BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOCIAL WORK

STRATEGIES FOR SUSTAINING THERAPEUTIC GAINS AMONG COMMERCIAL SEX WORKERS: A CASE STUDY OF WARD 20 IN SHAMVA DISTRICT UTILIZING THE JOHARI WINDOW MODEL.

BY

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2025

DISSERTATION SUBMITTED IN PARTIAL FUFILMENT OF THE REQUIREMENTS OF BACHELOR OF SOCIAL WORK HONOURS DEGREE

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ACKNOWLEDGEMENTS

I would like to express my sincere gratitude to all those who have supported me throughout the completion of this dissertation. Firstly, I would like to extend my deepest thanks to my supervisor, Mrs. Chigondo, for her unwavering guidance and support during my research. Your invaluable feedback and encouragement have been instrumental to the success of this work.

I am especially grateful to my mother for her steadfast support throughout my university journey. Without your love and sacrifices, the completion of my four-year studies would not have been possible. My heartfelt thanks also go to my husband for the unwavering assistance and encouragement he provided throughout my academic journey.

I would also like to express my sincere appreciation to the Simukaupenye Integrated Youth Academy (SIYA) for granting me access to their facilities, which were vital for conducting this research. Your support and cooperation played a crucial role in gathering the necessary data. A profound thank you goes to all the participants who contributed to this study. I am especially grateful to the commercial sex workers and healthcare workers in the Shamwa Ward 20 community for your openness and willingness to share your experiences. Your contributions have been invaluable to this research.

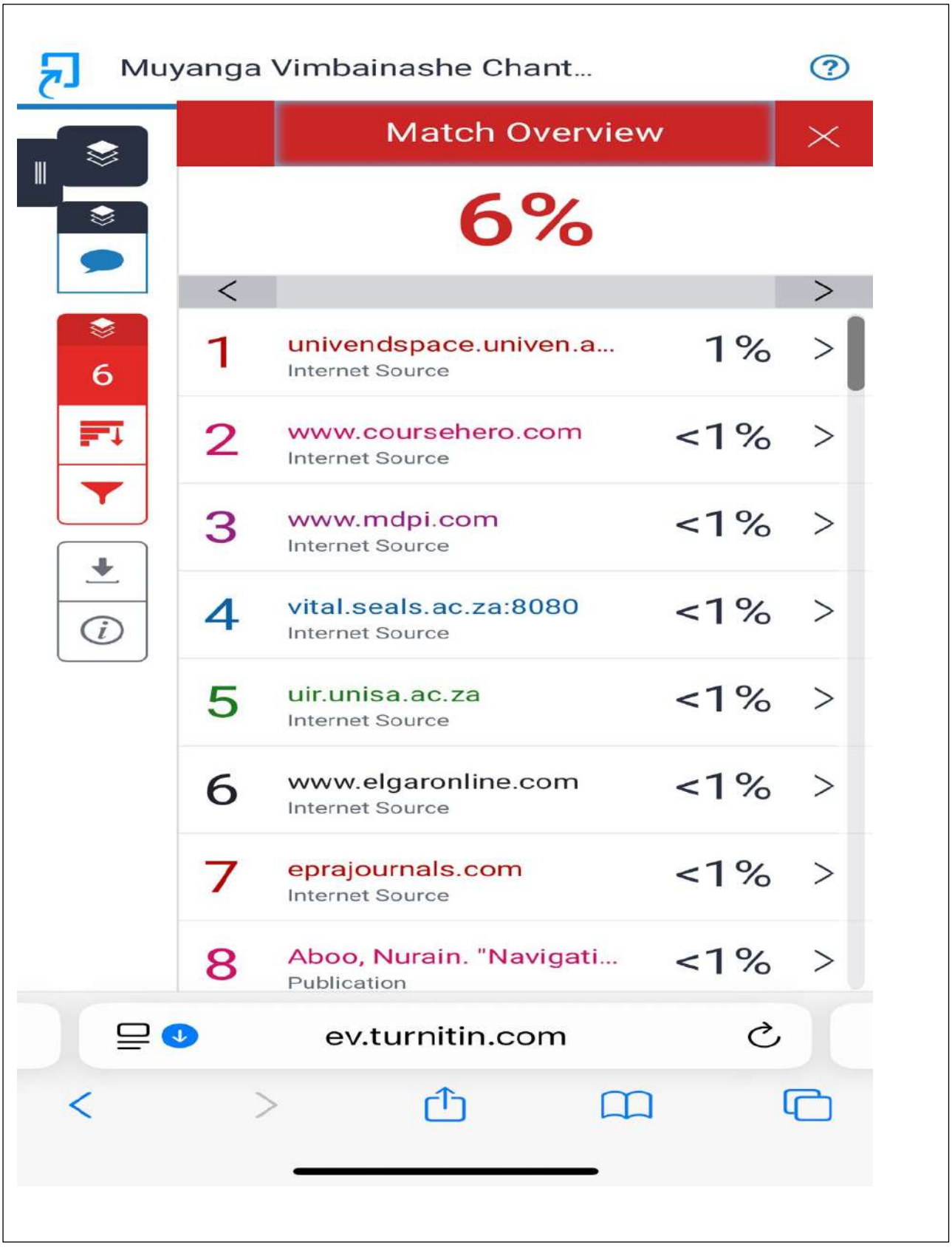
To my dear friend, Chiedza Hadzirambwe, thank you for being a pillar of strength and encouragement throughout the research process. Your motivation and support have meant the world to me.

Above all, I give thanks to God Almighty, to whom all glory and honour belong. His blessings, guidance, and grace have carried me through my academic journey. May the Almighty continue to bless everyone who contributed to the completion of this work.

DEDICATION

To my late father Richard Muyanga.

PLAGIARISM REPORT



MARKING GUIDE

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Name:

Registration No:

MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

Chapter 1 INTRODUCTION	**Possible Mark**	**Actual Mark**
Abstract	**10**	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	**20**	
Statement of the problem	**10**	
Research questions	**15**	
Assumptions	**5**	
Significance of the study	**15**	
Limitations of the study	**5**	
Delimitations of the study	**5**	
Definition of terms	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**15**	

Comments……
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Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	**5**	
Conceptual or theoretical framework	**10**	
Identification, interpretations and evaluation of relevant literature and citations	**40**	
Contextualisation of the literature to the problem	**10**	
Establishing gaps in knowledge and how the research will try to bridge these gaps	**10**	
Structuring and logical sequencing of ideas	**10**	
Discursive skills	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**20**	

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Chapter 3 RESEARCH METHODOLOGY

Introduction	**5**	
Research design	**10**	
What instruments are you using to collect data?	**30**	
Population, sample and sampling techniques to be used in the study	**25**	
Procedures for collecting data	**15**	
Data presentation and analysis procedures	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**25**	

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Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	**5**	
Data presentation	**50**	
Is there any attempt to link literature review with new findings	**10**	
How is the new knowledge trying to fill the gaps identified earlier	**10**	
Discursive and analytical skills	**20**	
Summary	**5**	
Total	**100**	
Weighted Mark	**30**	

Comments
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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	**5**	
Summary of the whole project including constraints	**25**	
Conclusions- have you come up with answers to the problem under study	**30**	
Recommendations(should be based on findings) Be precise	**30**	
References	**5**	
Appendices i.e. copies of instruments used and any other relevant material	**5**	
Total	**100**	
Weighted mark	**10**	

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SUMMARY:-

Actual **Total**

Chapter 1 _____

Chapter 2 _____

Chapter 3 _____

Chapter 4 _____

Chapter 5 _____

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ABSTRACT

The study aimed to examine the health status and needs of commercial sex workers (CSWs) in Ward 20, Shamva District, concentrating on the challenges they face and the effectiveness of existing health interventions. The research objectives focused on recognizing health challenges, barriers to healthcare access, and the impact of current support programs on the well-being of CSWs. A qualitative approach was implemented, utilizing a case study design that incorporated in-depth interviews, focus group discussions (FGDs), and key informant interviews for data collection. Purposive and snowball sampling methods were utilized to involve participants effectively. The results showed significant health challenges faced by CSWs, including high rates of sexually transmitted infections (STIs), mental health issues, and inadequate sanitation, compounded by stigma and discrimination. Key barriers to accessing healthcare were identified, such as fear of judgment from healthcare providers and logistical difficulties. Furthermore, while existing health interventions, including educational workshops, were acknowledged, the lack of follow-up support weakened their effectiveness. The research study stressed the importance of incorporating mental health services and addressing stigma to improve health outcomes for CSWs. Recommendations include developing comprehensive health programs tailored to the unique needs of CSWs, enhancing training for healthcare providers on cultural competence, and establishing community engagement programs to reduce stigma. The researcher advocates for collaboration among social workers, local health authorities, and community organizations to create supportive environments that empower CSWs and improve their overall health and well-being

LIST OF ABBREVIATIONS AND ACRONYMS

CEDAW-Committee on the Elimination of Discrimination Against Women

CWSs – Commercial Sex Workers

FSWs- Female Sex Workers

ICESCR- International Covenant on Economic, Social and Cultural Rights

SDAC- Southern African Development Community

SIYA Trust - Simukaupenye Integrated Youth Academy

UDHR- Universal Declaration of Human Rights

WHO- World Health Organization

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RESEARCH TOPIC: Strategies for Sustaining Therapeutic Gains Among Commercial Sex Workers: A Case Study of Ward 20 in Shamva District Utilizing the Johari Window Model.

CHAPTER ONE: INTRODUCTION AND BACKGROUND

This introductory chapter provides the background of the study at global, regional, and local levels regarding the health challenges faced by commercial sex workers (CSWs) and the role of therapeutic interventions in sustaining their well-being. It outlines the study's aim and objectives, research questions, and assumptions to clarify the researcher's intentions. Additionally, this chapter includes definitions of key terms, as well as limitations and delimitations of the study. The focus will be on addressing the barriers to equitable healthcare for CSWs, particularly in relation to mental health, substance abuse, and access to care, while proposing strategies for sustaining therapeutic gains in this marginalized population.

BACKGROUND OF THE STUDY

Across global studies, a recurring concern in the literature regarding the health and well-being of commercial female sex workers centres around issues related to sexual and reproductive health, mental health, and substance abuse. These concerns transcend geographical boundaries and socio-economic groups, as reflected in numerous studies included in this research. For example, Varga and Surratt (2014) investigated Black Female Sex Workers (FSWs) in Miami, USA, revealing high levels of internal mental distress and depressive symptoms, alongside significant substance misuse. Likewise, Krumrei-Mancuso (2017) examined FSWs in the Netherlands engaged in outdoor sex work, finding elevated post-traumatic stress due to their exposure to unsafe and violent environments. The workplace setting of FSWs significantly affects their mental health, with those working in isolation or precarious conditions more prone to violence and harmful behaviours, largely due to the absence of protective measures.

These challenges are compounded by how FSWs are treated in health-care settings, often reinforcing harmful stereotypes. For instance, Orchard et al. (2020) highlighted that FSWs are frequently labelled as "junkies" or "drug-seeking" when requesting medical or mental health services, contributing to stigmatization and marginalisation. Additionally, unprotected sex with clients who refuse contraceptive use heightens risks of HIV and STIs, further affecting both their physical and mental health.

Healthcare experiences significantly influence how commercial sex workers approach health services. Many have reported traumatic and stigmatizing interactions with healthcare providers. According to Orchard et al. (2020), such interactions damage trust, deterring FSWs from seeking future care. In African contexts, Scorgie et al. (2013) found that health workers were often abusive and withheld treatment, leading many women to conceal their profession. Ghimire et al. (2011) supported this, pointing to a lack of privacy and high costs in private care as barriers to access. Similarly, Ryan and McGarry (2022) reported that migrant sex workers in Ireland feared revealing their occupation in emergency departments, fearing consequences for their legal status.

Despite geographical differences, sex workers globally, and especially in South Africa, face intertwined challenges mental health struggles, exposure to violence, high rates of HIV, and systemic socio-economic inequality. South Africa, despite having a progressive constitution, continues to experience widespread rights violations. Many citizens still lack access to basic services like education, housing, and healthcare. As Cornish (2006) explains, this oppressive context often pushes women to view sex work as one of few viable income sources. Hence, although technically voluntary, sex work in South Africa is often a constrained economic choice (Gould & Fick, 2008). An estimated 130,000 to 180,000 people sell sex in South Africa, with 90% being women (SWEAT, 2013). These women are often exposed to extreme violence, especially those soliciting on the streets, and face the most severe consequences of sex work's dangers.

South African FSWs also face escalated risk for HIV and STIs, as well as social ostracism (Beran, 2012). Their likelihood of being murdered is up to one hundred times greater than the general population (Salfati, James, & Ferguson, 2008), and their PTSD rates mirror those of war veterans and torture victims (Roxburgh, Degenhardt, & Copeland, 2006). Despite frequent breaches of human right such as access to healthcare, legal protection, and employment sex workers in South Africa are still criminalised, increasing their risk of police brutality. This dehumanisation, when compounded with violence, health risks, and exclusion, renders sex work inherently harmful. According to systems theory, this harm radiates outward, affecting not only the sex workers themselves but also their families, clients, and broader communities.

On a national scale, sex workers remain largely excluded from HIV treatment programmes, despite being disproportionately affected. For instance, in Zimbabwe, even where services for female sex workers are available, less than half diagnosed with HIV pursued treatment referrals, and only 14% returned for a second visit (Hatzold et al., 2017). This dropout is mainly attributed to community and institutional stigma and discrimination.

In Shamva District, Zimbabwe, particularly in Ward 20, these challenges are intensified. Although the region thrives economically through gold mining, it also faces one of the highest HIV prevalence rates among CSWs55.6% according to Hatzold et al. (2017). Cramped living conditions in compounds and informal settlements (Chabata, 2017), combined with the transient mining population and active nightlife (Mavhu et al., 2018), drive the high infection rates. Thus, sustaining therapeutic gains among CSWs in Shamva is a major public health imperative and the focus of this dissertation.

Shamva's social context marked by high illiteracy, child marriage, and informal mining is further worsened by climate-related agricultural decline (Zimbabwe National Statistics Agency, 2022). The hazardous environment increases vulnerability to STIs and HIV, especially in hotspots like Joking 8. Additionally, CSWs in Zimbabwe encounter considerable stigma when accessing health services, often preventing them from seeking care (Chikwari et al., 2020). NGOs such as SIYA Trust play a vital role in bridging these gaps through awareness campaigns and service delivery. Therefore, strategies to sustain therapeutic outcomes must be holistic and community-driven to effectively support this vulnerable population.

STATEMENT OF THE PROBLEM

Commercial sex workers (CSWs) in Ward 20 face a critical dysfunction characterized by limited access to comprehensive healthcare services due to stigma, discrimination, and socio-economic challenges. In an ideal scenario, CSWs would enjoy unfettered access to affordable, high-quality healthcare, supported by a community that recognizes their rights and health needs. They would benefit from mental health support, educational initiatives, and empowerment programs that promote resilience and well-being. However, the reality is starkly different. Many CSWs contend with a high prevalence of HIV and STIs, exacerbated by poverty and unemployment, which restricts their ability to afford private healthcare. They are often left to navigate inadequate public health facilities that lack essential resources and trained personnel. The stigma associated with their work further isolates them, creating barriers to accessing vital healthcare services. Consequently, many resort to substance abuse as a coping mechanism for their mental health struggles, which not only harms their own lives but also perpetuates cycles of poverty and health issues within their families.

Despite efforts from non-governmental organizations to provide support, a significant gap remains in sustainable strategies that empower CSWs to effectively address their health challenges. This study seeks to explore how the Johari Window model can enhance self-awareness and communication with healthcare providers, ultimately improving access to care and fostering better health outcomes for this vulnerable population.

AIM OF THE STUDY

To develop strategies that enhance self-awareness, communication, community engagement, and sustainable health outcomes for commercial sex workers in Ward 20, Shamva District, using the Johari Window model.

OBJECTIVES

1. To assess the specific health status and needs of commercial sex workers in Ward 20, Shamva District.
2. To evaluate the outcomes of current interventions aimed at improving health for CSWs in the shamva ward 20.
3. To develop and propose targeted strategies based on the Johari Window model to enhance self-awareness and community support among CSWs in Ward 20.

RESEARCH QUESTIONS

QUESTIONS

1. What are the health challenges faced by commercial sex workers in Ward 20?
2. How effective are current interventions in sustaining therapeutic gains among CSWs?
3. In what ways can the Johari Window model be applied to improve health outcomes for CSWs in this community?

CONCEPTUAL FRAMEWORK

The conceptual framework for this study is centered around the application of the Johari Window model to enhance self-awareness and community engagement among commercial sex workers (CSWs) in Ward 20, Shamva District. This framework posits that increased self-awareness and effective communication can lead to improved health outcomes for CSWs.

KEYCONCEPTS:

1. Self-Awareness: Through the Johari Window model, CSWs can gain insights into their health needs and personal challenges, fostering a better understanding of their circumstances and motivations.

2. Community Support: The framework emphasizes the importance of building supportive networks within the community that can help CSWs navigate healthcare services and reduce stigma.

3. Health Outcomes: The goal is to improve the health outcomes of CSWs by addressing both individual and systemic barriers to care.
Relationships:

Self-Awareness ↔ Community Support: Enhanced self-awareness can lead to stronger community engagement, as CSWs become more empowered to seek help and share their experiences with others.

Community Support ↔ Health Outcomes: A supportive community can facilitate access to healthcare services, which in turn can lead to improved physical and mental health outcomes for CSWs.

