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Anna Newton-Levinson[a], Kate Winskell[a], Berissa Abdela[b], Marcie Rubardt[c] & Rob Stephenson[a]

[a] Hubert Department of Global Health, Rollins School of Public Health, Emory, Atlanta, USA

[b] CARE International, Addis Ababa, Ethiopia

[c] CARE International, Atlanta, USA

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'People insult her as a sexy woman': sexuality, stigma and vulnerability among widowed and divorced women in Oromiya, Ethiopia

Anna Newton-Levinson[a]*, Kate Winskell[a], Berissa Abdela[b], Marcie Rubardt[c] and Rob Stephenson[a]

[a]*Hubert Department of Global Health, Rollins School of Public Health, Emory, Atlanta, USA;* [b]*CARE International, Addis Ababa, Ethiopia;* [c]*CARE International, Atlanta, USA*

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Widowed and divorced women, sometimes referred to as 'female heads of household', are one of the most impoverished and marginalised groups in the world. Widowed and divorced women are often overlooked in the literature or are seen primarily as economically or socially marginalised beings; their sexuality is rarely addressed. In an effort to understand the experiences and challenges faced by such women, we conducted and analysed four focus-group discussions, seven in-depth interviews and four interactive activities with 32 widowed and divorced women and with 25 other community members in Oromiya, Ethiopia. Findings indicate that women experienced high levels of community stigma in relation to their sexuality. Participants' fear of community stigma, and the actions they took to avert it, further served to marginalise them within their community and had negative impact on their economic, social and health support systems and, ultimately, on their overall well-being. Future interventions need to acknowledge sexual stigma as a driving force in the many challenges these women face. Further programmatic work is needed to reduce stigma related to widowed and divorced women's sexuality and to decrease their vulnerability to rape.

Keywords: stigma; sexuality; widowed women; divorced women; Ethiopia

Introduction

Widowed and divorced women, often referred to under the label 'female heads of households', are one of the most impoverished and socially marginalised groups in the world (World Public Opinion 2008; Holmes, Jones, and Marsden 2009; IFAD 2012). Although the experiences of becoming widowed or divorced are in many ways different, widowed and divorced women, as well as women who are separated or abandoned, are in the situation of no longer having a husband. In strongly patriarchal societies, like Ethiopia, this break from being linkage to a male partner has social and economic repercussions, which show similar patterns regardless of how the separation occurred.[1]

Globally the percentage of female-headed households is increasing (IFAD 2012). In health and programme literature, however, widowed and divorced women are often overlooked or seen primarily as economically or socially marginalised beings. Discussions about the economic situation of female-headed households (and widowed and divorced women) often focus on three issues: land rights and inheritance, poverty and food insecurity (Benschop 2004; Carroll 2006). This same literature notes that women's lives in many low-income countries are shaped by patriarchal cultures that limit their ability to purchase land or control assets and that view women themselves as property. Once

*Corresponding author. Email: annamnl@gmail.com

separated from a male partner, such women frequently decline into poverty (Sossou 2002; Benschop 2004; Bevan and Pankhurst 2007; Owen 2008), forming a distinct social and economic underclass.

Widows are primarily the subject of this literature, and their problems are often framed in the literature as human rights violations. Widows, according to Owen (2008), face a 'social death', which robs them of their status and communities due to their lack of association with a man. They also face stigma and are often blamed for their husband's death. There is less research on the social implications of divorce for women. The social isolation and economic hardship faced by these women in many resource poor contexts, often result in mental health challenges, although only a small portion of the literature on widowed and divorced women focuses on this area (Patel et al. 2006; Deyessa et al. 2008).

Although some literature does allude to rape and traditional practices that force women to remarry or have sex with male family or community members, it fails fully to engage with widowed and divorced women's sexuality both as it is perceived by others and also as it is experienced in terms of sexual subjectivity (Sossou 2002; Owen 2008). The present study of widowed and divorced women in Ethiopia, in contrast, outlines the ways in which social perceptions of them as overly sexualised influence their social status and ultimately their systems of support. This also has implications for their ability to exercise sexual agency.

The research described here was conducted in the context of a comprehensive programme documentation for CARE International, a non-governmental organisation working on gender, social change and family planning in the East and West Hararghe Zones of the Oromiya region. This paper does not present evaluation data on the programme, but instead describes the central role played by perceptions of widowed and divorced women's sexuality in their continuing vulnerability and discusses implications for future research and programmatic practice related to this highly marginalised population.

