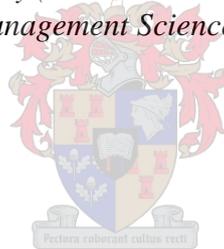


**THE FACTORS THAT INFLUENCE CORRECT AND CONSISTENT  
CONDOM USE AMONG INFORMAL SETTLEMENT FEMALE SEX  
WORKERS LIVING IN BHOBHO FARM, HARARE**

by

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*Assignment submitted in partial fulfillment of the requirements for the degree  
of Master Philosophy (HIV/AIDS Management in the Faculty of Economics  
and Management Science t at Stellenbosch University*



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## **DECLARATION**

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March 2014

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## **LIST OF ACRONYMS**

AIDS: Acquired Immuno Deficiency Syndrome

HIV: Human Immunodeficiency Virus

UNAIDS: United Nations Programme on HIV/ Acquired Immune Deficiency Syndrome

WHO: World Health Organization

ZJC: Zimbabwe Junior Certificate

## **ABSTRACT**

HIV/AIDS is a global challenge. More resources and effort have been channelled towards mitigating the spread of HIV/AIDS. The use of condoms has been proven to be one of the methods that may be used to reduce the spread of HIV/AIDS in vulnerable populations such as female sex workers. There has been more emphasis by researchers towards studying condom use challenges faced by female sex workers in formal settings but less has been done to investigate condom use challenges faced by sex workers practicing prostitution in informal settings such as Bhubho Farm in Harare. The aim of the study was to investigate the factors that influence correct and consistent condom use among informal settlement sex workers staying in Bhubho Farm, Harare.

The objectives of the study were: to investigate correct and consistent condom use challenges faced by informal settlement female sex workers living in Bhubho Farm; to identify correct and consistent condom use support given to informal settlement female sex workers living in Bhubho Farm; to identify gaps between correct and consistent condom use challenges faced by informal settlement female sex workers and existing condom use support given to informal settlement female sex living in Bhubho Farm, and to recommend correct and consistent condom use support programmes that are aligned to condom use challenges faced by informal settlement female sex workers living in Bhubho Farm.

A questionnaire was used to collect data. Analysis of data was carried out by using descriptive statistical analysis. Tables and charts were used to present data with the aim of facilitating easy understanding of research findings by future readers.

The findings of the study clearly showed that the correct and consistent condom use expectations of informal female sex workers staying in Bhubho Farm were not in congruent with condom use support given by different stakeholders. Lack of knowledge on how to use condoms correctly and consistently on the other hand was found to be a major challenge for informal female sex workers.

## OPSOMMING

MIV/Vigs is 'n wêreldwye uitdaging. Meer hulpbronne en groter pogings is aangewend om die verspreiding van MIV/Vigs te temper. Daar is bewys dat die gebruik van kondome een van die metodes is wat gebruik kan word om die verspreiding van MIV/Vigs te verminder onder kwesbare bevolkings soos vroulike sekswerkers. Navorsers het meer klem geplaas op 'n studie van die uitdagings van kondoomgebruik onder vroulike sekswerkers in 'n formele opset, maar minder is gedoen om die uitdagings van kondoomgebruik te ondersoek by sekswerkers wat prostitusie beoefen in informele omgewings soos Bhubho Farm in Harare. Die doel van die studie was om faktore te ondersoek wat die korrekte en konsekwente gebruik van kondome beïnvloed onder sekswerkers wat in 'n informele nedersetting soos in Bhubho Farm, Harare, woon.

Die oogmerke van die studie was om die uitdagings van korrekte en konsekwente kondoomgebruik onder sekswerkers wat in 'n informele nedersetting soos Bhubho Farm woon te ondersoek; om ondersteuning te identifiseer vir korrekte en konsekwente kondoomgebruik wat aan vroulike sekswerkers in die informele nedersetting Bhubho Farm gegee word; om leemtes in die uitdagings omtrent korrekte en konsekwente kondoomgebruik wat vroulike sekswerkers in informele nedersettings moet trotseer, en in die bestaande steun vir kondoomgebruik aan vroulike sekswerkers in Bhubho Farm te identifiseer; en om ondersteuningsprogramme vir korrekte en konsekwente kondoomgebruik aan te beveel wat toegespits is op die kondoomgebruik-uitdagings van vroulike sekswerkers wat in Bhubho Farm woon.

'n Vraelys is gebruik om data te versamel. Die data is ontleed met gebruik van beskrywende statistiese analise. Tabelle en kaarte is gebruik om die data aan te bied in 'n vorm wat die navorsingsbevindinge vir toekomstige lesers meer verstaanbaar sal maak.

Die bevindings van die studie het duidelik getoon dat die verwagtinge van informele sekswerkers van Bhubho Farm omtrent korrekte en konsekwente kondoomgebruik nie ooreengestem het met die steun wat deur verskillende belanghebbendes gegee is nie. Aan die ander kant is daar gevind dat die gebrek aan kennis oor hoe om kondome

korrek en konsekwent te gebruik vir informele vroulike sekswerkers 'n groot uitdaging was.

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## 1 INTRODUCTION

### 1.1 Background and rationale

Operation Murambatsvina (Operation restore order) which was initiated by the government of Zimbabwe in 2005 led to the creation of many informal settlements of which Bhubho Farm in Harare is one of them. Bhubho Farm informal settlement is about thirty kilometres from the city centre of Harare. The farm is surrounded by Damafalls, Mabvuku, Zimre Park and Tafara formal settlements. The informal settlement is usually busy during the day with people selling different items such as fruits, clothes, meat etc. During the evening the settlement is evidenced by informal sex workers moving to and from the nearest and popular public drinking place called Gazebo Beer Hall with their clients (Bhachi, 2012). Gazebo Beer Hall is a public drinking place used by Bhubho Farm informal settlement female sex workers to easily meet male clients. Most of the clients for informal settlement female sex workers are poor individuals who pay as much as US\$2 for protected sex and at least US\$5 for unprotected sex per one sexual event (Bhachi, 2012). Sexually active people, that include commercial sex workers, have a tendency of viewing condom use as unnecessary irrespective of knowing that having unprotected sex increases the chance of HIV infection (Alarape, Olapegba & Chovwen, 2008). Male condoms have been proven to be an effective protective tool that can be used to reduce the transmission of HIV/AIDS (Gallo et al, 2011) and as such, consistent and correct use of condoms research should be prioritised.

Overs and Longo (2000) found HIV infection among female sex workers to be above 80% in Zimbabwe and Kenya. Since Bhubho Farm had become a haven of prostitutes, the factors that influence correct and consistent condom use among Bhubho Farm informal settlement female sex workers who used condoms before were not yet known. Carrying research on sexual behaviour of female commercial sex workers facilitates designing and implementation of sound HIV/IDS intervention programmes (Zhao, Wang, Fang, Li & Stanton, 2008). Ditmore (2011) claimed that preventive actions to stop unprotected sex among female sex workers are not taken seriously in most countries. The fight against HIV/AIDS requires an integrated approach that considers fighting HIV/AIDS from all possible causes of the spread of the epidemic if

UNAIDS (2012) vision of zero new infections, zero discrimination and zero AIDS-related death is to be achieved.

