

Bridging Marginalities: Assessing the Effects of HIV/AIDS Prevention Initiatives on Rural Zimbabwean Female Sex Workers

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ABSTRACT

This study aimed to assess the efficacy of HIV/AIDS preventive initiatives specifically designed for female sex workers in Silobela, Zimbabwe. The study employed a phenomenological research approach, with intersectionality theory as its theoretical framework. Due to the delicate nature of the topic, participants were selected using a snowball sampling method. Data collection for this study involved unstructured face-to-face interviews with Female Sex Workers and Key Informant Interviews (KII), with a sample size of twelve participants. The findings were analyzed using theme analysis and revealed that Female sex workers (FSWs) in Silobela have demonstrated a keen interest in the HIV/AIDS preventative actions and initiatives done by various partners. The individuals often experienced disenchantment with these programs due to the humiliation they encountered, which resulted from stigma and rejection from both society and medical professionals. The paper proposes several measures to tackle these concerns, including raising awareness among the public about the nature of sex work and promoting reverence for individuals involved in it. These actions are expected to enhance the effectiveness of HIV/AIDS prevention programs targeting female sex workers (FSWs) in Silobela.



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1. Introduction

HIV/AIDS is still a major public health concern in the world, especially for underprivileged groups like female sex workers. As per the Joint United Nations Programme on HIV/AIDS (UNAIDS), there were approximately 37.7 million HIV-positive individuals living in the globe in 2020 (UNAIDS, 2021). HIV infection is said to be disproportionately common among critical demographics, such as female sex workers. The World Health Organization (WHO) and UNAIDS, among other UN organizations, are aware of how critical it is to address the prevention and management of HIV/AIDS among female sex workers. UNAIDS highlights that to lower the number of new HIV infections in this demographic, comprehensive, evidence-based interventions are required (UNAIDS, 2019). Using condoms, being tested frequently, having access to antiretroviral medication, and empowering the community are among the preventive measures that the WHO promotes (WHO, 2016). Statistics show how urgent it is to fight HIV/AIDS amongst female sex workers around the world. Globally, female sex workers have an HIV prevalence of about 12%, according to UNAIDS (UNAIDS, 2019). According to a study done in Barcelona, Spain, the prevalence of HIV was much lower (4.3%) among female sex workers who used harm reduction programs than it was for those who did not (Atencio et al., 2021).

In Zimbabwe, a country in southern Africa, where the HIV/AIDS epidemic has had a major impact. In Zimbabwe, there were an estimated 1.4 million HIV-positive individuals as of 2020, with a prevalence rate of about 12.7% among adults aged 15 to 49 (UNAIDS, 2020). Several important communities have been severely impacted by the epidemic, notably female sex workers. The UN and WHO are aware of the various risks and obstacles Zimbabwe's female sex workers face in getting access to HIV prevention, treatment, and care services. This demographic is more vulnerable to HIV because of stigma, discrimination, violence, and legislative and policy impediments (UNAIDS, 2020). Zimbabwe has taken several measures and approaches in reaction to the HIV/AIDS crisis. Coordinating the national response, the National AIDS Council (NAC) seeks to lower the number of new infections, expand treatment availability, and enhance the general health of those living with HIV/AIDS. Targeting critical populations, such as female sex workers, the NAC implements evidence-based interventions in partnership with UNAIDS, WHO, and other partners (NAC Zimbabwe, 2020). With an emphasis on prevention, testing, treatment, and care, Zimbabwe's National HIV and AIDS Strategic Plan (2021–2025) gives priority to interventions for critical populations, including female sex workers. According to NAC ZIMBABWE (2020), the strategy places a strong emphasis on the value of community involvement, having access to comprehensive services, and the removal of structural obstacles to HIV prevention.

