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Experiences of Young Women Selling Sex During the First and Second Wave of Covid-19 in Beitbridge, Zimbabwe

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Abstract

This paper interrogates the experiences of young women selling sex during the first and second waves of the COVID-19 pandemic in Beitbridge, Zimbabwe. Despite the significant impact of the COVID-19 pandemic on marginalized populations, there is a notable lack of research specifically addressing the experiences of young women selling sex in Beitbridge, Zimbabwe. The convergence of gender, socioeconomic and health risks in the context of a border town such as Beitbridge remains underexplored. Using a qualitative approach, we conducted in-depth interviews and focus group discussions with participants to understand the socioeconomic, health, and emotional impacts of the pandemic on their lives and work via intersectionality theory. Major findings reveal that COVID-19 containment measures by the government, such as: lockdowns, movement restrictions and curfews, exacerbated the vulnerability of young women selling sex. The study highlights the resilience and agency of these women as they navigate unprecedented challenges, including breaching containment measures, rules, and regulations. The study concludes by interfacing intersectionality theory with the findings of the study. Through the documentation of their experiences, this research seeks to inform policy interventions and support mechanisms that address the unique needs of young women in sex work amidst public health crises.

Background

The COVID-19 pandemic originated in Wuhan, China in December 2019 and rapidly spread with cases in most countries across the world (Cohut 2020). It has become a new global health crisis and has resulted in severe acute respiratory problems in infected people. COVID-19 was declared a global pandemic on 11 March 2020. The virus is very contagious, with an incubation period of between two and fourteen days. Most infected people are either asymptomatic or develop mild respiratory illnesses. The main symptoms of COVID-19 are fever, fatigue, breathlessness, non-productive cough, and malaise (WHO 2020).

In Zimbabwe, the pandemic has had profound implications, particularly for resource-poor communities that already experience systemic inequities. Although COVID-19 has had a global impact, its magnitude severely affects resource poor countries which have weak social safety nets and struggle with healthcare systems (Eichengreen 2020). The health delivery system in Zimbabwe was already dysfunctional due to years of underfunding and neglect from the government (Kalofonos 2016).

According to a rapid assessment report by the Ministry of Health and Childcare for the impact of COVID-19 on the provision of HIV services between April 2020 and June 2020, there was a 59% reduction in the number of clients testing for HIV and receiving results. There was a 15% reduction in the distribution of HIV self-testing kits, a 49% reduction in the number of clients seeking STI services such as testing for syphilis, a 51% reduction in the number of clients newly diagnosed with HIV initiated on antiretroviral therapy (ART) and a 29% reduction in viral load sample collection (MoHCC 2020). These disruptions resulted from COVID-19 lockdown restrictions.

This paper addresses the following objectives: (a) To examine the impact of COVID-19 and associated safety measures on the socioeconomic and health well-being of young women selling sex in Beitbridge.

(b), To analyse the coping strategies they employed in response to the challenges posed by the pandemic; and (c), to propose actionable recommendations for policy and practice that address the specific needs of these women during public health crises. This paper examines the experiences of young women selling sex via qualitative inquiry and participant observation. The paper concludes by proffering recommendations that can be made to extend social protection coverage and relevant rules and regulations to young women selling sex in times of socioeconomic uncertainty.

Most countries responded to the virus by implementing various measures including suspending outbound and inbound flights, suspending intercity travel, banning public gatherings, quarantining, and curfewing (Macharia et al. 2021). The virus has resulted in major changes in economic, social, transportation and education systems globally. The virus has implications for the health, food, and welfare of many, especially women in poor countries such as Zimbabwe (Ndhlovu and Tembo, 2020). The global COVID-19 pandemic has disrupted economies around the world and has threatened the livelihoods of people working in the informal sector and low paying jobs including sex workers who are disadvantaged by the criminalization of sex work (Machingura et al. 2021). In Zimbabwe, the government imposed a nationwide lockdown for 21 days beginning on March 30 to prevent further spread of the ongoing outbreak of coronavirus disease (WHO 2020). During the lockdown, all informal markets closed, and all formal markets were allowed to open four hours daily. Exempts were made for food markets, pharmaceuticals, and other essential businesses. All public transport was suspended except Zimbabwe United Passengers Company (ZUPCO) which is state owned and security forces were deployed to enforce the lockdown. The country closed its borders to foreign nationals and gatherings were limited to 50 people.

