Lanyero et al., 2021)

Sub-Saharan Africa is among the regions with the highest rates of GBV in the world. Within the region, Ethiopia tops the list with the highest numbers, according to a 2019

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1 See definition on p.7
systematic review (Beyene et al., 2019). A study from 2018 states that almost half of all Ethiopian women experience GBV during their lifetime, with substantial levels of physical, sexual or psychological violence\(^2\) (Kassa et al., 2018). After the declaration of a public health emergency in Ethiopia, six out of ten respondents reported that the incidence of GBV had increased during the pandemic, with urban-based inhabitants more likely to report this surge than their rural counterparts (UN Women, 2022a). A study by CARE in Ethiopia found that 55% of women and girls lost access to health services, including SRH, during the pandemic, and the limited mobility and economic hardships pressured women and girls to take on more burdens to meet household needs (CARE, 2021).

The pandemic forced the world’s digital transformation further when physical interactions, communications and help-seeking behaviour were dramatically limited due to restrictions, lockdowns and limited access to SRH services. In the context of the steeping surge in GBV, the pandemic forced various actors to create channels to reach physically unreachable: According to the COVID-19 Global Gender Response tracker, which compiled policy measures implemented by governments worldwide during the pandemic to tackle GBV, the top interventions were the expansion of helplines (37% of countries), campaigns to promote support service availability (29%) and to raise awareness about GBV victims (26%) (Global Partnership for Sustainable Development Data, 2021). In addition to helplines, a broad range of apps and other technologies were invented, scaled up and implemented to support victims, such as voice-controlled alert apps, apps sending pre-set emergency SMS to contacts by clicking the power button twice or being shaken, chatbots, and other innovations such as wearable panic buttons (UNICEF, 2020).

The use of different ICTs\(^3\) to address issues in low- and middle-income countries (LMICs) has increased exponentially during the last decades, with studies highlighting that “if used

\(^2\) Given the complexity of GBV and the hidden figures associated with its occurrence, one cannot give a simple and direct reason why the numbers of GBV in Ethiopia are so high. However, the high prevalence of harmful traditional practices such as female genital mutilation and cutting, and early and forced marriage, could be part of the answer. As put by Kassa, “further study to identify potential multilevel factors associated with VAW (violence against women) in Ethiopia is needed” (Kassa et al., 2018:634).

\(^3\) The term information and communication technologies (ICTs) in this study will use the definition “technologies to access, process and transmit information” (Weigel & Waldburger, 2004:19). ICTs are sometimes categorised into “old” or traditional media, analogue techniques such as radio, telephone,
properly, ICTs can increase the impact of interventions and address gaps and challenges inherent with the delivery of interventions” (Philbrick, 2021:5). ICTs are increasingly being used by international and local non-governmental organisations in LMICs to prevent and respond to GBV with services implemented to facilitate interventions, such as telephone helplines, mobile applications, and other technological interventions. With the benefits of ICT services and mechanisms for support, counselling and information-sharing, there are also challenges arising in such interventions. However, studies conducted to assess the outcomes and efficiency of ICT interventions to create support for victims of GBV in LMICs are scarce (Philbrick, 2021).

1.2 Problem formulation

The aim of this study is to investigate how ICT services were implemented to support victims of GBV during the COVID-19 pandemic, the "shadow pandemic", in Ethiopia. It aims to research what support systems and services were implemented through ICTs during COVID-19 and the facilitators and barriers to using these services for women seeking support and information regarding GBV throughout Ethiopia.

The research questions for this study are two-fold, as follows:

How were information and communication technologies (ICT) services implemented to create support for victims of gender-based violence in Ethiopia during the COVID-19 pandemic? What are the facilitators and barriers for women to use ICT services for support regarding gender-based violence in Ethiopia?

To answer my research questions, I have interviewed four Ethiopian organisations working with ICT services to provide support and information for victims of GBV during the COVID-19 pandemic in Ethiopia. I use the case study approach for an in-depth study of a limited geographical context to answer my research questions. A mixture of available literature in the specific context and other countries, combined with interviews with representatives from the four organisations, creates a base of both primary and secondary

television and “new”, digital techniques (mostly Internet-based such as computers, email, online and mobile technologies) (Asiedu, 2012:1208; Gurumurthy, 2004:6).
data for investigation. The use of postcolonial feminist theory in the study will hopefully be fruitful, given the layered complexities in the debate on gender, ICTs and development in general, and the contextual situation of Ethiopia and GBV in particular.

1.3 Definitions and limitations

This study aims to research what type of support systems and services we implemented through ICTs during COVID-19 for victims of GBV and the facilitators and barriers to using these services. The focus on organisations’ ICT services and not the recipient’s perception of the support is intentional. However, it will limit this study in reaching conclusions regarding, for example, how recipients have received the support and any changes they experienced. While there are also male users of the ICT services, this study will focus on female users. Further limitations of the study are discussed in the method chapter of this study.

Ethiopia as the country context is chosen due to its position as one of the countries in the world with the highest rates of GBV, but also its richness regarding division into regions and languages, giving the study an additional layer of complexity in investigating how the organisations approach this in their work. This, in addition to its low number of mobile phone users and low network coverage nationwide, is both a limiting and enriching factor to the study.

Adding a postcolonial feminist theoretical approach to myself as a researcher in this study, it should be noted that I am a white researcher with limited knowledge of the Ethiopian context and no knowledge in the local languages. As highlighted by McEwan: “White western academics are empowered (economically and socially) to make women in other cultures the objects of their investigations when the reverse is often neither possible nor feasible” (McEwan, 2001:100). I am aware of my own role in this study and how this might influence the interviews, analysis, and conclusions. With an earlier degree in Gender Studies and being active in a local women’s shelter before, during and after the pandemic, I bring with me the focus on GBV during COVID-19 and issues of inequality as a particular interest, hence the focus of this thesis.
The study is relevant to the field of Communication for Development as it seeks to address the complexities of the use of communication services to tackle issues of inequality and contribute to improved social change in this context. Hopefully, the study can reach conclusions applicable outside of this specific context and in similar contexts of restriction of movement and the implementation of ICT services to tackle GBV in LMICs.

1.3.1 Gender-based violence

Many different concepts exist for the type of violence discussed in this study. This essay will use the term gender-based violence that, per the Council of Europe’s Istanbul Convention, refers to “any type of harm that is perpetrated against a person or group of people because of their factual or perceived sex, gender, sexual orientation and/or gender identity”. The term includes sexual, physical, verbal, psychological (emotional), and/or socio-economic violence. Within these categories, the convention further mentions the following types of violence: psychological violence (Art. 33); stalking (Art. 34); physical violence (Art. 35); forced marriages (Art. 37); sexual violence, including rape (Art. 36); female genital mutilation (Art. 38); forced abortion and forced sterilisation (Art. 39); sexual harassment (Art. 40); aiding or abetting and attempt (Art. 41); unacceptable justifications for crimes, including crimes committed in the name of so-called honour (Art. 42). The term is thus broad and include violence towards all genders, while women are predominantly the victims of gender-based violence. (Council of Europe, 2011) CARE (2021) similarly defines gender-based violence as “a harmful act or threat based on a person’s sex or gender identity”, including “physical, sexual and psychological abuse, coercion, denial of liberty and economic deprivation whether occurring in public or private spheres” (CARE, 2021:1).

Gender-based violence is often used interchangeably with the term violence against women; however, as stated, this study will use the term gender-based violence. All interviewees used the term gender-based violence to refer to the different types of violence discussed in this study; hence this is the most accurate reflection of the data retrieved from the interviews that create the base of this study. However, the definition of what gender-based violence is understood as in practice will be a returning theme in the analysis section of this study.
2. Literature review

2.1 ICTs and gender in LMIC contexts

The implications of ICTs for development have been discussed in global policy circles since the early 2000s (Williams & Artzberger, 2019:234), focusing on how ICTs can create development prospects and democratise opportunities for participation for populations of LMICs. Similarly, the relation between gender and technology was initially explored already in the 1980-1990s, with scholars from different fields arguing that the areas are co-constructed, gender relations reproducing themselves by the use of technology in society, while the technology “can be flexibly reinterpreted, re-designed, or performed in ways that move beyond stable categories and showcase women’s agency” (Williams & Artzberger, 2019:235). Today, initiatives on the nexus of ICT, gender, and development are growing within international development cooperation. There are hopes for ICTs to support social, economic, and political development; to "open up windows for women to the outside world" (Asiedu, 2012: 1190), and to speed up development processes by giving access to the internet and information technologies – often with rhetoric that highlights women's empowerment through such processes (ibid, 2012).