Despite advancements in the fight against the HIV epidemic in Zimbabwe, challenges still exist. Effective prevention and assistance for female sex workers are nevertheless hampered by socioeconomic gaps, stigma and discrimination, and limited access to healthcare services (UNAIDS, 2020). The particular context of rural Zimbabwe, where this research is being carried out, makes it vital to take into account the particular difficulties that female sex workers in these settings experience. A few of the issues that must be taken into consideration while developing successful HIV/AIDS prevention programs for female sex workers in rural Zimbabwe are limited access to healthcare, increased stigma, and low awareness.

1.1. Research Objectives

- To explore the experiences of female sex workers (FSWs) in Silobela.
- To document the socioeconomic factors intersecting with the effective implementation of HIV/AIDS prevention programs for FSWs in Silobela.

1.2. Literature Review

The lived experiences of female sex workers (FSWs) regarding HIV/AIDS in rural settings reveal particular dynamics and challenges. Studies have indicated that FSWs in remote areas frequently have restricted access to healthcare services, such as HIV testing and treatment choices (Mallewa et al., 2018). These issues make made more difficult for FSWs to seek support and preventive measures due to the stigma associated with both sex work and HIV/AIDS (Ma, 2020). The experiences of female sex workers (FSWs) regarding HIV/AIDS around the world indicate notable differences and obstacles. Research indicates that FSWs have greater prevalence rates of HIV/AIDS than the overall population and that they are disproportionately afflicted by the disease (UNAIDS, 2020). Due to several issues like criminalization, stigma, and discrimination, FSWs frequently encounter obstacles when attempting to receive healthcare services known as SRHS, including HIV testing, treatment, as well as prevention measures (Shannon et al., 2018). Furthermore, due to client expectations, financial strains, and power disparities, FSWs may find it challenging to negotiate condom use (Fehrenbacher et al., 2016). Globally, many different and intricate factors can push someone into prostitution. Economic vulnerabilities are important; these include poverty and a lack of work possibilities (Platt et al., 2020). Other contributing variables include migration, social marginalization, and gender inequality (Dhana et al., 2014). These elements exacerbate the difficulties experienced by FSWs in diverse areas by interacting with other systemic problems like racism, transphobia, and human trafficking (Rekart, 2005).

Research carried out in Europe has brought attention to the experiences FSWs have with HIV/AIDS. According to studies by Matthews et al. (2014); Roberts & Klausner (2016), there is a significant prevalence of HIV/AIDS among FSWs in Europe. Their vulnerability is exacerbated by factors like stigma, constrained access to healthcare, and inconsistent condom use. Additionally, research carried out in Asia has illuminated the obstacles encountered by FSWs. Zhou et al. (2024) discovered that societal stigma, aggression, and a lack of control over sexual decision-making are some of the factors that put FSWs in Asia at higher risk of HIV/AIDS. Decker et al. (2022) found that risky sexual practices, drug abuse, and social marginalization are the main causes of the high rates of transmission of HIV/AIDS among FSWs in America. HIV/AIDS preventive strategies for FSWs differ around the world. Promoting consistent condom use, making harm reduction programs accessible, putting HIV testing and treatment services into place, and providing all-inclusive sexual and reproductive health services are some of the initiatives being undertaken (UNAIDS, 2019). However, social stigma, financial constraints, and legal and policy obstacles may make these actions less effective (Platt et al., 2020). Around the world, FSWs face a variety of difficulties and vulnerabilities. FSWs frequently deal with violence, including sexual and physical abuse, which raises their risk of HIV/AIDS and other health-related issues (Mbogua, 2023). FSWs are further marginalized by stigma, discrimination, and social exclusion, which restricts their access to legal protection, social support, and healthcare (Kriitmaa, 2023). FSWs may also struggle with mental health disorders, substance misuse, and heightened susceptibility to other STIs (Mutagoma et al., 2017).