In late 2020, the Zimbabwean government eased many of the strict lockdown measures and restrictions that were in place during the initial wave of the pandemic. This included the reopening of schools, shops, restaurants, businesses, and borders, as well as the relaxation of limits on public gatherings and the use of face masks. Lifting curfews and travel restrictions, reduced the enforcement of social distancing, among other activities. While these relaxations aimed at reviving the economy and allowing a return to normalcy, they led to a resurgence of COVID-19 cases across Zimbabwe, including women selling sex (Moyo, 2021).

In January 2021, Zimbabwean authorities introduced a level 4 lockdown following the relaxation of lockdown measures in 2020, which led to a spike in COVID 19 cases. As a result, Zimbabwe reintroduced a 6 pm to 6 am curfew, which allowed only essential services to operate. Although efforts have been made to cushion victims of COVID-19 in Zimbabwe, stereotyping has greatly affected the sex work industry, making their incorporation into social safety nets a daunting and mammoth task. In Zimbabwe, sex work is regarded as immoral and a crime according to section 81 (2) of the Zimbabwean constitution (Moyo, 2021). The immorality of sex work in Zimbabwe is strongly reinforced by social taboos, which heavily stigmatize and discourage sex work (Elmes, 2012). Such taboos result in the exclusion of young women selling sex in the face of a novel pandemic. The provision of social protection to female sex workers requires a great understanding of the susceptibilities associated with this group

(Bury, 2011). This study explores the experiences of young women selling sex during the first and second waves of the COVID-19 pandemic in Zimbabwe.

COVID-19 has resulted in a sharp reduction in sex worker clients. They further noted that 90% of sex workers from their two largest sites in Harare and Bulawayo reported reduced client numbers compared with data from the Respondent Driven Survey (RDS), which was conducted in 2017. However, during COVID-19, in Harare clients sharply declined to an average of 9 per month as compared to 14 per month before COVID-19 (Machingura et al. 2021).

Ultimately, this research aims to inform policy interventions and support mechanisms that address the unique challenges faced by young women in sex work, particularly in the context of public health emergencies. By documenting their experiences, we aim to contribute to a more comprehensive understanding of the intersectional vulnerabilities that characterize their lives and advocate for inclusive policies that safeguard their rights and well-being.

Theoretical Framework

This study draws on the intersectionality theory. The theory was coined by Kimberle Crenshaw in 1989 to help explain the oppression of African American women (Nash, 2008). Intersectional approaches recognize that people have different identities, needs, priorities, and capacities that are not static, and shift and change over time affecting their ability to prepare for, cope with and respond to natural hazards and climate variability (Chaplin et al. 2019). Since this study aimed to identify the nexus between the experiences of young women selling sex and safety measures to contain the virus, the researchers were able to determine how this group has been exposed to numerous forms of discrimination that are often interconnected and interdependent due to policies and safety measures.

Intersectionality was used in this research because it aims to explain the experiences of young women selling sex and their response to COVID-19 as a pandemic and how they managed to react to safety measures employed by the government to contain the spread of COVID-19. Intersectionality was used to dissect research objectives particularly how safety measures exacerbated vulnerability, class and inequalities among young women selling sex. Curfews, lockdowns, movement restrictions and other safety measures including vaccinations increased vulnerability among sex workers due to adoption of the blanket approach by the government. The theory was critical in making clear how coping strategies by this group increased their vulnerability through gender and economic vulnerability, health disparities, social stigma and isolation, and policy implications. This framework not only enhances our understanding of their lived experiences, but also underscores the need for inclusive policies that addresses the unique vulnerabilities of marginalized populations.

Methods

Study Area

Fig 1.0: Map of the study area showing Beitbridge town, residential areas and the border.