In close parallel to the discussions on ICT, gender and development is the global discourse on closing the “digital divide” and the “gender digital divide”, defined as “the unequal access of people to ICT and unequal possession of skills and experiences needed to optimise this technology” (Abu-Shanab and Al-Jamal, 2015:91). The closing of the gender digital divide goes in line with Sustainable Development Goals explicitly focusing on ICTs for development, such as targets 5.b and 9.c. The latest progress report on target 5.b. from the UN was published in April 2021 and stated that “(...) in the 66 countries and territories with data for the period 2017–2019, average mobile telephone ownership

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4 While the discussion of defining women’s empowerment is beyond the scope of this study, I will use the definition by Naila Kabeer: that empowerment equals transformative agency, not only focusing on immediate inequalities but enabling “achievements that suggest a greater ability on the part of poor women to question, analyse, and act on the structures of patriarchal constraint in their lives”. Empowerment processes should thus enable capacity, agency, and choice to challenge normative gender roles and power relations in each context, including the sense of agency and self-worth. (Kabeer, 2005)

5 Target 5.b: “Enhance the use of enabling technology, in particular information and communications technology, to promote the empowerment of women” and target 9.c: “Significantly increase access to information and communications technology and strive to provide universal and affordable access to the Internet in least developed countries by 2020”, amongst other related SDGs.
was 8.5 percentage points lower for women than for men” (Our World in Data SDG Tracker). According to the Gallup World Poll, which surveyed 150 countries worldwide in 2017, around 546 million women (aged over 15) did not have a mobile phone. The same survey demonstrates that Ethiopia was among the top ten countries with the most significant gender gap (with Afghanistan, Chad, DRC, Mali, Malawi, Niger, Pakistan, Sierra Leone, and South Sudan). In 2013, the director of UN Women spoke on the importance of ICTs for achieving gender equality and women’s empowerment, namely how ICTs can improve women’s economic productivity, have the potential to improve access to education, involvement in politics, and enable women’s access health services and report on safety risks. (Hafkin, 2000; Walsham, 2017; Williams and Artzberger, 2019)

However, many scholars question the somewhat simplistic view of using ICTs for women’s “empowerment” and access to development opportunities: While ICTs could facilitate access to information and participation in certain spaces, restraints exist in other forms, including limitations due to domestic power relations and the lack of access "for reasons of infrastructure, society, culture, and language" and the multifaceted connection between user and technology (Hussein & Amin, 2018; Gurumurthy in Lewis, 2021; Tufte, 2017). The assumption that technologies are objective, neutral, and universal and the view that global access creates equal opportunities is questioned, ignoring local techniques, knowledge, and practices. In addition, the fact that pure access to ICTs not necessarily lead to “meaningful” use, as there are many structures and dimensions that need to be considered, is debated (Rashid, 2016). Anita Gurumurthy (2004), a prominent scholar of the gender, development and ICT intersection, states that ICTs are strategically managed by “powerful corporations and nations” with little space for ownership by many groups, debating why we assume positive social change and “empowerment” automatically originating in increased access to online spaces and technology when structures online reflect the structures that already shape the world and our societies: Power relations, the production of knowledge, class, race, gender. At the same time, the internet is a platform enabling often disadvantaged groups such as the elderly, people with disabilities and minority groups to communicate, network and reach policymakers (Gurumurthy,

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6 Worth mentioning is that the average mobile subscription in Ethiopia is very low. Ethiopia has a population of around 120 million, of which 40-55% have a mobile phone (numbers fluctuating substantially depending on the data source).
2006:611). We understand that “technologies are affected by intersecting spectrums of exclusion including gender, ethnicity, age, social class, geography, and disability” (O’Donnell & Sweetman, 2018: 217). Infrastructure, freedom of information, affordability, and ability, are other factors that can present challenges for recipients of ICT initiatives (ibid, 2018). Hussein and Amin state that the focus of multilateral organisations has been ensuring women’s ownership of ICTs, especially mobile phones, and while important, it is not enough to define empowerment in relation to ICTs (Hussein & Amin, 2018:250).

2.2 ICT interventions to prevent and respond to gender-based violence

ICTs have also had an increasing role in the global prevention and response of GBV, including reporting and supporting services for survivors. According to Philbrick (2021) and similar findings in this study, GBV prevention and response interventions are typically delivered by civil society groups, NGOs, and governments, often with a separate technology partner providing technical input. Common ICT services are telephone helplines, mobile applications and online platform solutions. Philbrick notes that “ICT is being used as a tool to facilitate interventions that are known to be effective in addressing SGBV” (Philbrick, 2021:3), and Eisenhut et al. highlight the need to integrate the different ICT services into the broader context, i.e. linking them with existing institutions for further support (Eisenhut et al., 2020:8). The use of helplines for victims of GBV of varying nature is a common feature in most countries’ contexts, often with key features such as calls being toll-free, open every day and 24/7 to assure accessibility, offering advice, counselling and information, including referrals to other support services such as medical services, shelters, and legal services (Petrowski et al., 2021).

In the LMICs context, a study based on a legal centre for victims of GBV in Morocco in 2009 showcases how the possession of a mobile phone helped some women reach out for help and report crimes, sometimes even replacing the family’s role in reporting and giving direct access to authorities, and the benefit of internet access to connect with others in a similar situation; while others felt a significant limitation to using the mobile phone due to socio-economical, technical and cultural reasons (including illiteracy and additional restrictions), showcasing the two sides of the coin of interventions in this context (Buskens & Webb, 2009). A study on the increase of GBV in hard-to-reach areas in
Kenya during COVID-19 discussed how psychosocial services for victims of GBV were offered through a national hotline, other service providers’ hotlines and online platforms funded by foreign donors to provide counselling. The researcher states that “while using technology and virtual platforms has helped cover an essential service gap, many recognised that using technology has limited impact and cannot reach the most marginalised women and girls who often lack digital literacy or do not have access to technology” (Neetu et al., 2021:66), leading to the need of some organisations instead focusing on educating community health volunteers to support women and girls in the communities; observing that many were comfortable with one-on-one counselling and some not having access to phones (ibid, 2021). With this said, it is worth mentioning that research on the use of ICTs to support victims and tackle GBV in LMICs contexts is limited, with a lack of peer-reviewed studies on the use of ICTs for GBV prevention/response in these contexts – including studies of the sustainability and efficacy of such interventions. While there are some studies conducted in high-income countries, the studies in LMICs are very limited (Philbrick, 2021; Mechael et al., 2021).

It should be mentioned that ICTs, in addition to their benefits, have created additional room for GBV through online abuse and new forms of violence, thus functioning also as a tool for exacerbating GBV (Philbrick, 2021; O’Donnell & Sweetman, 2018). There are security measures to be mindful of in the use of ICT services to avoid causing harm, including the risk of the use of ICTs leading to social repercussions in specific contexts: Research showcases incidents and behaviour, such as men’s use of violence to control women’s phone use, overall control of the allocation of women’s screen time and the family’s use of ICTs (mobile phones, TV, social media, etc.); and other types of constraints for women in their use of different ICTs. A study in Afghanistan on women using ICTs to learn about their rights or sharing stories of abuse on social media shows how these actions can put them at security risks or repercussions, risking an increased regulation of online presence and activities (Hussain & Amin, 2018). In the context of helplines to reach out for support in cases of abuse, there are additional security and accessibility challenges involved: A US study on child maltreatment showed a significant drop in helpline calls in the first few months of the pandemic, resembling declines recorded when schools are typically closed, such as summer and winter holidays, pointing at accessibility and availability challenges in a situation where contact with the outside world is abruptly limited (Petrowski et al., 2021).
2.3 The Ethiopian context

In the context of Ethiopia, there is a lack of accessible studies regarding how ICT services are implemented to create support for victims of GBV. While there are separate studies on the prevalence of GBV in Sub-Saharan Africa and Ethiopia; GBV during COVID-19; and studies on ICTs, gender and development in the country context, it seems that they are not combined in research or academic articles - no articles regarding the use of ICTs for victims of GBV to reach support in Ethiopia have been encountered. Given that the COVID-19 pandemic is still ongoing, there is a limitation in accessing material of similar nature also for other country contexts, primarily peer-reviewed articles.