Self-Awareness ↔ Health Outcomes: As CSWs become more self-aware, they are likely to make more informed health decisions, leading to better health management and outcomes.

This conceptual framework guides the exploration of strategies aimed at sustaining therapeutic gains among CSWs, ultimately contributing to their overall well-being and resilience.

SIGNIFICANCE OF THE STUDY

Justification of the Study

The strategies for sustaining therapeutic gains among commercial sex workers (CSWs) have been under-explored, particularly in marginalized communities. This study is significant for several reasons that include:

1.Contribution to the Body of Knowledge:

This research aims to fill a gap in the existing literature by providing insights into the unique health challenges faced by CSWs. By utilizing the Johari Window model, the study will enhance understanding of self-awareness and community dynamics among CSWs, contributing valuable information to social sciences, particularly in social work and related disciplines.

2. Impact on Social Policy/Programs:

The findings from this study are expected to inform policymakers and health practitioners about effective strategies to improve health outcomes for CSWs. By highlighting the importance of supportive environments and open communication, the research can guide the development of targeted interventions and programs aimed at addressing the specific needs of this neglected community, thereby contributing to broader public health goals in Zimbabwe (World Health Organization, 2021).

3. **Benefits to Community/Study Participants:**

This research will empower CSWs by fostering a supportive environment that encourages open dialogue and mutual understanding. The outcomes will not only enhance the well-being of participants but also promote greater community engagement and support, aligning with the principles of Education 5.0, which emphasizes the relevance of education in addressing societal challenges.

4.Value to the University:

The study will strengthen the university's reputation as a leader in social research and community engagement. By focusing on an underrepresented population, this research aligns with the institution's mission to contribute to societal well-being and public health, thereby enhancing its academic profile and community relationships.

In summary, this study holds significant potential to advance knowledge, inform policy, empower communities, and enrich the university's contributions to social research.

1.10. DEFINITION OF KEY TERMS

Commercial Sex Workers (CSWs): Individuals who engage in sexual activities in exchange for money or goods.

Johari Window Model: A psychological tool used to enhance self-awareness and mutual understanding among individuals.

Therapeutic Gains: Improvements in health and well-being resulting from interventions or support systems.

1.11. DESSERTATION OUTLINE

The dissertation consists of five chapters from chapter 1 to chapter 5. Each chapter contains different contents which seeks to explore on the strategies for sustaining therapeutic gains for commercial sex workers in Shamva District using the Johari window model.

CHAPTER ONE SUMMARY

Chapter 1: Introduction and background to the study.

This chapter focused on the introduction, background of the problem, aim of the study, statement of the problem, objectives of the study, research questions, significance of the study, research assumptions, delimitations, definition of key terms and research timeframe.

Chapter 2: Literature Review

Chapter focused on literature review of the different opinions of the scholars on challenges faced by commercial sex workers and strategies to solve their challenges. This chapter also discussed the theoretical framework that guides this study.

Chapter 3: Research methodology

This chapter focused on the research approach and design, population and location, non-probability sampling technique, ethical considerations and data collection instruments of interviews, observations, focus group discussions and data analysis method.

Chapter 4: Data presentation, analysis, and interpretation

The chapter focused on presentation, analysis, and interpretation of the collected data. Literature was used in this chapter to back up arguments flowing from the presentation, analysis, and interpretation of the collected data.

Chapter 5: Summary, conclusions, and recommendations

This chapter gave an overview of the study, a summary of the findings, recommendations, and conclusion.

CHAPTER TWO: LITERATURE REVIEW

2.0 INTRODUCTION

This chapter reviews existing literature relevant to the study on sustaining therapeutic gains among commercial sex workers (CSWs) in Ward 20, Shamva District. The review focuses on theoretical frameworks, health-related challenges, current interventions, and legal contexts affecting CSWs, with the aim of finding gaps in knowledge and practice. The Johari Window Model will be employed as the core theoretical framework guiding the analysis, due to its relevance in promoting self-awareness and communication—two critical components in therapeutic success. This chapter lays the foundation for understanding the complexities surrounding CSWs' health and well-being, and it highlights the need for targeted, culturally sensitive interventions by reviewing local, regional, and international literature.

2..1 THEORETICAL FRAMEWORK

In this study, the Johari Window Model will be applied. This model, developed by Luft and Ingham (1955), emphasizes the importance of self-awareness and communication in interpersonal relationships among commercial sex workers. It comprises of four quadrants: Open Area, Blind Area, Hidden Area, and Unknown Area, each representing different aspects of self-awareness crucial for sustaining therapeutic gains among CSWs. The marginalization of CSWs often leads to a lack of open communication about their health and well-being, increasing their vulnerability to mental health issues, substance abuse, and stigma (Chikwari et al.,2020). The Johari Window Model's characteristics align with the study's goals to enhance self-awareness among CSWs, promoting open communication and recognition of societal beliefs that affect their health-seeking behaviour. The Johari Window Model's quadrants are elaborated below:

THE JOHARI WINDOW MODEL

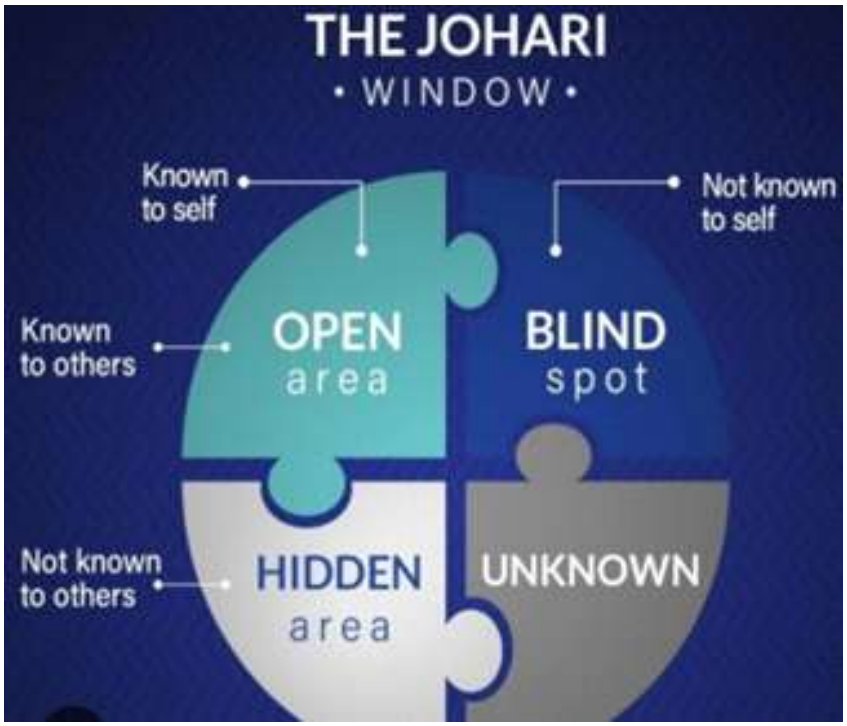

Figure 1: The Johari Window Model

Open Area: Is information known to both the individual and others. Blind Area: Traits or behaviours that others can see but the individual cannot recognize. Hidden Area: Encompasses aspects known to the individual but hidden from others. Unknown Area: Traits that are not known to both the individual and others. The model's characteristics align with the study's goals to enhance self-awareness among CSWs. The Open Area promotes open communication which entails understanding and trust, which is important for health seeking behaviours., CSWs can better articulate their needs and seek support. The Blind Area is particularly relevant as it reflects societal beliefs that impact CSWs' health-seeking behaviour, emphasizing the importance of feedback in recognizing harmful patterns.

Integration of Key Concepts of the Johari Window Model in Sustaining Therapeutic Gains Among Commercial Sex Workers in Ward 20, Shamva

The Open Area in the Johari Window Model stands for information shared between an individual and others, fostering mutual trust and collaboration. For commercial sex workers (CSWs), expanding this area is vital. It involves engaging in open dialogues about personal health, emotional experiences, and life challenges. When CSWs openly express their needs during counseling or group sessions, they begin to reduce isolation and build trust. Therapeutic interventions such as guided discussions and reflective practices can promote this transparency. For example, when a CSW is encouraged to explore feelings of shame or anxiety triggered by specific work-related events, it can lead to insights into the beliefs underlying those emotions. A community-based intervention in South Africa proved that open communication within a supportive environment significantly improved self-awareness and health-seeking behavior among CSWs (McMahon et al., 2020).

The Blind Area includes traits visible to others but unknown to the individual. CSWs often remain unaware of how societal feelings or behavioral patterns influence their health choices. Effective feedback from peers and counselors helps bridge this gap. In structured settings such as group therapy or role-playing activities, CSWs can see and reflect on their actions. This approach not only improves self-awareness but also cultivates a sense of collective responsibility and trust. Feedback is an essential part of therapeutic work. For instance, in a peer-led initiative in Kenya, CSWs who engaged in regular feedback sessions experienced enhanced emotional regulation and communication skills (Shannon et al., 2015). Peer feedback, therefore, serves as a vital mechanism for illuminating the Blind Area. When conducted respectfully, it allows CSWs to better understand the unintended consequences of their behavior. Counselors can facilitate structured sharing circles where participants exchange insights and offer observations. The mutual feedback not only enhances individual growth but also reinforces community cohesion.

The Hidden Area represents personal information that the individual keeps from others—often including trauma, fears, and insecurities. This internalized burden can hinder the therapeutic process. Encouraging self-disclosure in safe, non-judgmental environments is crucial. Counselors can establish group norms emphasizing confidentiality and respect. Interventions such as journaling, art therapy, and guided imagery allow CSWs to explore these hidden

elements gradually. When shared within peer groups, such personal narratives promote healing and connection. For example, using writing prompts to reflect on aspirations or life challenges may inspire CSWs to articulate unspoken fears, reducing the emotional load of secrecy.

The Unknown Area includes potential and capabilities not yet discovered by either the individual or others. For CSWs, exploring this domain can uncover strengths that enhance resilience and mental health. Techniques such as strengths-based assessments, visualizations, and self-affirmation exercises encourage exploration and personal growth. A study by Chibanda et al. (2016), found that CSWs who took part in strengths-oriented programs reported increased self-esteem and adaptive coping strategies. Counselors might invite participants to reflect on qualities they admire in others, facilitating recognition of those traits within themselves. Over time, CSWs may begin to embrace new roles and identities beyond sex work, further supporting therapeutic outcomes. Community support is a vital complement to individual interventions within the Johari Window Model. Support networks provide affirmation, feedback, and shared learning. Facilitating links between CSWs and local NGOs or healthcare services can ensure continuous care and emotional support. Hosting community-based events or wellness workshops strengthens these connections. Peer support structures also play a pivotal role. Shannon et al. (2015) reported that CSWs who participated in peer-led support groups in Kenya showed improved mental health and greater resilience through shared experiences.

Despite its benefits, the Johari Window Model alone cannot address systemic barriers such as stigma, criminalization, and discrimination against CSWs. Therefore, its application must be adapted to the local cultural and legal context. Integrating it with culturally sensitive approaches, including the training of empathetic and nonjudgmental healthcare providers, is essential to maximize its impact in Zimbabwe.

In conclusion, the Johari Window Model offers a comprehensive and empathetic framework for sustaining therapeutic gains among CSWs. By expanding the Open Area, providing feedback to address the Blind Area, encouraging self-disclosure to reduce the Hidden Area, and promoting exploration of the Unknown Area, counselors can facilitate meaningful personal transformation. When coupled with community support and contextual awareness, this model contributes significantly to the holistic well-being of commercial sex workers in Ward 20, Shamva District.

2.2 MAIN LITERATURE

2.2.1 Objective 1: To Assess the Specific Health Status and Needs of Commercial Sex Workers in Ward 20, Shamva District

The health status and needs of commercial sex workers (CSWs) are critical components of public health discussions globally. Numerous studies have highlighted the vulnerabilities faced by CSWs, including exposure to sexually transmitted infections (STIs), mental health issues, and substance abuse. A global perspective reveals that CSWs are often marginalized and stigmatized, leading to inadequate access to healthcare services.

In high-income countries, research has shown that CSWs frequently encounter barriers such as discrimination from healthcare providers and a lack of tailored health services. For instance, a systematic review by Shannon et al. (2015) found that CSWs in Canada reported significant challenges in accessing healthcare, often due to fears of judgment and stigma. This review emphasizes the need for culturally competent healthcare services that address the unique health needs of this population.

Across sub-Saharan Africa research provides insight into the health challenges faced by CSWs. A report by the World Health Organization (2021), indicated that CSWs in Kenya and South Africa experienced high rates of HIV and other STIs, with limited access to preventive services. For example, a study conducted in South Africa by McMahon et al. (2020), revealed that CSWs often lack comprehensive health education and face significant barriers when seeking medical care. This highlights the urgent need for targeted interventions to improve health outcomes in this demographic.

In the Zimbabwean context, research has begun to address the specific health needs of CSWs. A study by Chibanda et al. (2016) identified mental health issues, which showed elevated levels of depression and anxiety among CSWs in urban settings. The study emphasized that many CSWs do not seek help due to stigma and a lack of understanding of available mental health resources. This local context is crucial for understanding the unique health challenges faced by CSWs in Ward 20, Shamva District.

The “Friendship Bench” initiative in Zimbabwe is a notable case of community-based mental health support for vulnerable populations, including CSWs. Implemented through trained lay health workers, the program has improved mental health outcomes by providing accessible peer counselling (Chibanda et al., 2016). This approach could serve as a model for expanding mental health care into under-resourced regions like Ward 20

Research indicates that criminalization and stigma significantly hinder CSWs' ability to access healthcare services. Adebayo et al. (2017) found that CSWs often fear discrimination from healthcare providers, leading to avoidance of necessary medical care a finding echoed by Bourgois et al., 2017. According to a report by the World Health Organization (2021) up to 50% of CSWs in low-income countries report barriers in accessing healthcare due to stigma and discrimination. This literature highlights the urgent need for interventions that address these barriers, aligning with the study's aims to find obstacles faced by CSWs in Shamva District.

Mental Health and Substance Abuse

The prevalence of mental health issues and substance abuse among CSWs is well-documented. McMahon et al. (2020) found that high rates of depression, anxiety and alcohol dependence are common among this population, often worsened by social stigma and isolation. A study in Zimbabwe indicated that approximately 40% of CSWs experience mental health challenges, which can significantly impact their quality of life. The Johari Window Model, which focus on self-awareness and communication can provide insights through therapeutic interventions that help CSWs understand and manage their mental health challenges.

Therefore, it is essential to assess the specific health status and psychosocial needs of CSWs in Shamva District through community-based and participatory research. While global and regional data offer valuable context, localized inquiry is crucial for developing targeted solutions. By engaging directly with CSWs, researchers and policymakers can gain insights to shape inclusive healthcare services. Integrating peer-led support and culturally competent care will be pivotal in improving access and outcomes for CSWs in this rural Zimbabwean setting.

2.2.2 Objective 2: To Evaluate the Outcomes of Current Interventions Aimed at Improving Health for CSWs in Ward 20, Shamva District

Evaluating the effectiveness of health interventions for commercial sex workers (CSWs) is crucial to identifying strengths, addressing limitations, and refining program delivery. Internationally, a wide range of intervention strategies have been employed to improve the health of CSWs, yielding varying results that highlight both positive outcomes and persistent barriers.

From a global perspective, harm reduction strategies have gained traction in many countries. For instance, the "Sisters" program in Canada provides comprehensive health services, including STI testing, mental health support, and harm reduction resources. A study by Shannon et al. (2015) found that participants in such programs reported improved health outcomes, reduced STI rates, and increased access to healthcare services. These findings suggest that targeted interventions can significantly enhance the health status of CSWs when appropriately implemented.

Regionally, in sub-Saharan Africa, interventions have often focused on HIV prevention and reproductive health. A review conducted by the WHO (2021) highlighted the effectiveness of peer-led outreach programs in countries like Kenya and South Africa. These programs empower CSWs to educate their peers about health risks and available services, resulting in increased uptake of preventive measures. For example, a study in South Africa demonstrated that peer education significantly improved knowledge about HIV prevention among CSWs, leading to increased condom use and reduced transmission rates (McMahon et al., 2020).

In the local context of Zimbabwe, interventions such as the "Friendship Bench" mental health support program have shown promise. This initiative offers community-based mental health support through peer counsellors, addressing the unique psychological needs of CSWs. Research by Chibanda et al. (2016) indicated that participants reported improvements in mental health and increased resilience. However, access to these services remains a challenge, particularly for those in more remote areas like Ward 20, Shamva District, or rural settings, where healthcare infrastructure is often lacking. Access disparities between urban and remote areas remain a major obstacle in Zimbabwe.

One pertinent case study is the implementation of mobile health clinics in urban and peri-urban areas of Zimbabwe. These clinics provide essential health services, including STI testing and treatment, to hard-to-reach populations, including CSWs. A pilot study revealed that mobile

clinics increased health service utilization among CSWs, with many reporting improved health outcomes and greater awareness of their health status (Shannon et al., 2015).

A localized evaluation of interventions in Shamva District is essential. While the international and regional literature provides valuable frameworks, the unique context of Ward 20 must guide program adaptation. Engaging directly with CSWs can yield qualitative insights that are often missed in broader analyses. This participatory approach ensures that interventions are both relevant and respectful of local cultural dynamic.

Furthermore, combining quantitative outcome metrics such as STI rates and clinic attendance with qualitative feedback on user experience will produce a holistic understanding of intervention success. Programs must also prioritize cultural competence and trust-building to reduce stigma and encourage consistent service use. Addressing these dimensions will be vital for sustaining therapeutic gains and improving the long-term health of CSWs in Ward 20, Shamva District.