## **1.2 Research problem**

Female sex workers are the fastest transmitters of HIV/AIDS globally (UNAIDS, 2012). Zimbabwe has a sizeable number of female sex workers living in informal settlements such as Bhubho Farm in Harare. A plethora of researchers unearthed several factors that influence correct and consistent condom use among female sex workers (Chey-Nemeth; 1998; Eva, Munakata & Onuoha, 2007; UNAIDS, 2012; Wilson et al, 1990). The limitation of these studies is that they focused on female sex workers living in formal settlements than informal settlements and to this date, little is known about the factors that affect correct and consistent condom use among informal settlement female sex workers living in Bhubho Farm informal settlement.

## **1.3 Aim of the study**

The aim of the study was to investigate the factors that influence correct and consistent condom use among informal settlement sex workers in order to initiate condom use interventions that are aligned to condom use challenges faced by informal settlement female sex workers in Bhubho Farm.

## **1.4 Objectives of the study**

The objectives of the study were:

- To investigate correct and consistent condom use challenges faced by informal settlement female sex workers living in Bhubho Farm, Harare
- To identify correct and consistent condom use support given to informal settlement female sex workers living in Bhubho Farm, Harare
- To identify gaps between correct and consistent condom use challenges faced by informal settlement female sex workers and existing condom use support given to informal settlement female sex living in Bhubho Farm, Harare
- To recommend correct and consistent condom use support programmes that are aligned to condom use challenges faced by informal settlement female sex workers living in Bhubho Farm, Harare

### **1.5 Significance of the study**

It is hoped that the study will benefit public health service providers in Harare through promotion of interventions that are related to condom use challenges faced by informal settlement female sex workers. Informal settlement female sex workers may use the findings from the study to get valuable information on how to practice safe sex from relevant stakeholders such as public health institutions and non-governmental organisations in the business of HIV prevention. Informal settlement communities will enjoy a reduction in the prevalence of HIV/AIDS if recommendations from the study are put into practice. The government may use the findings from the study to introduce or revamp policies that are aligned to condom use challenges faced by informal settlement female sex workers. Future researchers may benefit by carrying further research aligned to recommendations for future research made in the study.

### **1.6 Summary**

The first chapter gave an overview of the background of the study, research problem, research objectives and significant of the study. The next chapter discussed relevant literature that addresses importance of using condoms in an HIV/AIDS era. Literature review related to challenges faced by sex workers was presented.

## **2 LITERATURE REVIEW**

### **2.1 Introduction**

The previous chapter gave a detailed introduction of the study. This chapter discussed relevant literature related to condom use challenges faced by female sex workers in the world surrounded by HIV/AIDS.

### **2.2 Females sex workers and the spread of HIV/AIDS**

Commercial sex worker which is also known as prostitution or hure/pfambi in Zimbabwe can be defined as the exchange of sex for payment in the form of either money or goods (Overs & Longo, 2000). UNAIDS (2012) defined sex worker as “contractual arrangement where sexual services are negotiated between consenting adults, with the terms of engagement having been agreed upon between the seller and the buyer of sexual services”. Unprotected sex with female sex workers contributes significantly towards the spread of HIV infection globally (Cohen, 2006; Zhao et al, 2008). Commercial sex workers are characterised by having a large number of partners which are at risk of being infected with sexually transmitted diseases such as HIV/AIDS (Burkingham, Moraros, Bird, Mesister & Webb, 2005; Ditmore, 2011). Sex workers in developing countries are believed to be more vulnerable to HIV infection because they serve more clients than their counter parts in developed countries (Vuylsteke & Jana, n.d).

Selfish female sex workers on mensuration period have been found to practice unprotected sex with clients irrespective of knowing that they are infected by HIV (Vuylsteke & Jana, n.d). Having sex with an infected female sex worker on mensuration period will increase the chances of being infected with HIV/AIDS. The fight against HIV/AIDS will never be a success if key players such as commercial sex workers are excluded in the play field (Pettifor & Rosenberg, 2011). Alary, Worm and Kvinesdal (1994) stated that the use of condoms among female sex workers is consistent with paying clients than non-paying once. Sex workers should be encouraged to play an important role in reducing the spread of HIV by promoting the practice of protected sex (UNAIDS, 2012).

### **2.3 Who are the clients of female sex workers?**

The clients of sex workers come from diversified group of people (UNAIDS, 2012). A study carried by Wilson et al (1990) in Zimbabwe reported that 38 percent of male students and 25 percent of working-class men had at some point practiced sex with a commercial sex worker. The inducement of sex workers to have sex with dogs and snakes was well documented by Kiremire (2007).

### **2.4 What induce women into prostitution?**

Poverty triggers individuals into prostitution (Kiremire, 2007). Human beings need basic needs for survival. In an environment like Zimbabwe where there is high rate of unemployment, most people are living below the poverty datum line. The selling of sex in Zimbabwe is a well-known practice.

Lack of education is another contributing factor that promotes women to practice prostitution. Education is important for human survival in the modern world because it facilitates employability. Lack of education adversely influences one's employability and in the end uneducated women may be forced to practice prostitution as a means of earning a living. The Zimbabwean culture empowers boys to have first preference to education than girls if there are financial constraints.

### **2.5 The factors that discourage condom use among female sex workers**

Although many sex workers have access to free and subsidised condoms, it has been found out that the use of condoms amongst female sex workers is inconsistent (Cheng & Mak, 2010). The willingness to use condoms does not guarantee the actual use of condoms especially if the client is not prepared to practice protected sex (Rao, Gupta, Lokshin & Jana, 2002). Sex workers are most likely to agree to unprotected sex if they have nothing to eat or support their families in the immediate term (UNAIDS, 2012).

The United States of America has been blamed for putting laws that are contradictory to its fight against HIV/AIDS. United States of America police have the right to arrest anyone who is found in possession of condoms during the night (Human Rights Watch, 2012). This type of enforcement is contradictory to billions of dollars that are used in the USA to produce and distribute condoms. Female sex workers may be

forced to go out without condoms because of fear of being arrested. Furthermore enforcement of such laws will increase vulnerability of female sex workers to HIV/AIDS infection. Prostitution is classified as an illegal practice in Zimbabwe. Zimbabwean police have been accused of requesting free sex from female sex workers in exchange for avoiding arrest (Bhachi, 2013).

Unprotected sex among female sex workers is triggered by not providing adequate health information and services (Vuylsteke & Jana, n.d). Although the majority of people are aware about the existence of HIV/AIDS, there are some people who take chances with the disease. Some sex workers believe in what is called 'opting out' concept (UNAIDS, 2012). Opting out is whereby a client who agrees to unprotected sex will have to ejaculate outside the vagina in order to reduce possibility being infected with sexually transmitted diseases such as HIV. There is no scientific evidence that supports this concept and a lot of people may be infected with HIV if proper education is not provided.

The social status of woman is low in most African countries. It is a norm in most African societies that women should not challenge the ideas of men even if they are wrong. Such cultural beliefs affect sex workers when the time comes to negotiate for protected sex with clients (Vuylsteke & Jana, n.d). Female sex workers may agree to the request to have unprotected sex from men because they feel men are responsible for making protected or unprotected sex decisions. There have been reports of men who are prepared to pay more for unprotected sex and female sex workers usually agree to it because of the love for money thereby ending up exposing themselves to sexually transmitted diseases (Chey-Nemeth, 1998).