Context

Starting in 2008, CARE initiated a four-year, multi-country Family Planning Results Initiative[2] with the objective of creating dialogue around gender norms and educating communities about family planning. The Oromiya region is characterised by conservative social and gender norms and low education levels, especially among women, all of which contribute to early marriage and high fertility rates (CARE 2010). The population is predominantly Muslim: sharia law governs many social and cultural norms and gender inequalities are substantial. Widowed and divorced women in these communities have been identified as a particularly marginalised group and were chosen as a target population for this programme.

The difficulties faced by widowed and divorced women in Ethiopia are of growing concern as divorce is becoming more common (Tilson and Larsen 2000). In 2000, as many as 45% of first marriages ended in divorce, most within the first five years, often as a result of early marriage, before the age of 15 years (Tilson and Larsen 2000). The Ethiopian Demographic and Health Survey (DHS) estimated that in 2005 widowed and divorced women made up around 11% of women surveyed aged 15–49 years and that the proportion of people who had been divorced had nearly doubled since the year 2000 (CSA and ORC Macro 2006).

Although new laws have been introduced into Ethiopia's constitution granting all women equal rights, traditional gender norms and customs that limit women's autonomy

are still strong in rural areas and the enforcement of new laws is a challenge (Mabsout and van Staveren 2010). Women as a whole have little control over resources and often enjoy little independence in making health decisions, including decisions about their reproductive health and fertility (Woldemicael and Tenkorang 2010). Rural women often marry early and are expected to have children immediately, thereby establishing their worth to the household. Contraceptive prevalence is very low (around 23%) and total fertility is high at an average of 4.8 births per woman (CSA and ICF International 2011). Gender-based violence is a common and an accepted practice in many communities (Alemu, Asnake, and Wilder 2007).

Although the National Family Law was revised in 2000 to raise the minimum age for marriage from 15 to 18 years old, early marriages persist, especially in rural, more traditionalist communities (Alemu, Asnake, and Wilder 2007). In 2011, the DHS reported that 63% of women were married by age 18, and in 2011 the median age at marriage was 16.5 (CSA and ICF International 2011). Polygyny is common in Muslim communities and a woman's status in the household can often be jeopardised by her husband marrying another wife (Berhane et al. 2001).

Divorce in Ethiopia is fairly common and accepted. Both men and women can legally initiate divorce in Ethiopia (FDRE 2000). It is fairly common for women to begin divorce proceedings, and several studies have found that both men and women perceive women to be the more frequent initiators of divorce (Pankhurst 1992). Widowhood must legally be observed for 180 days in Ethiopia before a woman may remarry (FDRE 2000). In Muslim and polygynous communities, it is common practice for the brother or other male relative of the deceased to 'inherit' his wife.

Methods

Participants and recruitment

The main focus of this research was women, aged 18 to 45 years, who had either been widowed or divorced for at least three years and who were residents of *kebeles* (communities) in East and West Hararghe. In order to understand community perceptions and treatment of these women, we also conducted focus groups with community members who were residents of the same *kebele*. Interview participants were identified and recruited by key informants, usually either the CARE community facilitator or the Health Extension Worker assigned to the *kebele*.

Data collection and interview guide

Data collection took place in Oromiya over a period of three months (May–July 2011). All interviews were conducted in the participants' local language, Oromifa, in private locations in the participants' communities by staff trained in qualitative interviewing. Data collection and analysis of this study, which was part of a larger programme documentation, were deemed exempt by the Emory University Institutional Review Board. Verbal consent was received prior to the beginning of the study and personal identifying information (besides participant age, voice recording and *kebele*) was not collected.

A variety of interview methods, including In-depth Interviews (IDIs) and Focus-Group Discussions (FGDs), supplemented with interactive activities such as Social Mapping (SM) and Pile Sorting, were used to gain a broad view of the status of widowed and divorced women in Hararghe (Table 1). Preliminary interview guides for each data

collection method were developed by the lead author [A-NL] and further refined upon arrival in Ethiopia in consultation with local programme staff.

In-depth interviews

In-depth interviews were conducted with both widowed and divorced women on an individual basis to document personal experiences of widowhood or divorce. In-depth interviews provided an opportunity to ask more sensitive questions about family planning use and sexual activity. The interview guide covered topics related to separation from husband, support systems, unintended pregnancy, sexuality and family planning, as well as challenges in the past, changes in the present and experience with the CARE programme.