Fig 1.0 Map of the study area in Beitbridge indicating key geographical features. Adapted from Google Maps. Bendigo, Zimbabwe. Available from https://www.google.com/maps/place/Bendigo,+Zimbabwe. Accessed 2025 Aug 9.

This study was conducted in Beitbridge, as shown by Fig 1.0 above. Nestled far south of Zimbabwe, Beitbridge is more than just a border town. Moyo and Nshimbi (2019) notes that Beitbridge town is in Matabeleland South Province of Zimbabwe and serves as a major transit point between Zimbabwe and South Africa, making it an important commercial and transportation hub in the region. The town is known for the Beitbridge border post, which is the busiest land border crossing in southern Africa. It handles the significant amount of trade and, movement of goods between Zimbabwe and South Africa. The town has basic infrastructure and amenities such as shops, banks, accommodation facilities, and healthcare services to cater to the needs of travelers and the local population. The town owes much of its identity to its position as a border post. The Beitbridge Border Post is the busiest in southern Africa, handling thousands of travelers and cargo vehicles daily. This creates a lively atmosphere where Zimbabweans, South Africans, and people from all over the SADC region cross paths. Small-scale traders line the streets, informal markets bustle with activity, and cross-border transporters — known locally as “omalayitsha” — keep the wheels of commerce turning (Moyo and Nshimbi 2019).

Despite its economic significance, Beitbridge faces a number of challenges that shape the everyday lives of its residents. The region is dry and semiarid, receives little rainfall and experiences long, hot seasons. Water is a precious resource, and at times scarce. While there are government and NGO efforts to improve services, access to reliable water, healthcare, and housing still lags behind the town’s rapid population growth. (Moyo and Nshimbi 2019).

The study employed a qualitative approach to gain a comprehensive understanding of the experiences of young women selling sex during the COVID-19 pandemic in Beitbridge, Zimbabwe. Fig 1.0 above shows the map of Beitbridge, the study area. The qualitative methods were chosen to capture in-depth insights into the participants’ lived experiences, which cannot be quantified easily. A qualitative approach enabled the researchers to acquire more information by probing the participants and exploring the experiences of young women selling sex during the first and second waves of COVID-19 in Zimbabwe.

Participants were selected via purposive/judgmental sampling. Purposive sampling was useful especially during the COVID-19 pandemic, when time was limited due to COVID-19 restrictions on outdoor activities and gatherings. Purposive sampling is helpful in identifying participants who can provide insights into the research question (Creswell, 2014). The participants were selected via purposive sampling, which is effective in identifying individuals who can provide rich information relevant to the research questions. A total of 45 respondents were included in the study, comprising 40 young women engaged in sex work and 5 key informants. The key informants included 2 female social workers, 2 female nurses and a male police officer, all of whom have extensive experience working with female sex workers.

The participants were recruited via snowball sampling and purposive sampling. The sampling method allowed the researchers to tap into the network of young women selling sex. Creswell (2014) defines snowballs as a useful tool for collecting data from hard to reach or hard to identify populations. Since young women selling sex had their own networks, the use of snowball sampling enabled the researchers to obtain an adequate sample through referrals. Purposive sampling was used in the study to recruit key informants. In this study, purposive sampling enabled the researchers to include participants who had rich information and more experience in dealing with young women selling sex. Purposive sampling involves the recruitment of participants with rich cases of information (Saunders et al. 2012). Data were collected through semi structured interviews and a focus group discussion. In-depth interviews allowed for the exploration of participants' experiences, whereas focus groups provided a platform for shared narratives. The interviews were conducted until data saturation was reached, meaning that no new themes emerged.

This study used thematic analysis to analyze the data from the semi structured interviews and focus group discussions. Thematic analysis was used to analyze the data from the interviews and focus group discussions. This involved identifying patterns and themes that reflected the participants' experiences (Javadi and Zarea, 2016). Data analysis began during data collection and continued through transcription and translation from the local languages to English.

