

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK



**EXPERIENCES OF SEX WORKERS IN ACCESSING SEXUAL AND REPRODUCTIVE
HEALTH SERVICES. A CASE STUDY OF TUTANI, MARONDERA.**

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**A DESERTATION SUBMITTED IN FULFILMENT OF BACHELOR OF SOCIAL
WORK DEGREE.**

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I certify that I have supervised for this research titled Experiences of sex workers in accessing Sexual and Reproductive Health services. A case study of Tutani, Marondera in fulfillment of the requirements for the Bachelor of Social Sciences Honours Degree in Social Work.

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DEDICATION

This dissertation is dedicated to the following people, my late maternal grandmother Stella Tariyana, my loving parents, Lydia Zhuwao and my siblings. Your unwavering support, love and encouragement made my life easy. I love you so much.

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ABSTRACT

The right to health, including Sexual and Reproductive Health is a fundamental human right for every person. Globally sex workers right to health is violated by policy and legal frameworks that criminalize sex workers as well stigma and discrimination in health care facilities. The study sought to explore the experiences of sex workers in accessing Sexual and Reproductive Health services in Tutani, Marondera. The research objectives were to identify the experiences of sex workers in accessing SRH services, to identify the challenges faced by sex workers in accessing SRH services and to analyze the strategies offered by the government and non-governmental organizations in involving sex workers in Sexual and Reproductive Health issues. The study was qualitative and used in-depth interviews to collect data. The study found that although the government and non-governmental organizations are working tirelessly to sensitize the communities and health care providers on universal access of SRH services to sex workers, stigma and discrimination remain the major challenge faced by sex workers in accessing Sexual and Reproductive Health services especially at state owned health facilities. The government and non-governmental organizations should work extra-hard in involving sex workers in SRH issues.

ACRONYMS

BUSE	Bindura University of Science Education
FSW	Female Sex Workers
HIV	Human Immunodeficiency Virus
MSW	Male Sex Workers
NANGO	National Association of Non-governmental Organizations
PMTCT	Prevention of Mother-to-Child Transmission
SRH	Sexual Reproductive Health

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CHAPTER ONE

1.0 INTRODUCTION

Services for sexual and reproductive health belong to everyone, regardless of whether they work in the sex industry or not. The Zimbabwean government and non-governmental groups are working relentlessly to make it easier for sex workers in Zimbabwe to get sexual and reproductive health care. Due to stigmatization and discrimination by healthcare professionals because of their line of work, critical populations continue to face significant hurdles to receiving Sexual and Reproductive Health care at public facilities, in spite of the government's efforts. The researcher set out to investigate how sex workers in Tutani, Marondera, experiences in accessing Sexual and Reproductive services.

1.1 BACKGROUND OF THE STUDY

Due to their frequent sexual encounters with many partners, sex workers are among those who are most susceptible to harmful sexual and reproductive health impacts (SRH) according to Scorgie, Chersich, Ntaganira, Gerbase & Lule (2020). Scorgie et al further noted that, their vulnerability is further compounded in low-resource nations such as Zimbabwe due to poverty, pervasive violence, criminalization, and frequent violations of human rights. Globally sex workers are marginalized as they are considered as deviants in most of the countries unlike in Nevada where sex work is legal. According to Aziza, Kaplan, Symington & Kismodi (2011), a number of obstacles prevent sex workers from receiving sexual and reproductive health services such as criminalization of sex work in most countries and fear of stigmatization and discrimination at health care facilities concurred by O'Brien, Kistmacher, Stephen and Flaherty (2022).

Studies on male and female sex workers in African countries such as South Africa, Malawi, Namibia, Botswana, and Tanzania have acknowledged how different types of superficial or experienced stigma often shun sex workers from accessing sexual reproductive health services according to (Magesa, 2019). For example, in South Africa, male and female sex workers avoided disclosing their kind of work to health-care providers because of the criminality of sex work hence increasing the chances of them being vulnerable to STIs. According to a 2011 research study, men having sex with men in Botswana, Malawi and Namibia claimed that they feared being denied services and even being blackmailed by healthcare providers. The commercial nature of sex work may foster a climate of marginalization on multiple levels. Due to their unfavorable stereotypes and labels, sex workers may experience more discriminatory treatment when seeking medical care as well as social isolation.

More than 20,000 sex workers are thought to exist in Malawi, although the majority of them are hidden and marginalized due the societal stigma attached to sex work. In Malawi, there are several difficult obstacles for sex workers. According to the Malawi Demographic and Health Surveillance Survey (DHS), 73% of female sex workers are HIV positive with condom use being extremely low and STI infections being quite high. However, services are neither accessible nor available to female sex workers and many key players including the police, medical professionals, and sex workers themselves are unaware of the numerous laws and procedures that safeguard sex workers' rights. The PMTCT (Prevention of Mother-to-Child Transmission of HIV) program in Malawi which is regarded as one of the best in the world, does not take the demands of sex workers. Pregnant female sex workers find it difficult to bring their sexual partners because the program requires them to attend their first antenatal checkup with their

spouse. Consequently, sex workers prefer not to go to antenatal appointments and completely avoid the PMTCT program.

The programs developed for sex workers in South Asia and sub-Saharan Africa have typically concentrated on HIV prevention and treatment whilst rarely addressing other sexual and reproductive issues such as cervical cancer treatment and sexual and gender-based violence (SGBV). In Zimbabwe, sex workers are still stigmatized at health care facilities despite efforts being done by the government and non-governmental organizations in sensitizing them. The stigma stems from our cultural perception of sex work as an impure act. As a result, sex workers stopped seeking SRH services at medical care facilities and instead turned to traditional medicines, putting them in danger of becoming infertile or developing cervical cancer. There is need to continue educating the general public and the health care providers to accept the fact that sex workers are there and they require health services like any other person.

1.2 PURPOSE OF THE STUDY

Understanding sex workers' experiences using services of sexual reproductive health is the aim of this study.

1.3 STATEMENT OF THE PROBLEM

Due to stigma and discrimination associated with the type of work they do, access to sexual and reproductive health treatments for sex workers has not improved despite increasing efforts in this direction. With more sex workers engaging in many relationships and relying primarily on condoms as a reliable form of contraception, there has been an increase in the acquisition and transmission of HIV/STIs among them. Sex workers are now more susceptible to HIV/AIDS due to stigma, discrimination, and criminalization both in Zimbabwe and globally because they are

afraid to obtain SRHs. There is a chronic absence of legislation and policies protecting sex workers who could be subject to abuse from both state and non-state actors such as law enforcement, throughout the world.