Focus-group discussions

Focus-group discussions, incorporating interactive activities, were held with groups of widowed and divorced women and with gender-segregated groups of male and female community members to better understand community social norms. The interactive pile-sorting and social mapping activities were particularly useful in that they gave participants tools with which to express norms and values in concrete terms (Bourey et al. 2012). The FGDs generally had six to eight participants and lasted between 40 and 60 minutes.

Social mapping is often employed to delineate community norms and practices that impact health (Colucci 2007). The process involves having participants draw a map of their community and mark places of interest such as the location of services they access. While social mapping can often be used to locate specific facilities in a community, for the purposes of this research (IAPAD 2013) social mapping was used as a tool for discussion about the mobility of widowed and divorced women and their access to services and forms of support in their communities. The FGDs with SM activities were conducted with separate groups of widowed and divorced women and aimed to their perceptions of themselves within their community.

Community FGDs, incorporating pile sorting activities, were conducted with sex-segregated groups of male and female (non-widowed or divorced) community members to understand how community groups saw the roles of widowed and divorced women compared to those of married women. Pile sorting is used to elicit participants' understandings of the relations or differences between various items or people (Bourey et al. 2012). Participants were asked to sort 'roles' into piles according to whether

Table 1. Data collection methods.

Method	# Interviews	# Participants
In-depth interview		
Widowed	2	2
Divorced	5	5
Social mapping		
Widowed	2	12
Divorced	2	13
Community focus group		
Women	2	12
Men	2	13
Total	15	57

widowed and divorced women or married women could play that role. Community FGDs covered topics related to forms of support, interactions with the community, access to family planning and unplanned pregnancy.

Interview guides covered both past and present experiences (before and after the CARE's Family Planning Results Initiative programme had begun). This paper focuses on participants' experiences three years in the past. Our comments on more recent changes are reserved primarily for the final Discussion section.

Data analysis

Interviews were documented using an audio recording device, a note taker and the debriefing notes of the researcher post-interview. All transcribed interviews were analysed using MaxQDA software. Themes were then identified deductively and inductively, and a detailed codebook with inclusion and exclusion criteria for each code was produced. Cross-cutting themes such as sexuality and fear were explored and compared vis-à-vis other codes to develop understandings of their relations to and, ultimately, their effects on other themes. As no distinct differences between widowed and divorced women's experiences were found we present our data together.

Results

Marriage experiences

Widowed and divorced women were often married young (< 15 years) and many respondents talked about having been married as a child or as a young girl. For divorced women, issues relating to sexuality were often drivers of divorce. Many divorced women reported instances of forced sex or of their husbands having extramarital affairs. Women who were married early often spoke of not having sexual feelings yet for their husbands. Younger, divorced women often expressed regret post-divorce once they had developed sexual feelings or 'discovered' their sexuality. For example, two divorced women in East Hararghe expressed sadness that they did not understand their own sexuality until after they were divorced and had matured and now had difficulty finding a husband:

> A girl gets married when she is kid. At that age she doesn't have a feeling. Then they will not have a feeling that connects a husband and wife. They will make you to marry adult male, at that time you don't have feeling .... When you ... have feeling and want to marry, he has already married someone else. Where would you go? Would you marry a woman's husband? (Sara, 40, Divorced Woman)

Sexuality and stigma

When women separated from men through widowhood or divorce, their sexuality received new emphasis and was constructed as uncontrolled, unpredictable and, thus, threatening to the community. Widowed and divorced women's sexuality, in short, was perceived as something that must be monitored or reined in. Other women in the community were often the most suspicious. In one community FGD, for example, one married woman stated bluntly: 'A widowed or divorced woman has more sexual desire'. In other community FGDs on the topic of the women's sexuality, the question of 'who' the widowed or divorced woman would be having sex with often arose. The assumption was that women without men were desperate to find new men and would use their wiles to do so.

Thus, in many interviews, participants talked about how they were suspected, or feared being suspected, of 'looking for men' or 'looking for a new husband'. Women who kept

themselves dressed well or were too clean were often accused of trying to 'look for men' by making themselves pretty. This increased attention to their sexuality was especially stigmatising because of the taboos attached to sex outside of marriage for women. This sex was often referred to in interviews as illicit, implying that it was against cultural and religious custom and was extremely shameful.

Both widowed and divorced women and community members suggested that communities were especially vigilant about the women's relations with married men. While some wives were said not to trust their husbands with these women, it was most often the case that widowed and divorced women were blamed for attempts at seduction. Participants repeatedly described feeling the community's suspicion, often saying things like 'his wife might suspect you' or they would think you were trying to 'take her husband'. Participants reported being shamed by names like *harmella*. This had no exact definition, but was a negative term referring to a woman who was no longer under the control of her husband and made decisions on her own. They were also socially ostracised: 'They don't like me, even when I say good morning nobody responds' (Tigist, 35, Divorced Woman). When the women adjusted their behaviour to avert the anticipated ill-treatment, they further isolated themselves socially.