The researchers read through the entire dataset over and over and identified repeated patterns from the data (Flick, 2013). This method was very helpful to researchers as it enabled them to explore and understand the challenges faced by young women selling sex during the pandemic. Thematic analysis helps in understanding common or shared meanings and experiences from a dataset (Braun and Clarke, 2012). A theme is a meaning or a pattern response that derives from the data and informs the research questions of the study (Braun and Clarke, 2006). The researchers identified themes that appeared in the data. The researchers identified manifest and latent themes that reflected deep and underlying meanings from this study (Creswell, 1998). Themes that addressed the research questions were identified from this research.

Ethical approval for the study was obtained from Women's University in Africa and the District Medical Officer (DMO) for Beitbridge granted permission to access relevant health facilities such as the Beitbridge Wellness Centre which provides services to female sex workers. The participants were assured of confidentiality and the right to withdraw from the study at any time without repercussions.

Results

This section presents results on the basis of the objectives guiding the study. Eight key themes emerged:

1. **Increase in defaulters.**

The study revealed that COVID-19 restrictions led to a significant rise in defaulters among sex workers, primarily due to fear of police, relocation challenges and a lack of travel documents. One participant noted the difficulties faced during the first lockdown highlighting her inability to return to Beitbridge for supplies. She had this to say:

The first lockdown was dismal; I failed to have clients due to the lockdown and movement restrictions. The only option was to relocate to my rural area. However, the restrictions worsened, and letters were needed as travel documents and I failed to travel back to Beitbridge to collect my resupply. I ended up defaulting for almost a month. (Mercy, 22 years).

2. L**imited access to sexual and reproductive health services.**

The participants reported that their access to SRH and family planning services was severely impacted. Many experienced untreated STIs due to a lack of condoms, with one participant recounting the desperation that led her to engage in unprotected sex. Mavis had this to say:

Since I had spent 7 days without a single client, I had no choice except dancing to the tune of the client; my condoms were already finished, the client did not have one and at the same time he offered lucrative amount for unprotected sex, I didn't have a choice (Mavis 18 years).

During the first and second waves of COVID-19 young women selling sex became more exposed to high risk than before. The risks spanned from new HIV infections, STIs, unwanted pregnancies and sexual abuse due to their vulnerability. Some female sex workers refused condoms because they wanted to charge more, and they had unprotected sex despite the risks. Owing to the shortage of clients, young women selling sex were desperate and their autonomy in protecting sex was taken away.

3. Risky sexual behaviour

This study revealed that the pandemic pushed many young women into risky sexual practices. Fear of police enforcement hindered their access to health services, leading to increased incidences of STI and unwanted pregnancies. Memory had this to say:

I was afraid of walking to the clinic to access condoms because police were arresting people. At first, I got condoms from my colleague, but we finished them. I ended up having unprotected sex because the bars were closed as well. Condoms became scarce. After all, all the patients with HIV or COVID-19 will die. (Memory, 24 years).

On the same note, risky sexual behaviours attracted a wave of sexually transmitted infections (STIs). One of the key informants had this to say:

When they are in their menstrual periods, some of them pretend all is well to their clients by pushing cotton wool inside the vagina to stop bleeding. One of them later failed to remove the cotton that was packed

inside and came for assistance. It was bad, smelling and rotting. Similar to STIs, they increased because they could not come for condoms due to restrictions. (Key informant #3).

Owing to COVID-19 restrictions, general movement was severely restricted and in some cases one would require some letters and police would not understand reasons such as accessing SRH services. This made SRH access very difficult for young women selling sex. Memory's narrative above reveal some of the challenges in accessing condoms at a time when public places such as beer halls where they usually access free condoms, are closed. This pushed young women selling sex to careless behaviour and increased the risks of STIs and HIV infection. Key informant 3's narrative above reflects some of the dangerous behaviours in which young women selling sex are indulged in a bid to win clients. Inserting cotton wool into the vagina to block the menstrual flow resulted in some health complications and poor hygiene, as described by the key informant. This was a direct effect of the pandemic which shrank the clientele base for young women selling sex due to COVID-19 restrictions.