A few articles found, however, discuss the surge of GBV in Ethiopia during COVID-19, which is helpful for context. A study on the prevalence of violence towards pregnant women concluded that four out of ten pregnant women experienced at least one form of violence (physical, psychological and/or sexual) during COVID-19 and that “women who did not attend formal education, who had illiterate husbands, whose household decisions were made only by husbands, and who were exposed to moderate to a lot COVID-19 pandemic-induced economic downturns were the independent predictors of IPV (intimate partner violence)” (Fetene et al., 2022:8). Another study discusses the increase in female genital mutilation/cutting (here on after FGM/C) and forced and early marriages of girls due to lockdown measures, school closures and the redirection of sexual and reproductive health funds into funds to tackle the pandemic (Mubaiwa et al., 2022). An interesting note is the surge of GBV during earlier public health crises in the region; the pandemics of Ebola and Zika created similar trends in Africa with restrictions, economic hardships, and de-prioritisation of SRH services exacerbating inequalities and leading to increases in GBV and unintended pregnancies, with increased socioeconomic inequalities putting the most vulnerable groups at most risk of violence (Onyango et al., 2019). Meinhart et al. (2021) similarly note that disease outbreaks, epidemics, and pandemics are not gender neutral and that GBV and infectious disease mutually reinforce each other - and the need for policymakers to design gender-responsive pandemic plans (Meinhart et al., 2021). Undoubtedly, in times of infectious disease control measures, social isolation and distancing practices, there are increased risks of violence against women, abuse, exploitation and neglect.
Regarding the use of ICT services across the country, Geldof (2011), conducting a study on the use of ICTs by youth in Ethiopia and Malawi, notes that most of the Ethiopian population lives in rural areas, and that “Ethiopia has one of the lowest telecommunication penetration rates in Africa, particularly in terms of mobile phone subscribers” (Geldof, 2011:71). She discusses six gender-based constraints to women’s use of ICTs: literacy and education, language, domestic responsibilities and, therefore time, geographical location of facilities, content, and sociocultural norms. Amongst many factors, she discusses the limitation of network connection, “mostly disadvantageous to the rural areas”, noting that the ICT use “agglomerated more around places where a power grid, as well as the necessary broadcast and communication networks, were available; in other words, more in urban than in rural areas” (ibid, 2011:72) and rural areas with a better connection. Her research finds that rural women were the most disadvantaged in terms of ICTs, and urban men the most advantaged, and that women and girls’ use of new ICTs in rural research contexts often carried a social stigma (ibid, 2011:75).
3. Theoretical framework

In investigating the use of ICT services to battle GBV during the COVID-19 pandemic in Ethiopia, the application of a postcolonial feminist framework is interesting and fruitful, given the layered complexities in the debate on gender, ICTs and development in general, and the contextual situation of Ethiopia and GBV in particular. The use of a postcolonial feminist approach to the discourse on ICT for women’s development and empowerment sheds light on power structures, including the analysis of gender, class and race to disseminate the assumption that access equals empowerment, and help shed light on the cultural contexts that can show a different reality to that assumed by historically White feminist approaches, thereby overseeing the multitude of factors interplaying into this context.

3.1 A postcolonial feminist approach

The postcolonial branch of feminist perspectives has long struggled to create a space for different voices to be heard and emphasises the need to contextualise knowledge and practice within feminist academia. A postcolonial feminist perspective is one of critiquing the simplistic assumption of commonality of all women being exposed to the same types of oppression, not considering the intersectionalities of class, race, sexuality and other attributes in addition to the gendered dimension. Chandra Talpade Mohanty, a prominent scholar in postcolonial feminist theory, early in the 1980s criticised the invisibility of different groups, including black and “third world” women, in the historically Western, white feminist agenda. She discusses how the Western colonial heritage has produced a particular cultural discourse of what the “third world” is; implying a structural domination, how the West reproduces the heterogeneity of the of the “third world woman” with adjectives such as illiterate and domestic, making the assumption of women as a constituted, coherent group with the same interests and desires with the objective of getting out of a subordinate position to, most often, another man; “regardless of class, ethnic or racial location” (Mohanty, 2003:21; 1984:333); She critiques the global restructuring and the culture of globalisation, arguing that “much of present-day scholarship tends to reproduce particular “globalised representations of women” and that these representations often “stand in for the contradictions and complexities of women’s lives and roles” (Mohanty, 2003:527). Radcliffe (2004) writes accordingly that
“mainstream Western approaches” to gender and development often “deploy the category 'woman' uncritically without accounting for culture, nation, and race” (Radcliffe et al. 2004: 390). In line with this, scholars like Cornwall (1997), Yuval-Davis (2006) and Cockburn (2000) argue that a westernised view of gender relations within development practices can turn out counterproductive when avoiding contextual and individual differences, ignoring the different social divisions involved.

We can thus understand this perspective as a dissection of overlapping forms of oppression, gender being fundamental but also adding race, class, and sexuality, and the simultaneous impact of power relations, not only including social categories but also social relations, social formations, and epistemological premises (de los Reyes and Mulinari, 2020:183). This approach provides an opportunity for multi-layered analysis and questions the idea of the “third world woman” who needs “to change their actions to achieve development goals” as per the neoliberal development agenda and instead focus on the adaptation and contextualisation of initiatives for participatory processes that includes local knowledges and a sensitivity to local practices and traditions (Asiedu, 2012:1200).

3.2 Postcolonial approaches to ICT, gender and development

Asiedu (2012) highlights the fact that the multidisciplinary field of ICT for development has often lacked a theoretical direction for its research – that empirical studies are often presented without a theoretical framework, and when it is used, it is most often from a modernisation approach, highlighting the benefits of the use of ICTs in these contexts. Asiedu states that the emphasis on access to information, technology, and the internet “repeats the modernisation approach to development rhetoric which assumes that when women are given access to resources, they would automatically benefit from development” (ibid, 2012:1197), in line with the assumption that mass global communication of Western industrial societies, science and transfer of modern technology would solve global poverty and that the technologies are “inherently neutral” (ibid, 2012).

Some scholars thus question the neoliberal approach that access to communication automatically democratises opportunities for women in low- and lower-middle-income
countries, assuming technology and growth as the “engines of progress”: Already in 1990, Stamp questioned the assumption that “progress” and “development” are inevitable results of the use of science and technology and the fact that the technology transfer from “developed to developing countries” can be problematic (Stamp, 1990). Other scholars state that ICTs are “making new forms of imperialism with information continuing to flow from the developed to the developing world” (Asiedu, 2012). States Anita Gurumurthy:

“Many NGOs worldwide use ICTs to disseminate information and to contribute to the debate on gender equality and rights. However, access to platforms on the internet that shape the rights discourse and access to rights-based material depends on many factors. The majority of women in the world do not have access to new ICTs, for reasons of infrastructure, society, culture, and language. While it may be necessary for the progressive elite to mediate information dissemination, real democratization of information depends on making new ICTs relevant to the majority and accessible to every woman.” (Gurumurthy in Lewis, 2021)

A postcolonial lens to the discourse on ICT4D for women’s development and empowerment sheds light on the power structures within the field, including the analysis of gender, class and race to disseminate the simplistic assumption that access equals empowerment. In addition, it “assists us to understand intercultural encounters involved with ICT transmission” (Asiedu, 2012:1199). Asiedu further highlights the fact that “ICTs developed in the north have been framed within certain assumptions that become problematic when applied to the south” (ibid), 2012:1199), ignoring cultural contexts that can show a different reality to what practitioners originating in the global north assumes, thereby overseeing the gender technological divide and other factors interplaying into this context. A postcolonial, intersectional perspective highlights the need to understand that barriers to ICT use have to do with various factors, more than gender, such as age and socioeconomic status.