2. Methods

This study employed a qualitative methodology whilst relying on phenomenology as its research design. This method makes it possible to thoroughly examine the efficacy of HIV/AIDS preventive initiatives aimed at female sex workers (FSWs) in rural Zimbabwe, taking into consideration the interrelated variables that affect these workers' susceptibility to HIV. The population for this research consists of female sex workers who are a unique and vulnerable group that, as a result of their involvement in sex work and the intersecting elements that form their experiences, are at increased risk of HIV/AIDS transmission. Purposive

sampling was utilized to select individuals who offered insightful commentary on the experiences, difficulties, and viewpoints about HIV/AIDS preventive initiatives. The study's sampling techniques attained both variety and representativeness among the FSW community in rural Zimbabwe and 12 participants were selected to take part in the study. Thematic content analysis was used to analyze data.

3. Results and Discussion

3.1. The Lived Experiences and Perceptions of Female Sex Workers

The study revealed that female sex workers (FSWs) in Silobela were able to attain economic empowerment through engaging in sex work. Their capacity to generate income through sex work enabled them to provide financial assistance for their families, educate their children, acquire essential goods, and cover housing expenses, among other aspects of their lives. As per the participants, engaging in the sex industry granted them economic autonomy and enabled them to plan for the future by offering services to clients in return for monetary compensation. One participant had this to say; "...For me, working in the sex industry has been a lifesaver... It has made it possible for me to support my children and make a respectable living. I have the financial means to guarantee their better future by sending them to school..." Another participant who was a mother of one further narrated that "Sex work is much like any other business in my opinion. Our services are needed by clients, and we give them in return for payment. It gives me the ability to manage my money and meet my fundamental demands..." Most of the participants concurred that working in the sex industry gave them a steady stream of income that enabled them to fulfill their financial commitments and feel secure in their lives. One participant who was a key informant from the Zibagwe community had this to share, "...Just like any other business, sex work should be accepted as a legitimate occupation".

These women work hard to assist their clients, and they should be paid for it. Zibagwe recognizes this viewpoint, which is why we have initiatives in place to assist sex workers while tackling dangers related to their line of work, including HIV/AIDS and STIs. We wouldn't fund these programs if we didn't consider sex work to be work. It's critical to recognize that these women have discovered a means of making a living, which is vastly preferable to using violence or theft..." Engaging in sex work in Silobela empowered women to generate income, support their families, and strategize for the future. In that regard, sex work is considered an esteemed trade for providing clients with services in exchange for payment. The Zibagwe Key Informant emphasized the importance of categorizing sex work as a type of employment and described the measures implemented to mitigate risks and promote income generation.

3.2. Health and Safety Concerns

Female sex workers in Silobela faced a multitude of health and safety risks, including the potential for violence, abuse, and sexually transmitted infections (STIs). The challenges were exacerbated by the restricted accessibility of healthcare services in Silobela's rural environment, particularly reproductive health services. The participants recounted personal experiences with sexually transmitted diseases (STIs), discussed their treatment at the neighboring Rutsanana Clinic, and demonstrated their comprehension of the difficulties encountered by their peers, including HIV/AIDS infections. One participant had this to say; "I've experienced my fair share of health problems. I once suffered from an STI, and it was a horrifying experience. Fortunately, the Rutsanana Clinic offered free care and support when I sought treatment there...this affected me a lot though. I could not work for almost 7 days until I had finished my meds. Also, the thought of not getting better and fear of having contracted HIV, made me crawl with anxiety. Now I know how important it is to always practice safe sex..." Another participant hinted; "I have personally seen the terrible effects of HIV/AIDS

on my coworkers. While some of them were born with the virus, others caught it from work. It serves as an ongoing reminder of the dangers we confront. We make every effort to be healthy and seek assistance from groups like Zibagwe, who offer resources and information to stop the spread of these diseases.” A majority of participants had similar narratives when recounting their experiences with STI infections and the challenges they faced in obtaining treatment. The Rutsanana Clinic and organizations like Zibagwe, which provided complimentary services and guidance on practicing safe sex and obtaining preventive medications, were acknowledged and appreciated for their assistance. The acknowledgment of the impacts of HIV/AIDS on their community emphasizes the imperative of continuous education and prevention. Female sex workers experience an unequal distribution of health risks, such as sexually transmitted infections (STIs), HIV/AIDS, substance addiction, and mental health problems (WHO, 2017). Their well-being and ability to seek prompt medical aid are significantly challenged by limited access to healthcare, as well as stigma and discrimination.