Poor condom use negotiation skills are a big challenge for female sex workers (Eva, Munakata, & Onuoha, 2007). Condom use negotiation is an art and science that should be learned. The ability to negotiate condom use among female sex workers enhances the chance of convincing clients to accept condoms use during sex. The greatest challenge comes when female sex workers are competing for clients. Some clients promote unprotected sex as a strategy of getting more clients. Female sex workers are encouraged to have unity of purpose when it comes to consistent and correct condom in an HIV/AIDS era.

## **2.6 Correct and consistent condom use interventions**

There are so many correct and consisted condom use interventions that may be put in place. What needs to be known first are the challenges being faced by female sex workers before making relevant interventions. Thailand has a policy in which female sex workers must refuse sex if a client refuses to use a condom (Basuki et al, 2002). Such a policy works well if female sex workers are united towards the same cause. The creation of a union for female sex workers that sanctions selling of sex without condoms will promote correct and consistent use of condoms (Rao, Gupta, Lokshin & Jana, 2002). This may prove to be a difficult approach especially for countries that classify selling sex as an illegal practice

Condoms must be given free of charge or sold at an affordable price to female sex workers (UNAIDS, 2012). A plethora of studies have exposed a significant positive relationship between condom availability and condom use intention and actual use (Sunmola, 2001; Basuki, Wolffers, Deville, Erlaini, Luhpuri, Hargono, Maskuri, Suesen and Van Beelen, 2002; Kiremire, 2007; Ditmore, 2011). Blake et al (2003) argued that there is a possibility of not using a condom even if the condom is available and the intention to use the condom was there before the sexual event. Research that was carried in Nigeria indicated that minimum usage of condoms is attributed to failure to incorporate mechanisms that control barriers that hinder condom use among individuals in sexual relationships (Sunmola, 2001).

A study that was carried out in Namibia by Kiremire (2007) indicated that the majority of female sex workers do not have permanent accommodation and some share the same room as a group. Lack of proper accommodation is a barrier to condom use bargaining power especially if the sex event takes place at the client's place.

## **2.7 Summary**

The use of condoms was found to be a huge challenge among sex workers because of summary reasons that were highlighted above. The next chapter will discuss the research design of the study, population, sampling method, pilot study carried out, data collection instruments used and how best validity and reliability was uphold.

### **3. RESEARCH DESIGN AND METHODOLOGY**

#### **3.1 Introduction**

The previous chapter elaborated in detail what the extant literature said in line with problems faced by female sex workers when using condoms as a preventive measure for being infected with sexual diseases such HIV. This chapter discussed the research design and methodology of the study that focussed on the population, sampling methods, data collection instruments used and validity and reliability of the study.

#### **3.2 Quantitative versus qualitative research**

Research in the social sciences is much steeped in the empirical and quantitative traditions (Bless & Higson-Smith, 1995). Quantitative research tries to measure research participants' behaviour, knowledge, opinion or attitudes on a phenomenon being studied (Cooper & Schindler, 2011). On the other end qualitative research seeks to describe, decode, translate and come to terms with the meaning than frequency. Qualitative research has been found to have the weakness of producing results that cannot be generalized to a larger population (Cooper & Schindler, 2011). The study used quantitative research because it matches the investigation to be carried out.

#### **3.3 Target group and population**

The population of the study was black female informal sex workers staying in Bhubho farm, Harare. The target group included informal settlement female sex workers who had used condoms before or were using condoms during the time of the study. Furthermore, sex workers included in the study were selected based on their ability to speak Shona or English language or both.

#### **3.4 Sampling method**

Non-random sampling in the form of purposive and snowball sampling was used to identify thirty prospective research participants 18 years and above. Two research assistants who worked as bartenders within Gazebo Beer Hall were used to assist with data collection. Each of the two appointed research assistant had to recruit an informal female sex worker that met the following conditions; had used condoms before or was currently using condoms and stayed in Bhubho Farm. The use of bartenders as research assistants was most likely to make data collection a little bit easier because

there was a possibility that they knew some of Bhubho Farm informal settlement female sex workers as customers of Gazebo Beer Hall. Research assistants requested recruited informal settlement female sex workers to recruit other research participants with similar characteristics. The process went through until thirty research participants had answered distributed questionnaires.

### **3.5 Data collection method**

Primary data was collected through distribution of questionnaires to research participants. The use of questionnaires to collect data facilitated the answering of research questions raised by the researcher (Bless & Higson-Smith, 1995). Rating questions were used because they help to generate ordinal data and even interval data (Cooper & Schindler, 2011). The advantages of using questionnaires are that there is standardization of questions, there is no drain on time and finances, and little training is required for researchers and research assistants. The researcher requested permission from the management of Gazebo Beer Hall to use bartenders as research assistants. Furthermore, a private office within Gazebo beer hall was arranged for the purpose of providing a quiet environment for research participants to answer research questions. Each research participant was given a questionnaire and an envelope by the research assistant. Research assistance assisted research participants with difficulties in understanding research questions. Once answering of questions was completed, the questionnaire was sealed in an envelope and submitted to the research assistant. The researcher collected all completed questionnaires from research assistance and handed them to the researcher.

### **3.6 Pilot study**

A pilot study was carried out to test if research questions were well understood and interpreted in the same way by different research participants. Five informal settlement workers were randomly selected. They were requested to answer research questions. Research participants were asked to comment on the clarity of research questions and feedback given was used to modify research questions.

### **3.7 Reliability**

Reliability is concerned with measuring consistency of measures and an instrument which produces different scores every time it is used to measure an unchanging value

has low reliability (Bless & Higson-Smith, 1995). Pilot study feedback helped to verify the reliability of data collection instruments. Cronbach's alpha coefficient was also used to test reliability.

### **3.8 Validity**

Validity is the extent to which a test measures what actually is wished to be measured (Cooper & Schindler, 2011). Validity is used to determine if the research instrument allows the researcher to hit "the bull's eye" of the research object (Joppe, 2000). The researcher checked validity of instruments by comparing research findings from the pilot study with that of similar research findings in the extant literature. An instrument with high reliability is useless if it is of poor validity (Bless & Higson-Smith, 1995). Feedback from pilot study participants was used help to identify validity of test measures.

### **3.9 Data analysis**

The analysis of data took the form of descriptive statistics and factor analysis. Descriptive statistics was used to determine the percentage of respondents that agreed or disagreed with the statements on the three main factors that affect correct and consistent condom use among informal female sex workers living to Bhubho farm. The factor analysis was used to isolate the most critical factors under each of the major factors which are; correct condom use challenges, consistent condom use challenges and correct and consistent condom use support given to informal female sex workers living in Bhubho Farm.

### **3.10 Ethical considerations**

Ethical research considerations must be adhered to all the time when using human beings and other animals as research participants. The aim of ethics in research is to ensure that no one is harmed or suffers adverse consequences before, during and after the study (Cooper & Schindler, 2011). The following ethical considerations which were given by Saunders, Lewis and Thornhill (2007) were used by the researcher in the study:

- Seek formal consent from research participants and explain in detail the purpose of the study

- Promoted the privacy of possible and actual participants;
- Participation was voluntary in nature and research participants had the right to withdraw partially or completely from the process;
- Maintained of confidentiality of data provided by individuals or identifiable participants and their anonymity

### **3.11 Summary**

This chapter discussed the research design and methodology of the study. The next chapter focussed on data analysis, presentation and discussion. The researcher took the opportunity to compare what other previous researchers found to what informal female sex workers staying in Bhubho Farm said.