1.4 RESEARCH OBJECTIVES

1. To identify the experiences of sex workers in accessing Sexual and Reproductive Health services.
2. To identify the challenges that are being faced by sex workers in accessing Sexual and Reproductive Health services.
3. To analyze the strategies and measures that are being offered by the government and non-governmental organizations in involving sex workers in Sexual and Reproductive Health issues.

1.5 RESEARCH QUESTIONS

1. What are the experiences of sex workers in accessing Sexual Reproductive Health services?
2. What are the challenges that are being faced by sex workers in accessing Sexual Reproductive Health services?
3. What strategies and measures that are being undertaken by the government and non-governmental organizations in making sexual reproductive health accessible to all including sex workers?

1.6 ASSUMPTIONS OF THE STUDY

The study assumes that sex workers are failing to have access to Sexual Reproductive Health services as a result of stigma and discrimination of their nature of work by the health care workers and the community at large. The study further assumed that HIV and STI cases are

prevalent among sex workers as they are involved with multiple partners whilst afraid to seek for SRH services because of the criminalization of sex work under the Criminal Law Act (2006). The study also assumes that sex workers and gay men are more vulnerable to harassment, discrimination and blackmail.

1.7 SIGNIFICANCE OF THE STUDY

Even though sex work is illegal in Zimbabwe and worldwide, it is of high importance that everyone had equivalent privileges to health services. The study is important to sex workers as it gives a clear insight on how it is important to seek sexual reproductive health services as it reduces the HIV and STI prevalence amongst their population. The study is also important to The Ministry of Health and Child Care as it educates them that health services should be accessible to all despite one being a sex worker and it advocates for them to have unbiased perceptions towards sex workers. The study is important to the government of Zimbabwe to decriminalize sex work and to put in place policies which advocates for the rights of sex workers in accessing sexual reproductive health services in public institutions as well. The study is also important to the community and around the region to enlighten them on the existence of sex workers and be able to accept them without discrimination. The research seeks to contribute in ensuring that sex workers utilize the local clinics and local non-governmental organizations concerning the SRH issues.

1.8 DELIMITATIONS OF THE STUDY

The research is focusing on the experiences of sex workers in accessing Sexual Reproductive Health services in Tutani, Marondera only. The research is going to work closely with organizations that work together with sex workers since it is a hidden population in order to

obtain tangible data. The fact that the study is confined to Tutani, Marondera makes it difficult to use the research findings to explain what is happening in other places.

1.9 LIMITATIONS OF THE STUDY

The major challenge that the researcher faced was time constraints in order to overcome this limitation the student had to work extra hard to obtain data in the period stipulated. The data obtained in this research does not entail the experiences of a larger group but is in line with the ones who were interviewed.

1.10 ETHICAL CONSIDERATIONS

Sex workers are a relegated group in the community, the researcher made sure that ethics were upheld to reduce the risk of ethical violations that might occur during the research process. To protect the privacy and safety of the sex workers, the researcher made sure that the research would be carried out under tight anonymity. The researcher first obtained participants' written consent before starting to collect data for this study. The researcher made sure that each participant understood the study's objectives by going over the specifics of the study with them. The researcher also made sure that the participants would not suffer any harm as a result of the research project and informed them that they had the right to cancel the agreement at any time.

1.11 DEFINITION OF KEY TERMS

SEXUAL REPRODUCTIVE HEALTH

According to WHO (2018) the term “sexual reproductive health” refers to both physical and mental well-being, which encompasses the capacity to be free from all sorts of violence and coercion as well as sexually transmitted diseases. It incorporates HIV and AIDS and Sexually Transmitted Infections treatment.

SEX WORKER

An individual who offers sexual intercourse services in exchange for monetary resources or other life sustaining goods such as groceries.

KEY POPULATIONS

Encompasses male and female sex workers, men who have sex with men, including men in prisons and other enclosed settings, people living with disabilities, transgender and intersex people according to the Key Populations Manual for healthcare providers (2018).

1.12 PROJECT OUTLINE

Chapter 1

The chapter consisted of the background of the study, research objectives and questions, the statement of the problem and the significance of the study.

Chapter 2

The chapter consisted of the literature review from different sources pertaining the research project topic and the theory used which support the research project.

Chapter 3

The chapter consisted of the research methodology including the sample size, research techniques, research procedure and data analysis.

Chapter 4

The chapter consist of data findings and representation.

Chapter 5

The chapter consist of discussion of study results, recommendations and conclusion of the research study.

1.13 CHAPTER SUMMARY

The chapter consisted the study's history, research goals, research questions and research problem of the topic under study. It also highlighted limitations and delimitations of the study and how the researcher is going to overcome the limitations. The chapter further highlighted the ethical considerations of the research study and the definitions of key terms.

CHAPTER TWO

2.0 INTRODUCTION

The chapter begins with the theoretical framework guided by the systems theory. The chapter also contains literature review on access issues for sex workers to services for sexual and reproductive health such as criminalization of sex work, stigma and discrimination.

2.1 THEORETICAL FRAMEWORK

The study employed the systems theory in order to understand the experiences of sex workers in accessing SRH services.

2.1.1 THE SYSTEMS THEORY

The notion aims to comprehend why sex workers do not utilize services for sexual and reproductive health at medical facilities close to where they reside. It also helps the researcher understand why a subject initially decided to become a sex worker. According to Bisconti and Heil (2011), the idea makes it easier to pinpoint the exact location of a problem in a person's life or in a group or organization. The systems theory is important to the government and NGOs in that it helps identify where problems are present as well as giving individuals a better perspective on the issue.

According to Berk (2000), who was quoted by Alvi, Usman, and Amjad (2018), systems theory is crucial for problem identification. He goes on to say that people are interconnected and have an impact on one another, rather than functioning separately. This means that, when one section of a system fails, the entire system suffers, which might help the researcher figure out why sex workers aren't using the services offered by local health centers for sexual and reproductive health. The hypothesis concurs that, a person's actions are significantly influenced by their prior

experiences, both positive and negative. The researcher will employ this theory in an effort to comprehend the difficulties that sex workers encounter when utilizing SRHR services and to develop solutions.

2.2 EXPERIENCES OF SEX WORKERS IN ACCESSING SRH SERVICES

Every nation and society in the world have sex workers. The right to Sexual and Reproductive Health care for sex workers is acknowledged by the UN Sustainable Development Goal; however, there are still barriers to access for them. Due to their involvement with several partners, sex workers in wealthy nations like the United States of America, Brazil, and Australia are seen as disease vectors. This makes it difficult for patients to get SRH services, particularly at public health institutions. According to the Global Network of Sex Work Projects (2020), sex workers continue to frequently encounter stigmatization and discrimination while seeking out SRH services. Sex workers in Nepal lack access to effective contraception, such as intrauterine devices and contraceptive tablets which increases the chances of abortions due to unwanted pregnancies according to the Global Network of Sex Work Projects (2020). The sex workers prefer not to disclose their nature of work to the health care providers so as to be assisted properly without being stigmatized or discriminated.