Female sex workers in Europe face a higher likelihood of acquiring sexually transmitted infections (STIs) and HIV/AIDS due to the inherent nature of their occupation and inconsistent utilization of condoms (UNICEF, 2014). A study undertaken in 10 European nations found that the prevalence of HIV among female sex workers varied from 0.6% to 11.8%, with an average of 2.2% (Trout, 2015). The study also emphasized the elevated prevalence of substance misuse and mental health disorders among sex workers in comparison to the broader community. Female sex workers in Asia encounter comparable health obstacles. A study conducted in India found that female sex workers had a greater incidence of sexually transmitted infections (STIs) compared to the general population. The frequency of gonorrhea among female sex workers ranged from 11% to 38% (Teasdale et al., 2018).

3.3. Harassment and Stigmatization

FSWs in Silobela face significant levels of harassment and social shame from the community. The societal stigma resulted in marginalization, isolation, and a dearth of support networks. The challenges are intensified by the prevailing traditional beliefs and conservative perspectives that were prevalent in Silobela's rural community. These factors had a significant impact on the well-being and self-perception of the FSWs and their children. Oftentimes, the dread of being revealed or humiliated within the community hindered sex workers from accessing assistance networks. One participant had this to say; "It is intolerable to live with stigma. We are despised, mistrusted, and treated like misfits by others. It undermines our mental health and is alienating. In order to shield our children and ourselves from embarrassment and shame, we must conceal our identity..." Another participant highlighted that; "Society, family, and even close friends are some of the places where the stigma originates. They portray us as depraved and undeserving of dignity. The devastating way that this stigma permeates our daily lives and makes it challenging to establish support systems or ask for help in an honest manner..." Further, a Key Informant from the National AIDS Council, had this to say, "We have seen firsthand the persecution and shame that Silobela's female sex workers must endure. When it comes to our attempts to involve them in our programs, these unfavourable attitudes pose serious obstacles. Seeking our support is often met with resistance or reluctance due to fear of exposure and the judgement from society. This puts them at risk because it restricts their access to essential data, materials, and medical care that could safeguard their health and welfare. We must confront stigma head-on and establish safe spaces where those who work in the sex industry feel appreciated and supported."

In their relationships with their clients, FSWs in Silobela brought attention to power disparities and exploitative behaviors. They related stories of violence, coercion, force, and even being turned down for money. One participant had this to say; I've dealt with customers who disregard my limits or use protection, and I've experienced force and pressure from them.

I have to fight all the time to stand up for myself and look out for my interests. Clients have abused me or neglected to pay me on occasion, leaving me feeling helpless and exposed. Another participant, a Key Informant, from the National AIDS Council said, "...Our efforts to address the spread of HIV/AIDS among sex workers are severely hampered by the power imbalances and exploitative dynamics within client relationships." These people are frequently subjected to toxic masculinity and treated as though they have no rights. As a group, we're dedicated to helping these ladies and making sure they're okay. We give away free HIV/AIDS and STI tests or test kits, condoms, safety tips on working in groups, and access to PrEP and PEP, among other preventative measures. To assist these ladies in identifying offenders and reporting them to the police, we also provide free contraceptives such as Jadel and counseling services..." Some FSWs have experienced coercion, force, assault, and non-payment in their client relationships, and these experiences are reflected in the participant replies. These incidents bring to light the existing power disparities and vulnerability, especially among gold miners.