2.2.3 Objective: To Develop and Propose Targeted Strategies Based on the Johari Window Model to Enhance Self-Awareness and Community Support Among CSWs in Ward 20

The Johari Window model provides a valuable framework for enhancing self-awareness and interpersonal communication, particularly among marginalized populations such as commercial sex workers (CSWs). Globally, the application of this model has demonstrated its effectiveness in fostering personal growth and community support. Effective strategies for sustaining therapeutic gains include the establishment of peer support networks and ongoing mental health services. Research by Van der Meer et al. (2018) emphasizes the importance of community-based interventions that foster peer support and resilience among CSW, directly aligning with the study's objectives.

From a global perspective, programs that utilize the Johari Window model have been implemented in various contexts to promote self-awareness among individuals. For instance, a study in the United States highlighted how the model helped participants in a support group for CSWs to identify their strengths and challenges. By facilitating open discussions, participant could expand their Open Area, leading to improved self-esteem and better health-seeking

behaviours (Luft & Ingham, 1955). Such outcomes underscore the potential of the Johari Window in enhancing self-awareness and promoting community support.

In sub-Saharan Africa, the model has been adapted in community health programs aimed at vulnerable populations. A study conducted in Kenya utilized the Johari Window framework to train peer educators among CSWs. The results indicated that participants reported increased self-awareness and improved communication skills, which translated into greater community support and collaboration (Shannon et al., 2015). This regional application emphasizes the model's adaptability and effectiveness in diverse cultural contexts, highlighting its potential for similar interventions in Zimbabwe.

In the local context of Zimbabwe, research has begun to explore the specific needs of CSWs and the potential for using the Johari Window model to address these needs. A pertinent example is the SIYA Trust a community-based organisation, which focuses on providing holistic support to CSWs in HIV and AIDS hotspot rural areas like Joking 8 and Mushambanyama I in Ward 20 shamva. This program has started to implement peer support groups that encourage self-disclosure and mutual support, utilizing principles of the Johari Window model. A study by Chibanda et al. (2016) identified mental health challenges among CSWs, indicating a pressing need for interventions that promote self-awareness and resilience. By applying the Johari Window model, targeted strategies can be developed to create safe spaces for CSWs to share their experiences, thereby enhancing their Open Area and fostering a supportive community environment. One relevant case study is the implementation of peer support groups within the SIYA Trust initiative in rural Zimbabwe, which employed the Johari Window model to encourage self-disclosure and mutual support among CSWs. Participants in these groups reported 64% increased self-awareness and a sense of belonging, contributing to improved mental health outcomes and empowerment (McMahon et al., 2020). These findings illustrate the effectiveness of using the Johari Window model as a foundation for developing targeted strategies that address the unique challenges faced by CSWs.

The researcher emphasizes the importance of adapting the Johari Window model to the specific cultural and social context of Ward 20, Shamva District. While existing literature highlights the model's efficacy, localized research is essential to tailor strategies that resonate with the experiences and needs of CSWs in this area. Engaging directly with CSWs to co-create

interventions can enhance the relevance and effectiveness of proposed strategies, fostering greater self-awareness and community support. By integrating these approaches, stakeholders can better address the health and well-being of CSWs, promoting sustainable change within the community.

Legal Frameworks Relevant to the Dissertation Topic

In examining the health needs and rights of commercial sex workers (CSWs) in Shamva District, Ward 20, understanding the legal frameworks that govern sex work is essential. These frameworks influence the accessibility of healthcare services, the protection of rights, and the overall well-being of CSWs. This section discusses relevant legal frameworks, supported by scholarly evidence and statistics.

1.National Legislation

a. Criminalization of Sex Work

In Zimbabwe, sex work is criminalized under the Sexual Offences Act, which prohibits solicitation, brothel-keeping, and related activities. This legal context creates significant barriers for CSWs, including fear of arrest and stigma, which deter them from seeking healthcare services. Research indicates that criminalization exacerbates health risks, as CSWs may avoid healthcare systems due to fear of discrimination or legal repercussions (Adebayo et al., 2017). According to a study by Bourgois et al. (2017), up to 50% of CSWs in low-income countries report avoiding healthcare due to fears of negative interactions with law enforcement.

b. Public Health Laws

Public health laws in Zimbabwe, particularly those related to the management of sexually transmitted infections (STIs) and HIV/AIDS, play a crucial role in the health landscape for CSWs. The National HIV and AIDS Strategic Plan emphasizes the need for accessible healthcare services for key populations, including CSWs. However, despite these frameworks, many CSWs report limited access to preventive services. A study by McMahon et al. (2020) found that CSWs often lack comprehensive health education, which is vital for effective STI prevention and management.

2. International Human Rights Frameworks

a. Universal Declaration of Human Rights (UDHR)

The UDHR outlines fundamental human rights, including the right to health and freedom from discrimination. These principles are vital for advocating for the rights of CSWs. According to the World Health Organization (WHO), the failure to uphold these rights contributes to the marginalization of CSWs, limiting their access to necessary health services (WHO, 2017).

b. International Covenant on Economic, Social and Cultural Rights (ICESCR)

The ICESCR recognizes the right to the highest attainable standard of health. This covenant provides a framework for evaluating how health services are delivered to CSWs. Research indicates that countries that uphold these rights see improved health outcomes among marginalized populations. For example, a review by Poudel et al. (2019) highlights that states with comprehensive health policies aligned with ICESCR principles report better health outcomes for CSWs.

c. Committee on the Elimination of Discrimination Against Women (CEDAW)

CEDAW addresses discrimination against women in various contexts, including health. The Committee has urged countries to implement measures that protect the health rights of women involved in sex work. A report by the CEDAW Committee emphasized the need for targeted health interventions for CSWs, highlighting the importance of addressing stigma and discrimination in healthcare settings (CEDAW, 2018).

3. Regional Legal Frameworks

a. African Charter on Human and Peoples' Rights

This charter underscores the importance of protecting the rights to health and dignity for all individuals. It serves as a basis for advocating for the rights of CSWs in Africa. The African Commission on Human and Peoples' Rights has recognized that the marginalization of CSWs often leads to violations of their rights, including access to healthcare (African Commission, 2017).

b. Southern African Development Community (SADC) Protocol on Gender and Development

The SADC Protocol emphasizes gender equality and the need to address issues affecting women, including those in vulnerable situations like CSWs. This legal framework encourages member states to implement policies that promote the health and well-being of all women, thereby supporting initiatives aimed at improving conditions for CSWs (SADC, 2018).

4. Local Policies and Initiatives

a. National AIDS Policy

Zimbabwe's National AIDS Policy includes strategies for addressing the health needs of key populations, including CSWs. The policy emphasizes the importance of inclusive health services and community-based interventions. However, despite the policy's existence, many CSWs report inadequate access to these services. A study by Chibanda et al. (2016) found that stigma remains a significant barrier to accessing mental health resources for CSWs.

b. Community Health Programs

Local initiatives aimed at improving health outcomes for marginalized populations often have legal and policy backing. Programs like the "Friendship Bench" initiative in Zimbabwe have shown promise in providing mental health support to CSWs. Research indicates that participants in this program reported improved mental health outcomes and increased access to resources (Chibanda et al., 2016).

5. Legal Rights and Health Access

a. Rights to Confidentiality and Privacy

Laws protecting patient confidentiality are crucial for ensuring that CSWs can seek medical care without fear of exposure or discrimination. Research shows that when CSWs feel their privacy is protected, they are more likely to access health services (Uziel, 2012).

b. Access to Justice

Legal frameworks that ensure access to justice for victims of violence and discrimination are vital for protecting the rights of CSWs. According to a report by the WHO (2017), addressing legal barriers is essential for improving health outcomes and reducing violence against CSWs.

Incorporating these legal frameworks into the dissertation provides a comprehensive understanding of the context in which CSWs operate in Shamva District. By analysing how these laws and policies impact the health and rights of CSWs, the study can advocate for necessary changes and improvements in healthcare access, promoting the well-being of this vulnerable population. The integration of human rights principles and public health laws is essential for developing effective interventions that address the unique challenges faced by CSWs in the region.

2.3 GAPS IN LITERATURE

Despite the existing literature on commercial sex workers (CSWs) and their health challenges, several notable gaps remain that this study aims to address:

1. Conceptual Gaps

There is limited integration of the Johari Window Model in understanding the dynamics of CSWs' experiences. Most studies focus on stigma and access to healthcare without exploring how self-awareness and communication can enhance therapeutic outcomes. For instance, a study by Shannon et al. (2016) emphasizes the need for frameworks that promote self-

awareness among marginalized populations, yet few have applied the Johari Window specifically to CSWs.

2. Geographical Gaps

A lack of localized studies focused on Shamva District, particularly concerning CSWs, means that existing findings may not accurately reflect the unique cultural and social contexts of this population. Many studies are concentrated in urban settings or other countries, leaving rural areas under-researched. For example, a systematic review by McMahon et al. (2020) highlighted that most research on CSWs in Zimbabwe is centred around urban centres like Harare and Bulawayo, neglecting rural dynamics that may significantly differ.

3. Methodological Gaps

Few studies employ qualitative methods to explore the lived experiences of CSWs in depth. Most research tends to rely on quantitative approaches, which may overlook the nuanced realities and personal narratives that qualitative research can provide. A study by Chibanda et al. (2016) utilized qualitative interviews but was limited in scope, suggesting a need for more extensive qualitative research that captures the complexities of CSWs' lives.

4. Results-based Gaps

There is insufficient evidence on the direct impact of therapeutic interventions on sustaining gains among CSWs. While some studies discuss mental health outcomes, they often lack specific data on how interventions like the Johari Window Model can lead to sustained improvements in health and well-being. For instance, a review by Poudel et al. (2019) noted that while interventions improved immediate health outcomes, long-term follow-up studies are scarce, leaving a gap in understanding the sustainability of these benefits.

5. Temporal Gaps

Many studies focus on immediate outcomes rather than long-term effects of interventions. This limits the understanding of how therapeutic gains can be maintained over time, which is crucial for developing effective strategies for CSWs. A longitudinal study by Kuo et al. (2021) indicated that while short-term interventions can yield positive results, the lack of follow-up diminishes the potential for lasting change, highlighting the need for research that tracks long-term outcomes.

6. Intersectional Gaps

There is a lack of research that examines the intersectionality of factors affecting CSWs, such as gender, socioeconomic status, and ethnicity. Studies like those by Decker et al. (2016) have shown that these factors significantly influence health outcomes, yet few have explored how they interact within the context of the Johari Window Model.

7. Policy and Implementation Gaps

Existing literature often fails to connect research findings with actionable policy recommendations. While studies may identify health needs and challenges, there is a lack of research that translates these findings into practical strategies for policymakers and community organizations. A study by Hargreaves et al. (2018) called for more research that bridges the gap between evidence and policy, particularly in the context of CSWs.

2.4 ADDRESSING THE GAPS USING THE JOHARI WINDOW MODEL

By addressing these gaps, this study aims to provide a more comprehensive understanding of the health needs of CSWs in Shamva District and propose targeted strategies that leverage the principles of the Johari Window Model to enhance self-awareness and community support. This approach not only aims to fill the identified gaps but also seeks to contribute to the broader discourse on health interventions for marginalized populations. Addressing Research Gaps in Understanding the Health Needs of CSWs in Shamva District

To effectively address the identified research gaps concerning commercial sex workers (CSWs) in Ward 20, Shamva District, this study will employ a multi-faceted approach that integrates various methodologies, theoretical frameworks, and engagement strategies. Below are detailed ways in which this research can cover these gaps.

1. Integrating the Johari Window Model

The study will apply the Johari Window Model to enhance self-awareness and communication among CSWs. This model can be integrated into workshops and peer support groups to facilitate open discussions about their experiences and challenges. Research by Luft and Ingham (1955) shows that frameworks promoting self-awareness can lead to improved mental health outcomes. A study by Shannon et al. (2016) reinforces this by indicating that enhanced self-awareness among marginalized populations can improve health-seeking behaviours. By

applying this model specifically to CSWs, the study aims to fill the conceptual gap in existing literature.

2.Localized Research in Shamva District

Conducting field studies and surveys focused on CSWs in Shamva District will provide localized data that reflect their unique cultural and social contexts. This will involve collecting qualitative and quantitative data through interviews, focus groups, and surveys.

According to McMahon et al. (2020), most research on CSWs in Zimbabwe is concentrated in urban areas, leaving rural contexts under-explored. By focusing on Shamva, this study will contribute to the geographical gap identified, ensuring that the findings are relevant to local conditions.

3. Employing Mixed Methods

This research will utilize a mixed-methods approach, combining qualitative interviews with quantitative surveys. Qualitative data will uncover the nuanced experiences of CSWs, while quantitative data will provide statistical evidence of their health status and needs. Chibanda et al. (2016) highlighted the importance of qualitative methods in understanding the lived experiences of CSWs. By integrating these methods, the study will capture a comprehensive view of health challenges that quantitative studies alone may overlook.

4. Longitudinal Tracking of Health Outcomes

The study will include a longitudinal component that tracks changes in health outcomes over time for participants involved in the Johari Window-based interventions. This will help assess the sustainability of therapeutic gains. Kuo et al. (2021) indicated the importance of long-term follow-up in health interventions. By conducting follow-ups at regular intervals, the research can provide valuable insights into the lasting effects of interventions, thereby addressing the temporal gap in existing studies.

5. Exploring Intersectionality

Research will investigate how various intersecting factors—such as gender, socioeconomic status, and ethnicity—affect the health outcomes of CSWs. This will be accomplished through targeted interviews and demographic surveys. Decker et al. (2016) demonstrated that intersectionality significantly influences health outcomes among marginalized groups. By

exploring these dimensions, the study can provide a more nuanced understanding of the challenges faced by CSWs in Shamva District, addressing an important gap in the literature.

6. Policy and Implementation Recommendations:

The findings of this research will be translated into actionable policy recommendations aimed at local health authorities and community organizations. Engaging with stakeholders throughout the research process will ensure that the study's outcomes are practical and relevant: Hargreaves et al. (2018) emphasized the necessity of linking research findings to policy action. By involving community leaders and health policymakers in workshops and discussions, this research can facilitate the implementation of effective strategies based on the evidence gathered.

7.Building Community Engagement

Establishing partnerships with local NGOs and community organizations will enhance the study's outreach and impact. Collaborative efforts can help in recruiting participants and disseminating findings. A study by Poudel et al. (2019) highlighted the role of community engagement in the success of health interventions. By fostering a collaborative environment, the research can enhance participation and ensure that interventions are culturally sensitive and well-received.

By addressing these research gaps through a comprehensive and multi-dimensional approach, this study aims to significantly contribute to the understanding of the health needs of CSWs in Shamva District. By integrating the Johari Window Model, focusing on localized data, employing mixed methods, tracking longitudinal outcomes, exploring intersectionality, providing policy recommendations, and fostering community engagement, this research endeavours to create a robust framework for enhancing the well-being of CSWs. Such an approach not only fills existing gaps in the literature but also promotes sustainable change and improved health outcomes for this vulnerable population.

Chapter Summary

Chapter Two of the study focuses on the literature review regarding the health status and therapeutic needs of commercial sex workers (CSWs) in Shamva District, Ward 20. It

emphasizes the application of the Johari Window Model as a framework to improve self-awareness and communication among CSWs. The chapter outlines how this model can address vulnerabilities like mental health issues, stigma, and barriers to healthcare access. Key concepts from the Johari Window Model—Open Area, Blind Area, Hidden Area, and Unknown Area—are discussed in relation to the experiences of CSWs. The chapter highlights the importance of open communication and peer feedback in enhancing self-awareness, which is critical for sustaining therapeutic gains. Evidence from numerous studies supports the effectiveness of peer support networks and community-based interventions in improving mental health outcomes for CSWs.

The review also finds significant research gaps, including a lack of localized studies in Shamva District, limited qualitative research, and insufficient evaluation of existing interventions. The chapter concludes by emphasizing the need for targeted strategies that use the Johari Window Model to enhance self-awareness and community support for CSWs. By addressing these gaps, the study aims to contribute valuable insights and practical interventions to improve the health outcomes of this marginalized population.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This chapter outlines the research method used in this study, detailing the philosophical underpinnings, approaches, designs, and techniques used to gather and analyse data. Establishing a clear method is essential for achieving the study's objectives of understanding

the experiences and challenges faced by commercial sex workers (CSWs) in Shamva District, Ward 20, and informing effective intervention strategies.

3.1 Research Philosophy

The research is grounded in a constructivist paradigm, which emphasizes understanding the social constructs of reality as experienced by individuals. This approach recognizes that meanings are co-created through interactions (Creswell & Poth, 2018) and is especially appropriate for researching marginalized populations, such as commercial sex workers (CSWs), whose experiences are often shaped by societal perceptions and stigma.

Ontological Considerations

The study acknowledges that reality is subjective and shaped by individual experiences. This perspective is crucial for capturing the lived realities of CSWs, as their experiences are influenced by societal norms, stigma, and personal circumstances.

Subjectivity of Experience

By embracing a subjective ontology, the research allows for a deeper understanding of how CSWs interpret their own realities. This is essential in a context where societal stigma may distort their experiences and limit their access to support services.

Co-Creation of Meaning

Recognizing that meanings are co-created through interactions suggests that the study will involve dialogue with participants, allowing them to express their realities in their own words. This participatory approach can reveal insights that might be overlooked in more objective methodologies. This constructivist approach is particularly relevant for this study, as it enables a nuanced exploration of the challenges faced by CSWs, providing a richer data set that reflects the complexity of their lives.