Unintended pregnancy

Unintended pregnancy was the ultimate shame for widowed and divorced women because it constituted proof of sexual activity. Women spoke of their fear of unintended pregnancy throughout the interviews. When asked what would happen if a widowed or divorced woman became pregnant, participants spoke of the difficulties and social alienation a woman would face. Women with unintended pregnancies would often be insulted and shamed by the community and even by their families. When asked how they would respond to a widowed or divorced woman's pregnancy, communities often responded with a desire to know 'from where' a woman got pregnant pointing again to stigma about sex outside marriage and fear that these women would steal other women's husbands: 'People insult her as sexy women and talked about where she got pregnant from, she has no husband' (Genet, 30, widow). If she gave birth, the children would be insulted as well and called *dikala* (bastard) or by the mother's name. When prompted to think about what happens to a widowed or divorced woman who becomes pregnant, women often described scenarios like the following:

> She becomes poor, she put herself in poverty, no one can support her, she has her child and her child is also exposed to problem, no one sees her and her children, even when they are sick no one supports them, even she may get disease from the sex she did. (Sara, 40, Divorced Woman)

Unintended and unwanted pregnancies were reported to result in several other consequences for widowed and divorced women. Community members and widowed and divorced women agreed that unintended pregnancy often meant exile, attempted (and often complicated) abortion or even death. Facing social exclusion, a woman might attempt to leave her *kebele*. Participants of IDIs and FGDs reported that she might also try to get rid of the baby by taking drugs, poisons, going to a midwife or by throwing the baby down a gorge. She might even kill herself if she felt she had shamed herself and her family.

Impact on support systems

The stigma attached to widowed and divorced women's sexuality and their subsequent fear of community sanctions had great impact on their support systems and, ultimately, on

their overall well-being. Women were asked about their support in the past, three years before they began participating in CARE's programme. Interviews focused on three key sources of support: social support, economic support and access to healthcare. Participants faced challenges in each of these areas and suffered greatly after separation from their husbands. As in other aspects of the data, there was little difference between widows and divorced women with respect to the reported impact of stigma on their support systems. Separation from a man had direct impact on women's ability to access all forms of support.

Social support

Women received social support (understood here as the ability to rely on others for psychological and emotional validation) through a variety of means – by discussing their problems with friends and family, by attending community events such as meetings, weddings and funerals and by seeking administrative or legal assistance through leaders. Separation from a husband had direct impact on their social support in that the women lost connection to, and the protection of, the man's extended family. The ability to return to, and the level of support provided by, the maternal family was inconsistent. The stigma attached to the sexuality of widowed and divorced women, however, resulted in even greater social isolation and lack of support. Participants noted that other community members, especially other women, didn't like them and refused to talk with them. Their fear of this social stigma made them afraid to interact with others, especially men:

> They don't like me; they think I will steal their husband. If I have a new clothes I can't make myself wear it in public, I am scared because they might think it's a gift from one of their husbands. They tell me too, directly. They tell me, 'Why can't you return back to your husband'. If I pass by them I won't even look their way, and if any of their husbands are around and the husband says something to me, then I know I am in trouble with the wives. (Feven, 40, Divorced Woman)

Participants often avoided interactions with community members as a way to 'protect' themselves from this increased suspicion. Many women were afraid to attend community meetings and funerals and were hesitant to participate in social activities like chewing chat.[3] In FGDs, community members, especially men, often attributed this hesitancy to the women's own fear rather than to community pressure:

> Previously [widowed and divorced women] were afraid of anyone who wanted to give them 'chat' for chewing, they would send a small child to bring it to them because they had a fear of other women who might see them talking to a man. They cover their faces when going to funeral ceremonies and come back without talking to any women. (Married Man, East Hararghe FGD)

Although some women did report receiving support from friends or family members if they were young, the majority felt very unsupported by the larger community. The lack of social support for these women resulted in a much more isolated and less engaged life than they had had while married. Participants mentioned not feeling fully human:

> I don't go to meeting; I don't have any information about what the society is doing. I don't look like human being. (Sara, 40, Divorced Woman)

Economic support

Economic support, or the ability to provide for oneself and one's family, was the most frequently discussed support system. Economic and material support systems were also the

most tangible forms of support and thus may have been easier to discuss. When a woman was divorced she had to leave her husband's home and the resources that accompanied it. Participants were especially worried about their lack of resources when it came to supporting and caring for their children as this burden usually fell solely on them. A widowed or divorced woman's economic hardship was further exacerbated by their frequent inability to get credit and establish themselves as independent economic beings.