The data-gathering process has demonstrated these realities, highlighting the urgent need to address power dynamics and prioritize the safety and agency of FSWs. The imbalances of power within the sex work industry contribute to an increased risk of violence and exploitation faced by FSWs worldwide (Coetzee et al., 2022). Due to these power dynamics and the absence of legal protection, FSWs are susceptible to physical and sexual abuse, coercion, and trafficking (WHO, 2017). In Europe, female sex workers frequently encounter violence and exploitation. A study conducted in nine European countries revealed that 45% of sex workers reported experiencing violence in the past year, and 61% had experienced violence at some point in their lives (Platt et al., 2020). These acts of violence encompass physical assaults, sexual abuse, and coercion by clients, pimps, or other individuals within the industry.

3.4. Legal Issues and Harassment

Due to the illegality of sex work in Zimbabwe, FSWs in Silobela face legal issues and encounter harassment from law enforcement authorities. The study uncovered the reality of the FSWs' exposure to coercion, aggression, abuse, and non-payment, highlighting their vulnerability. Additionally, certain participants recounted instances where the police had verbally demeaned them and coerced them into engaging in non-consensual sexual activities. The challenges faced by FSWs were exacerbated by these structural issues. One participant had this to say; "There is always a worry of getting detained and harassed by the police. They mistreat us and treat us like criminals. They have occasionally taken advantage of their position of authority and demanded free sex from us." Another participant, a key informant from Zibagwe indicated, "We are cognizant of the legal concerns and mistreatment that female sex workers (FSWs) encounter in Silobela. These difficulties have a significant influence on our programs that try to prevent HIV/AIDS in FSWs. We are unable to interact with these people and offer them the vital services they require because of their fear and vulnerability as a result of sex work being illegal. To combat this reality and assist FSWs in gaining access to HIV/AIDS preventive resources, we have taken action. While there has been improvement in connecting with FSWs, there are still obstacles to overcome due to harassment and legal concerns. Obstacles are still being created by the prohibition and stigmatization of sex work." The participant responses are indicative of the legal challenges and harassment that FSWs have encountered from law enforcement. Since sex work is currently illegal, these people are more susceptible to abuse and mistreatment. The legal and policy frameworks surrounding sex work contribute to the challenges faced by female sex workers, exacerbating their vulnerability and hindering their access to legal protection, reporting of abuses, and pursuit of justice. Criminalization and overly restrictive regulations limit their autonomy and control over their work (Platt et al., 2020). In Europe, the legal and policy approaches to sex work vary across countries, ranging from full criminalization to partial criminalization or decriminalization.

Where sex work is criminalized, it pushes sex work underground, making it difficult for female sex workers to access legal protection and report abuses. In some instances, they may face arrest, fines, or other punitive measures. Even in countries with partial criminalization or decriminalization, overly restrictive regulations can impede their autonomy and increase their vulnerability to exploitation (Platt et al., 2020).

3.5. Poverty and Financial Dependency

The data collected from FSWs in Silobela sheds light on the anxieties and hardships they experience due to poverty. Many participants expressed the necessity of generating income to cover essential expenses such as rent and school fees. Given their constrained means, they often jeopardize their well-being by engaging in risky behaviors such as going on dates with clients, engaging in unprotected oral sex, or accompanying clients to their preferred locations. One participant had this to say; "I've been taught the value of protecting oneself and HIV/AIDS prevention by Zibagwe and other involved stakeholders like NAC, but it can be difficult to always make the right decisions when faced with financial difficulties. I've experienced times of resentment and irritation because, although I would prefer to put my health first, poverty forces me to take chances that I shouldn't." Another participant, a Key Informant from the National AIDS Council, indicated, "We are aware of the difficulties that FSWs have because of their financial dependence and poverty. It's imperative to deal with these underlying issues and offer thorough assistance. To reduce socioeconomic risks, we are partnering with organizations and striving to provide alternative income-generating options. We recognize that this is a complicated matter and that FSWs must make difficult decisions regularly." The experiences and difficulties that FSWs have about financial dependence, poverty, and their decisions about HIV/AIDS prevention are reflected in these comments. They include the difficulties, inconveniences, and dilemmas that participants deal with in addition to acknowledging the work done by groups like Zibagwe and the National AIDS Council.