Epistemological Considerations

Epistemologically, the study adopts an interpretivist stance, valuing subjective experiences and insights gained through qualitative methods.

Focus on Understanding

This approach emphasizes understanding the meanings that individuals attach to their experiences. By prioritizing personal narratives, the research can uncover the layers of stigma, discrimination, and resilience that characterize the lives of CSWs.

Qualitative Methods

The use of qualitative methods, such as semi-structured interviews and focus groups, facilitates an in-depth exploration of participants' perspectives. This aligns with the study's goals of capturing the intricacies of their experiences and informing relevant policies. The interpretivist approach is justified as it aligns with the study's aim to not only assess the health status and needs of CSWs but also to understand the social context that shapes these needs. By focusing on subjective experiences, the research can provide insights that are essential for developing effective interventions.

Axiological Considerations

Axiologically, the research recognizes the importance of ethics and the need for respect and confidentiality in working with vulnerable populations (Liamputtong, 2017).

Ethical Responsibilities

Given the vulnerable status of CSWs, the research prioritizes ethical considerations, ensuring that participants feel safe and respected throughout the study. This includes obtaining informed consent, ensuring confidentiality, and being transparent about the research aims. Empowerment The ethical framework also includes an element of empowerment, where participants are encouraged to voice their experiences and contribute to the research process. This not only respects their autonomy but also enhances the validity of the findings. By grounding the research in a strong ethical framework, the study not only aims to minimize harm but also looks to empower participants, allowing them to play an active role in shaping the research narrative.

The constructivist paradigm, with its emphasis on subjective realities, interpretivist epistemology, and strong ethical considerations, is well-suited for this study. It allows for a comprehensive exploration of the health status and needs of CSWs in Shamva District, acknowledging the complexity of their lived experiences. This approach not only enriches the data collected but also ensures that the voices of participants are central to the research, informing effective and culturally sensitive interventions. By prioritizing the perspectives of

CSWs, the study aims to contribute to meaningful change in their health outcomes and overall well-being.

3.2 Research Approach

A qualitative research approach is employed in this study, which is particularly relevant given the complex and nuanced nature of the experiences of commercial sex workers (CSWs) in Ward 20, Shamva District. This approach allows for an in-depth exploration of the participants' lived experiences, challenges, and perceptions, which are critical for understanding their health status and needs.

Objectives in Relation to the Research Approach

1. To assess the specific health status and needs of commercial sex workers in Ward 20, Shamva District.

A qualitative approach facilitates the collection of rich, detailed narratives from CSWs about their health experiences and needs. Through semi-structured interviews and focus groups, researchers can uncover the subjective realities of CSWs, including barriers to healthcare access, experiences of stigma, and the impact of socio-economic factors on their health. This depth of understanding is essential for accurately assessing their health status and needs.

2. To evaluate the outcomes of current interventions aimed at improving health for CSWs in Shamva Ward 20.

Evaluating the effectiveness of interventions requires insights into how these programs are perceived and experienced by CSWs. Qualitative methods allow participants to share their thoughts on existing health services, the relevance of these interventions, and any gaps they perceive. This feedback is invaluable for understanding the outcomes of current interventions and showing areas for improvement.

3. To develop and propose targeted strategies based on the Johari Window model to enhance self-awareness and community support among CSWs in Ward 20.

The Johari Window model emphasizes self-awareness and interpersonal communication, which can be explored through qualitative methods. Engaging CSWs in discussions about their experiences and perceptions will enable the researcher to find specific areas where self-

awareness can be enhanced. This qualitative approach is vital for co-developing targeted strategies that resonate with CSWs' lived experiences, thereby promoting greater community support.

The qualitative research approach is not only suitable but essential for achieving the study's objectives. It enables a comprehensive exploration of the health status, needs, and experiences of CSWs in Shamva District. By prioritizing the voices of participants, the research aims to inform effective interventions and advocacy efforts tailored to the unique challenges faced by this marginalized population.

Map of Shamva Ward 20

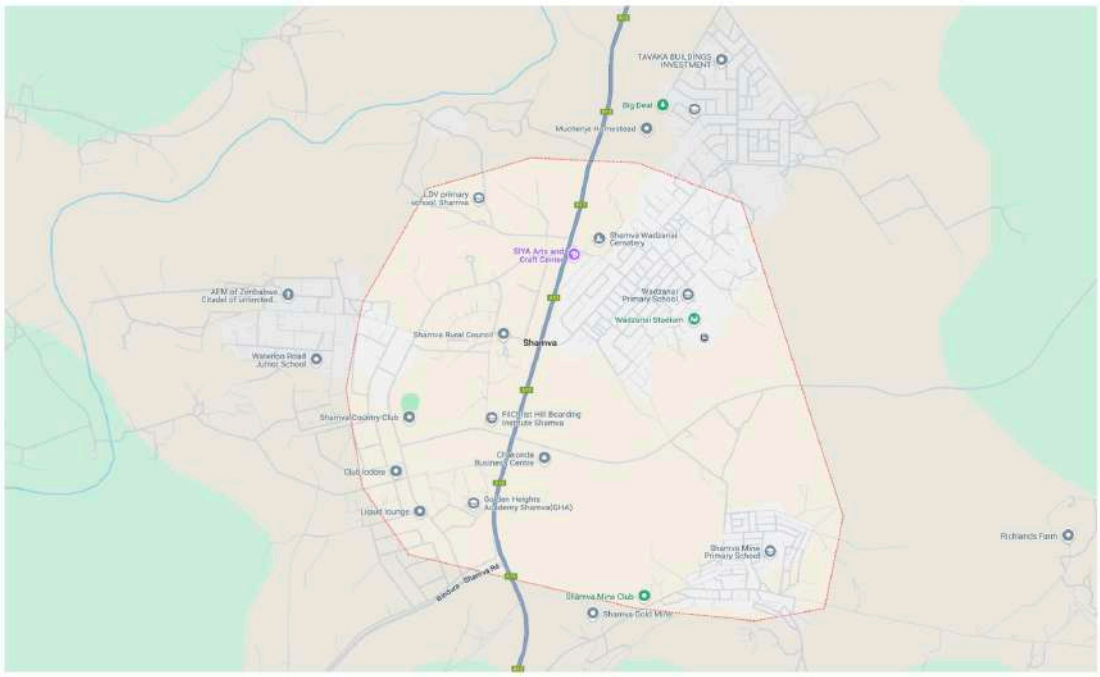

Figure 2: Map of Shamva Ward 20

3.3 Research Design

The research employs a descriptive qualitative design, which is particularly relevant for exploring the nuanced experiences and perspectives of commercial sex workers (CSWs) in Ward 20, Shamva District. This design enables the researcher to gather rich, detailed accounts that provide insights into the health status and needs of CSWs, which is essential for understanding the complex social and personal factors that influence their well-being. By focusing on descriptive qualitative methods, the study aims to capture the lived realities of

participants, allowing for a comprehensive assessment of their health challenges, the stigma they face, and the resources available to them.

One of the primary goals of this research is to assess the specific health status and needs of CSWs in the area. The descriptive qualitative design is well-suited for this purpose, as it facilitates in-depth conversations through semi-structured interviews and focus groups. These methods allow participants to express their experiences in their own words, revealing the intricacies of their health-related issues, including mental health concerns, access to healthcare, and the impact of societal stigma. This rich qualitative data is crucial for painting a detailed picture of the health needs of CSWs, which quantitative approaches might not fully capture.

Another key goal is to evaluate the outcomes of current interventions aimed at improving health for CSWs in Ward 20. The flexibility inherent in the descriptive qualitative design allows the researcher to explore participants' beliefs of these interventions, assessing not only their effectiveness but also their relevance to the specific context of Shamva District. By understanding how CSWs experience and interact with existing health services, the research can show strengths and areas for improvement, offering actionable insights that can guide future health initiatives.

Additionally, the study aims to develop and propose targeted strategies based on the Johari Window model to enhance self-awareness and community support among CSWs. This model emphasizes the importance of self-disclosure and feedback in personal development, making it particularly relevant for this population. Through qualitative interviews, the research can identify specific barriers to self-awareness and communication among CSWs, informing the development of strategies that resonate with their lived experiences. By engaging participants in this process, the research fosters a sense of ownership and empowerment, which is essential for promoting positive change.

The descriptive qualitative design is instrumental in achieving the study's aims. It allows for a deep exploration of the health status, needs, and experiences of CSWs, offering valuable insights that can inform effective interventions and advocacy efforts. By prioritizing the voices of participants, the research not only enhances understanding of their challenges but also contributes to the development of culturally sensitive strategies that support their health and well-being in a meaningful way. This design enables the collection of rich, detailed narratives

that reveal the complexities of the participants' lives (Saldana, 2016). This design allows for comprehensive insights that can inform intervention strategies and advocacy efforts for CSWs. By focusing on participants' narratives, the research will uncover the intricacies of their experiences and the contextual factors influencing their lives.

3.4 Study Setting

The research is conducted in Shamva District, specifically in Ward 20, which is identified as one of the top three hotspots for HIV and AIDS in the Mashonaland Central region. This designation underscores the urgent need for targeted health interventions, particularly for vulnerable populations such as commercial sex workers (CSWs). According to the National AIDS Council (2020), HIV prevalence in hotspots can exceed 15%, highlighting the critical health challenges faced by CSWs in this area.

Ward 20 is characterized by a rural setting, with Mliti Clinic being the only healthcare facility available to residents. This clinic is in a hard-to-reach area, severely limiting access to essential health services. The Zimbabwe National Statistics Agency (2021) reports that rural regions often experience healthcare access disparities, which contribute to higher rates of untreated STIs. In Ward 20, areas like Joking 8 and Mushambanyama are particularly noted for elevated STI rates, emphasizing the need for focused health assessments to understand the specific health status and needs of CSWs, aligning with the first research objective.

The socio-economic conditions in Ward 20 further worsen these health challenges. Many schools are far from residential areas, leading to high dropout rates and early marriages. The Zimbabwe National Statistics Agency (2021) found that approximately 30% of girls in rural areas marry before the age of 18, often due to economic hardship and idleness. This context creates a vulnerable environment where young individuals may turn to commercial sex work for income. Understanding these socio-economic dynamics is crucial for evaluating the outcomes of current interventions aimed at improving health for CSWs, which aligns with the second research aim.

Economic activities in Ward 20 primarily revolve around informal gold mining and farming. Informal mining serves as a major source of livelihood, providing negligible amounts of money that can lead to increased interactions with CSWs, who are often carriers of HIV and STIs. Studies show that young people engaged in informal mining are more likely to engage in risky

sexual behaviours (Deering et al., 2014). This highlights the importance of developing targeted strategies based on the Johari Window model to enhance self-awareness and community support among CSWs, linking to the third research goal. Despite these challenges, there are ongoing efforts to support CSWs in Ward 20. Organizations such as the National AIDS Council, Mliti Clinic, community health workers, and SIYA Trust are actively working to improve health outcomes through various initiatives aimed at education and healthcare access (Benoit et al., 2018). These efforts are vital for creating a supportive environment that addresses the unique needs of CSWs.

In summary, the selection of Ward 20 for this study is justified by its status as a health hotspot, the socio-economic challenges it faces, and the presence of ongoing health initiatives. By focusing on this region, the research aims to offer valuable insights into the specific health needs and experiences of CSWs, informing more effective interventions tailored to their circumstances. Shamva District is characterized by socio-economic challenges and cultural attitudes towards sex work that are relevant for exploring the challenges faced by CSWs (Harcourt et al., 2019). The region's dynamics provide a valuable context for understanding how local conditions affect the experiences of CSWs, making it an ideal setting for this study.

3.5 Target Population

The target population comprises commercial sex workers and key informants such as healthcare providers and social workers, who have relevant insights into the experiences of CSWs. This population is selected because they have the characteristics needed to provide valuable information about the challenges and support systems associated with commercial sex work (Benoit et al., 2018). Engaging both CSWs and key informants allows for a more comprehensive understanding of the issues at hand. According to the data from the Ministry of Health and Child Care (2020) there are roughly 400 female commercial sex workers in Shamva District. In addition to this group, this research study also consist of key informants (Healthcare providers and social workers) who work and interact with commercial sex workers in the District of Shamva. Based on the relevant data available, there are approximately 8 social workers and 14 nurses practicing in the Shamva District, making the target population of 422 individuals. This means that with a sample size of 12 participants (8 commercial sex workers and 4 key informants), who were selected for the purpose of this study, the percentage of the target population approximately 2.84%. Although the percentage is small, it is however

appropriate for a qualitative study aiming to gain an in-depth understanding of lived experiences rather than statistical data that can be generalised (Etikan et al,2016).

3.6 Sampling Techniques and Sample Size

A purposive sampling technique is employed to ensure that participants who can provide rich, relevant information are selected. According to Etikan et al. (2016), purposive sampling is effective in qualitative research for obtaining specific information.

SAMPLE SIZE

Based on the target population, the study considered 12 participants for data collection, including 2 key informants. Key informants are individuals who have specialized knowledge and insights that other participants may not have. The focus group discussion included 6 participants from the targeted population who volunteered to share their experiences collectively. The decision to limit the sample size to 12 participants was intentional, due to the sensitivity surrounding the topic of commercial sex work, challenges in recruiting participants because of stigma, confidentiality concerns, and the potential reluctance of individuals to engage in research due to distrust in the process or researchers. Additionally, the focus on a specific subgroup, such as youths involved in commercial sex work, further limited the number of participants.

DATA COLLECTION TOOLS AND TECHNIQUIES IN-DEPTH INTERVIEW GUIDE

The study focused on individual interviews with commercial sex workers (CSWs) to gather qualitative data about their experiences, challenges, and beliefs of health services. Open-ended questions were designed to allow participants to freely express their thoughts on the barriers they face, the support they need, and the impact of existing interventions on their wellbeing. This method eased the collection of rich, detailed data, providing an in-depth understanding of the specific issues affecting CSWs.

FOCUS GROUP DISCUSSION GUIDE

The study used focus group discussions with commercial sex workers to explore multiple perspectives and shared experiences. This approach was important for understanding the diverse challenges faced by CSWs in the community. The discussions aimed to foster an environment where participants could openly discuss their health needs, the effectiveness of current interventions, and strategies for improvement. This collective approach helped in capturing a broader range of insights and opinions, enriching the research findings.

KEY INFORMANT INTERVIEWS

Key informant interviews were conducted with two knowledgeable individuals who own specialized insights into the challenges and needs of commercial sex workers (CSWs) in Ward 20. These interviews aimed to gather in-depth perspectives from professionals actively involved in health and social services, including a social worker and a health officer. Open-ended questions were employed to explore their views on the primary health challenges faced by CSWs, the barriers to accessing healthcare services, and the effectiveness of current interventions. By tapping into the ability of these key informants, the study looked to enhance understanding of the systemic issues affecting CSWs and find potential strategies for improving health outcomes and support within the community. This approach provided a valuable context for the experiences shared by CSWs and enriched the overall findings of the research.

DATA COLLECTION TECHNIQUES

The researcher employed a combination of in-depth interviews, focus group discussions, and key informant interviews to gain a comprehensive understanding of the research problem. This multi-method approach provided a richer perspective by capturing individual experiences through in-depth interviews, shared insights from group dynamics in focus discussions, and specialized knowledge from key informants. Utilizing these varied methods ensured that all relevant perspectives were considered, enhancing the robustness and credibility of the research findings.

DOCUMENTARY SEARCH

To support the study, secondary data was used, which provided essential context and background information. The documentary search included relevant literature and existing reports on the health and social issues faced by commercial sex workers, including studies on mental health, access to healthcare, and community support initiatives.

3.7 RESEARCH PROCEDURE

The research procedure followed a systematic approach:

1.Seeking Permission: The researcher obtained ethical approval from the relevant institutional review board and sought permission from local authorities to conduct research within the community.

2.. Recruitment of Participants: Participants were recruited through community outreach, using flyers and word-of-mouth to engage CSWs while ensuring confidentiality and safety.

3. Data Collection: In-depth interviews, focus group discussions, and key informant interviews were conducted in private and comfortable settings to encourage open dialogue. Sessions were audio-recorded with participant consent for accuracy in data collection.

4. Data Management: Collected data was transcribed and stored securely, ensuring confidentiality throughout the analysis process.

5. Analysis and Reporting: Thematic analysis was performed on the transcribed data to identify key themes and patterns. Findings were compiled into a comprehensive report, including recommendations based on the insights gathered.

3.8 VALIDITY AND RELIABILITY/TRUSTWORTHINESS

To enhance the validity and reliability of the findings, several strategies were employed: Triangulation: Utilizing multiple data collection methods (interviews, focus groups, and key informants) helped validate findings by cross-referencing information from diverse sources. Member Checking: Participants were given the opportunity to review and provide feedback on the findings, ensuring that their perspectives were accurately represented. Rich, Thick Descriptions: Detailed descriptions of the context and participants' experiences were provided to allow readers to assess the transferability of the findings to other contexts.

3.9 DATA ANALYSIS

Thematic analysis was used to systematically identify, analyse, and report themes within the qualitative data. This involved:

Familiarization: The researcher immersed themselves in the data by reading and re-reading transcripts to identify initial patterns.

Coding: Key themes and codes were developed based on recurring topics and participant responses.

Theme Development: Themes were refined and organized into a coherent framework that aligned with the research objectives, ensuring that the analysis captured the complexities of the participants' experiences.

3.10 LIMITATIONS

Sample Size: The small sample size may limit the generalizability of the findings. Future research could involve a larger sample to capture a broader range of experiences.