Though many women were able to own some farmland, they were often unable to make use of that resource. Physically demanding, farming often required the help of others to harvest and plant crops. In these communities, the practice of *gusa* was a socially organised way to overcome this difficulty. Individuals or families could traditionally 'beg *gusa*' from other community members, neighbours or family, which meant they sought support with farming activities. The societal expectation was that these community members would then assist the individual in need and some kind of reciprocity would be developed.

Fear of widowed and divorced women's sexuality and her potential for husband-stealing, however, often prevented women from relying on this system though they were often the ones who were most in need of it. Both widows and divorced women told painful stories of seeking assistance from neighbours, family members and community members and being denied or even met with violence. A widow in East Hararghe recounted her experiences with asking for help on her farm after the death of her husband:

> When I ask his relatives and my neighbours to help me on my farm some of them help me and the others hit and abuse those who helped me. ... Their wives suspect me, and then they try to destroy my house. (Hewot, 50, widow)

Actions like these reinforced women's fears of even asking for help or associating with men in general:

> If their husband comes to help me with anything around the house, then their wives wouldn't let them in. I bought my own land but couldn't hire anyone to do it. I was scared. (Tigist, 35, Divorced Woman)

Some women displayed considerable strength and determination in handling these difficulties. A divorced woman told of asking her relative for help on her farm. He agreed to help her but when his wife heard about it she made a fuss and accused him of having other intentions. The man then agreed not to help the divorced woman and she was left to attempt the farming on her own. Although, in the end, the woman was able to plant the field herself, she expressed regret over what she could have accomplished if she had had the help of others.

Given the difficulties of farming, participants often had to resort to market activities to support themselves. Once again, however, sexual stigma got in the way. Getting to markets outside their *kebele* required walking a few hours both to and from their destination. To fully participate in marketing, women often had to travel home at night. Since travelling at night was often associated with illicit activities women feared the community would suspect them of seeing men in secret. These women, therefore, were cut off from the material resources they had had as married women and were further restricted in efforts to support themselves by the community's uneasiness about their sexuality.

Health

Women's physical and sexual health, as well as their ability to access health services, was also impacted by detachment from a male partner. Economic and marketing endeavours also proved dangerous for them. Women often needed to travel long distances

to markets in larger towns to sell their products. This frequently required that they travel by themselves and sometimes at night. Many women mentioned the fear that they would face male sexual advances along the way: 'You see, we are females. We care because if somebody catch up we cannot challenge him. We do not know what may happen on the road. That is why we are afraid' (Widowed Woman, East Hararghe FGD). This danger seemed almost to be a given part of life for these women: 'I think the worst animal is human being. They may rape you since you are female. He will make you as he likes. He may even … take away your donkey' (Widowed Woman, East Hararghe FGD).

While no women discussed personal experience of rape, the fear of it was a constant theme in interviews. Women worried more about the outcome of the possible rape than about the act itself. When participants discussed recent family planning interventions provided by CARE, contraception was discussed as a way to protect themselves from rape, meaning that family planning protected them from the worst outcome of rape, which was pregnancy.

A woman's ability to access healthcare meant being able to go to a health post or health centre in her *kebele* or a health centre in a nearby town. Rural women often had to make longer trips into nearby cities or towns. The ability to get care not only for themselves but also for their children, both to prevent and treat illness, was essential. The lack of a husband meant that paying for health services, especially for more serious health issues, was difficult. Many women reported that in the past they had no money to go to the hospital.

While widowed and divorced women's access to health services was constrained by concrete financial barriers, stigma associated with their sexuality was, again, the strongest limitation. Women reported being afraid that the community would 'whisper' or suspect that they were really going to the health service to seek family planning services or seek care for a pregnancy, which of course implied that they were sexually active. These suspicions and the women's concern about them often prevented them from seeking healthcare at all and even engaging with health extension workers for fear they might arouse suspicion. Women travelling long distances for healthcare similarly aroused suspicion whether they travelled alone, which was dangerous, or asked a man to accompany them:

> The [widowed and divorced women] go alone and even no one knows why she goes to the health services (whether she goes for having contraceptive service or any other health service). … If someone accompanies them, he might be suspected for having hidden sex partnership with her and as if they go for abortion. So no one dare to accompany a widowed or divorced woman for sake of having contraceptive services. (Married Man, West Hararghe FGD)

Even taking children to the hospital on one's own was stigmatising for widowed and divorced women. Asking a male relative or a child to help them when they encountered health problems was acceptable, but sometimes it was difficult to get assistance from male relatives, and this meant further suffering or even death: 'If we ask men to take them to hospital most of the time they deny and they will pass [die] on our hands' (Widowed Woman, East Hararghe FGD).