3. Involuntary relocation occurs because of a lack of money to pay rentals.

A reduced income for women selling sex strongly affects their capacity to pay rentals and utility bills. This led some of them to relocate from Beitbridge town to their home areas. Others changed how they operated by changing workplaces from beer halls and brothels since they were closed to highways where they could meet truck drivers. Similar responses were given by late adolescent female sex workers and Chipo (not real name):

Clients were confined in their homes during the first lockdown, and it was not easy to find them. Rentals were charged per day, and we were paying R100 per day. How would i raise this money? I had no option except to visit my rural home after being evicted by my landlord. (Chipo, 22 years).

Lissa laments: "I *was evicted by my landlords twice. I thought of going back to my rural home, but I kept on looking for cheaper accommodations so that I could remain in the game. I had to look for houses that are currently under construction where rooms had no water or electricity. These were cheaper.*"

Although Chipo ended relocating, this was not uniform across all young women selling sex as some employed various coping mechanisms to remain in business and in Beitbridge where they are known by clients. In contrast, Lissa, who had the same situation as Chipo, opted to stay in Beitbridge despite the accommodation challenges. She moved into cheaper and incomplete houses to continue with her business and resist the pressure of returning to rural areas.

4. Harassment by police.

The findings from this study show that although COVID-19 had both health and security concerns, there was an increase in harassment and abuse of young women selling sex by law enforcement agents. Increased policing during the pandemic led to heightened harassment of sex workers. Many reported incidents where police demanded sexual favours to avoid arrest, exacerbating their vulnerability. One disgruntled participant said:

“Police should leave us alone. How can we earn a living when they chase us from streets, bars, beer halls and brothels? My friend was injured when she was being chased by police. She was injured, bruised, and had to visit the clinic. Treatment by police was ruthless and bad and they did not want to see us in streets some of them wanted sex in return.” (Shantell, 19 years).

One key informant revealed that she heard reports, but the police wanted to enforce compliance. Girls were also unaware that their health cards could be used as passports to visit health facilities at police check points. However, the key informant lamented that sometimes the police were not predictable; they sometimes did not want to see the cards and simply wanted people to stay indoors.

6. Reduction in charges for sexual services and exposure to environmental hazards

This study revealed that young women selling sex reduced their service fees in response to the shrunk clientele base during the lockdown. This adjustment was a survival tactic, allowing them to meet basic needs such as food and rent. This is illustrated in the following interview excerpt from a focus group discussion:

I reduced my short term price from as high as R70 to R30. At times I could agree R20 because i needed money to buy a plate of sadza. (Lissa, 20 years).

Young women selling sex started using deserted community buildings, and secluded fields and backyards for sexual activities since brothels and beer halls were closed and they could not afford booking houses and lodges. Places for selling sex commonly known as hotspots were closed during the lockdown, but curfew hours severely affected sex workers activities who usually work during the night. Those who managed to get clients during the curfew would go to the homes of their clients which was unsafe given the power dynamics and their inability to control the environment, as clients could take advantage of them.

7. Illegal cross border "Zalawi"/Luggage porters.

The findings revealed that in response to the strict COVID-19 restrictions that rendered sex work difficult, some daring young women selling sex started illegally crossing the Limpopo River, carrying luggage for illegal migrants and crossing borders for a fee. People who do this work are nicknamed "Zalawis" from Zalawi trucks which carry enormous luggage. Although this was a coping strategy, it was highly risky, and police received several reports of rape, abuse, bullying and robberies from people operating along the Limpopo River. One participant said:

I used to survive as a Malaicha (a person who helps people cross the border illegally) but that was before COVID-19. Recently, many people have used this route especially when ports of entries (POEs) are strict. I re-joined the field and carried luggage bags, and this helped me a lot because sex work was no longer paying and I needed to feed my child. (Tanya, 23 years).