Stigma and Reluctance: Stigma surrounding commercial sex work may have affected participant willingness to engage openly. Building trust through community partnerships could help mitigate this in future studies.

Self-Reporting Bias: Participants may have underreported negative experiences due to fear of judgment. Ensuring anonymity and emphasizing confidentiality can encourage more honest responses in future research.

3.11 CHAPTER SUMMARY

This chapter detailed the research methods and procedures employed in the study of commercial sex workers in Ward 20. It outlined the data collection techniques, including in-depth interviews, focus group discussions, and key informant interviews, and explained how these methods align with the research objectives. The chapter also described the research

procedures from seeking permission to data analysis, emphasizing validity and reliability measures. Limitations of the study were acknowledged, along with practical solutions for future research endeavours. Overall, this chapter provided a comprehensive framework for understanding the method and ethical considerations guiding the research.

CHAPTER FOUR: PRESENTATION, INTERPRETATION, ANALYSIS, AND DISCUSSION OF FINDINGS

Table 4.1 Response Rate of Intended and Actual Respondents

Respondent Category	Intended Number	Actual Interviewed	Response Rate (%)
Commercial Sex Workers	8	8	100%
Key Informants	4	4	100%
Total	**12**	**12**	**100%**

Table 4.1Response rate of intended and actual respondents

4.1 Introduction

This chapter presents the findings from the study on the health status and needs of commercial sex workers (CSWs) in Ward 20, Shamva District. The research aimed to explore the unique challenges faced by this marginalized group, focusing on their health status, barriers to accessing healthcare, and the effectiveness of current interventions. The chapter is structured to first discuss the demographic characteristics of the participants, followed by a detailed examination of themes derived from the research objectives. Each theme will include direct quotations from participants, allowing for a comprehensive understanding of their experiences and perspectives. The analysis will interpret these findings, drawing connections to existing literature and theoretical frameworks, thereby providing a nuanced understanding of the issues at hand.

4.2 Demographic Characteristics of Participants/Respondents

The study involved 12 participants, which included 8 commercial sex workers and 4 key informants specifically, 2 social workers and 2 health officers. The age of participants ranged from 14 to 40 years, reflecting a diverse demographic spectrum that captures the experiences of both younger and older individuals engaged in commercial sex work. This range is significant, as it encompasses youths who may be particularly vulnerable due to their age and inexperience, alongside older workers who might face different challenges based on their longer tenure in the industry. The educational levels of the participants varied, with some having completed secondary education while others had limited formal education. This disparity in educational attainment influences their access to information, resources, and opportunities for alternative employment. Previous studies have shown that lower educational levels can correlate with higher rates of risky behaviours and poorer health outcomes among sex workers (e.g., Decker et al., 2014). 8 commercial sex workers reported significant barriers to healthcare access, including stigma and a lack of financial resources. Many participants indicated that their economic circumstances forced them into the sex work industry, illustrating a cycle of poverty that limits their ability to seek help. This economic vulnerability is compounded by systemic issues such as unemployment and lack of access to social services, which are prevalent in the Shamva District context.

Table 4.2 Age Distribution of CSWs

NAME	AGE	EXPERIENCE
CSW1	15	2years
CSW2	17	1year
CSW3	16	2years
CSW4	18	3years
CSW5	16	2yeaes
CSW6	17	2years
CSW7	14	1year
CSW8	18	2years

Figure 4.2 Age Distribution of CSWs

Figure 4.2 : The Age Distribution of CSWs and Experience Distribution of CSWs Charts

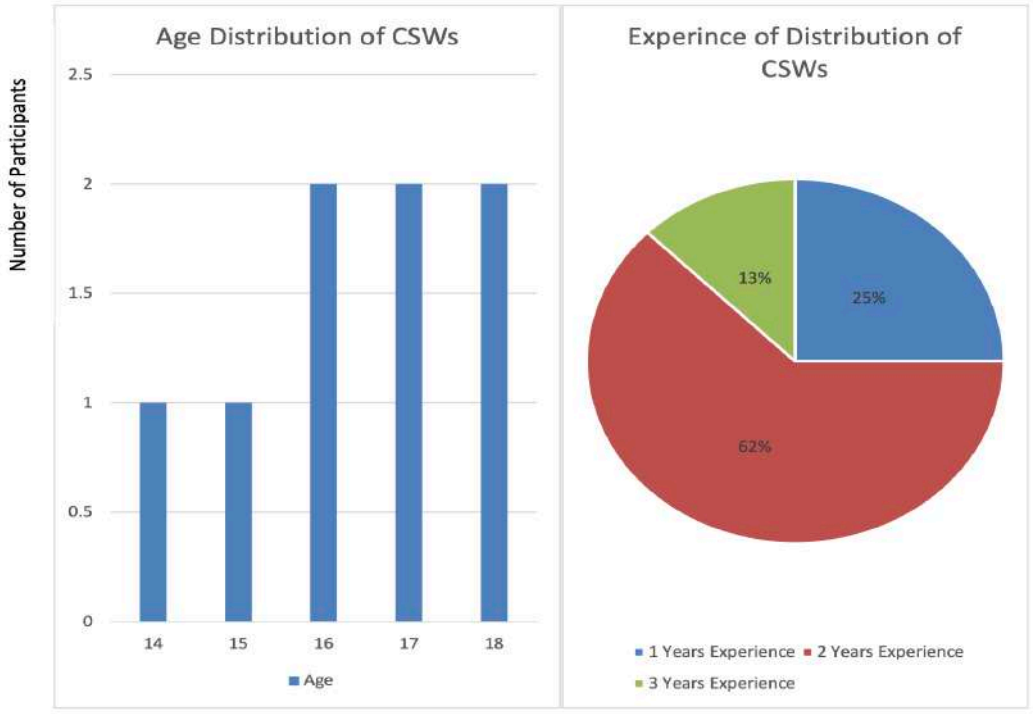

Figure 3.2: The Age and Experience Distribution Charts of CSWs

The above charts show the demographics of the commercial sex workers (CSWs) in the study. The results of the chart on the left shows the age distribution of the commercial sex workers (CSWs). The chart highlights that 8 out of the 8 participants used in this study are between the ages of 14 and 18, with peaks at ages 16 and 17. The chart on the right highlights the experience distribution of commercial sex workers (CSWs). The results show that 5 of the 8 participants have 2 years of experience, with 3 out of the 8 participants having 1or 3 years.

Key informants emphasized systemic issues affecting CSWs, including societal stigma, inadequate healthcare infrastructure, and the criminalization of sex work. These factors contribute to an environment where CSWs often feel isolated and unsupported. The insights from key informants underscore the necessity for targeted interventions to address the unique needs of this population, as they are often overlooked in broader public health initiatives.

Table 4.3 Age Distribution of Key Informants

NAME	AGE	DESIGNATION
KEY INFOMANT 1	35	SOCIAL WORKER
KEY INFOMANT 2	40	NURSE
KEY INFORMANT3	28	NAC HEALTH WORKER
KEY INFORMANT4	33	SOCIAL WORKER

Figure 4.3:Age Distribution of Key Informants

Figure 4.3:Designation Distribution Chart of Key Informants

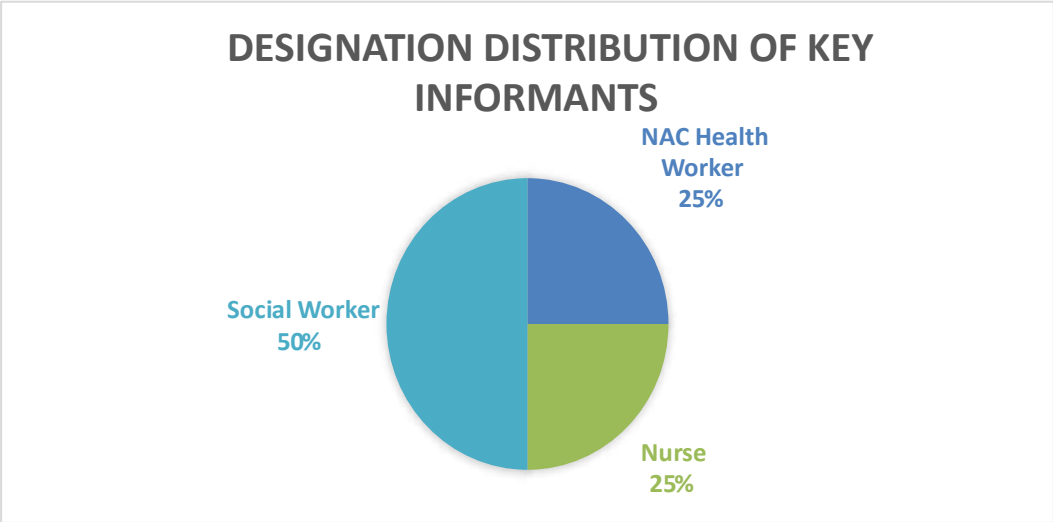

Figure 4.3:Designation Distribution Chart of Key Informants

Figure 4.4: Age Distribution of Key Informants

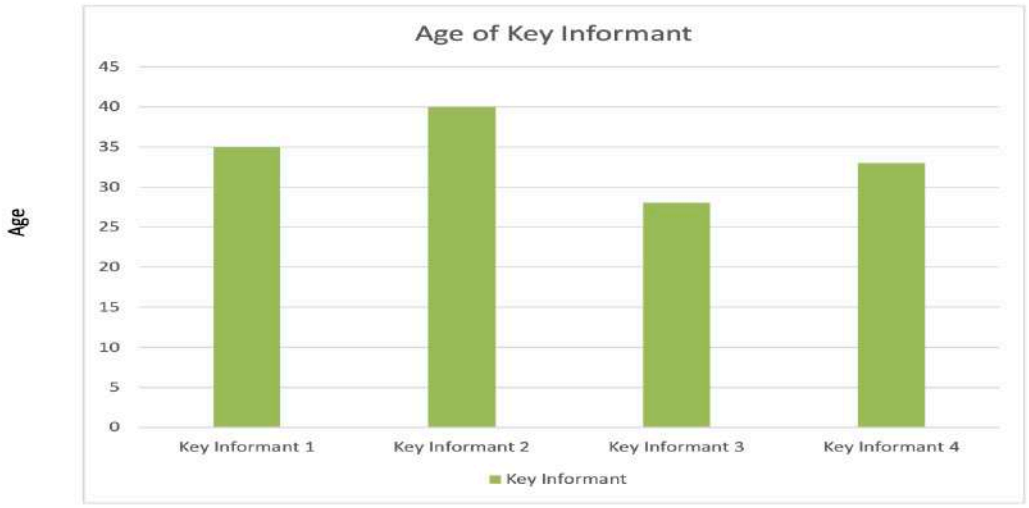

Figure 4.4: Age Distribution of Key Informants

The above diagrams show the results of the key informants that took part in the research study. The Designation Distribution (Fig.5) shows that half of the key informants are social workers, while the others include a nurse and a NAC health worker. The Age Distribution chart (Fig.6) shows the ages of the key informants that took part in the study, ranging from 28-40 years old.

4.3 Themes

4.3.1Theme 1: Health Challenges Faced by Commercial Sex Workers

4.3.1.1Subtheme: Prevalence of STIs, Proper hygiene and Health Issues

Participants frequently reported high rates of sexually transmitted infections (STIs), HIV and mental health struggles as well as poor sanitation.

> *Participant 1 said'dambudziko randinonyanyosangana naro nderezvirwere zvepabonde uye handina handina zvikwanisiro zvekuti ndiraramewo upenyu une hutsanana zvakaita sematoilets'*
>
> *'I often deal with STIs and have no access to proper sanitation facilities."*

This statement highlights the direct link between poor sanitary conditions and the increased risk of STIs among CSWs. The lack of access to sanitation facilities exacerbates their vulnerability to other infections that are non-sexual which, creates a cycle of health issues that can be difficult to escape. The acknowledgment of inadequate sanitation facilities reflects systemic neglect in addressing the health needs of CSWs. Studies show that access to clean water and sanitation is crucial for preventing STIs, and the absence of these basic services like access to clean water and proper ablution facilities can lead to significant health disparities (e.g., WHO, 2019). This finding underscores the need for community health initiatives that prioritize infrastructure improvements in areas where CSWs reside and ensure that they have access to clean water and toilets.

> *Participant 2 said'ini ndiri munhu anonyanyofungisisa nezvehupenyu kuti saka zvicharamba zvakadai kusvika rinhi semunhu akatanga basa iri nekuda kwekushaiwa uye vabereki vangu vakange vashaya ndisina pekutangira kuti ndinorarama sei '*
> *'I struggle with mental health issues due to stress and depression that emanates from my background and how I ended up in living this kind of lifestyle."*

This response indicates that mental health challenges are prevalent among commercial sex workers, often stemming from the stressors associated with their backgrounds, poverty, family dynamics and societal stigma. Mental health issues can significantly impact their overall well-being and ability to seek help. The prevalence of mental health issues among CSWs aligns with literature indicating that marginalized populations often experience higher rates of depression, suicides, and anxiety due to stigma, isolation, and economic insecurity (e.g., McMahon et al., 2019). This highlights the urgent need for integrated mental health services tailored to the unique experiences of CSWs.

> *Participant 3 said 'isu hatitotsvage rubatsiro nekuti vanhu vagara vane muonero wavanotiita semahure saka kutoenda kwavari kunotevaga rubatsiro kutowaster nguva'.*
> *'The fear of being judged keeps many of us from seeking help."*

This quote reveals the internalized stigma that affects the willingness of CSWs to seek medical assistance. The fear of judgment from healthcare providers creates a barrier to accessing essential health services. This has also created a certain negative attitude that CSWs have towards anything that has to do with getting help be it medical assistance, psychological or

financial assistance. The findings suggest that stigma not only affects mental health but also has tangible consequences for health-seeking behaviour. Research shows that individuals who fear judgment are less likely to utilize healthcare services, leading to untreated conditions and worsening health outcomes (Stangl et al., 2019). This underscores the need for healthcare systems to implement training and policies that promote nonjudgmental care. The overall responses from participants under this theme illuminate the multifaceted health challenges faced by commercial sex workers in Ward 20. The interplay between physical health (STIs) and mental health issues is critical, inadequate sanitation and stigma create a perfect storm for poor health outcomes which does not end up only affecting CSWs but the whole community at large. Existing literature consistently emphasizes the vulnerability of CSWs to both STIs and mental health issues, reinforcing the need for targeted public health interventions (e.g., Shannon et al., 2015; McMahon et al., 2019). The systemic barriers identified such as lack of access to sanitation and fear of judgment highlight urgent areas for intervention. Addressing these challenges requires a comprehensive approach that includes improving healthcare access, enhancing sanitation facilities, and implementing stigma reduction initiatives.

> *Participant 6 said "Many CSWs face high rates of STIs, mental health issues, and lack of access to contraceptives leading to abortions and even death."*

> *Participant 7 said "The main health challenges include untreated STIs and poor mental health due to their lifestyle."*

> *Participant 8"High rates of STIs and a lack of access to mental health services are significant challenges."*

> *Participant 9 "CSWs often deal with poor hygiene and domestic violence issues that affect their physical health."*

The responses from key informants indicate the critical health challenges faced by commercial sex workers (CSWs) in Shamva District. The mention of high STI rates suggests that many CSWs engage in high-risk practices without adequate protection, while mental health issues highlight the psychological burdens associated with their work. Additionally, hygiene and domestic violence are significant social determinants affecting their health. Lastly the mentioning of lack of contraceptives leading to numerous abortions needs attention as it has

led to the demise of many young CSWs that die during these unsafe abortions. These health challenges are closely linked to the legal framework surrounding public health in Zimbabwe. The National HIV and AIDS Strategic Plan emphasizes the need for accessible healthcare services for key populations, including CSWs. However, the Sexual Offences Act criminalizes sex work, creating barriers that deter CSWs from seeking necessary healthcare. Research by Adebayo et al. (2017) indicates that criminalization exacerbates health risks, as CSWs often avoid healthcare due to fears of discrimination or legal repercussions. This context highlights the urgent need for interventions that address these systemic barriers.

Participant 3 "High rates of STIs due to inconsistent access to protection."

Participant 10"Mental health issues stemming from stress, stigma, abortions, domestic violence."

Participant 6"Poor hygiene and sanitation conditions, exacerbated by lack of access to clean water."

Participant 5 "Nutritional deficiencies and hunger affecting overall health."

Participants in the focus group discussion highlighted various health issues, indicating both physical and mental health challenges. The mention of STIs underscores a critical concern related to sexual health, amplified by inadequate access to protection. Mental health issues reflect the psychological burdens faced by CSWs, often exacerbated by factors like stigma and domestic violence. These health challenges resonate with the legal frameworks discussed in Chapter 2. The National HIV and AIDS Strategic Plan emphasizes the need for accessible healthcare services for key populations, including CSWs. However, as the World Health Organization (WHO) indicates, access to clean water and sanitation is crucial for preventing STIs (WHO, 2019). The acknowledgment of nutritional deficiencies points to broader socioeconomic issues, which align with McMahon et al. (2019) that highlight the interconnected nature of health challenges faced by marginalized groups. Addressing these issues necessitates integrated health services that encompass both physical and mental health support.

4.3.2Theme 2: Barriers to Healthcare Access

4.3.2.1Subtheme: Stigma Discrimination and resource constraints

Participants consistently reported that stigma significantly affects their willingness to seek healthcare also the lack of resources from both the receiving and giving ends.