The additional lens of a postcolonial feminist perspective, therefore, sheds light on the discourse of the “third world woman” in an ICT context, as per the initial discussion of this chapter. Asiedu discusses how Western lenses have interpreted women in low- and
lower middle income as without agency and power, “defined as barriers to ICT use, because of their circumstances (illiteracy, poor, located in rural areas)” (Asiedu, 2012:1200), and that this representation has “provided the rationale for development experts’ belief in modernisation, which has discredited and subordinated local techniques, knowledges, and practices” (ibid, 2012:1200). She further highlights how the empowerment aspect in the discourse on women and ICT use is mainly explained in the access to technologies and thus overlooks the need for the active appropriation of ICTs to ensure their applicability for the needful use for these groups, including contextualising approaches and assuring inclusion to root this use within local contexts and cultures (ibid, 2012:1200). McEwan similarly discusses how the modern industrialisation and technological progress in increasingly questioned and observes the surge of alternative knowledges to understand the views of non-Western societies in more situated ways (McEwan, 2001:95). Hussein and Amin (2018), in a study of women’s use of ICTs in Afghanistan, showed that the small percentage using ICTs to learn about rights to divorce, issues of violence and other “purposes not aligning with patriarchal goals” predominantly belonged to higher-socioeconomic groups. This fact further demonstrates the need for an intersectional multilevel analysis of the ICT use in LMICs, analysing factors such as gender, age, and class together to understand limitations and the difference in the active use of ICTs.
4. Methodology

A mixed case study methodology and interviewing method guide the research and analysis. The base for this study was a combination of primary data from four online interviews with local organisations in Ethiopia conducted during July – August 2022, combined with secondary data from peer-reviewed articles and written material from international development actors. Given that the COVID-19 pandemic and ICT initiatives targeted to reach victims in lockdown/otherwise restricted are relatively new initiatives, peer-reviewed articles and written information is limited. Ideally, the conduction of interviews leading to the collection of primary data on the subject can add to a possible emerging body of knowledge on "the shadow pandemic" as a concept and new ways to create support systems for GBV with ICTs in similar settings to the chosen context.

4.1 Case study

The case study approach is applied for an in-depth study of a limited geographical context to answer my research question. Blatter states that a case study is a research approach where one or a few instances, phenomena or units of analysis are studied in depth. The term does not have a fundamental characteristic or consensual definition, given its existence across disciplines and contexts. (Blatter, 2008:3) The case study thus offers the ability to intensively study a case in-depth based on primary and/or secondary data collected through different gathering strategies and possible methods. Halperin and Heath (2012) write: “Good case studies (...) address theory or issues that have wider intellectual relevance, use concepts that are applicable to other contexts, and may even seek to make inferences that apply to countries beyond the original case” (Halperin & Heath, 2012:204). The use of postcolonial feminism as a theoretical framework can similarly “contribute to new ways of thinking about women in similar contexts across the world, in different geographical spaces,” writes McEwan (2001).

Based on these notions, the use of theory and method, in combination with the topic of ICT services implemented to support victims of GBV in Ethiopia and the primary data collected through the interviews, could hopefully reach conclusions applicable outside of this specific context and in similar contexts of restriction of movement and the
implementation of ICT services to tackle GBV in LMICs with low access to the internet and mobile phones.

4.2. Semi-structured interviewing

Within the case study, the method of interviewing can be applied to immerse oneself in a specific case by analysing knowledge, data, and information gathered from one or more interviews with selected interviewees (Halperin and Heath, 2012:254). According to Brinkmann, interviewing is a *conversational practice* where knowledge and data are produced in the interaction between the interviewer and the interviewee/group of interviewees. However, differing from an everyday conversation, it is structured to meet the researcher's aims to collect data, most often aiming at obtaining detailed and specialised information. (Brinkman, 2008).

The tool of semi-structured interviews with open-ended questions is used in this study: Questions are prepared but can be modified and changed depending on the interviewee's responses, giving room for "spontaneous descriptions and narratives" to open up and discuss various relevant topics to the study. "Good" questions should be open-ended, short and clear, not assuming a particular kind of answer or being leading (Halperin & Heath, 2012:264). In the interviews, an interview guide with prepared questions was used. Still, the format also allowed for spontaneous narratives and descriptions or a modification of the prepared questions, creating the possibility for elaborations and open conversations, not requiring replies within a restricted frame. In addition, an open format allows the interviewee to formulate their own opinion and retract or restate their views (Birch et al., 1996).

This study conducted online interviews with four organisations in Ethiopia through the online meeting tools Microsoft Teams and Zoom, thus replicating an in-person one-on-one interview. For each organisation, one staff member working directly with the ICT service was interviewed, but no names were used to assure anonymity. Conducting interviews online implies many limitations as opposed to onsite interviews, limiting the possibility of participatory observation and more intimate conversations in person. Another complicating factor when conducting the interviews online was the often poor internet connection quality, further complicating a natural conversation and the
transcription process. The low internet quality also limited the possibility of using the video function in the calls; hence, only voice calls were possible in most interviews.

The interviews were recorded and transcribed; thus, the transcriptions created the primary data source for analysis. In this process, it is essential to keep in mind the subjectivity of the knowledge and data retrieved from interviews and be mindful of the validity and reliability of findings, with interviewees and interviewers coloured by various contextual and personal factors, biases, and prejudices (Brinkmann, 2008:6). A transcription software was used, which automatically transcribes the audio file and allows for real-time editing of the transcribed text. The software adheres to GDPR, and the transcribed files were deleted manually after finalising the transcription. The automated transcription was not faultless, however: As the audio recordings often were of low quality due to a disrupted internet connection, the transcription software had difficulty recognising words and expressions, which required additional manual editing.

4.3 Secondary data, limitations and ethical considerations

The material used in this thesis is a combination of primary data from the interviews and secondary data from written material such as academic articles and reports, mainly from INGOs. Given that the COVID-19 pandemic is still an ongoing event, there is a limitation in accessing material and data to analyse. At this stage, the information and data to be found are primarily reports, articles and INGO’s online media instead of academic and scientific material and are not always peer-reviewed or verified. In addition, data and statistics on GBV are generally hard to verify and not always a representation of reality, given that hidden statistics are always a significant aspect. Moreover, the research on the use of ICTs to support victims and tackle GBV in LMICs is limited, with a lack of peer-reviewed studies on the use of ICT specifically for GBV prevention/response in these contexts – including studies of the sustainability and efficacy of such interventions (Philbrick, 2021; Mechael et al., 2021).

Four interviews were conducted, one interview with one representative per organisation. The representatives were not handpicked: The contact with the respective organisation was limited since they were contacted by email or social media without any prior communication, and the person the organisation recommended was consequently
interviewed. The organisations contacted were found through online research, social media and Google searches using keywords such as “COVID-19”, “gender-based violence”, “Ethiopia”, “ICT”, “hotline”, and “chats”. Around eight organisations were contacted multiple times, and the four interviewed organisations returned the outreach. Conducting four interviews creates a limitation in the primary data to be analysed; one could argue that this is not enough to generalise the findings to a broader context, which I am aware of.

My language limitations colour the selection of these four organisations; I chose to contact organisations that had information available in English, which is an additional limitation to access to secondary data from the Ethiopian context. The organisations might not be representative of similar local organisations in the country, something I am aware of. All four organisations have international funding and are, to different degrees, steered by their funders’ regulations, which one should keep in mind (see more about the chosen organisations in Annex 1). All interviewees spoke English fluently, and all were women. The interviewees consented to use the recorded material accordingly and were informed they could retract the information anytime. In addition, the interviewees were informed about the anonymity factor before starting the interview.

There are many ethical aspects in conducting a research project involving sensitive contexts to study, such as initiatives to support victims of GBV. The interviewee is representing an organisation which is their employer and source of income. These facts indeed reflect answers; the person might be limited by organisational rules to disclose a particular type of information. In addition, their biases and perspectives colour their views of the organisation’s work, which should be kept in mind while taking part in their provided information.

The focus on organisations’ ICT services and not the recipient’s perception of the support is intentional but limits this study in reaching conclusions regarding, for example, how recipients have received the support since representatives from the organisations can only give their own views. While such a study would be of high interest, conducting a study with support recipients would require a different level of security measures that would imply a significant risk for victims and is not something this study will focus on, but would be interesting for future studies within this subject.
5. Analysis

Based on the collected data from the conducted interviews and the application of the theoretical framework, the analysis section aims to answer the research questions:

*How were information and communication technologies (ICT) services implemented to create support for victims of gender-based violence in Ethiopia during the COVID-19 pandemic? What are the facilitators and barriers for women to use ICT services for support regarding gender-based violence in Ethiopia?*

Please refer to Annex I for an overview of the organisations and their ICT services.

5.1 ICT services for victims of GBV during the COVID-19 pandemic

As Ethiopia experienced the surge of the pandemic, the organisations started to note the increased numbers of GBV in different ways. The restrictive and preventative pandemic measures forced the population to stay indoors. Public institutions such as schools were closed, and many lost their jobs, causing some to adopt harmful new sources of income. **Marie Stopes**, who previously to the pandemic only offered sexual and reproductive health (SRH) services, shares that they started to receive a new type of calls, in addition to the increased need for certain reproductive health services:

> *Since schools were closed, everyone was indoors, and we were not supposed to go out, the violence increased. Since I was hired, I've never received such calls. It was my first time receiving women calling having problems with their spouses, kids having problems with their stepdads. Women who asked about emergency contraceptives were highly increasing. In my opinion, I think that is because they were having unprotected intercourse, or someone was forcing them because someone who doesn't want to have babies and is in a relationship will take a regular contraceptive. I thought maybe this is because violence is increasing. Also, the commercial sex workers work increased during this time; because of the pandemic, there was no work, so some people shifted to this occupation,*
and they used to call us. They almost always asked about emergency contraception. Also, the abortion rate was high.