Participants dealt with this issue in different ways. Many did nothing and simply hoped that they and their children would not fall ill. If they did get sick women might try to 'sleep off' the illness. Some women resorted to seeking services privately or secretly away from the clinic:

> Forget about family planning service, if I get a headache I will not go to hospital, I will send one of my children to buy headache tablet. I do have a fear. If I go to hospital people say, 'she got pregnant and go there to find pills'. Fearing that, I don't go to hospital. (Sara, 40, Divorced Woman)

For widowed and divorced women in these communities in the past it was not feasible for them to use family planning because it was highly stigmatising and considered shameful in the community.

Discussion

The experiences of widowed and divorced women in this study should be understood in the context of a culture that seeks to control women's sexuality throughout their life course, and they suggest a sexual hierarchy similar to that described by Rubin (1984), whereby socially condoned 'good' forms of sexuality are given privilege. While at a national level Ethiopian policy is relatively progressive and acknowledges women's rights to land and property as well as reproductive health services, these policies do not have as much impact in rural areas, which account for the majority (close to 80%) of the population (Mabsout and van Staveren 2010; CSA and ICF International 2011). Our data illustrate how, in this rural Ethiopian setting, a woman's life path is inherently tied to perceptions of her sexuality. The need to protect and control her sexuality dominates her younger pre-married life because she is expected to remain a virgin until she is married and she is married young in order to 'protect' her virginity (Tilson and Larsen 2000; Alemu, Asnake, and Wilder 2007). Such early – frequently intergenerational – marriages have often been associated with divorce (Tilson and Larsen 2000). Sadly, women in our study who married early also reported with regret that they did not discover their sexual desires, or sexual subjectivity, until after their divorce, itself an eloquent indictment of early marriage. Finally, when a woman separates from her husband through divorce or widowhood, her sexuality is perceived to be out of control and even threatening.

Cultural practices with regard to widowhood frequently allude to sexuality. Widows, for example, are often expected to demonstrate chastity and faithfulness to their husband's memory (Sossou 2002). In India, widows are restricted from eating spicy foods to prevent lustfulness and must not beautify themselves with things like hair oil or bangles (Owen 2008). The practice of widow inheritance in Ethiopia is similarly rationalised with the argument that it prevents the woman from becoming a sex worker (Aschenaki 2006). Both widowed and divorced women are in danger of being labelled prostitutes, especially if they show interest in another man (Sossou 2002). Participants in our study reported being labelled as 'sexy women' or prostitutes. This reflects fear of female sexuality that is not controlled by men while also implicitly acknowledging that women may have to resort to commercial sex in response to the social and economic vulnerability they face.

Women in our study who were no longer engaged in socially condoned partnerships became potential 'bad sexual citizens', who were seen as dangerous to society (Rubin 1984). This potential danger of becoming bad sexual citizens, caused widowed and divorced women, regardless of their real actions, to be perceived as hyper-sexualised beings whose behaviour was unpredictable. This in turn, facilitated the policing of their sexuality. Campbell, Nair, and Maimane (2006) describe a similar phenomenon in South Africa, where the social construction of sexual morality perpetuates the social exclusion and policing of women and young people who challenge traditional patriarchal norms.

In the case of these women, the policing was carried out not only by community members, but by the women themselves. Community fears of perceived hyper-sexuality

resulted in widowed and divorced women's self-regulation. Women were afraid to interact with men lest they be suspected of seducing them or inviting unwanted sexual advances. The self-regulation that participants undertook to avert anticipated stigma further alienated them from support and reinforced patriarchal power dynamics. The fact that women in the community were often the harshest toward, or most suspicious of, widowed and divorced women highlights the existence of a larger, ideological system of sexual control (Foucault 1977) whereby those who are most vulnerable (women) become enforcers of the very system that disempowers them.

In addition to supporting other studies that suggest widowed and divorced women's sexuality is perceived as something that must be controlled, our findings also provide compelling evidence that this perception has major impact on economic, social and health-related forms of support, thereby reinforcing the vulnerability of these women (Sossou 2002; Owen 2008).