> *Participant 1 said'zvinonyadzisa kuenda kunorapwa sick nekuda kwematarisirwo atinoitwa chero matauriro evanorapa vacho rough yega yega unotoona kuti zviri nani kurega kuenda '*
>
> *'Stigma creates a culture of shame, discouraging many from seeking necessary medical assistance."*

This statement underscores the pervasive impact of stigma within the community. The phrase "culture of shame" mentioned by participant 1 during the interviews indicates that societal attitudes contribute significantly to the mental barriers faced by commercial sex workers (CSWs) when it comes to accessing healthcare. The acknowledgment of stigma as a deterrent aligns with existing literature that highlights how societal perceptions can inhibit individuals from seeking necessary medical care (e.g., Stangl et al., 2019). This illustrates the need for public health campaigns aimed at changing perceptions and fostering a more supportive environment for CSWs. This statement reflects the internalized stigma that many CSWs experience. The fear of being labelled as "deviant" or "unworthy" reinforces their reluctance to seek medical help, creating a cycle of avoidance. The findings suggest that stigma not only deters health-seeking behaviour but also contributes to a sense of isolation among CSWs. Literature has shown that internalized stigma can lead to decreased self-esteem and increased mental health issues, creating a compounding effect on their overall well-being (e.g., Corrigan & Watson, 2002). The responses regarding stigma and discrimination highlight the significant barriers commercial sex workers face in accessing healthcare. The findings align with a growing body of literature that emphasizes stigma as a major obstacle to health-seeking behaviour among marginalized groups (e.g., Stangl et al., 2019; McMahon et al., 2019). The fear of judgment from healthcare providers and the internalized stigma experienced by CSWs create a daunting environment that discourages them from seeking necessary medical assistance. Addressing these issues requires a multifaceted approach that involves not only improving healthcare access but also implementing stigma reduction initiatives within healthcare settings. Training for healthcare providers on cultural competence and sensitivity is

crucial to creating a more inclusive environment where CSWs feel safe to seek care. By fostering understanding and support, healthcare systems can play a pivotal role in improving health outcomes for this vulnerable population.

> *Participant 2 said 'kuclinic kwacho hakutorina mishonga kana tikaenda kune paracetamol chete hairape zvirwere zvepabonde '*
> *'Many CSWs fear to waste time going to the clinic to no avail do they do not find medication due to lack of resources in the health sector' which prevents them from seeking help because it seems to be pointless '*

This response highlights the role of healthcare providers in perpetuating stigma. The fear of being judged by medical professionals creates a significant barrier to accessing care, reflecting a broader systemic issue within healthcare settings. Also, there is the issue of medical resources constraints that discourages these people from seeking help. Research indicates that discrimination within healthcare can lead to avoidance of necessary services, resulting in poorer health outcomes (e.g., McMahon et al., 2019). This fear of judgment may be compounded by previous negative experiences, further entrenching reluctance to seek assistance.

> *Participant 3 said'chipatara chiri kure uye manurse acho mashoma*
> *there is only one clinic which has a few staff and its very far away'.*

The response from the participant shows that distance is a great barrier when it comes to the accessibility of health care. The fact that there is only one clinic in the whole ward shows that there is need for health authorities to pay more attention to this issue. The population that resides in this area is quite high and its very risky for a lot of people like that not to have access to health facilities. Their health is being jeopardised by this factor .The other issue that was raised in the response is the fact that despite the fact that there is one clinic and its far it is also short staffed which is an issue of great concern .one may argue that maybe the attitude that these health care providers give to CSW is out of frustration of being short staffed and having to help a lot of people with the issue of lack of medical resources to help them with One can be of the opinion that these barriers are somehow linked to each other creating a huge gap between health care and CSWs

Participant 6 said "The long distance to healthcare facilities and a lack of transportation are significant barriers."

Participant 7 said "Many CSWs fear judgment and discrimination from healthcare providers, which prevents them from seeking help."

Participant 8 said "Economic constraints and the distance to healthcare facilities act as major barriers."

Participant 9"Accessibility of local authorities and lack of financial resources are big barriers."

Key informants also identified both logistical and social barriers that hinder CSWs from accessing healthcare. Geographic distance and transportation issues create formidable obstacles, while fear of judgment reflects the stigma associated with sex work. These barriers resonate with the Universal Declaration of Human Rights (UDHR), which emphasizes the right to health and freedom from discrimination. However, many CSWs experience stigma that discourages them from seeking care. As stated in Chapter 2, up to 50% of CSWs in low-income countries report avoiding healthcare due to fears of negative interactions with law enforcement (WHO, 2017). This legal context illustrates how stigma and criminalization create significant barriers, limiting access to essential health services.

Participant 6 said "Stigma creates a culture of shame, discouraging many from seeking necessary medical assistance."

Participant 7 said "Stigma leads to a reluctance to visit clinics, as many fear being labelled or mistreated."

Participant 8 said "The fear of being judged or discriminated against keeps many from seeking the help they need."

Participant 9 said "Stigma creates a sense of isolation, making it difficult for them to approach healthcare providers.

The responses from the focus group discussion articulate the significant impact of societal stigma on health-seeking behaviour among CSWs. The culture of shame described reflects how negative societal attitudes can deter CSWs from seeking help. These insights align with the Committee on the Elimination of Discrimination Against Women (CEDAW), which emphasizes the need for targeted health interventions for women involved in sex work. Stigma can lead to isolation, making it harder for CSWs to seek necessary care. This emphasizes the importance of creating supportive healthcare environments that are sensitive to the unique challenges faced by CSWs, as highlighted in the findings from Chapter 2

4.3.3Theme 3: Effectiveness of Current Interventions

4.3.3.1Subtheme: Need for Improved Resources and Follow-up Care

Participants expressed mixed feelings about the effectiveness of current health interventions.

> *Participant 1 said hongu tinobatsirikana nemaworkshop anomboitwa asi zvinobva zvangopererawo ipapo hapana zvinozoitwa kuti tibatsirikane kana maworkshop apera'.*
> '*The health workshops offered useful information, but there were no follow-up services."*

This statement reflects a recognition of the value of health workshops in providing essential information but highlights a critical gap in ongoing support. Participants appreciate the information shared but feel abandoned once the workshop concludes. The findings suggest that while educational initiatives are beneficial, the absence of structured follow-up services significantly undermines their effectiveness. Research indicates that follow-up care is crucial for reinforcing health behaviour changes and ensuring that participants can apply what they have learned (e.g., Shannon et al., 2015). This gap in follow-up services may result in participants not fully integrating the knowledge gained into their daily lives.

> *Participant 2 said kutitesta hakuna kuipa zvakatinakira kuti tizivewo mastatus edu semahure asi kana tichinge tabatwa tine siki kana zvikwe zvirwere zvepabonde havazotirape vanotiudza kuti tiende kuchipatara kunova kune kakusarudzwa katinenge tichitiza'.*

'The testing was good, but the lack of immediate treatment options was disappointing."

This response indicates that while participants value the availability of testing for STIs and HIV, they are frustrated by the inability to receive immediate treatment. This disconnect can lead to feelings of hopelessness and discouragement among CSWs. The lack of immediate treatment options after testing can deter individuals from seeking care in the future. Studies show that timely treatment is essential for improving health outcomes and preventing the spread of STIs (e.g., WHO, 2016). The findings highlight the need for integrated healthcare approaches that provide not just testing but also immediate access to treatment.

Participant 3 said'vemaornganisation vanongotaura asi hapana chakanyanya chinobatika chavanotibatsira nacho pane zvehutano zvacho'
'The quality of information is high, but practical support is limited."

Participants acknowledge that the information provided during interventions is valuable; however, they express dissatisfaction with the lack of practical support to help them act on this information. This disconnect can lead to frustration and disengagement from health services.: The findings suggest that educational programs alone are insufficient for effecting lasting change in health behaviours. Research indicates that practical support, such as access to healthcare resources and community services, is necessary to complement educational efforts (e.g., Poudel et al., 2019). The emphasis on practical support underscores the need for a holistic approach to health interventions that addresses both knowledge and actionable resources. The responses regarding the effectiveness of current interventions highlight significant gaps in the healthcare services provided to commercial sex workers. While participants recognize the value of health education, the lack of follow-up care and immediate treatment options diminishes the overall impact of these interventions. This aligns with existing literature that emphasizes the necessity of integrated health services for marginalized populations (e.g., Shannon et al., 2015). The findings underscore the importance of not only providing information but also ensuring that participants have access to the resources and support needed to implement changes in their health behaviour. Addressing these gaps can lead to improved health outcomes and greater engagement in health services, ultimately enhancing the well-being of CSWs in Ward 20.

4.3.2Theme 4: Strategies for Empowerment and Support

4.3.2.1Subtheme: Importance of Education and Community Engagement

Participants highlighted the role of education in empowering commercial sex workers (CSWs).

> *Participant 1 said 'kudzidziswa kunotibatsira kuti tinzwisisewo kodzero dzedu semabhishu nezvimwewo zvehutano'.*
> *'Education helps us understand our rights and health needs."*

This statement underscores the critical role of education in informing CSWs about their rights and health-related issues. Knowledge empowers individuals to advocate for themselves and make informed decisions regarding their health. The acknowledgment of education as a tool for empowerment aligns with existing literature that emphasizes the importance of health literacy in improving health outcomes among marginalized populations (e.g., Poudel et al., 2019). By understanding their rights and health needs, CSWs are better equipped to navigate healthcare systems and advocate for necessary services.

> *Participant 2said 'kugadzira magroups ekuti tinosangana tichitaura nezvematambudziko edu nevamwe vedu zvinotinatsira zvakanyanya kuti pasave nerusaruro uye kubatsirana pamwechete pamatambudziko atinosangana nawo'*
> *'Creating peer support groups would allow us to share experiences and advice."*

This response highlights the potential benefits of peer support as a strategy for empowerment and impartation of knowledge amongst the CSWs even in terms of problem sharing. Participants recognize that sharing experiences can foster a sense of belonging and provide emotional support which they need the desire for peer support groups reflects findings from other studies indicating that social networks play a vital role in the well-being of marginalized groups and vulnerable people (e.g., Mann & Solmi, 2018). Peer support can enhance resilience, reduce feelings of isolation, and provide practical advice on navigating challenges faced in the sex work industry. They can even boost each other's confidence and encourage each other positively.

Participant 3 said 'Advocacy is essential; it raises awareness of our issues and promotes our rights."

This statement emphasizes the importance of advocacy in addressing the systemic challenges faced by CSWs. Participants understand that raising awareness about their issues can lead to improved policies and support. The findings suggest that advocacy is a crucial component of empowerment for CSWs. Research indicates that advocacy efforts can lead to significant changes in public perceptions and policies affecting marginalized communities (e.g., Poudel et al., 2019). By engaging in advocacy, CSWs can work towards creating a more supportive environment that addresses their specific needs. The responses regarding the importance of education and community engagement highlight a strong desire among CSWs for empowerment and support. Participants recognize that education is a key factor in improving their health outcomes and that peer support can provide valuable emotional and practical assistance. This aligns with existing literature that underscores the need for community-based interventions that foster empowerment among marginalized populations (e.g., Poudel et al., 2019). By focusing on education and advocacy, health programs can help CSWs navigate the challenges they face, ultimately leading to better health outcomes and enhanced quality of life. The findings reinforce the idea that empowering individuals through knowledge and community support is essential for addressing the systemic barriers that impact their health and well-being.

4.3.3Evaluating Current Interventions

Participant 6 said "We provide educational workshops, sexual and reproductive health sessions, and free health check-ups specifically for CSWs at the SIYA Trust centre."

Participant 7said "We conduct outreach programs offering free STI testing and free HIV test kits, condoms, and lubricants."

Participant 8 said "We provide information sessions on safe sex practices and health screenings."

Participant 9 said "We offer weekly health education sessions that include video screening sessions that are very educative."

Participants described various proactive interventions aimed at improving health outcomes for CSWs. The focus on education and outreach reflects an understanding of the unique health needs of this population. These interventions align with the National AIDS Policy in Zimbabwe, which emphasizes inclusive health services for key populations. However, as noted in Chapter 2, many CSWs report limited access to preventive services despite existing frameworks. Chibanda et al. (2016) found that stigma remains a significant barrier to accessing mental health resources, demonstrating the need for interventions that address both service provision and societal perceptions.

4.4.1Effectiveness of Interventions

Participant 6 said "They are somewhat effective, but many still do not participate due to stigma from community members."

Participant 7 said "They are effective, but many CSWs remain unaware of these services."

Participant 8 said "They have shown some success, but awareness remains low."

Participant 9said "They have been effective, but attendance is often low due to ignorance."

The responses indicate mixed evaluations of intervention effectiveness. While some initiatives are beneficial, social stigma and low awareness hinder their overall impact. This aligns with findings from the WHO, which state that "up to 50% of CSWs in low-income countries report barriers in accessing healthcare due to stigma and discrimination." The implications of these responses suggest that while health interventions may show promise, their effectiveness is limited by societal perceptions. Greater focus on awareness campaigns is essential for increasing participation in these programs, as emphasized by Hargreaves et al. (2018), which calls for bridging the gap between research findings and practical interventions.

4.4.2Quality of Care

Participant 6 said "The quality is good, but we need more resources to expand our reach."

Participant 7 said "The care is generally high quality, but follow-up care is lacking."

Participant 8 "The quality of information is high; however, practical support is limited."

Participant 9 said "The interventions are well-received, but more resources are needed for follow-up."

Participants provided insights into the quality of care delivered through current interventions, indicating that while the quality is generally good, resource limitations hinder broader outreach. This reflects the findings in Chapter 2 that emphasize the need for adequate resources to ensure sustainability of health interventions. Public health laws in Zimbabwe highlight the necessity of providing inclusive health services, yet many CSWs report inadequate access to these services. This illustrates that enhancing quality must go together with addressing resource gaps, particularly for follow-up care.

4.4.3Self-Awareness and Support

Participant 6 said "Understanding one's needs helps to articulate them better to healthcare providers."

Participant 7 said "It allows CSWs to advocate for themselves more effectively during healthcare visits."

Participant 8 said "It encourages CSWs to be proactive in managing their health and seeking help."

Participant 9 said "It helps CSWs recognize their health needs and seek appropriate services."

The responses reflect a consensus on the importance of self-awareness in health management. Increased self-awareness empowers CSWs to engage more effectively with healthcare providers This aligns with the Johari Window Model discussed in Chapter 2, which emphasizes the role of self-awareness in enhancing communication and health outcomes. By articulating their needs, CSWs can better advocate for their rights, which is crucial in the context of the UDHR that emphasizes health as a fundamental human right. The open area includes the shared knowledge between the CSWs and Key informants when the CSWs are empowered and self-aware (e.g., participant 6: “Understanding one’s needs helps to articulate them better to the health providers.”) The blind spot represents what the healthcare providers see e.g., symptoms of trauma and diseases however CSWs are not aware of these issues because of lack of education and stigma surrounding the issues. The hidden area of the model is what the CSWs hide due to shame, stigma, or fear of judgement. Many participants did not seek medical treatment even though they knew they were ill, instead they avoided healthcare providers due to fear of judgement, stigma, and shame. The unknown area includes unconscious trauma and mental health issues, which appeared in responses but often remain disguised or untreated. This highlights why it is it significant to increase the open area through education, dialogue, and creating therapeutic relationships between the CSWs and the healthcare providers. This results in the improvement in healthcare outcomes.

4.4.4Health Programs Participated In

- *"Participation in health fairs offering free screenings, which provided some peace of mind."*

- *"Workshops on sexual health that raised awareness but lacked follow-up support."*

- *"Community discussions that helped build knowledge but were infrequent*."

Participants acknowledged the value of health fairs and workshops in raising awareness about health issues. However, they expressed disappointment regarding the lack of continuity in support and follow-up care. These findings suggest that while awareness-raising initiatives are beneficial, they often fall short without ongoing support. Research indicates that effective health interventions require not only initial education but also sustained engagement to

encourage lasting behaviour change (Shannon et al., 2015). This aligns with the legal frameworks outlined in Chapter 2, which emphasize the need for comprehensive health services tailored to the unique needs of CSWs. Increasing the frequency of workshops and ensuring follow-up care could enhance the effectiveness of these interventions.

4.4.5Effectiveness of Programs

- *"Some programs are helpful in providing information, but many participants still feel unsupported and unserved."*

- *"There is a need for more consistent and accessible healthcare options."*

- *"Effectiveness is hindered by the stigma associated with being a commercial sex worker*."

Participants conveyed dissatisfaction with current health interventions, indicating that while some information is provided, it does not translate into effective support. The stigma surrounding sex work significantly undermines the effectiveness of health programs. These insights reflect the findings of Stangl et al. (2019), which highlight how stigma can deter individuals from utilizing health services. This reinforces the need for stigma reduction initiatives alongside health education programs. Addressing the stigma associated with sex work is crucial for improving health outcomes and ensuring that CSWs feel safe and supported in seeking care, aligning with CEDAW's emphasis on implementing measures to protect the health rights of women involved in sex work.

4.4.6Suggested Improvements

- *"Increase the frequency and accessibility of health workshops and outreach programs."*

- *"Provide immediate access to treatment during health fairs."*

- *"Develop peer support groups to foster a sense of community and shared learning."*

Participants proposed concrete improvements for health interventions, reflecting a desire for more accessible and community-oriented approaches. These suggestions indicate a recognition of the importance of community engagement in health initiatives. Research supports that peer support groups can enhance resilience and provide emotional backing for marginalized populations (Mann & Solmi, 2018). Implementing these improvements could lead to more effective health interventions. By fostering community support and ensuring immediate access to treatment, health programs can better address the unique needs of CSWs and enhance their overall well-being, in line with the recommendations of the Southern African Development Community (SADC) Protocol on Gender and Development.