Marie Stopes, September 30, 2022

The other organisations share similar observations. EWLA observed that not only sexual but also physical violence immensely increased throughout the periods when everybody was staying home. Setaweet shares that the calls dramatically increased during COVID-19, mainly regarding rape cases within the family and domestic violence. This surge consequently affected the services of the four organisations, but in different ways: While some already provided ICT services for GBV support, some started to adopt this specifically due to the pandemic’s effects. TENA shares how their notion of the rapid increase in GBV forced them to find ways to access the communities in a non-physical way given the current restrictions, hence the development of their voice-responsive service:

During the COVID pandemic, we were thinking about mechanisms to access the communities, because everyone was frustrated, everyone was in panic. This was a way to access the communities and at the same time create awareness, especially regarding GBV. (...) Searching for mechanisms to access the community and create awareness, we proposed this service to our donor.

TENA, September 6, 2022

Similarly, COVID-19 was a forcing factor also for EWLA to expand their usually in-person legal advice services to a more accessible format with the toll-free helpline: “no one was going out - the accessibility of legal aid service or justice was really hard to find. COVID-19 brought the idea of having the toll-free hotline service for accessibility” (EWLA, September 25, 2022). The pandemic and lockdown made Marie Stopes expand their existing contact centre for SRH also to support GBV victims: Before the pandemic, they had only occasionally received calls regarding violence but then referred the calls to other organisations since these topics were not within their expertise. However, with the pandemic, UN Women provided training on GBV to Marie Stopes as part of their national effort to combat the pandemic-related surge, giving them the needed skills and knowledge to receive and counsel these calls. Marie Stopes also started receiving calls related to
mental health and psychosocial matters, which rarely occurred before the pandemic. Women called in need of mental health support, “saying that they ‘don’t feel good but I don’t know why, but I want help, and I saw your number on the TV’, and women called and cried on the telephone” (Marie Stopes, September 30, 2022).

In addition to the type of requests and nature of calls changing, the channels to reach Marie Stopes’s contact centre also saw a change: During the lockdown, the Facebook Messenger channel, which had been implemented a few years prior, was increasingly used – and often with the attachment of pictures to accompany their questions. The limitation of physical support in understanding test results, prescription medication, or medical conditions was thus supported by the ability to send pictures to the health experts who could analyse these correctly and/or give information on medicines and conditions. To further increase accessibility during the lockdown, the possibility to reach the contact centre through the chat app Telegram was added during the height of the pandemic, and the organisation plans to extend services also to WhatsApp. The organisation shares that the chat apps are receiving many messages and support requests from Ethiopian women living abroad who cannot call the toll-free helpline number since they are out of the country. In addition, teenagers and adolescents often use the apps to reach out for support. Finally, they argue that the most important thing of their contact centre is the possibility to offer reassurance to a woman in distress; “telling her to stay strong, that everything will be okay, that’s the greatest thing of the service contacting remotely” (Marie Stopes, September 30, 2022).

The ICT services during and after the pandemic were supported by the broad promotion of the organisations’ services nationwide. Usually, the organisations promote their helplines and communication channels on TV, radio stations, social media, and billboards in cities and communities. During the lockdown, extra emphasis was put on promotion through the non-physical ICT channels. Marie Stopes shares that their clients mostly hear of them through the TV, where they promote their contact centre on the three most popular channels at prime time, and that their rural living callers mostly hear their numbers from the radio or billboards on the streets. Setaweet creates short case studies, real cases where names are replaced, and posts these on social media for victims to identify and understand that they are welcome to reach out. All organisations promoting their services in different channels experience a higher number of calls when the
promotion is more frequent. TENA has a different approach, where the interactive voice response service is recommended to health-seeking individuals or to-be mothers by healthcare workers in facilities for maternal and SRH in four target areas with both rural and urban localities, as well as word of mouth between women – all organisations mentioned the latter as a promotion factor.

These days, post-lockdown, the nature of ICT services and calls has changed for some of the organisations. Given the conflict in the north and the extreme drought in parts of the country, funds for social actors are limited. TENA shares that their initiative is paused due to a lack of funding since most funds are going towards humanitarian initiatives. Marie Stopes shares that the type of calls received after the end of the lockdown differs from those during: Very few calls related to GBV and mental health are received. The organisation shares that calls drastically decreased after the lockdown, but after that, antenatal care requests and pregnancy rates became high. In other words, from an increased need for emergency contraceptives, the need now shifted to pregnancy-related services and clinic follow-ups. However, abortion services have remained high throughout the period. Reflecting on the number of decreased calls, Marie Stopes says:

*Now it's decreasing - it's not like during the pandemic when they didn't have access to clinics, they were afraid to go out and get medical help or services in the clinic; everybody used to call from home to get the information they need, whether they needed to go to the clinic or whether to relax and know that they are okay. But now that they have access to clinics and everything, the number of calls has decreased.*

Marie Stopes, September 30, 2022

5.2 Facilitators and barriers for women to use ICT services for support

Analysing the COVID-19 context, it is clear how the increased numbers of GBV affected all organisations’ operations. The organisations were forced to adopt new approaches in a reality where people in need of essential services and help could not be helped or reached physically due to restrictions; however, they took measures to still provide their services in a non-physical way, given that this at the time was the only option. Discussing the facilitators and barriers to accessing support and services through ICTs for topics of
GBV with the organisations, the most prominent aspects were the following: Accessibility and technology, language and cultural traditions, and anonymity and security.

5.2.1 Accessibility and technology

All organisations agree on the usefulness of accessing information through a phone or computer; that the nature of Ethiopia, a large country with many regions and hard-to-reach areas, makes the possibility to reach help through alternative methods important. Women do not have to leave their homes to receive the support needed, and the different channels can be reached at (almost) any time. Marie Stopes reflects:

_The phone, in my opinion, is the best for a country like ours, with clinics being far away from your home. Some women may have to travel half a day to get to a clinic. So having these remote services and helplines will help: You will help the woman get the service she needs at the time she needs._

_(…) In our setting: no infrastructure, no roads, and no clinics in every corner, the contact centre is the best solution, I think._

Marie Stopes, September 30, 2022

Setaweet asserts that the benefit of their helpline is its accessibility – that anyone can reach their support. For cases needing quick interventions, their referral system can effectively provide help. EWLA agrees on the positive aspect of the accessibility of information and support through ICT channels – that even after the pandemic, many women still do not have access to come face-to-face with organisations or other service providers. In addition, the fact that the toll-free helpline numbers are short and easy to remember is an important factor, according to the organisations.

However, while all organisations discuss the usefulness of the service, accessible to distant and hard-to-reach areas, when asking about their main user groups, the majority of callers still are women living in urban areas. Marie Stopes says they receive a mix of callers, but primarily urban living women “since they have access to mobile phones”. TENA claim that its main group are urban living women from the district areas. Setaweet mainly receives callers from the capital Addis Ababa, their outspoken target group. Marie
Stopes state that the main barriers they note are “the literacy level of the woman on how to use phones” (Marie Stopes, September 30, 2022). In other words, the easy access might, in the end, not be so easy, given the very low number of mobile phone owners throughout the country. In addition, the access does not necessarily mean that the service will be actively used, given the reality of most users being urban-living women despite broad promotion efforts to rural areas. From a postcolonial feminist perspective, this notion can be linked to the simplistic assumption that access to resources would automatically lead them to benefit from development, a modernisation approach of technology solving development challenges and that the technologies are inherently neutral (Asiedu, 2012); a notion that access alone is not enough for the active use and “empowerment”.