3.6. Stigma and Discrimination

The social stigma associated with sex work poses substantial obstacles for FSWs in obtaining healthcare treatments and engaging in HIV/AIDS preventive initiatives. Although these programs provide essential lessons and benefits, the fear of stigmatization frequently deters FSWs from seeking support and participating consistently. One participant had this to say; "I used to routinely attend the HIV/AIDS program, but I stopped because of the stigma and discrimination I encountered at the clinic. Because I work in the sex industry, the medical staff would treat me differently and call me derogatory names. It made me feel criticized and humiliated. I could no longer take the embarrassment, so I stopped obtaining condoms and getting tested...it is frustrating and humiliating". The remaining participants affirmed that they have obtained crucial information and resources from the HIV/AIDS program that will assist them in protecting themselves. They appreciate the endeavors these organizations have made. However, maintaining consistency is challenging due to the negative social perception associated with engaging in sex work. They fear that both healthcare practitioners and society in general will criticize and belittle them, just as they have done with their colleagues or as they have previously experienced, which hinders their full participation. Female sex workers in Africa frequently encounter significant societal stigma and prejudice, which consequently restricts their ability to obtain adequate healthcare, social assistance, and legal safeguards. Female sex workers in Zimbabwe face pervasive stigmatization and prejudice. An investigation carried out in the nation revealed that 79% of individuals engaged in sex work encountered acts of violence, while 63% reported instances of verbal abuse or insults (Dande, 2020). The presence of stigma and prejudice poses significant barriers for sex workers in accessing healthcare treatments, resulting in frequent maltreatment or judgment from healthcare providers. Moreover, the act of making sex work illegal in Zimbabwe exacerbates

the marginalization of sex workers and heightens their susceptibility to exploitation and mistreatment.

3.7. Social Support

Participants have expressed their need for emotional support, which includes seeking sympathetic guidance and a receptive presence from empathetic and unbiased individuals. Stigma and isolation are common among FSWs, and these factors have a negative impact on their mental well-being and their motivation to engage in preventive measures and get necessary medical care. One participant had this to say; "In the face of stigmatization and rejection, we all need someone. I was and am still happy that Zibagwe and NAC among other groups support us. However, attending the program they offer without someone by your side, to me it exposes you. There is no energy and motivation. People will single you out as a prostitute. The damage you'll endure is extreme. I wish I could talk to someone who could relate to my situation." It's lonely here, and motivation diminishes quickly in the absence of emotional support. When I'm having problems or need advice regarding my health, I have no one to turn to. If I had someone I could count on, it would mean the world to me." Another key informant from the Zibagwe community had this to say, "We acknowledge that social support plays a crucial role in the lives of FSWs. At Zibagwe, we make an effort to offer complete services, such as support groups and counseling, to meet the practical and emotional requirements of FSWs. Our goal is to establish a secure, accepting environment where they may receive counselling, understanding, and useful support. We think that FSWs can improve their well-being and actively participate in HIV/AIDS preventive initiatives by building a robust support system." The lack of social support that FSWs have experienced both directly and indirectly is reflected in these reactions. Participants emphasize that to overcome their obstacles, they require both practical and emotional help. They describe how the lack of such support affects their capacity to put their health first and participate in HIV/AIDS programs successfully. The Zibagwe key informant stresses the value of social support and the dedication of their organization to offering all-inclusive services that cater to the needs of FSWs.