8. Masquerading as vendors.

Some coping mechanisms reported by participants included masquerading as vendors. This would enable young women selling sex to remain in sex work on the pretext of vending. Police would become lenient thinking that they were genuine vendors while they were thigh vendors. Highway sex work was also a survival strategy. Truck drivers were willing to travel with sex workers. However, it was risky since the police demanded travel documents at police blocks and some sex workers were arrested at such roadblocks. One participant from the focus group said:

Pretending to be a vendor was the way to go. I ordered energy drinks such as dragon and switch because I know truck drivers like them most for their long routes drive. At times I opened to truck drivers queuing to cross the Beitbridge border so that I was selling energy drinks and myself. When he had interest in me, we could do the service in the truck. On one of the days, I was fortunate to travel with him to Zambia. (Tariro, 23 years).

Discussion

The findings of this study reveal that the COVID-19 containment measures that were introduced by the government of Zimbabwe to reduce the spread of coronavirus such as lockdowns, movement restrictions, bar closures, night clubs and curfews resulted in loss of income, relocation, health risks and mental health challenges to young women selling sex. This can be attributed to restrictions in accessing clients that sharply affected usual operations by young women selling sex. UNAIDS (2021) noted that the situation confronting female sex workers was further worsened by a lack of access to social fabric, specifically for them.

The study revealed that some young women selling sex experienced mental health challenges such as stress, anxiety, and depression due to involuntary evictions. One of the participants blamed landlords for being inconsiderate, as COVID-19 restrictions impacted everyone. Although landlords understood the challenges experienced by young women selling sex to obtain clients during the lockdown, they still demanded full payment of rentals every month. Livelihoods of female sex workers in Zimbabwe have been negatively affected by COVID-19 due to the closure of places for entertainment (Machingura et al. 2021). The impact of the COVID-19 pandemic was felt in all sectors including the informal sector. Considering the intersectional theory, it is clear that COVID-19 containment measures resulted in a reduced clientele base for female sex workers which gave them limited their capacity to pay rentals and bills. The inability to obtain rentals pushed some female sex workers back to their rural homes. However, not all sex workers who were struggling to find rentals relocated. Some looked for cheaper and incomplete houses without basic amenities such as water and electricity to remain in the border town. Others who resisted relocation employed several survival strategies such as staying in abandoned buildings. A Lancet HIV study (2020) revealed that some female sex workers had more permanent boyfriends located in the area and could not move. Therefore, reluctance to relocate from Beitbridge by some female sex workers could be an issue of social capital.

Young women selling sex have shown resilience by developing coping mechanisms to address the challenges posed by COVID-19 containment measures and restrictions. Coping mechanisms included cross border trading, masquerading as vendors, cohabitation, working as loaders (Zalawis) and selling sex to truck drivers who never stopped operations since they were considered essential service providers during the lockdown. This study however noted the continuous breaching of lockdown measures by young women selling sex in a bid to earn a living which potentially placed them and their clients at increased risk of contracting and spreading COVID-19.

The study revealed that movement restrictions and lockdowns, especially in the first wave had severe impacts on young women selling sex as compared to the second wave. This has led to high health risks such as STIs, new HIV infections and a general loss of income. Harassment by police officers who enforced lockdown measures was witnessed and a shortage of clients led to a massive reduction in service fees. In addition, 6 pm to 6 am curfew sharply altered the normal operating hours for sex workers who were forced to operate during the day. This affected most sex workers and their clients who were ashamed of being seen during the day because of stereotypes associated with sex work. These findings are in line with those of Nyabeze et al. (2021) who revealed that most sex workers resort to online dating mainly via WhatsApp and Facebook as night operations are closed.

Stigma and discrimination against young women selling sex were exacerbated by COVID-19 which increased their vulnerability and altered their operating hours due to curfews. This finding corroborates the findings of Kimani et al. (2020) who noted that different forms of discrimination emerged where sex workers were treated as superspreaders of the novel coronavirus. Their continued contact with various immigrants especially truck drivers increased their vulnerability to the COVID-19 virus (Matiashe, 2020). This aligns with intersectionality theory. Intersectionality theory is useful for understanding the experiences of young women selling sex during the lockdown, as it highlights the interconnections among various factors that shape the vulnerability of these sex workers. COVID-19 restrictions intersect with police brutality, loss of income, lack of social safety nets, disruption in the supply chain of ARVs and other sexual and reproductive health (SRH) services such as contraception to increase the vulnerability of young women selling sex to both the COVID-19 virus and to STIs and HIV/ AIDS. The intersectional approach helps to uncover the dynamics that shape vulnerability and resilience (Chaplin et al. 2019).