## 4. DATA PRESENTATION

### 4.1 Introduction

This chapter looked at the analysis of the data collected in the research. The data was analysed using the Statistical Package for Social Scientists (SPSS) version 19.0. The analysis mainly took the form of descriptive statistics, correlation analysis and factor analysis. The descriptive statistics included the charts and summary measures. The correlation analysis was used to examine relationships between any two variables. The factor analysis was used to isolate the most critical factors under each of the areas investigated, namely correct condom use challenges, consistent condom use challenges, consistent and correct condom use support and correct and consistent condom use expected support.

### Reliability

#### Reliability Statistics

Cronbach's Alpha	N of Items
0.759	42

Overall, Cronbach's Alpha coefficient of reliability is 0.76 based on standardized items. This means the questionnaire that was used in data collection is consistent and measures what it is supposed to measure adequately. The questionnaire will yield the same results in different occasions and will produce similar observations when administered on different assertions. This means the measurement instrument is 76% accurate and there is only 24% measurement error on the items. The data collection instrument has high internal consistency. Since reliability is a pre-requisite for validity it implies that other things being equal the study was valid.

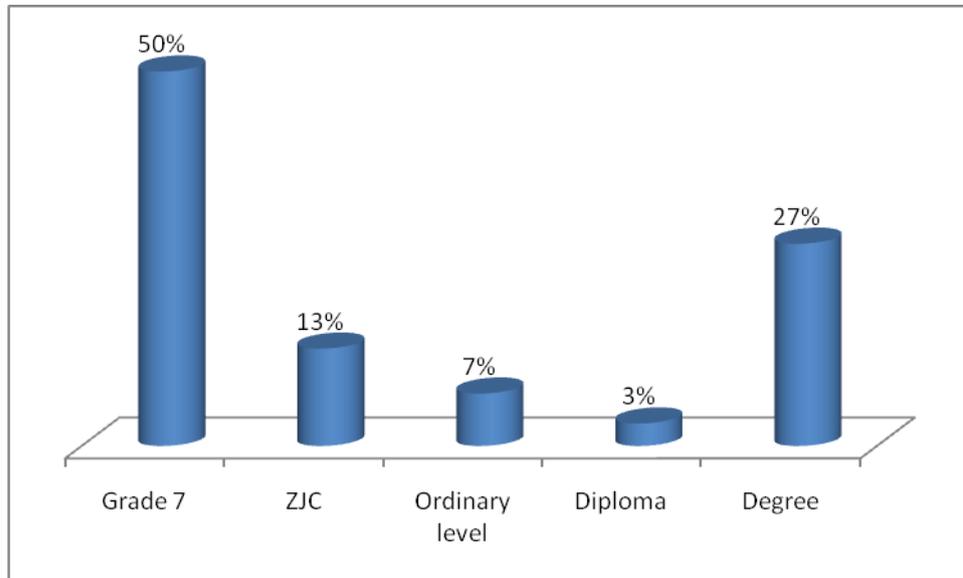
### 4.2 Analysis of data

#### 4.2.1 Biographic profile of respondents

The first question requested informal female sex workers staying in Bhubho Farm to provide information about whether they had used condoms before or not. All the respondents (100%) confirmed to have used condoms before. Selecting informal sex

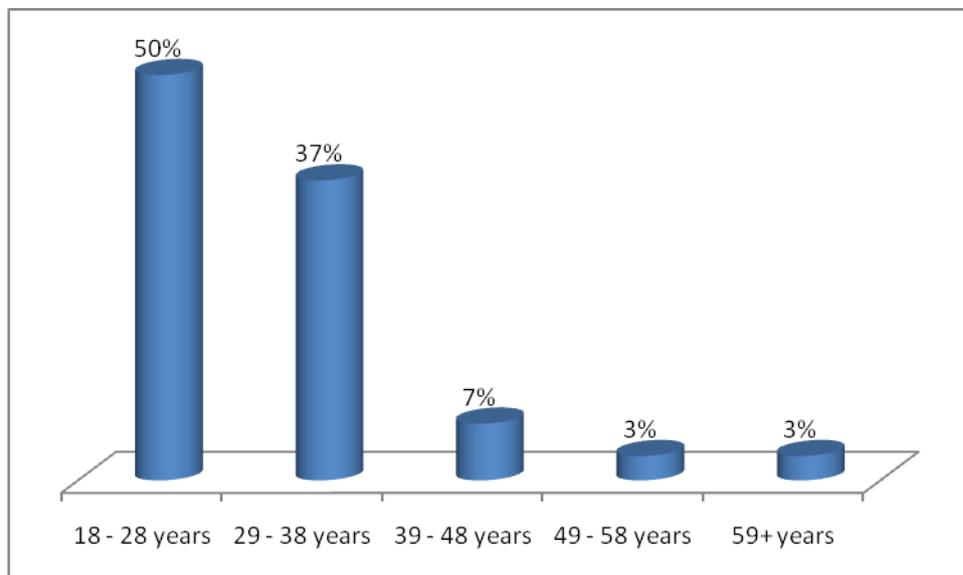
workers with some experience with using condoms was one of the requirements of being selected as research participant. The question was asked to verify that research participants with required characteristics were actually participating in the study.

**Figure 1: Highest Qualification**



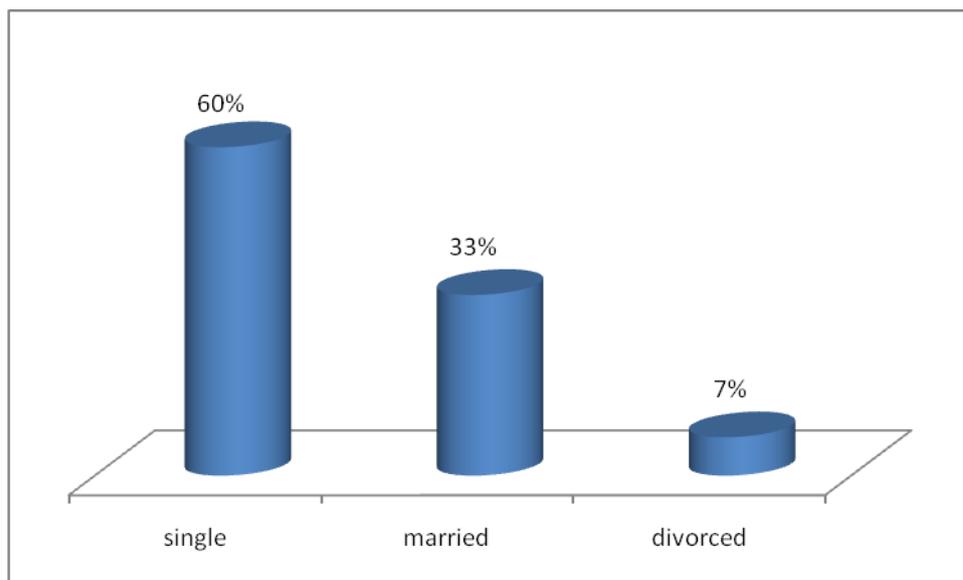
The majority of respondents (50%) had achieved an education level that is classified as the lowest in Zimbabwe. The remaining respondents achieved an educational level of ZJC (13%), diploma (3%) and degree (27%). The high rate of unemployment in Zimbabwe could have contributed to the practice of selling sex amongst a sizeable number of degreed informal female sex workers staying in Bhubho Farm.