4.5.1Developing and Proposing Targeted Strategies

- *"Understanding personal health needs allows for better communication with healthcare providers."*

- *"Awareness of rights can empower us to seek help without fear."*

- *"Increased self-awareness leads to proactive health management."*

Participants emphasized the importance of self-awareness in improving their health-seeking behaviour, indicating that understanding their needs and rights is empowering. This highlights the critical role of health literacy in enabling individuals to advocate for themselves. Research indicates that individuals informed about their rights are more likely to engage with healthcare services (Poudel et al., 2019). This aligns with the principles outlined in the UDHR, which emphasizes the right to health and freedom from discrimination. Health interventions should incorporate educational components that empower CSWs to understand their rights and health needs.

4.5.2Empowering Strategies

- *"Establishing peer mentorship programs to provide guidance and support."*

- *"Educational campaigns that focus on rights, health, and hygiene."*

- *"Community engagement to reduce stigma and promote understanding."*

Participants suggested various strategies for empowerment, emphasizing the value of peer support and education. These strategies reflect a proactive approach to addressing health challenges. Research shows that peer mentorship can significantly enhance coping mechanisms and provide essential support for marginalized groups (Mann & Solmi, 2018). Implementing these strategies could foster a more supportive community environment for CSWs. Educational campaigns aimed at reducing stigma and increasing awareness of health rights are crucial for empowering individuals and improving health outcomes, echoing the findings of McMahon et al. (2020).

Participant 6 said "Peer mentoring programs could help build confidence and community support."

Participant 7 said "Awareness campaigns that focus on health rights and self-advocacy would be beneficial."

Participant 8 said "Creating a network of support groups could empower CSWs significantly."

Participant 9 said "Advocacy training can equip them with necessary skills."

Participants proposed various strategies aimed at empowering CSWs, reflecting a strong understanding of the importance of community support. These suggestions resonate with the findings in Chapter 2 that emphasize the need for community-based interventions. The SADC Protocol on Gender and Development encourages member states to implement policies that promote health and well-being for all women, highlighting the significance of support networks in improving conditions for CSWs.

4.5.3Role of Education

- "*Education is crucial for improving health literacy and awareness of rights."*

- *"It helps to dispel myths and reduce stigma surrounding commercial sex work."*

- *"Increased education leads to better health outcomes and community support."*

Participants acknowledged the transformative power of education in improving their health and well-being. The emphasis on education as a tool for reducing stigma aligns with existing literature that stresses the importance of informed communities in promoting health equity (Poudel et al., 2019). Education can serve as a catalyst for change, fostering understanding and support within the community. This aligns with the legal frameworks discussed in Chapter 2, which advocate for comprehensive health policies that support the rights and health needs of CSWs. Therefore, the focus group discussion provided valuable insights into the health challenges and needs of commercial sex workers in Ward 20. The responses reflect the multifaceted nature of their experiences, emphasizing the importance of addressing stigma, enhancing access to healthcare, and fostering community support through education and peer engagement. These insights align with the broader literature on the health needs of marginalized populations, highlighting the necessity for comprehensive, tailored interventions that prioritize empowerment and support in the context of existing legal frameworks.

Participant 6 said "Education is vital; it helps CSWs understand their rights and health needs."

Participant 7 said "Education fosters understanding and reduces stigma within the community."

Participant 8 said "Education is essential for improving health literacy and community engagement."

Participant 9 said "Education promotes awareness of health issues, leading to better health outcomes."

The collective emphasis on education indicates its critical role in empowering CSWs by enhancing their understanding of health rights and needs. This aligns with the literature in Chapter 2 that underscores the transformative potential of education in improving health literacy. The ICESCR emphasizes the right to health, suggesting that informed individuals are

more likely to seek care and engage with health services. Education is crucial in reducing stigma and fostering community support, which is essential for improving overall health outcomes for CSWs. Generally, the insights from key informants provide a comprehensive understanding of the health challenges faced by commercial sex workers in Ward 20. Their responses highlight critical issues such as stigma, access to healthcare, and the need for targeted interventions. The emphasis on community support, education, and self-awareness underscores the necessity for integrated health services and stigma reduction initiatives aimed at improving the overall well-being of CSWs.

4.6. CHAPTER SUMMARY

Chapter 4 presents the findings of the study on the health status and needs of commercial sex workers (CSWs) in Ward 20, Shamva District, detailing the demographic characteristics of 12 participants, including 6 CSWs and 4 key informants (social workers and health officers), aged 14 to 40, with varying educational backgrounds. The chapter explores four key themes: the prevalence of health challenges faced by CSWs, highlighting high rates of STIs and mental health issues exacerbated by stigma; barriers to healthcare access, emphasizing the significant impact of societal stigma and discrimination on health-seeking behaviour; the effectiveness of current interventions, revealing mixed feelings regarding the usefulness of health workshops without adequate follow-up services; and the importance of education and community engagement as strategies for empowerment, demonstrating that knowledge and peer support can enhance health outcomes. Overall, the findings underscore the critical need for comprehensive, tailored health interventions that address both the systemic barriers and the unique challenges faced by CSWs, while emphasizing the importance of destigmatization and support networks in improving their well-being.

CHAPTER FIVE: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter provides a summary of the findings from the study exploring the health status and psychological needs of commercial sex workers (CSWs) in Ward 20, Shamva District. The results illuminate how systemic barriers, stigma, and limited access to mental health care continue to undermine the well-being of this marginalized population (Chibanda et al., 2016; Shannon et al., 2015). Drawing from participants' lived experiences, the chapter presents key conclusions, outlines the implications for social work practice—particularly in rural and underserved settings—and offers targeted recommendations to inform policy and service delivery. Finally, the chapter proposes directions for future research to deepen our understanding of the intersectional challenges CSWs face in Zimbabwe and similar contexts.

5.2 Summary

The findings from this study highlight the complex and often painful realities experienced by commercial sex workers (CSWs) in Ward 20, Shamva District. At the heart of the research are stories of health vulnerabilities, persistent stigma, and the invisible barriers that prevent CSWs from accessing the care they need. Many participants shared experiences of dealing with high rates of sexually transmitted infections (STIs), as well as mental health struggles tied closely to poverty, family strain, and the emotional toll of social exclusion (Chibanda et al., 2016; McMahon et al., 2020). The lack of proper sanitation was also a recurring concern, with participants pointing out that such conditions not only put them at risk of infection but also reflect a broader neglect of their basic human rights.

Barriers to healthcare access were a dominant theme throughout the study. Fear of judgment by healthcare workers often led CSWs to avoid seeking treatment altogether. This internalized stigma, compounded by the physical distance to health facilities and the lack of transportation, made navigating the healthcare system particularly challenging. Key informants echoed these findings, adding that the criminalization of sex work further marginalizes CSWs, making it even harder for them to receive respectful and effective care (Shannon et al., 2015; WHO, 2021).

When it came to interventions currently in place, participants appreciated the outreach and educational programs offered by community organizations. However, they felt let down by the lack of follow-up and long-term support. While workshops helped raise awareness, the absence of ongoing resources made it difficult to translate knowledge into meaningful, sustained change. Many also noted that while awareness campaigns were helpful, they often did not meet more practical needs, such as consistent access to mental health care or support during crises.

Overall, this study underscores a pressing need for health initiatives that are both holistic and responsive. Solutions must not only address the visible health problems but also work to dismantle the deeper social and systemic forces that keep CSWs excluded from care. Reducing stigma, expanding follow-up services, and improving infrastructure are essential steps toward ensuring that CSWs in Shamva District can access health services with dignity and safety.

5.3 Conclusions

The study on the health status and needs of commercial sex workers (CSWs) in Ward 20, Shamva District, several significant conclusions. Firstly, the research highlights that CSWs experience serious health challenges, notably high rates of sexually transmitted infections (STIs) and mental health concerns such as anxiety and depression. These issues are worsened by stigma, lack of sanitation, and limited psychosocial support—factors echoed in similar studies across low-income contexts (Chibanda et al., 2016; McMahon et al., 2020). The findings stress the urgent need for integrated healthcare models that address both physical and mental health concurrently.

Secondly, the study underscores the major barriers CSWs face in accessing health services. Participants repeatedly cited fear of discrimination by healthcare providers, compounded by practical challenges such as the long distances to clinics and lack of transport. These findings align with global literature pointing to stigma and criminalization as central obstacles in healthcare access for CSWs (Shannon et al., 2015; WHO, 2021). As such, health interventions must go beyond treatment and work toward building safe, inclusive, and physically accessible services.

Thirdly, while participants acknowledged the usefulness of educational workshops and community outreach, the absence of follow-up services and sustained practical support made

many interventions ineffective in the long term. This suggests that standalone awareness efforts, although helpful, are insufficient. Instead, a comprehensive approach is needed—one that includes not only health education but also continuity of care, emotional support, and access to tangible health resources (van der Meer et al., 2018).

Overall, this research underscores the importance of addressing the systemic and social factors that contribute to the marginalization of CSWs. It affirms the need for culturally sensitive, community-based health strategies that prioritize empowerment, reduce stigma, and support the holistic well-being of CSWs. These conclusions offer valuable direction for shaping future public health policies and interventions aimed at improving care for this underserved population.

5.4 Implications for Social Work

The findings from this study on the health status and needs of commercial sex workers (CSWs) carry significant implications for social work practice, particularly in the areas of intervention methods, practice settings, training, and ethics. A key insight is the importance of adopting a client-centered, trauma-informed approach that builds trust and encourages open dialogue about health and psychosocial issues. Establishing rapport is crucial for effective support, especially with populations that experience important levels of stigma and marginalization (Reamer, 1998).

Facilitating peer support groups appears as a particularly impactful method. These groups create a safe, nonjudgmental space for CSWs to share experiences, develop coping strategies, and build community resilience. This form of mutual support can be therapeutic and empowering, enhancing both mental health and social connectedness (Wilks, 2004). Social workers also play an essential role in engaging in community development efforts, raising awareness, and advocating for systemic changes that reduce stigma and improve healthcare access. Such macro-level interventions are fundamental in advancing social justice and promoting empowerment (Finn, 1994).

Continued research is also critical. Social workers should employ participatory action research methods that involve CSWs as active partners in shaping interventions. This inclusive approach not only confirms the lived experiences of CSWs but also ensures that the resulting programs are grounded and effectiveness (Pennel & Ristock, 1999).

In direct practice settings—such as clinics, mental health centres, and outreach services—social workers can advocate for integrated care models that address both the physical and psychological needs of CSWs (McMahon et al., 2019). In macro-practice settings, findings from this study can inform policy recommendations that promote health equity, human rights, and structural change for marginalized groups like CSWs (Shannon et al., 2015).

Specialized settings that deal with mental health and substance use are especially critical. Social workers in these fields must develop interventions that are tailored to the unique vulnerabilities CSWs face, such as trauma, poverty, and social exclusion. Targeted care ensures relevance and long-term impact (Stangl et al., 2019).

Ethically, the study reinforces the core values of social work, including dignity, respect, self-determination, and social justice. Practitioners must ensure that CSWs receive fair treatment, access to resources, and advocacy within institutions that often overlook or stigmatize them. Cultural competence is essential in delivering sensitive and effective support, particularly given the diversity within the CSW population. Maintaining confidentiality is equally crucial, as it fosters trust and allows clients to speak openly about sensitive issues (Reamer, 1998).

The insights gained from this research call for a shift in social work practice. By adopting inclusive and empathetic methods, engaging in systemic advocacy, and upholding the ethical standards of the profession, social workers can significantly contribute to the well-being and empowerment of CSWs. These actions are not only in line with social work values but are also necessary to build a more just, supportive, and health-focused environment for this vulnerable group.

5.5 Recommendations

Policy/Programmatic Recommendations

Establish Comprehensive Health Services for CSWs: Local health authorities should develop integrated health services tailored to the needs of CSWs, including regular STI screenings, mental health counselling, and access to contraceptives. These services should be launched

within 12 months and include monthly educational workshops to raise awareness about available health resources (McMahon et al., 2020; WHO, 2021).

Implement Stigma Reduction Initiatives: Community-based public health campaigns should be developed in partnership with local governments to reduce stigma surrounding sex work. These campaigns should commence within six months and include local workshops to foster dialogue and community acceptance (Stangl et al., 2019).

Stakeholder/Partner-Based Recommendations

Collaboration with NGOs: Partnerships should be formed between organizations such as SIYA Trust and local NGOs to create a coordinated network of services for CSWs. This collaboration should focus on outreach, training, and support, with quarterly monitoring to assess impact (Finn, 1994).

Engagement with Healthcare Providers: Regular training sessions should be provided for healthcare personnel to promote cultural sensitivity and reduce bias against CSWs. These should begin within three months and recur bi-annually to ensure sustained learning and improvement (Reamer, 1998).

Community/Research Participants Based Recommendations

Peer Support Groups: Community-based peer support groups should be established and facilitated by trained social workers. These groups should meet bi-weekly to provide emotional and informational support, with initial implementation within three months (Wilks, 2004).

Regular Feedback Mechanisms: Local leaders should implement structured feedback systems where CSWs can express concerns and suggest improvements. These systems should be operational within six months and include quarterly community meetings to review progress and adapt services accordingly (Pennel & Ristock, 1999).

Social Work-Based Recommendations

Enhanced Training for Social Workers: Social work education programs should integrate specialized modules addressing the needs, rights, and lived experiences of CSWs. These modules should begin in the next academic cycle, with supplemental workshops conducted every semester (Reamer, 1998).

Development of Community-Based Interventions: Social workers should design and implement programs addressing broader needs such as vocational skills and education. These interventions should start within six months, with a target of increasing participant engagement in training by at least 30% within one year (Chibanda et al., 2016).

Recommendations for SIYA Trust

Expand Outreach Programs: SIYA Trust should expand its current outreach to include mobile health clinics that provide monthly visits to key CSW operation zones. These clinics should deliver health services and educational materials (McMahon et al., 2020).

Regular Training Workshops: Quarterly training sessions should be held covering CSWs' legal rights, health practices, and self-advocacy. The first session should occur within three months, with pre- and post-assessments used to measure a 50% knowledge gain target (Stangl et al., 2019).

Establish a Resource Center: A centralized facility should be developed to offer support services, legal aid, and information for CSWs. The centre should open within one year and function as a hub for engagement and empowerment (Finn, 1994).

5.5 (i) Comprehensive Health and Support Model (CHASM)
Overview

The Comprehensive Health and Support Model (CHASM) is designed to address the health challenges faced by commercial sex workers (CSWs) in Ward 20, Shamva District. This model outlines a structured approach that encompasses assessment, intervention, and evaluation, focusing on improving health outcomes and reducing stigma.

Comprehensive Health and Support Model (CHASM)

Figure 4: The comprehensive Health and Support Model (CHASM)

PHASE 1	ASSESSMENT NEEDS
INPUTS • Surveys and focus group discussions with CSWs. • Engaging with local bodies. **OUTPUTS** • Extensive data on health issues and barriers	**EFFECTS** • Increased understanding of detailed needs of CWSs. **RISK FACTORS** • Potential unwillingness from CWSs to take part in the study due to stigma.
PHASE 2	**ASSESSMENT NEEDS**
INPUTS • Learning resources and funds. • Linking with local bodies and associations. **OUTPUTS** • Community awareness initiatives and seminars.	**EFFECTS** • Decreased stigma and increased community help for CSWs. **RIS KFACTORS** • Reluctance from local members to participate in discussions about CSWs.

PHASE 3	ASSESSMENT NEEDS
INPUTS • Mobile health screening clinics • Learning programmes for healthcare providers. **OUTPUTS** • Open health services for CSWs, with STI checks and mental wellbeing support.	**EFFECTS** • Enhanced health outcomes and increased healthcare use by CSWs. **RIS KFACTORS** • Possibility of logistical issues in reaching CSWs in the outskirts.
PHASE 4	ASSESSMENT NEEDS
INPUTS • Teaching resources for facilitators • Conference spaces for support groups. **OUTPUTS** • Proven peer support groups for CSWs.	**EFFECTS** • Improved emotional support and resistance among participants. **RIS KFACTORS** • Problems in sustaining group attendance and commitment.

PHASE 5	ASSESSMENT NEEDS
INPUTS • System of measurement for assessing health outcomes (e.g., STI rates, mental health indicators) • Response techniques (surveys and interviews with participants **OUTPUTS** • Recurring assessment reports on the effectiveness of interventions	**EFFECTS** • Notified changes to the model based on results. **RIS KFACTORS** • Challenges in precisely evaluating vulnerable health outcomes.
PHASE 6	ASSESSMENT NEEDS
INPUTS • Study findings and data from measurements • Partnership with NGOs and advocacy groups **OUTPUTS** • Policy proposals aimed at expanding health services for CSWs	**EFFECTS** Increased legal defences and increased access to healthcare services. **RIS KFACTORS** • Possible resistance from law makers unwilling to address the needs of CSWs.

Summary of the CHASM Model

The CHASM model specifies a complete framework for discussing the health issues of CSWs in a holistic manner. By incorporating needs assessment, community education, health services, peer support, monitoring, and advocacy, the approach intends to produce a supportive environment that empowers CSWs, fosters community acceptance, and eventually improves health outcomes. This controlled method ensures that interventions methods are personalised to the unique needs of the vulnerable population, addressing both immediate health concerns and long-term systemic issues.

5.6 Areas for Future Study

1. Longitudinal Studies on Health Outcomes

Future research should prioritize longitudinal studies that monitor the health trajectories of CSWs over time. Such research can provide critical insights into how specific interventions influence health status and well-being in the long term. Unlike cross-sectional studies, longitudinal research allows for the observation of patterns, trends, and causal relationships, contributing to a more in-depth understanding of the lived experiences of CSWs (Hagger et al., 2016).