CONCLUSION AND RECOMMENDATIONS

Conclusion

This paper highlights the significant challenges faced by young women selling sex in Beitbridge, and Zimbabwe during the first and second waves of the COVID-19 pandemic. The unique combination of gender, economic hardship and health risks created a situation of heightened vulnerability exacerbated by government restrictions. However, amidst these struggles, these women displayed remarkable resilience and agency. By using intersectional theory, we gain a deeper understanding of how various factors intersect to shape their experiences. Their stories underscore the urgent need for targeted policy

interventions that address the specific challenges faced by marginalized groups, especially during public health emergencies. Moving forward, it is crucial for stakeholders, policy makers, community organisations and other players to engage with these findings. The development of comprehensive support systems that prioritize the voices and needs of young women in sex work is essential to ensuring their rights and well-being. Ultimately, this research not only enriches the conversation around sex work and public health but also serves as a powerful call to action for more inclusive and equitable responses to crises affecting vulnerable communities.

Recommendations

On the basis of the findings of this study, we propose the following heartfelt recommendations to support the well-being and resilience of young women selling sex during public health crises: There is a need to strengthen access to health services by the government through prioritizing accessible and compassionate sexual and productive health services for young women in sex work by ensuring that condoms, STI testing, and treatment options are readily available, allowing these women to prioritize their health without fear of stigma. It is also crucial to establish strong social safety net programs that offer financial support, food security, and healthcare assistance to vulnerable populations. Initiatives such as cash transfers and food hampers can provide vital lifelines during tough times. We recommend developing programs that empower young women selling sex through income-generating projects such as building alternative pathways to financial independence, reducing their reliance on sex work. Policy reforms such as decriminalizing sex work and implementing laws that safeguard these women from harassment and violence can create a safer and more just environment for them to thrive.

Abbreviations

COVID-19 (coronavirus disease 2019)

SRH (Sexual and reproductive health)

STI (Sexually transmitted infections)

HIV (human immunodeficiency virus)

DMO (District Medical Officer)

RDS (Respondent Driven Sampling)

WHO (World Health Organization)

ZUPCO (Zimbabwe United Passengers Company)

MoHCC (Ministry of Health and Child Care)

Declarations

Ethics approval and consent to participate

Ethical approval for this study was obtained from Women's University in Africa since this was the corresponding author's Master's Study. The District Medical Officer (DMO) for Beitbridge granted permission to access relevant health facilities, specifically the Beitbridge Wellness Centre, because he is the one in charge of this facility where sex workers receive free healthcare services. In accordance with ethical research standards, we confirm that all participants in this study provided voluntary consent to participate after informing them about the nature and purpose of the research including the procedures, potential risks and benefits associated with participation. The confidentiality of the participants was maintained, and the participants were informed about their right to withdraw from the study at any time without any consequences.

Consent for publication

All participants provided informed consent for the publication of their anonymized data and narratives included in this study. All the authors reviewed and approved the final version of this manuscript and consent to its publication. We ensure that all personal data have been anonymized to maintain confidentiality. The authors acknowledge that publication rights will be transferred to the journal upon acceptance.

Availability of data and materials

The datasets generated and analyzed during the current study are available from the corresponding author upon reasonable request.

Competing interests

The authors declare that there are no competing interests regarding the publication of this manuscript. There are no financial, personal, or professional relationships that could be perceived to influence the research or interpretation.

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Authors' contributions

L.M conceptualized the study, led the data collection, and drafted the manuscript. T.M contributed to the methodology, analysis, and critical revisions of the manuscript. Both authors approved the final version of the manuscript.