Still, many of the organisations demonstrate an understanding of the different preconditions of different areas and contexts and an interest to adopt services accordingly: TENA reflects on how they have developed the interactive voice response service to be as accessible as possible: “One does not need to be literate”, only know what numbers to press when receiving a pre-recorded voice message call and consequently receive the information provided, in the language pre-chosen. The same organisation reflects on how to improve the inclusion aspect, to expand their services also to serve persons with deafness or hearing impairment, to ensure their reception of the information shared. Marie Stopes increased their accessibility to services by providing support through chat apps in addition to their helpline, where help-seeking individuals could attach pictures of what they needed help with. While did this not necessarily cater to those without access to a smartphone or computer, it could serve other needs, further highlighting the need for multi-level analysis in the use of ICT services:

_Women who are exposed to unintended pregnancies are often educated just to the primary level, so they don't have that much information. So, we analyse the pictures and tell them the results. We tell them you have pregnancy, or you don't have pregnancy (...) some send medication pictures and say 'I was ordered this medication, what is it? How shall I take it?’_

Marie Stopes, September 30, 2022
While the accessibility aspect as a facilitator is highlighted throughout the interviews, the technological aspect is the most mentioned barrier to using the ICT services. All organisations mention the limited and often interrupted network access as the central issue in their services, that the network of Ethiopia is “not very developed yet” and does not reach all corners of the nation. This goes for both the telecommunication network for callers to be able to make a call and for the organisations who depend on an internet connection for their internal system to function. According to EWLA, “this is the strongest backlash of having this kind of toll-free line; they can't even access it” (EWLA, September 25, 2022). Some organisations mitigate this issue through their physical presence throughout the country, with clinics or branches also in hard-to-reach and distant areas. All organisations further emphasise the need to provide free services; all helplines and interactive voice response services are free of charge. The support through the mentioned apps is also free; however, they require the purchase of mobile data. Hence, the toll-free helpline is preferred and most used, according to Marie Stopes. TENA, providing the interactive voice response service, asserts:

*We knew that if they needed to pay for the service, they might not use it. Perhaps those living in the urban areas would, but in the rural areas with a low economic stack, it is very hard to make them pay for their health information.*

TENA, September 6, 2022

All organisations rely on different telecommunication providers (national or international) sponsoring their helplines for these to be toll-free, hence they depend on their sponsorship to be able to continue to provide free services. One organisation shared that since they must renew their sponsorship every year, there is sometimes a time gap between contracts – leading the callers to, sometimes unknowingly, having to pay for their calls, creating an additional barrier to using the ICT services for support. The various technological and network-related issues mentioned in the interviews somewhat clash with the accessibility notion by the interviewees themselves and the often international organisations funding the helplines; an inherent assumption that the helplines, toll-free, accessible in various languages and easy to access through just a few digits, are open to everyone – while in fact, they are not, in this case, due to barriers beyond their scope of influence, in terms of network and connectivity issues.
Further, many organisations mention that their clients do not need a “smartphone or fancy phone” and that just a regular phone is enough to reach them, at least for the interactive voice response and the helpline calls. However, not everyone, especially in rural areas, has their own phone, technology literacy and knowledge vary, and using a shared telephone might limit the possibility or willingness to reach out for support. To use the chat apps, a smartphone or computer is required as well as an internet connection, which makes this contact channel more limited in its accessibility. As mentioned earlier in this study, “the majority of women in the world do not have access to new ICTs for reasons of infrastructure, society, culture and language” (Gurumurthy in Lewis, 2021). As discussed in earlier sections of the analysis, there is a lower number of calls from rural areas than urban, despite the active promotion, access in terms of language (not always, but for some organisations) and the services being toll-free. This can be understood in the lack of appropriation of ICTs; Asiedu (2012) writes that the modernist explanation of “empowerment” is mainly defined as access to technologies which overlooks the significance of the adaption, of the active appropriation, of ICTs to ensure its relevance in the everyday lives of women - again, the need for adapting them to become rooted in their own processes – and while the use of old ICTs, such as radio, is integrated within many local communities, new ICTs often remain distant to many. Given the statement from Marie Stopes in an earlier section, that the rural communities they target mainly take part in the helpline promotion on the radio and billboards, and not through the TV, could support this notion, highlighting the need for participatory processes to ensure both access and utilisation of ICT services also for rural communities. Despite the access to a mobile phone, the awareness of the service through promotion and the call being toll-free, there might still be internal barriers to this use, highlighting the need to further contextualise services beyond access, affordability, availability and awareness (Hussein and Amin, 2018:251) to assure their active use and approach the inclusion of the services in a localised, contextualised way, understood from a postcolonial feminist perspective, focusing on questions of knowledge creation and agency (O’Donnell & Sweetman, 2018).

5.2.2 Language and cultural traditions

A significant factor playing into the ICT services is, of course, what languages the organisation offers services in; Ethiopia has five official languages, and many claim that
up to 86 languages are spoken throughout the country in total. Setaweet offers services in Amharic only. TENA offers pre-recorded informative voice messages in Amharic and Oromiffà. EWLA provides legal advice in Amharic, Tigrinya and Oromiffà, and Marie Stopes offers services in Oromiffà, Somali, Amharic and Tigrinya. Many share situations where they have received calls from persons in need that they have not been able to support, given the language barrier: “It is hard to refer them to other helplines - sometimes they will not even be patient to listen because they may be in very high traumatic event situations and our counsellors cannot communicate with them due to the language barriers” (Setaweet, September 17, 2022). Ethiopia stands out in this context, being “separated” into different languages and social groups, further highlighting the need to contextualise both the information and accessibility to services to assure its reach to different groups of women, be it in the capital of Addis Ababa or pastoralist groups in hard-to-reach areas in other regions. Given the variety of languages in the country, the organisations’ capability to single-handedly cover the whole country in their work is limited. However, most of the organisations demonstrate a desire to expand their services to more languages and, consequently, more regions.

This also includes a demonstrated interest to contextualise the information provided. All organisations interviewed reflect on the difficulty of working with cases of GBV in different regions; how the situations differ in each context. The 2016 Ethiopian Demographic Health Survey demonstrates that “help-seeking by women who have ever experienced physical or sexual violence is less common among rural women (19%) than urban women (36%)” (EDHS, 2016), highlighting the need for an intersectional analysis of barriers to the services and the will to reach out for help. TENA, which works towards creating awareness through an interactive voice-response service, provide pre-recorded messages to its users. This information includes information on what GBV is and measures to take if one is experiencing this, including contact information to helplines and how to report incidents. Regarding possible future development of their information services to other regions of the country, TENA shares the following:

The pastoralist areas and the Somali region often stand out with their rates of GBV, which goes hand in hand with the remoteness of the areas, long distance from the centre of the country, low-level education and cultural practices. (...) For example, in Addis, FGM/C is seen as a form of GBV and
is not supported by the community; if you give birth to a female child you
don't go to the clinic to circumcise. But if you go to the Somali region, you
do have to circumcise a female child, it’s the local culture. We cannot come
to them and say that circumcision is GBV. So we have to be very sensitive.
The same goes for early and forced marriage. They might not be able to
oppose this, because they are poor and need the economic opportunity. The
views of what is GBV differ a lot from region to region.

TENA, September 6, 2022

TENA further indicates the need to be aware of contextualising information to different
regions and social groups regarding what GBV is, to not scare off help-seeking women.
They highlight the importance of the messages in information creation for victims
themselves to be able to identify cases of violence. In line with earlier discussions in the
analysis, Marie Stopes reflects that they do not receive almost any calls from some
regions. They link this to the different views on what GBV is: In cases of domestic
violence such as beating, many women in the pastoralist areas do not consider this
problematic and hence do not seek support, according to the organisation. When
receiving calls for emergency contraceptives, they, therefore, ask additional questions:

They call and say, “I was raped by my partner, he wasn’t using protection,
so can I take the emergency contraceptive?” So we ask them, “Is he beating
you?” “Oh, that's normal, that happens most of the time, but the problem
is now the assault. So how can I deal with this?” But we tell them that it's
not okay for you to get beaten; it's not normal. We do not want to pressure
or burden them, but we inform them of what steps they can take if they want
to escape.

Marie Stopes, September 30, 2022

These different stories shed light on the need for an intersectional, multi-layered analysis
from a postcolonial feminist approach; to avoid an essentialisation of the “rural woman”
in this context, interpreting these groups as passive, with few choices. While this
discourse is visible throughout the interviews, there is simultaneously the urge to
understand the different contexts the women throughout the country live in; there is an
interest to contextualise the ICT services to facilitate the active use and internalisation of
the information for the help-seeking women to engage in the change they need. It is indeed a complex situation to work with these sensitive issues - “You know, when you're dealing with GBV, it's very hard to make a change” (TENA, September 6, 2022). It is easier said than done to strategically combat some harmful traditions (FGM/C, early and forced marriage) in a solely contextualising manner; from a postcolonial view, one needs to still have a nuanced approach. As stated by McEwan, while postcolonial feminist approaches make us understand the need to see another point of view, “it is important that they also engage with material issues such as power, inequality and poverty, and resist focusing on text, imagery and representation alone. Strategies must be found for active feminism that can make a difference” (McEwan, 2001:105). Asiedu mentions steps for planned interventions such as “strategically using ICTs to empower women by taking a number of steps including the translation of products and services to non-literate women and customising information for local use” (Asiedu, 2012:1196). Setaweet further reflects on the need to share information; that while reporting on GBV might not be an option for many, often in a socio-economically challenging situation, “at least having that information is empowering the community, and I have interviewed users that said that after our call they could identify what GBV is now” (Setaweet, September 17, 2022).