In developing countries such as South Africa, Zambia and Nigeria abortion is illegal but it is one of the most significant Sexual and Reproductive Health service needed by female sex workers. Diniz, Madeiro and Rosas (2015) concurred that in Brazil, where abortion is mostly prohibited a large number of female sex workers resorted to illegal abortions. These illegal abortions exposed high rates of hemorrhaging which mostly in death of many sex workers if they don't visit the hospital for concluding their abortion. Rangasami (2015) noted that, "in South Africa about five percent of sex workers accessed health services in 2010. This might be a sign that many sex

workers are afraid or not willing to access health care services because of fear of being victimized”. Scourgie (2020) also noted that prejudice is one of the factors that leads to discrimination on the people working in the sex work industry. Prejudice refers to partial sensation of distaste for a person or group because of race, sex or religion according to Scacco and Warren (2018). In most African countries such as South Africa and Malawi the government and the society view sex work as a social evil that must be eradicated according to Mgbako (2020). Hence, these negative attitude on the sex work industry resulted in sex workers experiencing negative attitudes by the health care providers when accessing sexual health services.

When utilizing sexual health care services, sex workers in Zimbabwe encounter both favorable and negative attitudes. Nevertheless, the bad encounters outnumber the good. According to Muth et al. (2017), nine out of 10 sex workers in Zimbabwe claimed to have faced stigma and prejudice as a result of their line of work. He added that people who reported facing stigma were the ones who had access to HIV-related concerns like buying medications and getting tested for the virus. In Zimbabwe, a highly cultural and religious country, the majority of groups view sex labor as a sinful activity. Although civil society organizations are working tirelessly to educate the communities that sex work is also work and they should acknowledge it and encourage them to seek sexual health care with no fear of being discriminated against, this fact has led to the discrimination of sex workers when accessing SRHR services, especially in public health facilities.

In addition, in Zimbabwe sex workers reported being accepted by health care workers in private health facilities and in public facilities where health workers are educated on the requirements of

sex workers. In a research conducted in Bulawayo on the experiences of sex workers in accessing HIV care services in (2012) one participant reported that the nurses were very caring and she even get additional services such as TB screening and cancer screening.

2.2 CHALLENGES FACED BY SEX WORKERS IN ACCESSING SEXUAL AND REPRODUCTIVE HEALTH SERVICES.

There are several challenges that sex workers face when accessing sexual health care. These challenges are a threat to their health as sex work entails being involved with multiple partners sexually. The barriers they face when accessing SRHR services are not only a threat to themselves but the community at large as it increases the number of people contracting the HIV virus. Sex workers face similar challenges in accessing sexual health care in developed and developing countries.

Mandatory testing and treatment are one of the challenges encountered by sex workers in developed countries like Rwanda, Austria, Canada, and the United States when accessing sexual health services. These countries have legalized or made sex work illegal typically has coerced HIV and STI testing programs. Human rights are violated, and healthcare systems are tarnished as a result. According to WHO (2021), compelled testing has not been shown to lower HIV transmission among sex workers or the general population. According to the Global Network of Sex Work Projects (2020) in Austria, sex workers must submit to weekly STI and quarterly HIV testing at government health institutions in order to work lawfully. According to the Sex Worker Forum of Vienna, failing to abide by the rules can result in administrative fines, loss of registration, and in the case of migratory sex workers, deportation. Forced HIV testing is a major hinderance for sex workers access to SRH services.

Documentation and health insurance are a major challenge faced by sex workers in accessing sexual and reproductive health care in developing countries where there is high rate of migrants. In nations like Montenegro, where 50% of sex workers are migrant sex workers who are living and working there illegally, it is difficult for sex workers to get sexual and reproductive health treatments. This is due to the fact that public health facilities demand formal residency documentation and confirmation of active health insurance. Less sex workers will use SRH services as a result. The medical staff denies sex workers access to gynecological services and prenatal care because they lack passports and registration documents, according to the Kyrgyzstan research report that was published in the Global Network of Sex Workers Projects (2020). As a result, maternal mortality rates and rates of transmission from mother to child will consequently rise. Because of this, as was already said, many sex workers only employ SRH services in extreme circumstances.

Sex work is criminalized in most of the African nations which drives them away from seeking SRH services at public health facilities. According to Shannon et al. (2019), the criminalization of sex work, whether direct or indirect, continues to be one of the biggest obstacles to SRH access for sex workers and leaves them susceptible to abuse from both their clients and the authorities. A female sex worker in Rwanda claims in the literature that she was arrested by two officers, one of whom begged her for sexual favors, and when she refused, he sexually assaulted her. Sadly, the female sex worker caught the HIV virus because she had nowhere to report to, according to the Global Network of Sex Work Projects (2020). The fact that they are no legislations which are in favor of sex working left them vulnerable to abuse from the law enforcers such the Police. In the Lancet (2018) cited by Basu et al. indicated that, unannounced raids by the Police lessens the utilization of SRH services by sex workers. MaGarry (2022) noted

that criminalizing sex work increases stigma, obstacles to accessing SRH services, reduces power of sex workers to negotiate freely with their clients, expose them to violence and violation of their human rights.

Access to services for sexual and reproductive health is frequently hampered by stigma and discrimination among sex workers. A person may be stigmatized when they are branded because of traits that may not conform to social norms, which can have a negative impact on their opportunities and general well-being. A prevalent stigma that prevents people from accessing SRH services might emerge from the attitudes of health care professionals regarding transgender, male and female sex workers, which are frequently based on religious or patriarchal ideas. Major obstacles to HIV prevention, testing and care for all sex workers exist in the form of perceived, anticipated and actual stigmas. Despite the hard advocacy efforts of NGOs in Zimbabwe including Life, Health, Education, Development Foundation, and CESHAAAR sex workers are continuously experiencing discrimination when accessing SRH services. According to Orchard, Murie, Salter, Elash, Bunch, Middleton and Benoit (2020) many female sex workers have encountered traumatic and stigmatizing incidents from health care providers when accessing Sexual and Reproductive Health care which leads to the development of an unreliable and untrustworthy relationship between the two parties. The fact that these medical professionals mistreated sex workers further had a detrimental effect on the standard of care provided to sex workers. Stigma and discrimination successfully push sex workers into the shadows and away from hospitals and other health care facilities. Sex workers are reluctant to be honest about their line of work since it is seen as a social evil and a vice in most of the African nations as purported by Peters (2020).