**Figure 2: Age**



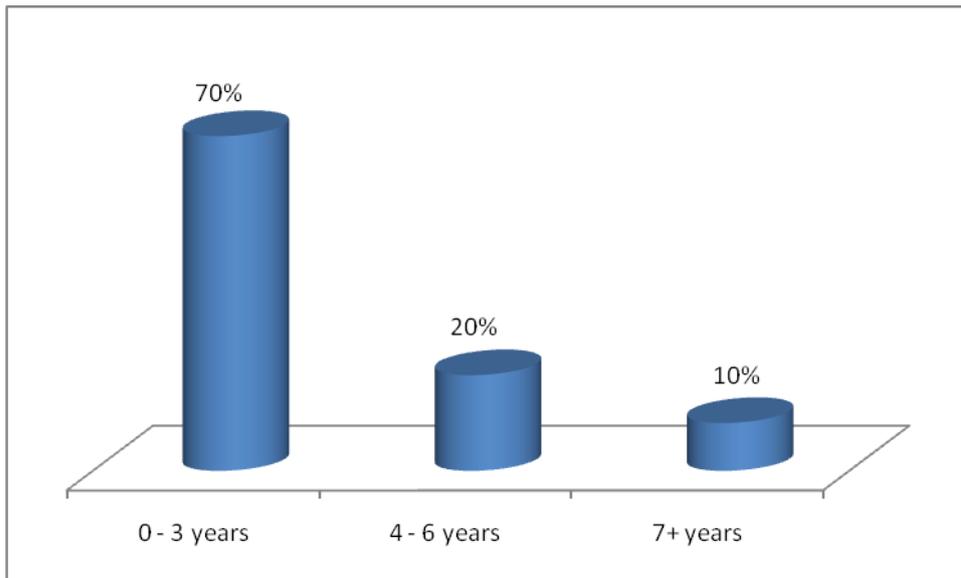
The questionnaire had five different age categories that ranged from 18 years to 59+ years. Half of the respondents (50%) were between the ages of 18 to 28 years, 37% were between 29 to 38 years, 7% between 39 and 48 years, 3% were between 49 and 58 years and the other 3% were 59 years and above. The results provided indicated that an insignificant older generation of 59 years and above was active in practicing selling sex in informal settlement of Bhubho Farm.

**Figure 3: Marital Status**



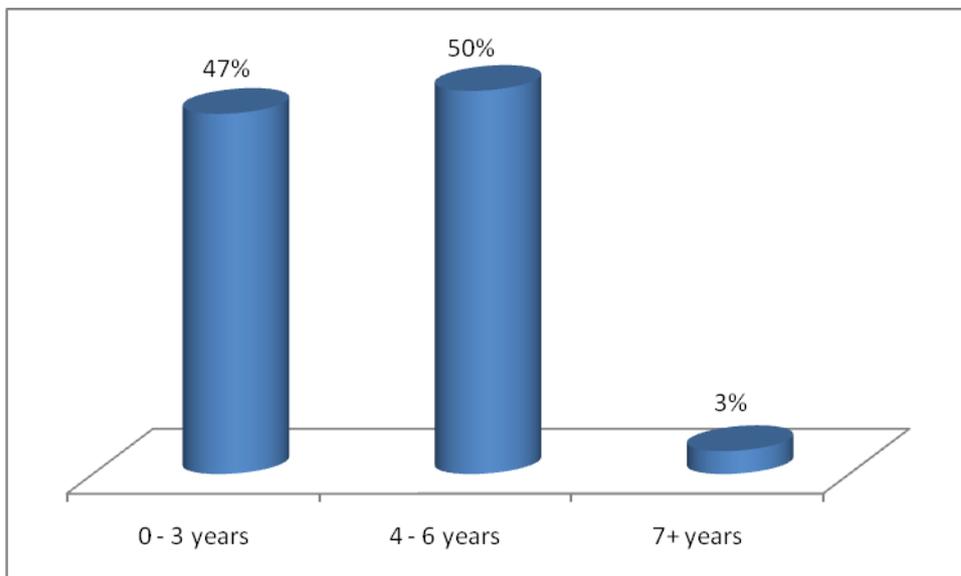
A greater part of the respondents (60%) were single. A sizeable number of respondents (33%) were married and 7% were divorced. The selling of sex amongst married females in Zimbabwe is not a well documented practice. Husbands of informal female sex workers are at risk of being infected with sexually transmitted infection such as HIV.

**Figure 4: Years of staying in Bhubho Farm**



The questionnaire requested informal settlement female sex workers to indicate years of staying in Bhubho Farm. The results indicated that 70% were staying in the Bhubho Farm between 0 to 3years. The other 20 % indicated that they were staying in Bhubho farm between 4 to 6 years and the remaining 10% highlighted that they were staying in farm for 7 years and above.

**Figure 5: Years of prostitution at Bhubho Farm**

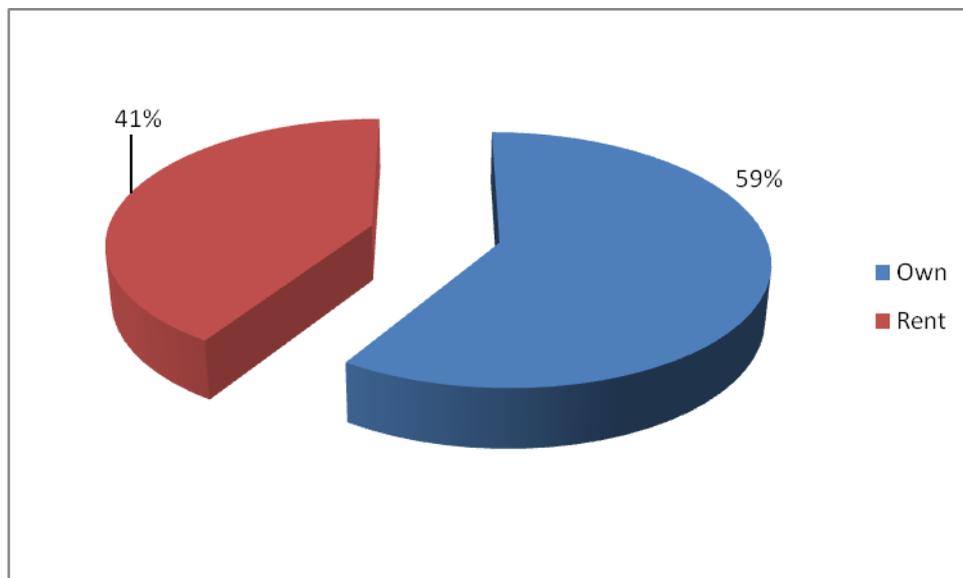


Question 6 requested Bhubho Farm informal female sex workers to provide information about the number of years they have been practicing prostitution in Bhubho Farm. The majority (50%) of respondents indicated that they were practicing prostitution in Bhubho Farm between 4 to 6 years while 47% indicated were

practicing prostitution between 0 to 3 years. The smallest group (3%) were practicing prostitution for 7 years and above.