5.2.3 Anonymity and security

Almost all organisations mention the anonymity factor as one of the main reasons that help-seeking women contact them through their ICT channels; this factor makes this non-physical support more attractive than in-person help and support in many cases, according to the organisations. All organisations, except EWLA that provides legal advice, offer anonymity when receiving calls: EWLA needs to have details of the caller to give the right help and advice for their law cases. The other organisations work with anonymity; Setaweet shares that one of the main benefits of the helpline is the possibility of being anonymous; no names are shared, and the phone numbers are hidden from the call recipients. They claim that this “gives them the confidence to call and report any kind of case; it gives them the space to vent as much as they want, as long as they are comfortable” (Setaweet, September 17, 2022). TENA, with the interactive voice response service, does not register names to assure anonymity – however, the telephone numbers need to be registered for the users to receive the pre-recorded messages with information every four days. Marie Stopes sees the phone numbers when receiving a call through the
helpline but is not collecting any names or addresses. However, names are visible with the Facebook Messenger app, which requires a registered account. Marie Stopes reflects on the importance of anonymity:

In our culture, we are not raised to speak freely about our emotions or discuss things in person with healthcare providers. Women talking to you about rape prefers you not to see her, not to know her; she just wants your advice. But once you develop that trust between you on the phone, it will be easier for her to go to a healthcare provider and discuss her issues. So, in my opinion, in our country, before referral, it's ideal to contact them remotely. Since it's not face-to-face, they can say whatever they want, whatever they feel. But when it's in person, they fear discrimination. And they don't talk much about what happened to them. Some may even not tell you anything. So that's why most of them don't press charges for GBV they encounter.

Marie Stopes, September 30, 2022

It is noteworthy that the anonymity factor is mentioned repeatedly throughout the interviews in that it creates a channel to share experiences and seek help in a context where this practice is not normalised. Hussein and Amin (2018) argue that “with a few exceptions around women’s health, ICT usually only enable women to meet their existing needs, and do not enable them to challenge patriarchal power relations” (ibid, 2018:249), noting that having better access does not necessarily mean that ICTs will be empowering for women. In the context of the discussion on anonymity, it can then be questioned if this is an empowering feature for the women calling the helplines anonymously. They ask: “what kind of agency can we speak of when women have to take on false identities or hide their use of ICTs to be safe when using ICTs?” (ibid, 2018:263). However, to respond to the stated research questions - while perhaps not an empowering factor - the anonymity factor, according to the interviewees, does appear to be a facilitator to reach out for help and support through the different anonymous ICT services provided in this context.

Furthermore, the security aspect of the calls to the helplines or the use of the apps and services comes up as both a facilitator and barrier during the interviews. The organisations
share their different measures on how they assure the safety of their clients. EWLA takes
measures to ensure safety by asking standard questions such as if their abuser is next to
them or if they are in a safe zone: “Obviously, they're not going to call us when their
partner or their abuser is around them. So what they do is they call us outside their home
or when their abuser is not there” (EWLA, September 25, 2022). Marie Stopes offer a
call-back service to follow up on cases if the caller wishes so, however in the case of
GBV-related calls, this is never applied “because I think they fear their partners or the
person on the other side may answer the phone and discover that they have been in
contact with help or they were getting advice. So the violence will get worse, or they even
can be threatened for their life” (Marie Stopes, September 30, 2022). The organisation
instructs their clients to immediately delete the number or messages through the app to
avoid insecurity for the client. They further tell the clients that if anyone finds out they
called them, they should claim that they called for health services - hence the broad range
of services the organisation provides functions as a “cover story” for the clients. Knowing
that a sensitive incident can arise, they have measures prepared to assure the safety of the
callers and clients. Hussein and Amin (2018) found similar aspects in their study on
women’s ICT use in Afghanistan: In their study, the use of the internet to learn about their
rights to divorce or citizens’ rights showed a high risk for social repercussions for the
women, and there is a general stigma around their use, with male family members often
controlling their use (2018). Eisenhut et al. (2020), with a systematic review of mobile
applications addressing GBV, argue that the risks and effects of this use need to be
assessed more thoroughly in the shift to digital technology; that women are not
inadvertently put at more risk by using these services – especially in LMICs, where
phones are often shared (Eisenhut et al., 2020:8)

At the same time, security is lifted as one of the positive aspects of the distance ICT
service: “It’s often not accessible for women to come face to face with us and talk about
their problems - so it's basically for their security purposes, it's easier for a victim or a
survivor to call and talk about their problems” (EWLA, September 25, 2022). During
COVID-19, at times when mobility was possible, there was still a fear of visiting health
centres or facilities due to the spread of COVID-19, and ICT services were preferred
instead of exposing oneself to the virus in public spaces. Setaweet states that the most
significant benefit of the helpline services is that “they can call us and know that they
have a safe haven for them to talk about their problems” (Setaweet, September 17, 2022).
5.3 Final theoretical reflections

The postcolonial feminist perspective highlights the need for intersectional analysis, considering factors such as gender, age, race and class, and various other factors interplaying into individuals' lives. Throughout the analysis chapter, this perspective has allowed an understanding of some of the facilitators and barriers for women to use ICT services for support regarding gender-based violence in Ethiopia. Concluding the analysis’ findings, it is clear that despite active promotion in both rural and urban areas, there are barriers to the use of the organisations' ICT services; especially for inhabitants outside of the Ethiopian bigger cities, confirmed by the low number of callers from these areas, both during the height of COVID-19 restrictions and after the fact. The application of postcolonial feminist theory reveals the need to contextualise the ICT services to eliminate these barriers, and make the services accessible and relevant to women in different contexts and with different preconditions in the country.

Furthermore, a postcolonial feminist approach has historically highlighted how the West within development discourses reproduces the image of the “third world woman” with adjectives such as illiterate and domestic, assuming women in LMICs as a constituted, coherent group with the same interests and desires (Mohanty, 2003:21; 1984:333). Throughout the interviews and analysis findings, the rural-living women in this context somewhat seem to embody the essentialisation of the “third world woman”; words such as illiterate, poor, living under patriarchal traditions, uneducated, etc., are used by the interviewees to describe this group, often framed as a barrier to the use of the provided ICT services. There is a discourse within the interviews on the division between rural and urban-living women, mostly a division of the capital vs the rest of the country in how the definition of GBV is defined, what type of help and support is requested, and how the ICT services are used, somewhat overlooking the fact that the rural population makes up the majority of the Ethiopian people, with a variety of contexts, languages, traditions and social practices.

Moreover, the postcolonial feminist approach allows questioning the simplistic assumption that with sole access, ICT services will be actively used, and women will be empowered. In the context of this analysis, despite possible physical access to phones or
other technology, the active promotion and services being toll-free, there can be other factors related to tradition, culture, and technological literacy that hinder the “appropriation” and the active use of the services. As per postcolonial feminist scholars, “ICTs developed in the north have been framed within certain assumptions that become problematic when applied to the south” (Asiedu, 2012:1199), and thus its implementation by actors ignoring cultural contexts and preconditions (can) result in barriers to this use by groups needing it the most.