According to the study in Rwanda, the participants who did not access SRH services noted that they were afraid of being termed “indaya” which is a synonym of prostitute. According to Ryan and McGarry (2022), migrant female sex workers in Ireland were disinclined to disclose their professional status to health care providers out of concern that it might affect their legal status. Without a good relationship between the medical professional and the patient, the patient would be partially assisted.

In Zimbabwe unavailability of other sexual related health services for sex workers is a challenge that sex workers are encountering when accessing sexual and reproductive health care. Most of the health care facilities in Zimbabwe had little or no information on the sexual services provided to male, men having sex with men and transgender sex workers. Some of the special services they require includes abortion and erectile dysfunction. Hence the unavailability of those services at local health facilities led sex workers not to seek SRH services.

2.3 STRATEGIES THAT ARE BEING OFFERED BY THE GOVERNMENT IN INVOLVING SEX WORKERS IN SRH ISSUES

Despite criminalizing sex work, Europe and North America recognize that it occurs and they need to be provided with SRH services like any other human being. Health programs for sex workers are being implemented by the government health institutions in European nations, such as free voluntary HIV and STI testing and treatment. This initiative enhances the health status of sex workers, who are more susceptible to STIs due to their involvement with numerous partners.

The SADC Regional Strategy on Sexual and Reproductive Health and Rights 2019–2030, which aims to better meet the SRHR requirements of the general public, including sex workers, is being implemented regionally by the SADC nations. An unrestricted space for sex working has been

developed in Ethiopia, where it is either prohibited or illegal. Sex workers in Ethiopia are now eligible to receive free HIV-related services from any government-run healthcare institution thanks to efforts by the Ethiopian government to include them in health care programs. SRH services are more likely be accessed for free, which improves the wellness of sex workers.

Zimbabwean government offers free HIV testing and treatment at state hospitals even though it does not recognize sex trade as normal job. Programs being run by Zimbabwe's National Aids Council give sex workers access to free condoms, lubricants, and counseling services. In addition, this government agency trains volunteers or peer educators in each district of Zimbabwe who distribute condoms, inform the public about HIV/AIDS, and refer patients for free STI treatment.

2.4 STRATEGIES THAT ARE BEING OFFERED BY NGOs IN INVOLVING SEX WORKERS IN SEXUAL AND REPRODUCTIVE HEALTH ISSUES

According to the Global sex work projects journal of 2016, non-governmental organizations (NGOs) in India, such the Aarju Foundation, are running programs that address SRH needs of key populations. The foundation seeks to enhance the living circumstances of the community's underprivileged groups, such as transgender people and sex workers. The group offers a number of educational seminars about sexual assault, human trafficking, and health care. Social workers are essential to that organization because they teach the sex workers safer sexual practices and motivate them to seek SRH services. Decriminalizing sex work is a solution to the problem, according to the memo. The Sex Worker Outreach Project (SWOT) Behind Bars is a non-governmental organization which offer support to detained sex workers and victims of trafficking in the United States.

In Nigeria, Life Link Organization (LLO) is a non-sex worker-led organization with the mission to offer community health services with a primary focus on the key population. In May 1994, the organization was established. The group is putting various programs, including empowerment programs, into place for Nigeria's most at-risk populations. According to the Economic Empowerment of Sex Work Project Report of 2018, the goal of LLO is to deliver health and counselling services to community members and sex worker by disseminating knowledge, educating people, and providing counseling. The organization's programs educate sex workers on SRH issues and provide them with training. Nikati Charitable Association is a community -based local NGO in Ethiopia which was founded by a group of sex workers in April 2010. The organization is implementing programs which involve the SRHR issues of transgender, MSM and SW. The programs educate sex workers on HIV prevention and regular testing and treatment, correct use of condoms and providing health care services for free towards sex workers. The organization had noticed great access of sex workers utilizing SRH services in the community which improves their well-being.

On behalf of the National AIDS Council and the Ministry of Health and Child Care in Zimbabwe, CeSHHAR organization administers the National Sisters with a Voice initiative for sex workers. In Zimbabwe, the frequency of HIV infection is estimated to be 10% annually and affects 54% of female sex workers. Sisters, which was founded in 2009, intends to improve the inclusion of sex workers in SRH issues which decreases the acquisition and transmission of sexual related health diseases and lessens violence against sex workers. In Zimbabwe, the Life, Health, Education and Development Foundation runs programs to encourage both male and female sex workers to engage in safe sex and advocate regular testing. The organization also is responsible for training peer educators in the community which are responsible for identifying

upcoming sex workers so that they will have knowledge on where to seek Sexual and Reproductive Health services for free and without negative attitudes from health care providers.

2.5 CHAPTER SUMMARY

The chapter comprises of the literature review significant to the study. Literature relating to the objectives of the research has been critically reviewed to identify the existing gap in knowledge which this study sought to address. The theoretical framework is also included in this chapter.

CHAPTER THREE

3.1 INTRODUCTION

The research approach was primarily highlighted in this chapter, emphasizing the planned research motion. This study's subject field consisted the research design, data collection tools, population that was taken into account, data analyses strategies used, data collection procedures, and impulsively included ethical aspects. This section also described the researcher's technique. Both questionnaires and interviews were used in the approach.

3.2 RESEARCH METHODOLOGY

Rani and Dhupal (2022) define research methodology as systematic approaches or techniques used to collect, analyze and interpret data in a research study. Research methodology assist in ensuring that the research process is rigorous, reliable, valid and ethical. The student is going to use qualitative research method. One can define methodology as a method or a way used by researchers to obtain data. This chapter will look into research design, target population, sampling procedure, research techniques and data analysis methods.

3.3 RESEARCH DESIGN

According to Creswell (2021), a research design is a plan or strategy that advances from the core logical expectations towards the selection of respondents. It demonstrates a strategy for how one intends to carry out the research, one could argue. The study seeks to go deeper into people's attitude, feelings and views about their knowledge sex workers accessing sexual reproductive health services therefore, the research design to be used would be exploratory in nature and inductive therefore findings are beyond participation of the researcher. The study will use a qualitative research approach as it provides a clear in-depth understanding into the subject understanding human experiences and their behaviors according to their own understanding.

Creswell & Creswell (2021) revealed that the main purpose for using a qualitative research is to discover and present comprehensive assessments on the topic.

3.4 TARGET POPULATIONS

Target populations can be a whole group of individuals that have the same features, traits and characteristics that are of interest to the study. The targeted people for this research were participations of sex workers in Tutani, Marondera who had knowledge in sex work and the organizations which work together with sex workers.