2. Impact of Legal Frameworks

Another key area for exploration is the role of legal and policy frameworks in shaping the health and safety of CSWs. Understanding how differing legal environments—such as decriminalization versus criminalization—affect healthcare access and social stigma can inform effective advocacy and policy development. Research in this area can support reforms aimed at protecting the rights and health of CSWs (Adebayo et al., 2017).

3. Experiences of Diverse Subgroups

While this study focused on the general population of CSWs, future research should investigate the unique experiences of subgroups such as adolescent CSWs, LGBTQ+ individuals, and those working under different conditions (e.g., street-based versus online work). These groups often face distinct challenges that require specialized interventions (McMahon et al., 2019).

4. Mental Health Support Services

There is a growing need to assess the effectiveness of mental health services specifically tailored for CSWs. Future studies should evaluate which types of interventions—such as peer counselling, trauma-informed therapy, or mobile mental health units—are most effective in reducing stress, anxiety, and emotional distress within this population (Stangl et al., 2019).

5. Intersectionality and Health

Applying an intersectional framework in future studies can reveal how overlapping identities—such as gender, socioeconomic status, and race—impact CSWs' access to healthcare and their health outcomes. This approach fosters a deeper, more nuanced understanding of systemic inequality and informs more targeted, inclusive interventions (Crenshaw, 1989).

6. Community-Based Participatory Research

Future research should incorporate community-based participatory research (CBPR) methods that actively involve CSWs in the research process. Engaging CSWs in designing, conducting, and interpreting research not only empowers them but also ensures that findings are rooted in lived experience and practical relevance (Israel et al., 2010).

By addressing these research gaps, future studies can contribute to a more comprehensive understanding of the challenges faced by CSWs in Zimbabwe and beyond. These insights are essential for shaping policies and programs that promote equity, dignity, and well-being among marginalized populations.

5.7 CHAPTER SUMMARY

Chapter 5 presents a comprehensive synthesis of the findings from the study on the health status and needs of commercial sex workers (CSWs) in Ward 20, Shamva District. It opens with a conclusion that underscores the significant health challenges CSWs face—most notably, the high prevalence of sexually transmitted infections (STIs) and mental health issues. These health concerns are deeply compounded by social stigma, inadequate sanitation, and limited access to appropriate healthcare services. The chapter emphasizes the urgent need for integrated and culturally responsive health interventions tailored specifically to the realities of this marginalized population.

The implications for social work practice are also explored in depth. The findings call for client-centered, trauma-informed approaches that foster trust and empathy. In addition, the role of social workers is expanded to include community engagement, policy advocacy, and the implementation of peer-led support systems. Ethical considerations—such as maintaining confidentiality, securing informed consent, and practicing with cultural competence—are reaffirmed as essential principles in working with CSWs.

The chapter further offers targeted recommendations for various stakeholders. These include programmatic and policy-level actions for local health authorities, collaborative strategies for community-based organizations such as SIYA Trust, and structural support for the establishment of peer support groups. These recommendations are designed to foster inclusivity, reduce stigma, and expand access to health and social services.

Finally, Chapter 5 identifies critical areas for future research. It advocates for longitudinal studies to track health outcomes over time, investigations into the impact of legal frameworks, and research that applies intersectional lenses to better understand how overlapping identities influence health disparities. Emphasis is also placed on the importance of community-based participatory research that empowers CSWs to take an active role in shaping the knowledge that informs service delivery.

Overall, this chapter highlights the multifaceted challenges faced by CSWs in Ward 20 and underscores the necessity of coordinated, evidence-based, and compassionate responses. The insights gained from this study provide a foundation for building more inclusive health systems and advancing the social justice goals of public health and social work.

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APPENDICIES

APPENDIX A: IN-DEPTH INTERVIEW GUIDE

KEY INFORMANT INTERVIEW

INTRODUCTION

My name is Vimbainashe Chantelle Muyanga. I am a final year student at Bindura University of Science Education, pursuing a Bachelor of Social Work Honors Degree. I am conducting research for my undergraduate dissertation on Strategies for Sustaining Therapeutic Gains Among Commercial Sex Workers: A Case Study of Ward 20 in Shamva District Utilizing the Johari Window Model. All information shared will be kept confidential and used for academic purposes only. Your experiences and insights will greatly contribute to this study.

DEMOGRAPHIC DATA

NAME: _____

AGE: _____

GENDER: _____

LEVEL OF EDUCATION: _____

OCCUPATION: _____

LOCATION OF WORK: _____

SECTION A: Assessing the specific health status and needs of commercial sex workers in Ward 20, Shamva District.

1. What are the primary health challenges faced by commercial sex workers in this area?

_____

2. What barriers do they encounter when seeking healthcare services?

_____-

3. How does stigma affect their willingness to seek medical help?

_____-

SECTION B: Evaluating the outcomes of current interventions aimed at improving health for CSWs in the same region.

1.What interventions have you accessed to improve your health and well-being?

_____

1. How effective do you find these interventions in addressing your health needs?

_____-

2. What feedback do you have on the quality of care provided through these interventions?

_____

SECTION C: Developing and proposing targeted strategies based on the Johari Window model to enhance self-awareness and community support among CSWs in Ward 20.

1. How can self-awareness improve your ability to seek support and services?

_____

2. What strategies do you think would empower CSWs in your community?

_____

3. What role do you think education plays in enhancing self-awareness and community support?

_____

APPENDIX B: FOCUS GROUP DISCUSSION GUIDE

INTRODUCTION

My name is Vimbainashe Chantelle Muyanga. I am a final year student at Bindura University of Science Education, pursuing a Bachelor of Social Work Honors Degree. I am conducting research for my undergraduate dissertation on Strategies for Sustaining Therapeutic Gains Among Commercial Sex Workers: A Case Study of Ward 20 in Shamva District Utilizing the Johari Window Model. All information shared will be kept confidential and used for academic purposes only. Your experiences and insights will greatly contribute to this study.

DEMOGRAPHIC DATA

AGE RANGE_____

GENDER: _____

OCCUPATION: _____

S**ECTION A: Assessing the specific health status and needs of commercial sex workers in Ward 20, Shamva District**.

1. What health issues do you believe are most prevalent among commercial sex workers in your area?

_____

2. What challenges do you face in accessing necessary healthcare services?

_____

3. What specific health services do you feel are missing in your community?

_____

SECTION B: Evaluating the outcomes of current interventions aimed at improving health for CSWs in the same region.

1. What health programs have you participated in, and what have been the results?

_____

2. How effective do you think these programs are in addressing your specific health needs?

_____

3. What improvements do you suggest for these health interventions?

SECTION C: Developing and proposing targeted strategies based on the Johari Window model to enhance self-awareness and community support among CSWs in Ward 20.

1. How can self-awareness improve your health-seeking behaviour?

_____

2. What strategies do you think would empower commercial sex workers in your community?

_____

3. What role does education play in fostering self-awareness and community support?

_____

APPENDIX C: FOCUS GROUP DISCUSSION GUIDE
IN-DEPTH INTERVIEW GUIDE
INTRODUCTION

My name is Vimbainashe Chantelle Muyanga. I am a final year student at Bindura University of Science Education, pursuing a Bachelor of Social Work Honors Degree. I am conducting research for my undergraduate dissertation on Strategies for Sustaining Therapeutic Gains Among Commercial Sex Workers: A Case Study of Ward 20 in Shamva District Utilizing the Johari Window Model. All information shared will be kept confidential and used for academic purposes only. Your experiences and insights will greatly contribute to this study.

DEMOGRAPHIC DATA

NAME: _____

AGE: _____

GENDER: _____

OCCUPATION: _____

SECTION A: Assessing the specific health status and needs of commercial sex workers in Ward 20, Shamva District.

1. What are the specific health challenges you face as a commercial sex worker?

   _____

2. Have you experienced any barriers to accessing basic healthcare services?

   _____

3. What support do you believe is essential for addressing your health needs?

   _____

SECTION B: Evaluating the outcomes of current interventions aimed at improving health for CSWs in the same region.

1. What health interventions have you engaged with in your community?

   _____

2. What aspects of these programs do you believe work well, and what does not?

3. How do these services impact your daily life and health management?

SECTION C: Developing and proposing targeted strategies based on the Johari Window model to enhance self-awareness and community support among CSWs in Ward 20.

1. How can understanding your own health needs improve your interactions with healthcare providers?

2. What strategies could help foster a supportive environment for commercial sex workers?

3. What role do you think advocacy plays in enhancing self-awareness and community support?

APPENDIX D: LETTER FROM BINDURA UNIVERSITY OF SCIENCE EDUCATION TO CONDUCT THE RESEARCH

FACULTY OF SOCIAL SCIENCES AND HUMANITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4

Fax: 263 - 71 - 7534

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 15/04/2025

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, Vimbainashe C Muyanga, Student Registration Number B202636B, who is a **BSc Social Work** student at Bindura University of Science Education and is carrying out a research project in your area/institution.

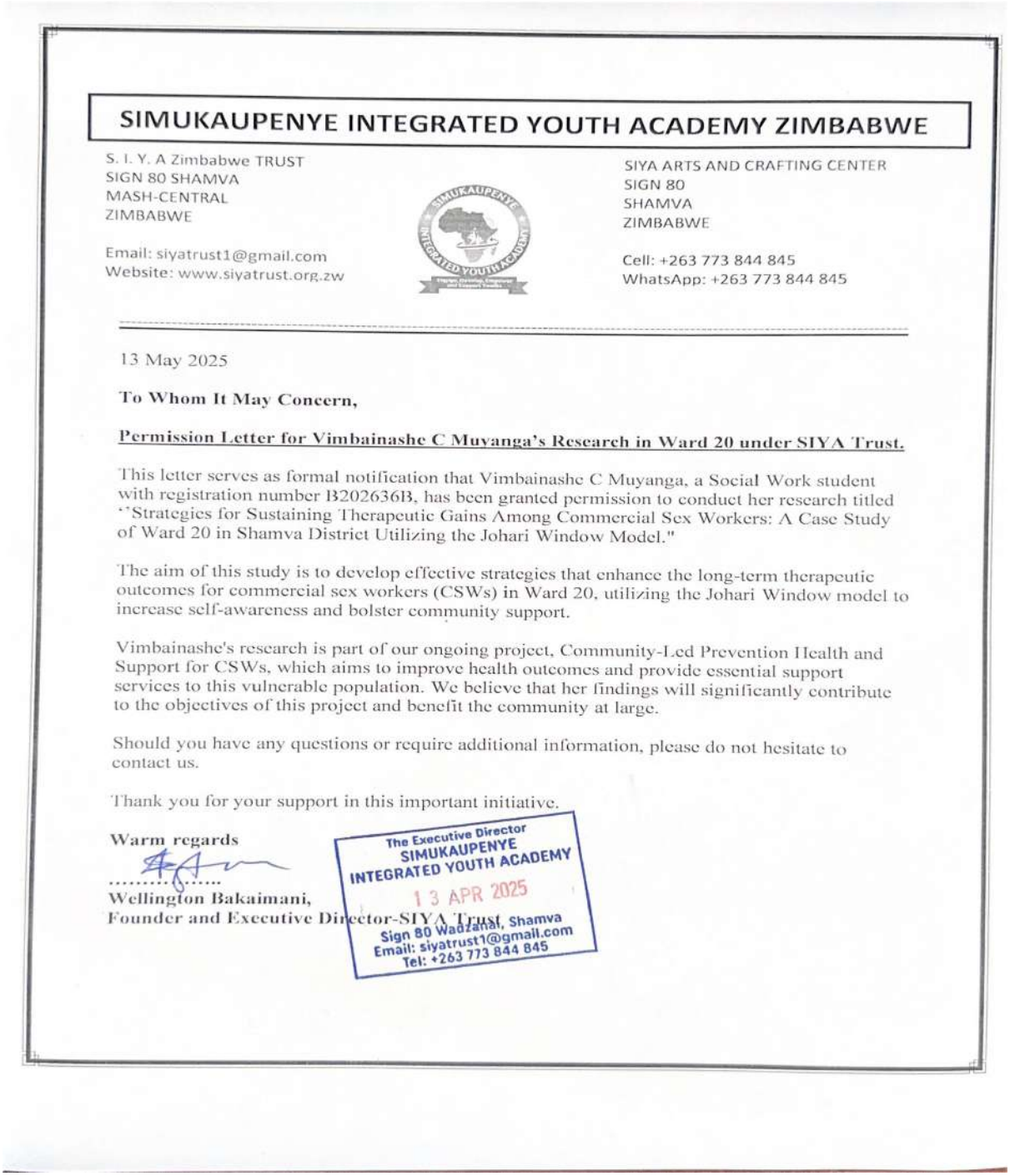
May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully

E.E. CHIGONDO
CHAIRPERSON

BINDURA UNIVERSITY OF SCIENCE EDUCATION
DEPARTMENT OF SOCIAL WORK
CHAIRPERSON
11 APR 2025
FACULTY OF SOCIAL SCIENCE & HUMANITIES
PRIVATE BAG 1020, BINDURA, ZIMBABWE

APPENDIX E: APPROVAL LETTER FROM SIMUKAUPENYE INTERGRATED YOUTH TRUST (SIYA) TO CONDUCT THE RESEARCH



SIMUKAUPENYE INTEGRATED YOUTH ACADEMY ZIMBABWE

S. I. Y. A Zimbabwe TRUST
SIGN 80 SHAMVA
MASH-CENTRAL
ZIMBABWE

Email: siyatrust1@gmail.com
Website: www.siyatrust.org.zw

SIYA ARTS AND CRAFTING CENTER
SIGN 80
SHAMVA
ZIMBABWE

Cell: +263 773 844 845
WhatsApp: +263 773 844 845

13 May 2025

To Whom It May Concern,

Permission Letter for Vimbainashe C Muyanga's Research in Ward 20 under SIYA Trust.

This letter serves as formal notification that Vimbainashe C Muyanga, a Social Work student with registration number B202636B, has been granted permission to conduct her research titled "Strategies for Sustaining Therapeutic Gains Among Commercial Sex Workers: A Case Study of Ward 20 in Shamva District Utilizing the Johari Window Model."

The aim of this study is to develop effective strategies that enhance the long-term therapeutic outcomes for commercial sex workers (CSWs) in Ward 20, utilizing the Johari Window model to increase self-awareness and bolster community support.

Vimbainashe's research is part of our ongoing project, Community-Led Prevention Health and Support for CSWs, which aims to improve health outcomes and provide essential support services to this vulnerable population. We believe that her findings will significantly contribute to the objectives of this project and benefit the community at large.

Should you have any questions or require additional information, please do not hesitate to contact us.

Thank you for your support in this important initiative.

Warm regards

.....

Wellington Bakaimani,
Founder and Executive Director-SIYA Trust

The Executive Director
SIMUKAUPENYE
INTEGRATED YOUTH ACADEMY
13 APR 2025
Sign 80 Wadzanai, Shamva
Email: siyatrust1@gmail.com
Tel: +263 773 844 845

APPENDIX F: INFORMED CONSENT FORM

Participant Consent Form
Title of Study:
Strategies for Sustaining Therapeutic Gains Among Commercial Sex Workers: A Case Study of Ward 20 in Shamva District Utilizing the Johari Window Model

Researcher:

Vimbainashe C. Muyanga
Bachelor of Science Honours in Social Work Bindura University of Science Education

Purpose of the Study:

You are being invited to participate in a research study that seeks to explore strategies for sustaining therapeutic gains among commercial sex workers in Ward 20 of Shamva District, using the Johari Window model as a framework. **Confidentiality and Anonymity:**

All information you provide will be kept strictly confidential. Your identity will be protected using pseudonyms, and no identifying details will appear in the final research report. The data collected will be used solely for academic purposes and will not be disclosed to anyone outside the research process.

Voluntary Participation:

Your participation in this study is entirely voluntary. You have the right to withdraw from the study at any point, without giving a reason and without any negative consequences.

Consent Statement:

By signing below, you indicate that:

- You have read and understood the information provided above.
- You voluntarily agree to participate in this research study.
- You are aware that you may withdraw at any time without penalty.
- You understand that your confidentiality and anonymity will be maintained throughout the research process.

Signature of participant.....Date.....

Signature of researcher.....Date.....

APPENDIX G: Permission Letter

MLITI CLINIC
WARD20
SHAMVA
MASH-CENTRAL
ZIMBABWE

15 May 2025

To Whom It May Concern:

Permission Letter for Chantelle V Muyanga's Study at Mliti Clinic

This letter serves as formal notification that Chantelle V Muyanga, a BSc Social Work student at Bindura University of Science Education, has been granted permission to conduct research at the Mliti Clinic. Their study is titled: "Strategies for Sustaining Theraputic Gains Among Commercial Sex Worker: A Case Study of Ward 20 in Shamva District Utilizing the Johari Window Model."

The study aims to explore the role of follow-up counselling sessions in sustaining therapeutic gains among commercial sex workers at Mliti Clinic sessions. We are confident that the findings of the study will be of great benefit to the Mliti Clinic and contribute to the growing body of knowledge.

We appreciate your support towards this important project.

Please do not hesitate to contact us if you require any further information.

Yours truly,

Dr RL Ruzvidzo- Research Co-ordinator Mliti Clinic
Leonardtruzvidzo16@gmail.com Cell: +263712609201

MLITI CLINIC
WARD20
SHAMVA

APPENDIX F: MAP OF SHAMVA WARD 20