A closer comparison between results given on question 5 and 6 show that 70% of informal female sex workers have been staying in the farm between 0 to 3 years and 47% started practicing prostitution in the same period. This show that some of the informal settlement female sex workers ( $70\% - 47\% = 23\%$ ) were not practicing prostitution when they started to stay in Bhubho Farm.

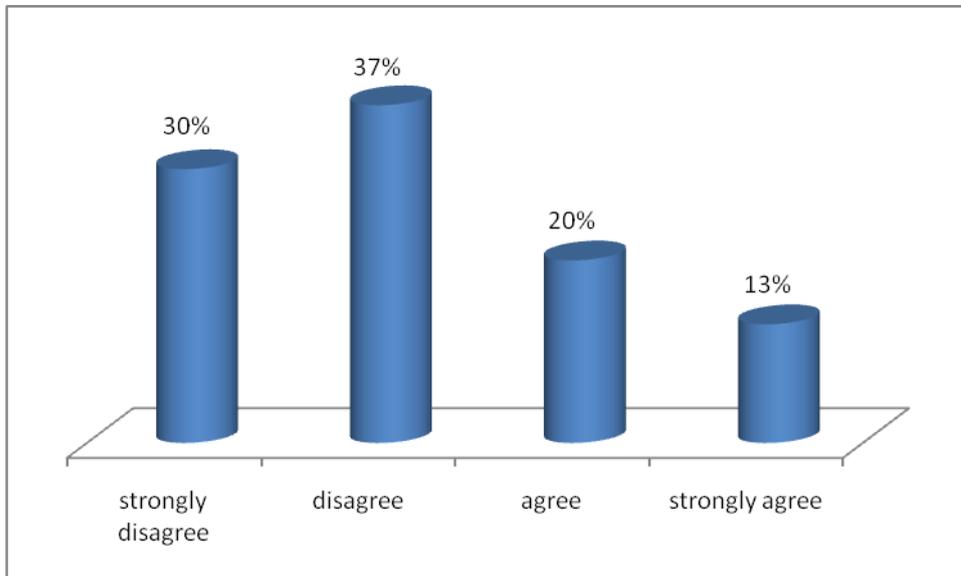
**Figure 6: Do you rent or own accommodation?**



Most informal settlement female sex workers (59%) owned accommodation while 41% had rented accommodation in Bhubho Farm.

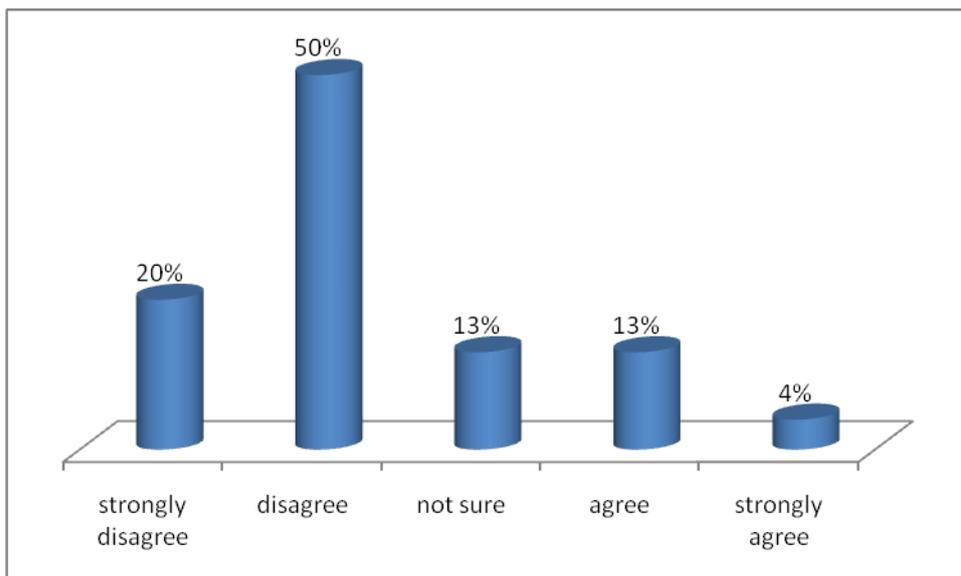
#### 4.2.2 Correct condom use challenges

**Figure 7: I use my teeth to open condoms**



A significant number of respondents (67%) disagreed to the use of teeth when opening condoms. The remaining 33% used teeth to open condoms. The use of teeth to open condoms increases the possibility of damaging the condom before use. The correct way of opening condoms is against the use of teeth.

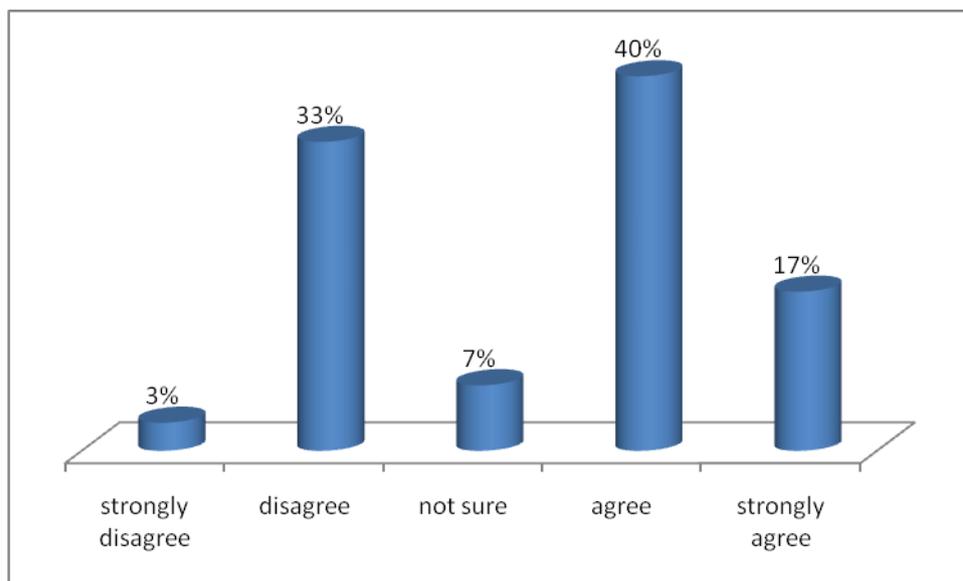
**Figure 8: I do not know the difference between the outside and the inside of a condom**



It is important for users to identify the difference of inside and outside of the condom if correct use condoms are to be practiced as it should. Most respondents (70%) knew