3.5 SAMPLE SIZE

A sample of about 10 participants was used in this research study which comprised of about 6 sex workers, 2 health care workers and 2 individual who work with sex workers (organizations). This selection considered sex workers in Tutani, Marondera who are 18 and above.

3.6 SAMPLE TECHNIQUE

Purposive sampling was used to select 7 participants from a list of Life, Health, Education, Development Foundation clients and also the 3 key informants. This sample technique is significant as it targets participants who had adequate information on the utilization of SRH services by sex workers in Tutani, Marondera. The technique assisted the researcher to minimize research bias. According to Sulaiman and Samad (2021) purposive sampling technique involve selecting individuals or groups for inclusion in a study based on a specific set of criteria or characteristics. They further noted that this sampling technique is often used in qualitative research to ensure that participants are selected based on their ability to provide relevant and insightful information on the research topic.

3.7 RESEARCH INSTRUMENTS

Tutani, Marondera was the site of the data collection for this qualitative study. Information was gathered using In-Depth Interviews (IDI), where unstructured interview guides. For the sex workers who were not fluent in English, the interviews were conducted in English and were translated into Shona. According to Wang et al. (2020), a research instrument is a tool or equipment used to gather data for a study. These tools can include questionnaires, surveys, and interviewing techniques. They added that research tools are made to guarantee the authenticity, correctness, and dependability of the data acquired. The participants' permission was obtained before taking notes and recording their voices.

3.7.1 In depth interview

Interview can be said to be trying to get a deep understanding of what people think through their verbal expressions. According to Kurita, Mikami, Yamamoto-Mitani and Otami (2021) concurred that interviews are research techniques where a researcher poses questions to individuals or groups to gather data regarding the study' research question. In-depth interviews gave the researcher room to create a conducive environment so that the participants express themselves whilst simultaneously reading their body language. The interviews were conducted in a conducive environment which was private and confidential on a one on one basis. The researcher commence the session by explaining the demands of the consent form to participants. Information was gathered through phone recording with the participants' permission. Additionally, the researcher was making notes during the interview in an interview notebook to record important details that might not later be remembered.

3.8 DATA COLLECTION PROCEDURE

According to Jin, Wang, Ye and Li (2021), data collection is the process of gathering data or information for a research study. This involves a range of methods including surveys, interviews, observation and document analysis. They further noted that data collection is a critical step in the research process as it ensures that the data needed towards the research study is obtained. The research letter from Bindura University of Science Education was obtained by the researcher. The researcher also composed a letter outlining her research objectives and methods. The respondents and the researcher each signed a consent form. After outlining the study's aims and objectives to the respondents, the researcher began recording and collecting notes from them.

3.9 DATA PRESENTATION AND ANALYSIS

Data presentation is way of arranging information into simpler terms which are understandable by anyone. The data obtained was handled with utmost confidentiality.

Thematic narrative analysis was used by the researcher in this study. Qualitative thematic analysis refers to particular understanding of information through systematic grouping process of coding and identifying data patterns according to Braun and Clarke (2021). This study used thematic analysis to analyze and present the data.

Familiarization; The researcher familiarized themselves with the data collected on experiences through reading and re-reading the same data and looking out for themes or patterns.

Generating the initial codes; The procedure was done by documenting the patterns in the various categories. The data collected was summarized by labeling it to create

categories for more efficient analysis. Here inferences on the meaning of the generated codes were done.

Searching for themes among codes; in this phase, the researcher combined codes into similar ideas, responses, comments and expressions by the sex workers that accurately depicted the data. The researcher ensured that the exact meaning of the themes being identified was maintained in the coding.

Reviewing themes, the researcher then looked at how the themes supported the collected data.

Defining and naming themes; The researcher identified major themes and sub themes at this phase. These themes were then defined and named.

Writing Up; the research study was written based on the data collected and the defined themes.

3.10 ETHICAL CONSIDERATIONS

According to Emmanuel, Wendler & Grady (2022) ethical considerations refers to principles and values that directs research practices, ensure respect for human dignity and protect the welfare of participants. The respondents were informed that they are allowed to withdraw from the research at any time if they feel that they want to do so. Another ethical consideration that was upheld is confidentiality.

3.10.1 Voluntary Participation

Scott and Lecouturier (2022) noted that participation must be strictly voluntary and can be withdrawn at any time if the participant is no longer willing to partake in the study. The

researcher thoroughly explained how the research is going to assist the key populations (sex workers) and the society at large. The researcher also upholds the principle of respect for autonomy and dignity during the interviews. Ethical standard request researchers not to put participants in a situation that they might be at risk of harm.

3.10.2 Privacy and Confidentiality

All research studies should consider confidentiality and respect of the participants rights. Confidentiality decreases the possibility of stigmatization and discrimination of the respondents. The information obtained was kept private and will be only be shared when it is helpful for educational reasons.

3.10.3 Avoidance of harm

The aim of the study was explained clearly to the participants by the researcher in order to avoid causing harm to them during the period of data collection.

3.10.4 Informed consent

The researcher sought consent from the sex workers first before engaging into the interviews. Seeking consent allows the researcher to obtain information from the participants willingly.

3.11 CHAPTER SUMMARY

The chapter defined the study research design that was used, sample techniques, study location the number of participants who partake in this study, data collection procedure as well as ethical considerations.

CHAPTER FOUR

4.0 INTRODUCTION

The research findings on sex workers access to sexual health care services were presented in this chapter. The chapter addresses the experiences of sex workers in access SRH services as well as challenges faced in utilizing sexual health care services and the strategies being implemented by the government and non-governmental organization in involving sex workers in SRH issues.

4.1 PARTICIPANTS DEMOGRAPHIC DATA

This section consists of a table with information on sex workers, their age range, sex, and highest level of education they attained.

Age		Males	Females	Total
	20-24	0	1	1
	25-30	1	0	1
	31-35	0	2	2
	36-40	0	1	1
	40+	0	2	2
Educational level	Primary	0	1	1
	Secondary	1	5	6
	Tertiary	0	0	0

A total of 7 participants partake in this research study were 6 of them were females and only 1 male. This is because female sex workers are more recognized in the sex work industry than their male counterparts. In terms of education, Secondary level was the highest level of education

attained whilst Primary level was the lowest level of education attained. This is the reason why the participants opted to work as sex workers for survival since they did not further their education.

4.1.1 DEMOGRAPHIC INFORMATION OF HEALTH PROFESSIONALS

Informant and Org	Position	Years in profession	Gender
2 Female nurse- Local Clinic	Nurse	18 and 10	F
1IHEDO	Social worker	8	F

Information was gathered from 3 key informants who are 2 nurses from a local clinic in Marondera and 1 Social Worker from Life, Health, Education, Development Foundation in Marondera.