In a few communities, however, interviewees insisted that there were some widowed and divorced women who were unafraid to make their sexual relations with a man public. Still, in no interview did participants indicate that they were sexually active themselves, an indication of hesitation to assert sexual desires and freedoms. Despite new programmes, some participants were still hesitant to acknowledge any interest in using family planning, though some women did voice a desire to use family planning in secret. It was clear that, in their past experiences, widowed and divorced women did not have a sense of sexual agency, understood as the ability to decide when and with whom to have sex, and the ability to control the outcomes of such acts (Martin 1996). Widowed and divorced women are not usually the focus of family planning programme interventions although, as demonstrated by our findings, unintended pregnancy (through both consensual and forced sexual contact) is clearly an issue of deep concern and grave consequence for them.

Programmatic implications

As noted previously, this research took place within a more comprehensive documentation of the impact of a programme aimed at challenging gender norms and promoting family planning. The programme, which promoted access to family planning for all members of the community (including widowed and divorced women), brought women together in groups to discuss and challenge gender norms and engage in community dialogues and, ultimately, provided the opportunity for widowed and divorced women to develop their own village savings and loan microfinance groups. Programme-initiated dialogues also encouraged community members to challenge their assumptions about the rights of these women.

In interview, participants talked about the past (i.e., three years before the CARE programme commenced) and the present. When discussing the present, widowed and divorced women and community members discussed the positive changes that had started to occur, suggesting that attitudes were beginning to shift. Participants, for example, noted positive changes in community treatment of widowed and divorced women and an increase in the women's confidence in interacting with others. Participants also conveyed a new sense of agency and self-confidence and less fear of community stigma, developments that they often attributed to the support they got from one another during their participation in the programme, especially through participation in group meetings and savings groups. Changes such as these have allowed these women to access services and key forms of support more freely in the present.

There are several programme implications that can be drawn from this study and from the example of the CARE programme. Our data revealed that widowed and divorced women suffered from a multi-level process of stigmatisation in which multiple forms of exclusion intersect and reinforce one another (Campbell and Deacon 2006; Campbell et al. 2007). This suggests that programmes should employ a multi-level response that incorporates strategies to: (1) address stigmatising social norms and attitudes within the community, (2) reduce the self-exclusion and the agency of the women themselves, as well as (3) to reduce social-economic and food insecurity and (4) increase access to health services.

Our data specifically describe how the social construction of widowed and divorced women's sexuality as predatory and illicit deprives them of symbolic, social and material resources (Cornish 2006) within their community and thereby reinforces their socio-economic vulnerability. Women's attempts at self-regulation, intended as a means to avert the ill-treatment they anticipate, further reinforce and perpetuate their exclusion and economic marginalisation. This strongly suggests that programmes that acknowledge and address the gender norms that characterise widowed and divorced women as hyper-sexual and create sexual stigma for them may be necessary to alleviate the social, economic and health-related disenfranchisement of this group. This intervention, however, should not come at the expense of widowed and divorced women's own sexual subjectivity (understanding and appreciating one's body and sexual desires) and agency (the ability to make active decisions related to sexual practice and controlling one's own fertility) (Martin 1996). It is important, therefore, not to construct these women simply as 'victims' of over-sexualisation because this has the effect of erasing their rights to sexual agency.

Increasing the agency of vulnerable and stigmatised groups so they are better able to resist the impact of their marginalisation is an important component of anti-stigma interventions. Participatory approaches based in Freirean collective action (Freire 1973) have been employed to allow marginalised groups, for example, female sex workers in Kolkata in the context of the Sonagachi project, to challenge stigmatising representations of themselves and recognise their collective agency (Cornish 2006). Microfinance groups provide another multi-level intervention that can both help address both socio-economic insecurity and provide a source of social support that would mitigate the effects of sexual stigma.

Increasing widowed and divorced women's ability to protect themselves from unwanted sexual advances and unwanted pregnancy is also important for building agency. Participants indicated that rape was something they felt they could do nothing about. Indeed, neither the women nor community members raised questions about the structural factors that made women vulnerable to rape. When participants spoke of family planning as a form of protection in cases of rape, it seemed almost as if they regarded contraception as a protection from rape itself. This is an issue that warrants further exploration and clarification.