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Figures

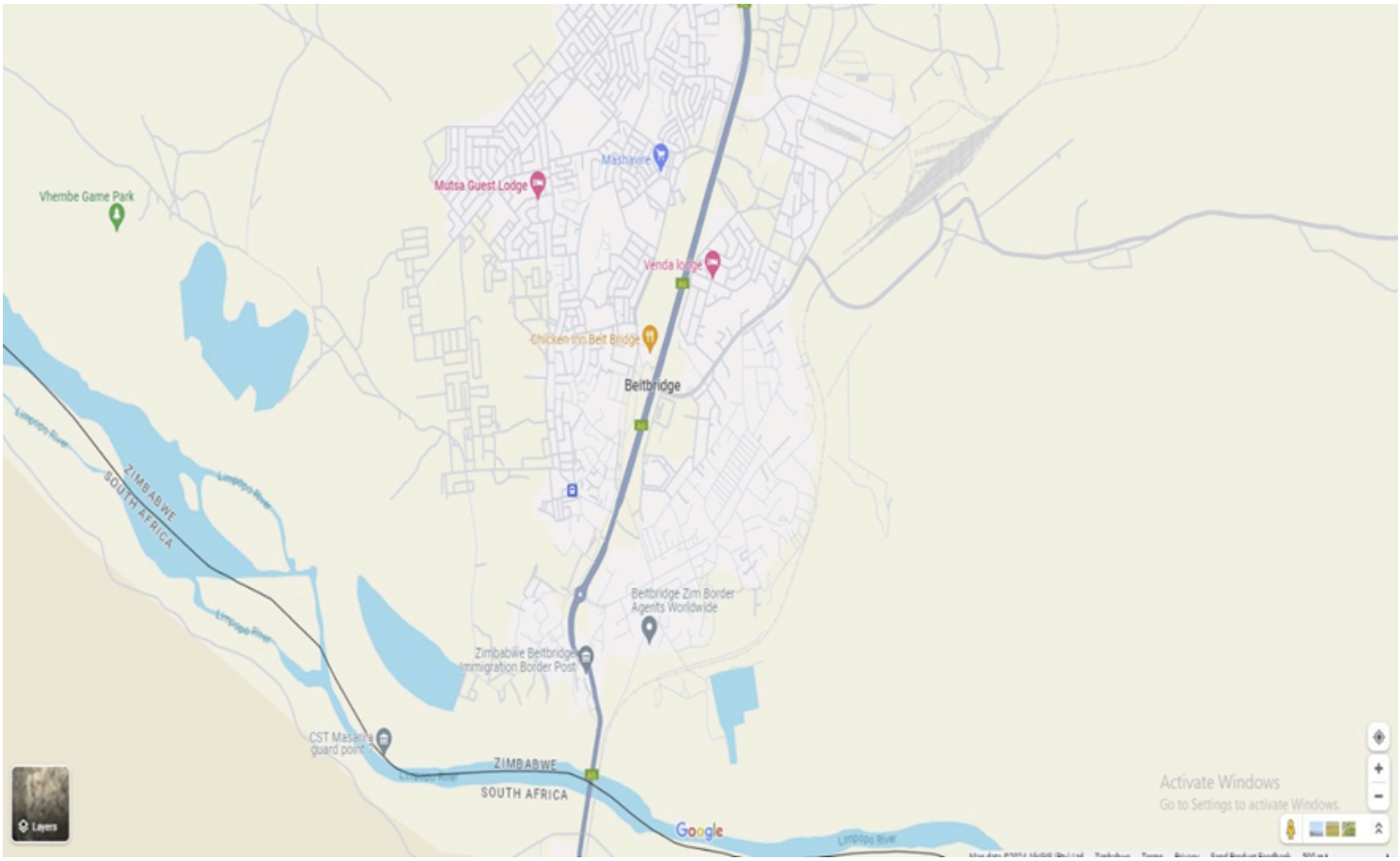


Figure 1

Map of the study area in Beitbridge indicating key geographical features. Adapted from Google Maps. Bendigo, Zimbabwe. Available from https://www.google.com/maps/place/Bendigo,+Zimbabwe. Accessed 2025 Aug 9.

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