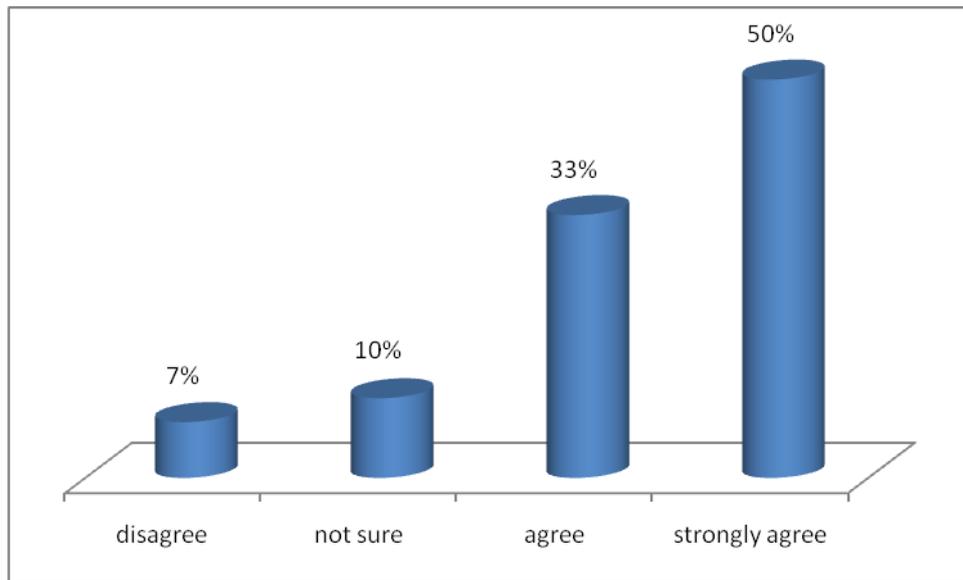
the difference between the inside and the outside of a condom and 17% did not know the difference between the inside and the outside of a condom. Only 13% were not certain about the answer to the question.

**Figure 9: I find it difficult to put on a condom correctly on a penis that is extra-ordinarily large**



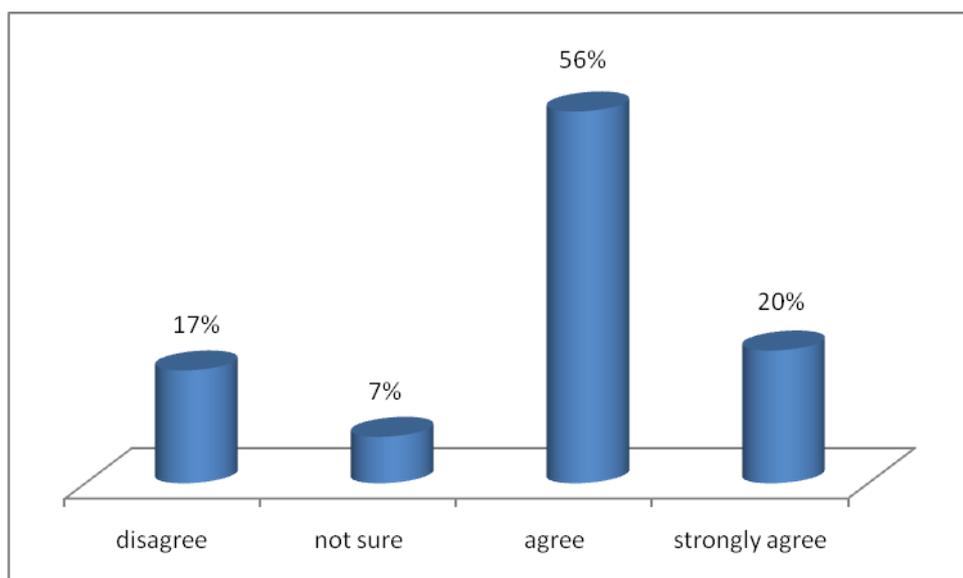
Penis size varies from one person to the other. The majority of informal settlement female sex (57%) staying in Bhubho Farm found it difficult to put a condom on a penis that was extra-ordinarily large while 36% disagreed with the statement. The other 7% were not certain about the answer.

**Figure 10: I find it difficult to put on a condom correctly on a penis that is extraordinarily small**



Putting on a condom on small penises was found to be a huge challenge for most respondents (83%). An insignificant percentage of 7% did not find it difficult to put a condom on small penises of clients. Ten percent of the respondents were uncertain of the answer to the question.

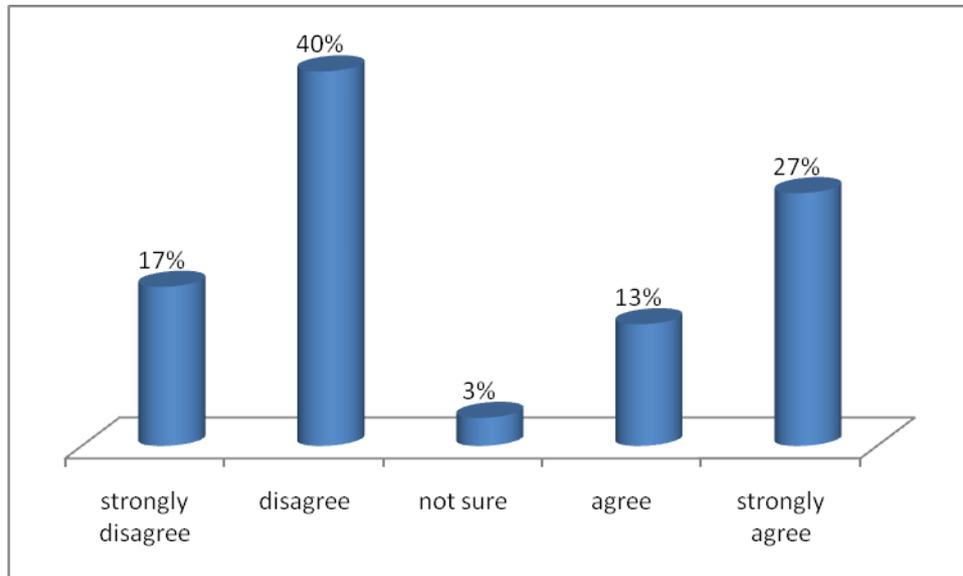
**Figure 11: I find it difficult to put two condoms correctly on a penis of a client who insists on having sex with two condoms**



The results indicated in Fig 11 indicated that some clients of informal female sex workers insisted on having sex with two condoms. A significant number of respondents (76%) agreed that putting two condoms correctly on a penis was a hurdle

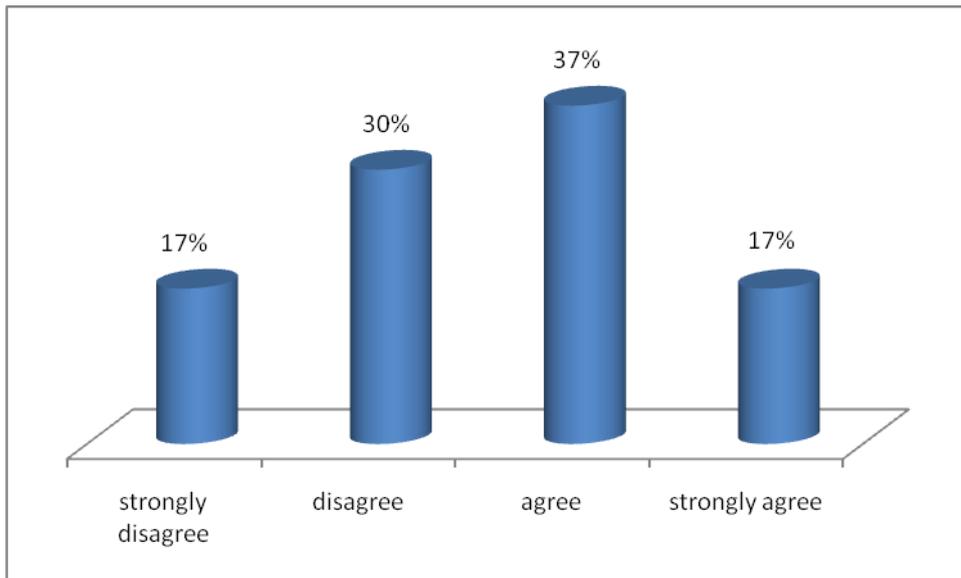
for them. On the other hand 17% of the respondents disagreed that putting two condoms correctly on clients that insisted in having sex with two condoms. A small number of respondents (7%) were uncertain of the answer.