3.8. Collaboration and Partnerships

To effectively address the prejudice and rights violations experienced by FSWs, it is necessary to establish partnerships and collaborations among multiple stakeholders, as indicated by the collected data. A collaborative effort between HIV/AIDS programs, community-based organizations, healthcare providers, and law enforcement agencies can create a more supportive and empowering environment for female sex workers, as indicated by the participants' feedback. One participant had this to say; "I have been arrested on several occasions for engaging in sex work. It was a horrifying event. I want to see a shift in the legal system that decriminalizes sex work and treats us with decency and respect. To advance these legislative changes and defend our human rights, law enforcement, community organizations, and HIV/AIDS programs can work together." One Key Informant from the Zibagwe community had this to say, "We at Zibagwe firmly think that partnerships and cooperation can effectively combat the discrimination and human rights abuses that face FSWs. Together, we can put up a strong front to defend the rights and respect of FSWs and make sure they have access to HIV/AIDS services..." Collaboration with law enforcement agencies, particularly the police, is essential in addressing the discrimination and rights violations faced by FSWs. We work together with the police to foster understanding, promote human rights, and ensure the safety of FSWs..." The research findings illuminate the difficulties encountered by FSWs in rural settings, as well as the impact of these encounters on their health and overall welfare. These findings align with the existing body of research on the experiences of those involved in the sex industry, particularly Crenshaw's (2013) idea of intersectionality. Intersectionality

is a concept that emphasizes the interconnectedness of many social identities and how these intersections impact individuals' experiences and susceptibilities. The study demonstrates that FSWs encounter both favorable and unfavorable encounters. Engaging in sex work provides a means to meet financial needs, but it is accompanied by numerous challenges. The challenges encompass instances of aggression perpetrated by male patrons, instances of victimization by law enforcement, and instances of harassment by clients. The findings are consistent with previous studies that have demonstrated the prevalence of physical, psychological, and sexual abuse experienced by those engaged in sex work (Shannon et al., 2018).

Moreover, the data collected indicates that female sex workers' ability to engage in discussions and agreements regarding protected sexual activity is hindered by their impoverished circumstances, hence heightening their vulnerability to sexually transmitted diseases (STDs) and other health issues. This finding aligns with previous research indicating that those engaged in sex work are more susceptible to acquiring HIV/AIDS and other illnesses (Goldenberg et al. (2015); Shannon et al. (2018)). Furthermore, it emphasizes the importance of tackling the underlying structural problems that result in the restricted autonomy and influence that FSWs have on their working conditions. In addition, Crenshaw's (2013) notion of intersectionality provides a useful framework. Intersectionality is a concept that emphasizes the interconnectedness of social identities, such as gender, class, and occupation, and how they affect people's experiences and vulnerabilities. The experiences of FSWs are shaped by the combination of their socioeconomic status, gender, and occupation as sex workers. Their marginalization, increased vulnerability to violence and health hazards, and discrimination in healthcare settings are all impacted by their intersectionality.

4. Conclusion

Ultimately, the stigmatization and marginalization faced by FSWs when seeking healthcare services have a profound impact on them. Clinics and medical personnel often perpetuate negative preconceptions by speaking derogatorily about sex workers and treating them with disdain. These interactions increase the susceptibility of FSWs, hence impeding their ability to obtain top-notch healthcare and other forms of assistance. This aligns with the existing body of research that highlights the ethical quandaries and inequitable treatment faced by individuals involved in the sex industry inside healthcare settings. The findings indicated that sex workers in Silobela relied predominantly on sex work as their main source of income, rendering them vulnerable to violence, exploitation, and coercion from customers who had power over them. A significant number of FSWs ignored the guidelines provided by HIV/AIDS prevention programs, which emphasized the importance of consistent condom usage to prevent HIV/AIDS, STDs, and unintended pregnancies. Their participation in these programs was impeded by socioeconomic challenges, as they faced bias, exclusion, and animosity from law enforcement, healthcare providers, and society as a whole. The individuals expressed a perception of being evaluated by society, holding the belief that their difficulties were warranted. The participants' recommendations were consistent with these facts.

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