4.2 EXPERIENCES OF SEX WORKERS IN ACCESSING SEXUAL AND REPRODUCTIVE HEALTH SERVICES

Respondents were asked on their incidents when accessing Sexual and Reproductive Health services where the majority experiences were negative experiences such as unfriendly attitudes from service providers and lack of confidentiality which then drives them away from utilizing the SRH services than positive experiences. Other respondents alluded that they experience positive attitudes from health care providers especially in private health facilities. The respondents were also asked on the types of services they were seeking at the health care facilities in which STI screening and treatment was the most service sought followed by HIV testing and condom collection. These subthemes are further summarized in detail below.

4.2.1 TYPES OF SERVICES SOUGHT

4 participants mentioned various types of SRH services they sought which include post exposure prophylaxis (PEP), HIV and STI testing and treatment and abortion services. The respondents mentioned that they have diverse SRH needs as they are involved with multiple partners.

One respondent said:

Respondent 1: A 32-year-old female sex worker “.....when I engage in unprotected sex with a stranger (client) I usually go and seek Post-Exposure Prophylaxis because I will be not sure about that person’s HIV status and also to prevent unwanted pregnancies”

Respondent 2: A 24-year-old female sex worker “..... I went there for HIV testing and I was provided with pre and post HIV counselling services”

Respondent 3: A 30-year-old male sex worker “.... Ndanga ndiine maronda panhengo yangu ayo akangotanga kubuda ndakagara nawo kwenguva yakareba achiramba achienderera izvo zvakazoita kuti ndiende kuchipatara kutsvaga rubatsiro”

“..... I had blisters on my manhood for a long period of time and I was reluctant to seek medical help and then finally I did go to a private health facility were I assisted without telling them that I was a male sex worker”

Respond 4: A 38-year-old female sex worker “...ndakaenda kuchipatara ndichida kubvisa nhumbu nekuti ndakaiita ndisingaidi nokuda kwebasa rangu mwana ndicho chinhu chekupedzisira kuita uye ndaisaziva kuti mwana ndewaani asi pandakasvika kuchipatara ndakabatsirwa nekudzidziswa kuti kubvisa nhumbu imhosva muZimbabwe izvo zvakazoita kuti ndirege kubvisa nhumbu yacho”

“.... I went to the health facility to seek for abortion service but I was not attended to since I was educated by the health professionals that it is illegal in Zimbabwe to conduct abortion”

4.2.2 TYPES OF HEALTH SERVICES SOUGHT AS PER HEALTH PROFESSIONALS PERSPECTIVE

Nurse 1: 18 years working experience *“..... a couple of sex workers come at our clinic seeking various SRH services which include HIV testing and treatment, collecting condoms, STI screening and treatment and to seek information concerning abortions”*

Another key informant states that *“.... kazhinji vanhu vanotengesa bonde vanouya pano kuzitora macondom uye kurapwa zvirwere zvepabonde”*

“..... the sex workers mostly come for condoms collection and asking information on user friendly health facilities where to get STI treatment”

All key informants pointed out that the major SRH services sex workers sought at medical facilities are condom collection and STI treatment. Thus, shows that sex workers had little or no information on other SRH services available that they can be able to utilize such as cancer screening.

4.2.3 POSITIVE EXPERIENCES WHEN LOOKING FOR SRH SERVICES

Respondents made references to the fact that some health care facilities and organizations have raised awareness of the issue and treated sex workers with dignity and respect, which has led to an increase in the use of SRH services. They also mentioned that the nurses were said to be kind and that the services provided to them were extensive. The response below supported the above statements:

Respondent 5: A 35-year-old female sex worker “...ndakabatsirwa zvikuru pachipatara uye ndikadzidziswa kuita bonde rakadziwirirwa nekuvhenekwa chibereko changu”

“I also get additional services such as information the advantages of practicing safer sex and cervical cancer screening.” At a private clinic

Another respondent also noted that the nurses the nurses were compassionate towards her as she states that “.... Since I go to the facility on my date of review, I was attended to on time.”

(Respondent 6: a 45-year-old female sex worker)

4.2.4 NEGATIVE EXPERIENCES WHEN LOOKING FOR SRH SERVICES

When respondents disclosed that they work in the sex work industry for a living, they occasionally felt as though their rights had been infringed. The respondents also made reference to the fact that there is occasionally a breach of their privacy, which discourages people from using the services due to lack of confidentiality and privacy in the facilities.

Respondent 7: A 42-year-old female sex worker revealed that “.... pandakaudza mukoti kuti ndinotengesa bonde kuti ndirarame ndakanyadziswa uye kutaurirwa mashoko anorwadza”

“...When I told them that I does sex work for a living, they called each other called me all sorts of names and further told me that I was too old to be involved in sex work....” The participant further told the researcher that she never visited that health care facility again. (state owned facility).

Respond 2 demonstrate that nurses seemed to be non-caring and the clients were afraid to speak with the nurses about the matters relating to sexual and reproductive health: “...ini handibvunzi zvandisinganzwisisi zvine chekuita nezvechirwere zvepabonde nekuti vakoti vacho havana hanya nesu vanhu vanotengesa bonde”

“I don’t ask anything I don’t understand about SRH issues to the health care staff because nurses have a non-caring attitude and they will tell you that there are many people outside who needed to be attended to....”

Respondent 3 noted that he faced unfriendly attitude from health care providers when he told them that he was a sex worker who indulge with both men and women as expressed below:

“The nurses told me that I was insane to be involved in sex work industry and further attended me in rush, telling me that there are a lot of normal clients out there who wanted to be attended to and from that time I haven’t visited that health care facility again because I was humiliated”

Five out of seven sex workers who participated in this research had experienced unfriendly attitudes from health care providers the first time they sought SRH services which sometimes discourages them to expose their nature of work to the health care providers. The participants further states that they prefer seeking SRH services at non-governmental organizations who provide Sexual and Reproductive Health care services to sex workers than at state owned facilities although most of them are sensitized on providing health care services to the sex workers there is an element of them being discriminated indirectly.

4.3 CHALLENGES FACED BY SEX WORKERS IN ACCESSING SRH SERVICES

The difficulties people have in obtaining sexual and reproductive health treatments were one of the questions posed to the respondents. The main obstacles that sex workers have while attempting to get SRH services were cited as stigma and prejudice. This is due to stigma attached to sex work in Zimbabwe, where few people recognize it as legitimate profession.