Some of the organisations interviewed do reflect on their interest in developing services to reach certain groups that traditionally do not seek help and information, such as creating services in more languages, adjusting information to be sensitive to cultural contexts, and diversifying services to also serve people with disabilities. The postcolonial feminist approach to the analysis findings thus dissolves the idea of the “third world woman” who needs “to change their actions to achieve development goals” (Asiedu, 2012:1200): It instead allows us to focus on the adaptation and contextualisation of initiatives, consulting target groups, inviting different knowledge and ensuring sensitivity to local practices when implementing ICT services to create support for victims of gender-based violence in Ethiopia.
6. Conclusion

This study has investigated how ICT services were implemented to support victims of GBV during COVID-19 in Ethiopia, including facilitators and barriers to using these services. The findings are based on interviews with four Ethiopian organisations providing different ICT services for victims and information about GBV, in combination with secondary data such as academic articles and INGO reports. The following two research questions guided the study:

*How were information and communication technologies (ICT) services implemented to create support for victims of gender-based violence in Ethiopia during the COVID-19 pandemic? What are the facilitators and barriers for women to use ICT services for support regarding gender-based violence in Ethiopia?*

Concluding the answers to the first research question, it appears that all four organisations part of this study either created new or scaled up existing ICT services during COVID-19. The ICT services implemented by the organisations were mainly helplines. In addition, interactive voice response services and mobile chat applications were provided as channels to receive support and information from some of the organisations. The different services were actively promoted, mainly through other ICT channels such as radio and TV, billboards, and word of mouth from healthcare providers and within communities. The number of calls and users of the ICT services reached their height during the pandemic lockdown: With limited physical access to essential services and support in more restricted everyday lives during the pandemic, ICT services remained, not physically limited by pandemic restrictions (but constrained in other ways). Today, when the lockdown is over, all organisations except one continue their ICT services, including those created by pressing needs specifically related to the pandemic restrictions. All organisations depend on international funding, and in the aftermath of the pandemic, one of the services lost its funding due to the focus on humanitarian issues in the country.

As for the second research question, the interviews further identified facilitators and barriers to using ICT services for support regarding GBV. These were categorised as follows: Accessibility and technology, language and cultural traditions, and anonymity and security. While there are many barriers to utilising these ICT services, as has been
evident throughout this study, the use of ICT services for victims of gender based-violence to access support and receive information seems to be a functioning option for many in times of lockdowns when access to in-person support is limited – for those with access to telephones and network connection, that is. The interviews demonstrate the organisations' strategic measures, including direct promotion, to reach the rural areas with information about their ICT services. However, while different accessibility factors are in place, barriers such as the lack and disruption of connectivity networks and the lack of telephones still pose a significant challenge for women in rural areas to use the support systems provided by the organisations.

There is also the notion that while there might be access in terms of connection and mobile phone ownership by some, the active use and appropriation of the ICT services are not there. The barrier of reaching out due to cultural traditions and norms in certain communities poses another challenge. In all, there seems to be an assumption by the organisations that promoting the services and making them accessible in more languages is “enough” – but, as a postcolonial feminist approach highlights, there is a need for more strategic and contextual interventions to reach some target groups, such as the contextualisation of information and outreach methods with an intersectional approach, sensitive to different contexts, traditions, social practices and preconditions. Interestingly, one of the main facilitators identified in the interviews was the anonymity factor; interviewees pointed to the difficulty of discussing sensitive issues such as GBV in person, and hence the non-physical, anonymous ICT service was a preferred channel to talk about issues or reach out for advice or help. However, this still proves a limitation in seeking physical help, such as health care assistance, or seeking shelter for escape and support.

Notably, Ethiopia is one of the countries with the lowest access to mobile phones and the internet worldwide. This large country is built up by different regions, languages, and social groups, highlighting the need to contextualise both the information and accessibility to ICT services to ensure its reach to different groups of women, be it in the capital of Addis Ababa or hard-to-reach rural areas (notably, the rural population makes up the majority of the Ethiopian people). A postcolonial feminist approach to the findings highlights the need for a contextualisation of the services and the need to move away from simplistic assumptions that access to services automatically leads to active use and
empowerment; the need to move away from a discourse of “rural women” as one coherent
group; and the need to work with an intersectional lens and multiple layers of analysis
when battling sensitive issues like GBV in areas where harmful practices are part of
longstanding cultural traditions, to ensure access and active use for groups in different
contexts and areas throughout the country.

6.1 Limitations and future studies

The limitation in peer-reviewed studies and articles on the chosen subject proved a
challenge in this research, especially regarding the use of ICT services to respond to issues
of GBV in Ethiopia, Africa and LMICs in general. This limited the possibility of
triangulating findings and comparing them with interventions of similar nature, both
within Ethiopia and different country contexts. The COVID-19 pandemic, and the
shadow pandemic, are still recent events, and more research will likely emerge with time.
Hopefully, this minor study can contribute to an emerging body of research on
implementing ICT services for women seeking support or information regarding GBV in
an environment with very low mobile phone use and complex context of different social
groups.

In future studies, an interesting aspect would be to visit targeted rural communities where
the promotion of helplines and ICT services has taken place and take part in women
community members’ view of this phenomenon, to evaluate these services from the point
of view of local communities and to understand ways to improve ICT services for their
preferred use. Furthermore, it would be interesting to investigate organisations’
preventative measures to battle these issues, focusing on perpetrators and root causes,
given the high prevalence of GBV in the country. These types of interventions were not
an element within the scope of this study or discussed during the interviews but could be
further investigated by targeting and interviewing organisations working specifically with
these issues in Ethiopia.
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Annex I: Overview of the organisations

**TENA Ethiopia mobile health (TENA)** is a mobile health project initiated by an international health organisation (Health[e]foundation) and the Ethiopia Midwives Association with support from an international telecommunication operator. The service started as a response to the COVID-19 pandemic and is an interactive toll-free voice response service sharing health information focused on COVID-19 prevention and treatment, sexual and reproductive health, maternal health, and GBV. The project was ongoing from mid-2021 to the first quarter of 2022 and focused on four districts with both urban and rural localities. The users received information through a pre-recorded message in a phone call every four days, and the information was provided in Amharic and Oromiffa. If they miss a call, the mobile service will try to reaccess them in a few hours to ensure that the information is received. The provided information included what GBV is, different forms of GBV, and referrals to where to seek further help or report an incident. The users were mainly women of reproductive age, given that most of the users had been informed about the services by midwives and health workers when visiting health facilities regarding maternal and reproductive health.

**Setaweet** is a national feminist organisation founded in 2014, with a toll-free helpline (called Alegnta) with international and UN funding and support from a private company. Setaweet aims to articulate Ethiopian feminism and create space for research and activism for Ethiopian women. The Alegnta helpline existed already before COVID-19: After an exhibition in Addis Ababa in 2017 to spread awareness about rape and sexual assault, the organisation started to get approached by survivors of gender based-violence who started to call or send messages through Facebook or via email to discuss their experiences. The team realised that there were limited resources for psychosocial support to help sexual violence survivors in Addis Ababa, hence the helpline was established. Through the helpline, the organisation specialises in providing information about GBV; psychosocial counselling for victims of GBV and conflict-related traumas; and referral services for legal support (EWLA), medical support, women’s shelters, and police. All responders are professional psychologists, and services are offered in Amharic. The leading client group are women 18-35 years old in the capital of Addis Ababa. The organisation is currently developing an app to create additional channels for clients to reach support, chat with counsellors and receive information regarding GBV.
**Ethiopia Women Lawyer Association (EWLA)** developed a toll-free helpline with UN funding during COVID-19. The organisation works for women’s rights, advocates for the revision of laws for improved gender equality, and aims to create awareness of women’s rights. The organisation gives free legal advice to women. The helpline focuses on law advice and support for victims of GBV and marginalised women’s needs, for women in different regions and backgrounds. The organisation also does referrals for persons needing psychosocial support to Setaweet, above, and referrals to women’s shelters and the police. The organisation has seven regional branches; after initial contact through the helpline, they are linked to the organisation’s branch coordinators for further help with their possible legal cases in person, if possible, or continued support by phone. Support is provided in Amharic, Tigrinya, and Oromiffa.

**Marie Stopes Ethiopia** is the national branch of Marie Stopes International working with sexual and reproductive health. The organisation manages clinics throughout the country – more than 24 centres – for a broad range of services within sexual and reproductive health. Apart from their own centres, there are 250 clinics in the country collaborating with the organisation, as well as the organisation’s outreach teams. Hence, the national coverage is wide. The organisation has a contact centre reachable through a toll-free phone number and the internet-based applications of Facebook Messenger and Telegram. The organisation provided a toll-free helpline regarding sexual and reproductive health before the pandemic, but when COVID-19 hit, their services were expanded also to support GBV issues. Victims are often referred to the clinics for further care or are referred to legal aid services (EWLA) or shelters. The helpline is open seven days a week from 8 AM to 6 PM, and outside of these hours, there is an Instant Voice Response service that answers frequently asked questions. The contact centre provides services in Oromiffa, Somali, Amharic and Tigrinya, and the primary age group contacting them are women between 18-25 years old.