Limitations

This study is not without its limitations. Our research relies on retrospective questioning and thus may be coloured by participants' own memories and experiences with the programme and by recall bias. Due to time and budget constraints, the research team was primarily composed of CARE staff. Interviewers were CARE facilitators who worked in *kebeles* who were not included in the study. Recruitment was also carried out by key informants associated with the CARE programme. This could potentially have affected

who was recruited and how participants responded to questions. Due to the design of the programme and its recruitment strategy we were also unable to interview women who had remarried by the time of the interview. This may have led greater homogeneity in the results. In addition, recruitment may have missed those women who are most marginalised within their communities and hence inaccessible to staff. We may nonetheless assume that their experiences are likely to be even more challenging than those of the women interviewed in this study. Notwithstanding these limitations, this study provides valuable insight into the ways in which complex forms of sexual stigma increase the vulnerability of widowed and divorced women in Ethiopia.

Conclusion

Widowed and divorced women's experiences, and fear, of community stigma, especially as attached to unwanted pregnancy, and their self-isolation in attempting to avert the ill-treatment they anticipated, served to marginalise participants within their communities and had negative impact on their economic, social and health support systems and, ultimately, on their overall well-being. Future interventions seeking to reduce the vulnerability of widowed and divorced women must acknowledge the roles of gender norms and sexual stigma as key determinants in many other challenges related to their well-being. Nonetheless, future programmes must be careful not to construct widowed and divorced women as simply victims of sexual stigma, but as persons with a right to sexual subjectivity and agency.

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Notes

1. In conservative, rural regions of Ethiopia such as the one described in this study, the term 'widowed and divorced' is used by the community to refer to women who are no longer in a legal or community sanctioned partnership.
2. Funding from USAID and CARE through the Reproductive Health Trust Fund.
3. Chat is a plant with stimulating properties. The waxy green leaves are chewed recreationally by the majority of the population.

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Résumé

Les femmes veuves ou divorcées, souvent appelées « femmes chefs de famille », constituent l'un des groupes de population les plus pauvres et marginalisés dans le monde. Ces femmes sont souvent ignorées dans la littérature ou considérées principalement comme des êtres économiquement ou socialement marginalisés. Leur sexualité est rarement étudiée. Afin d'approfondir les connaissances sur les expériences de ces femmes et les défis auxquels elles sont confrontées, nous avons conduit et analysé quatre groupes de discussion thématique, sept entretiens en profondeur et quatre activités interactives avec 32 femmes veuves ou divorcées, et 25 autres personnes issues de leur communauté à Oromya, en Éthiopie. Les résultats indiquent qu'en raison de leur sexualité ces femmes subissent une forte stigmatisation dans leur communauté. La crainte de cette « stigmatisation communautaire » et les mesures que prennent les participantes pour l'éviter ont pour conséquence leur plus forte marginalisation au sein de la communauté et un impact négatif sur leurs systèmes de soutien économique, social et à la santé, et au bout du compte, sur leur bien-être général. Les futures interventions devront prendre en compte le rôle moteur joué par le stigma sexuel dans les nombreuses difficultés rencontrées par ces femmes. La réduction du stigma lié à la sexualité des femmes veuves ou divorcées et la diminution de leur vulnérabilité au viol exigent la poursuite des activités programmatiques.

Resumen

Las mujeres viudas o divorciadas, a veces llamadas «mujeres cabezas de familia», conforman uno de los grupos más empobrecidos y marginados del mundo. Los estudios académicos suelen pasarlas por alto. Las mismas son vistas principalmente como seres marginados económica o socialmente y su sexualidad raras veces es analizada. En un intento por comprender las vivencias y los retos enfrentados por estas mujeres, los autores realizaron, y posteriormente analizaron, diálogos en cuatro grupos focales, siete entrevistas a profundidad y cuatro actividades interactivas en las que participaron 32 mujeres viudas o divorciadas y 25 integrantes adicionales pertenecientes a la comunidad de Oromiya, Etiopía. Los resultados indican que las mujeres experimentan elevados niveles de estigma comunitario en relación a su sexualidad. El temor expresado por las participantes ante el estigma comunitario y las acciones que realizaron para evitarlo, solo sirvieron para marginarlas aún más en su comunidad, lo cual tuvo un impacto negativo en sus sistemas de apoyo económico, social y de salud, así como también en su bienestar general. Las acciones destinadas al apoyo a futuro, deberán tomar en cuenta que el estigma sexual constituye una fuerza impulsora de muchos de los retos enfrentados por estas mujeres. Se requiere de trabajo programático adicional para reducir el estigma relacionado con la sexualidad de las mujeres viudas o divorciadas y para disminuir su vulnerabilidad ante la violación sexual.