4.3.1 STIGMA AND DISCRIMINATION

Interviewees stated that they believed they did not receive the same treatment from healthcare professionals or the community as non-sex workers. They stated that they frequently experience discrimination, particularly when they admit that they are sex workers when requesting medical care.

Respondent 3: A 30-year-old male sex worker said that: “...sevatengesesi webonde wechirume tinosangana nematambudziko akawanda ezvine chekuita nezvirwere zvepabonde sezvo zvichiri kunyadzisa kuti kune vatengesesi webonde wechirume muno muZimbabwe”

“When seeking health care services, we experience quite a lot of self-stigma especially when it related to sexual related health problems such as STIs, as men we are still finding it very difficult to open up as male sex work is regarded as a taboo in Zimbabwe and most of the SADAC regions. We generally suffer in silence and usually seek SRH services on critical conditions”

In connection with this, one responder stated that: “...vanotirapa muzvipatara vanofanirwa kutanga vanzwisisa icho chakaita kuti titengese bonde vasati vatishora”

“instead of them getting to understand what made me get into sex work, they judged me without understanding my back ground. Furthermore, they were asking personal questions not related to what I came for” (**Respondent 4:** a 38-year-old female sex worker, public facility)

The study’s findings also indicated that stigmatization factors hindered patient retention, which led sex workers to never seek sexual and reproductive health treatments at the same medical center again. The client’s self-expression is shown: *“I left the health facility without being attended to and never visited it again because I was humiliated in front of other health care providers”* (**Respondent 2:** a 24-year-old sex worker, state owned health facility)

4.3.2 FEAR OF TESTING POSITIVE

The majority of participants in this study stated that the barrier to using SRH services is the dread of testing HIV positive or testing positive for a specific STI. One participant stated, *“I prefer taking traditional medicines than seeking help from health care facilities because I don’t want to know my HIV status and I usually use condoms when having sex”* (**Respondent 2:** 24-year-old female sex worker)

Another 35-year-old sex worker said that: *“...kubatwa kunzi ndine utachiwana ndicho chinhu chinoita kuti ndisaende kuchipatara kundorapwa”*

“The fear of taking medication for the rest of my life because i have tested HIV positive hinders me from accessing SRH services”

Participants said they would rather stay at home than go to a medical facility for services related to sexual and reproductive health.

4.3.3 UNAVAILABILITY OF OTHER SRH SERVICES

The respondents stated that their inability to get sexual and reproductive treatments is hampered by the absence of other SRH services at the public healthcare facilities. They further noted as sex workers they need specific services from the ones utilized by the general population such as abortion, erectile dysfunction and intrauterine devices. Thus, limited access to these services increases the mortality rate of sex workers as they would engage in unsafe abortion methods. One respondent said that: *“I wanted to get an abortion but the nurses denied to provide the service so I later resorted to traditional medicine.”* She further states that she wanted to abort the baby because she was afraid of the society’s reaction when they find out that she was pregnant whilst she is a widow. (**Respondent 6,** a 45-year-old female sex worker)

4.4 STRATEGIES OFFERED BY THE GOVERNMENT AND NGOS IN INVOLVING SEX WORKERS IN SRHR ISSUES

4.4.1 EMPOWERMENT PROGRAMMES

According to WHO (2012), community empowerment is a crucial step in enhancing sex workers' living and working conditions as well as their access to SRH requirements. Respondents noted that they are encouraged by the sex worker organizations in Marondera such as Life, Health, Education and Development foundation to be engaged in life sustaining projects like sewing and vending. One participant said that: *“The organization educated me on life sustaining projects such as gardening and vending and now lam a vendor”* (**Respondent 4:** a 38-year-old female sex worker)

One of the key informant states that: *“tinobatsira vanotengesa bonde kuzvishandira wega Mabasa akaita sekusona, kuita zvemabhero uye kurima muriwo”*

“We educate the sex workers some life sustaining projects to fend for themselves such as sewing, bales businesses and gardening”

Another respondent reviewed that they are empowered to sought sexual and reproductive health services such as reporting Sexual Gender Based Violence and seek post SGBV care so they improve their well-being. The respondents further cited that the empowerment programs implemented by the local NGOs in Marondera are benefiting them and improving their access to the health care facilities seeking SRH services since the health facilities are sensitized.

4.4.2 FREE ACCESS TO SRH SERVICES

All the sex workers interviewed commended that free health care services for the sex workers improves their health such as free condoms at government facilities as well as NGOs. The

participants cited that they are attended to for free at Dombotombo clinic in Marondera when they have a referral letter from Life, Health, Education, Development Foundation as supported by the response below:

“The foundation provides us with a referral letter which permits us to be attended to for free at Dombotombo clinic in Marondera as sex workers. It is very friendly towards sex workers as the health care providers are sensitized on the needs of sex workers” (All the seven sex workers which were interviewed)

One of the key informants (nurse) said that: *“I am responsible for attending to sex workers who are referred to Dombotombo clinic from Life, Health, Education, Development Foundation. In which I attended to for free because of the referral letter.”*

The majority of respondents cited that they are treated for free twice in a month by CESSHAR Organization from Harare which is assisting sex workers from accessing sexual and reproductive health services in a free and friendly environment where they are free to express their nature of work since CESSHAR is a sex worker organization.

4.4.3 PEER EDUCATOR TRAINING TO PROVIDE SRH INFORMATION IN THE COMMUNITIES

The majority of participants who were interviewed revealed to the researcher that peer educators first introduced them to SRH services and urged them to go and utilize health services. Because they had gone through many of the same experiences as sex workers before becoming peer educators, peer educators served as role models for sex workers. The NGOs in Marondera supported by National Aids Council Marondera trained Peer Educators who are responsible for raising awareness in the communities and provide SRH information towards sex workers .One

sex worker interviewed states that she is one of the Peer Educators, “ *I am one of the Peer Educators in Tutani, Marondera and my role is to identify sex workers in the community and provide them with necessary information such as where and how to seek SRH services in Marondera and to report to the police if they experienced Sexual Gender Based Violence.*”

(Respondent 7: a 42-year-old female sex worker)

One of the key informants (a Social worker) at IHEDO states that: “*I am one of the people responsible for training and educating the Peer Educators so that they will be able to disseminate information in the communities especially encouraging sex workers to seek Sexual and Reproductive Health services.*”

4.5 CHAPTER SUMMARY

The chapter consist of all the information that was gathered by the researcher in accordance with study’s goals and objectives. The information is based on the replies provided by the research study’s participants.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RRECOMMENDATIONS

5.0 INTRODUCTION

The chapter summarizes the findings and offers the inferences that can be drawn from them. The chapter also consisted recommendations of the research study.

5.1 SUMMARY OF STUDY FINDINGS

The purpose of the study was to investigate how sex workers experienced getting access to sexual and reproductive health care. The study had three goals: to determine how sex workers experienced using SRH services, to determine the obstacles they encountered and to evaluate the approaches taken by government and non-governmental organizations to involve sex workers in SRH concerns. The stigma and prejudice, unfriendly medical professionals, lack of SRH services and other issues that affect sex workers make it difficult for them to receive SRH services. In trying to avoid all these barriers the sex workers had decided to limit their visits to the health care facilities and only visit on critical health issues.

The sex workers are now accessing SRH services from the local organizations in Marondera such as Life, Health, Education, Development Foundation, ZiCHIRe, CESHAR and National Aids Council. These organizations supported the existence of sex workers and continuing educating them on the advantages of practicing safer sexual intercourse and encourage them to venture into life sustaining projects such as vending and poultry.

5.2 RECOMMENDATIONS OF THE STUDY

The study recommends that more need to be done towards sex workers in order to increase their access in utilizing Sexual and Reproductive Health services.

- The government should decriminalize sex work in Zimbabwe so as to allow the sex workers to operate freely without fear of being arrested which can increase their utilization of SRH services on public health facilities.
- To remove stigma and discrimination, the government and non-governmental organizations must continue to educate the public about sex workers.
- To better serve the needs of sex workers of all genders, provide and support for comprehensive Sexual and Reproductive Health services and initiatives.
- Ensure that sex workers have access to free, safe, cheap and legal abortion and post-abortion care to lessen the amount of sex workers putting their health at risk by performing unsafe abortions.
- Service providers must be knowledgeable with the dynamics of important population groups (sex workers) and their line of work in order to adequately address their medical requirements.

5.3 CONCLUSION

The study' case study of Tutani, Marondera, focused on the experiences of sex workers seeking out sexual and reproductive health care in Zimbabwe. The study's findings showed that stigma and prejudice are two of the biggest obstacles that sex workers encounter in getting access to sexual and reproductive health services, despite efforts by the government and non-governmental organizations to educate the public and medical professionals about sex work. More needs to be done to encourage sex workers to use SRH services. In-depth interviews with the 7 sex workers and 3 key informants were conducted as part of this research study to collect data.

5.4 CHAPTER SUMMARY

The chapter's main focus was the researcher's summary, conclusion and suggestions on SRH services utilization by sex workers.

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APPENDICES

APPENDIX 1: INDEPTH INTERVIEW GUIDE FOR SEX WORKERS

My Name is Chipo M. Zhuwao, currently studying for a Bachelor of Science Honours Degree in Social Work at Bindura University of Science Education. I kindly ask for your contribution to my research project by responding to questions asked in this interview guide. The title of the research is: Experiences of sex workers in accessing Sexual Reproductive Health services in Tutani, Marondera. All the information that is to be supplied is to be evaluated with the highest degree of confidentiality and will only be used for academic purposes only.

Please respond to the paused questions below. If at any point you feel to withdraw from the study, please feel free to. Your participation is voluntary and not in any way coerced. Do not write your name.

SECTION A: DEMOGRAPHIC INFORMATION

1. What is your age?
2. Sex?
3. What religion are you affiliated to?
4. What is the highest level of education you have completed?

SECTION B: RESEARCH QUESTIONS

1. How long have you been working as a sex worker?
2. Besides sex work what else do you do for a living?
3. How did you venture into sex work?
4. Which areas do you operate from?

5. How do you hook with your clients?
6. Can you explain some of the life experiences you encounter as a sex worker?
7. What health needs do you need as a sex worker?
8. Are the local clinics in your area providing those health services?
9. How have you been accessing health care services especially sexual reproductive health services?
10. Can you explain how you access sexual and reproductive health services at public local clinics?
11. What challenges do you face in sex work?
12. What can be done to ameliorate the situation?
13. Comment on the willingness of the health professionals in attending sex workers.

APPENDIX 2: INDEPTH INTERVIEW GUIDE FOR THE KEY INFORMANTS

I am Chipo Zhuwao a student at Bindura University of Science Education studying Social Work. I am carrying out an academic research on the **Experiences of sex workers in accessing Sexual and Reproductive Health services**. The research is going to focus on the both positive and negative experiences of sex workers in accessing Sexual and Reproductive Health services, challenges faced and the strategies to improve their access of health services. Your input will be greatly appreciated as it will help with the successful outcome. As a participant you shall not receive any financial benefit or any kind hence participation will be of your own free will.

Participation is voluntary hence the participator has the right to stop participating. The participant will not be exposed to any form of harm or discomfort. The interaction will be treated with confidentiality.

Signature.....

Date.....

Thank You

SECTION A: DEMOGRAPHIC INFORMATION

1. What is your age?
2. What are your duties?
3. For how long have you worked with the organization?

SECTION B: RESEARCH QUESTIONS

1. What are your current duties and responsibilities as a health professional?
2. How long have you been in this work?
3. What are the Sexual and Reproductive Health services are provided by your facility?
4. Comment on sex workers' access to SRHR services?
5. How often do sex workers come for Sexual and Reproductive Health services?
6. Comment on sex workers and stereotyping and its impact on access to Sexual and Reproductive Health services?
7. What factors impact on sex workers access to Sexual and Reproductive Health services?

APPENDIX 3: APPROVAL LETTER FROM THE DISTRICT DEVELOPMENT ADMINISTRATOR MARONDERA

MINISTRY OF LOCAL GOVERNMENT AND PUBLIC WORKS

Correspondence should not be addressed to individuals

Telephone +26327923954

Email address dawemarondera@gmail.com



ZIMBABWE

The Office of the District Administrator
Corner First/Masasa Street
P.O BOX 87
Marondera
Zimbabwe

The DDC's Office
Marondera District

10 January 2023

TO WHOM IT MAY CONCERN

Dear Sir/Madam

RE: PERMISSION TO CARRY OUT A RESEARCH PROJECT IN MARONDERA DISTRICT FOR CHIPO M. ZHUWAO ID NO 42-284434Q42

The above refers

Please be advised that the above mentioned is a student at Bindura University of Science Education. She has been granted permission to carry out a research project in Marondera district.

May you please assist her.

Thank you

T. Chiyama
For District Development ~~Coordinator Marondera~~
Marondera

DISTRICT DEVELOPMENT
COORDINATOR
MARONDERA

10 JAN 2023

P.O. BOX 87, MARONDERA
ZIMBABWE TEL: 2350547

APPENDIX 4: APPROVAL LETTER FROM BINDURA UNIVERSITY OF SCIENCE AND EDUCATION