**Figure 12: I will change a condom if a client takes long to ejaculate**



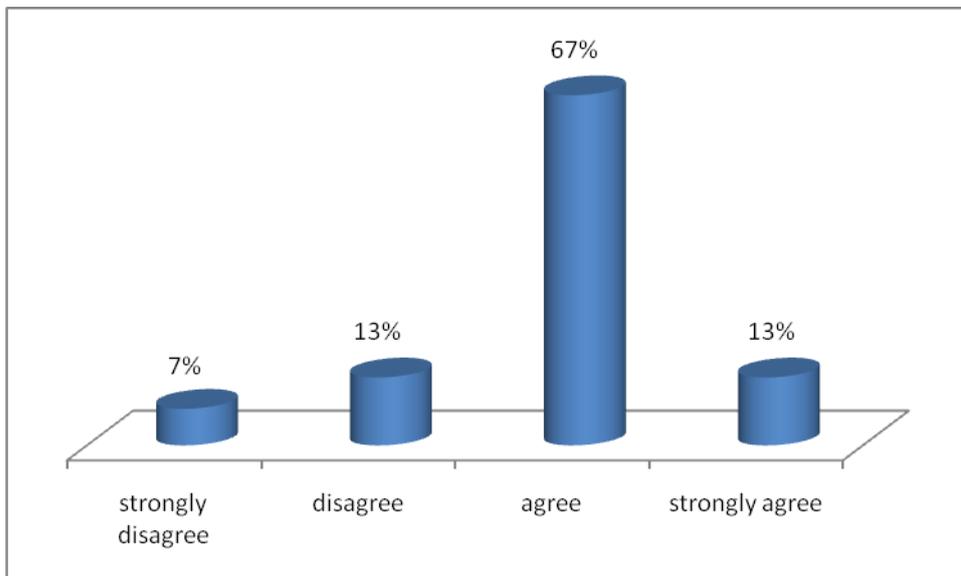
Ejaculation of people when having sex varies. A greater number of respondents (57%) did not change a condom in the event that the client ejaculated late while 40% indicated that changing a condom was a norm in the event that a client took long to ejaculate and 3% were not certain. When a condom is exposed to friction during sexual intercourse, chances of the condom busting will be high. Changing the condom when a client took time to ejaculate may act as a good strategy to sustain the possibility of being infected with sexually transmitted diseases such as HIV.

**Figure 13: I find it difficult to put on a condom on a client’s penis when it is dark**



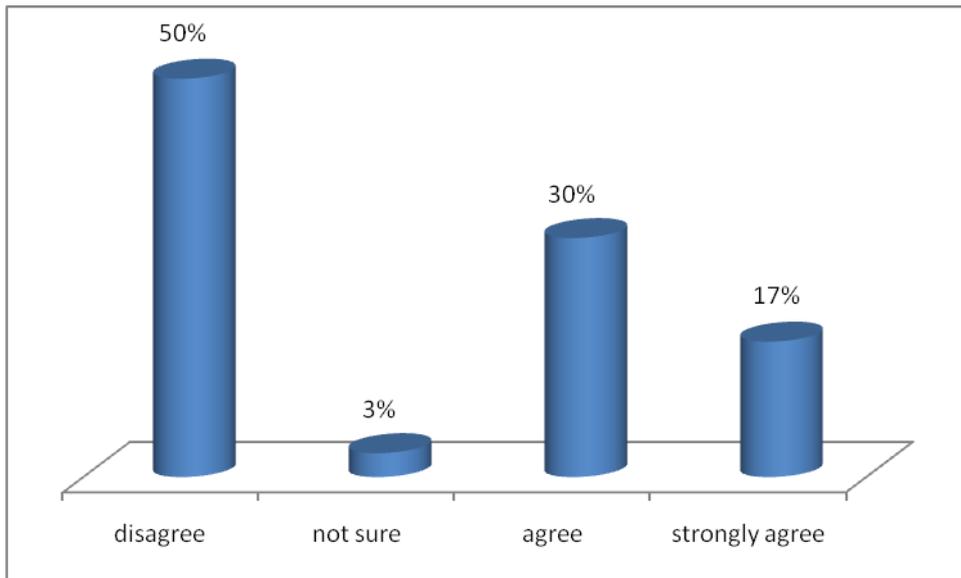
Sex workers usually sale sex during the evening. The majority of informal female sex workers (54%) found it difficult to put on a condom when it is in the dark. The remaining 47% of the respondents had no problem in insetting a condom on a penis in the dark.

**Figure 14: I had some experiences with male clients who have weak penises that do not hold on to the condom during the sexual encounter**



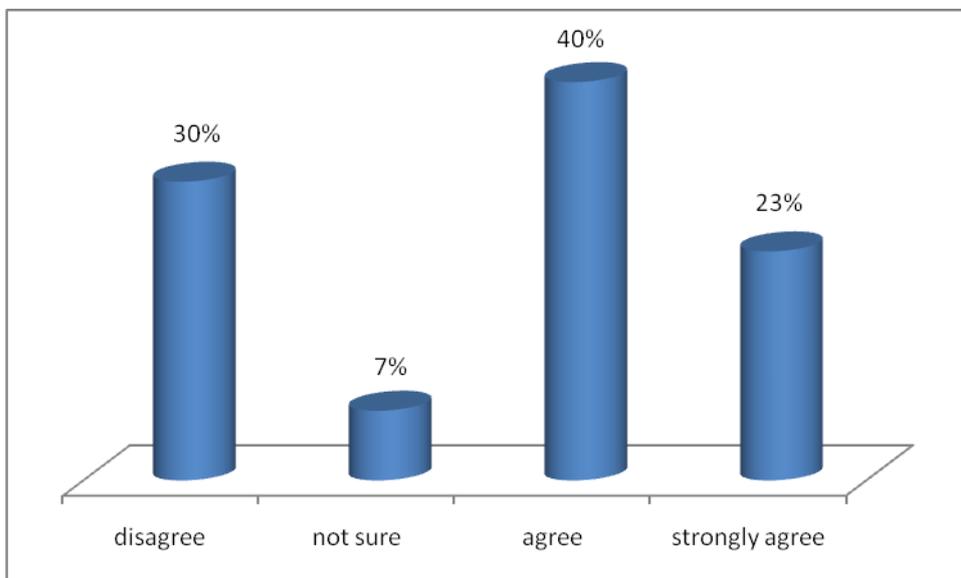
A weak penis does not hold on to a condom well during sexual encounter. 80% of informal female sex workers agreed to had experienced sex with clients with weak penises that did not hold on to the condom well and the remaining 30% disagreed.

**Figure 15: I always check the expiring date of the condom before using it**



Half of the respondents (50%) did not check the expiring date of condoms before use while 47% did check the expiring date before use and the remaining 3% were not sure of what to say. Condoms that have expired may expose users to sexually transmitted diseases because they will not be as strong as they should.

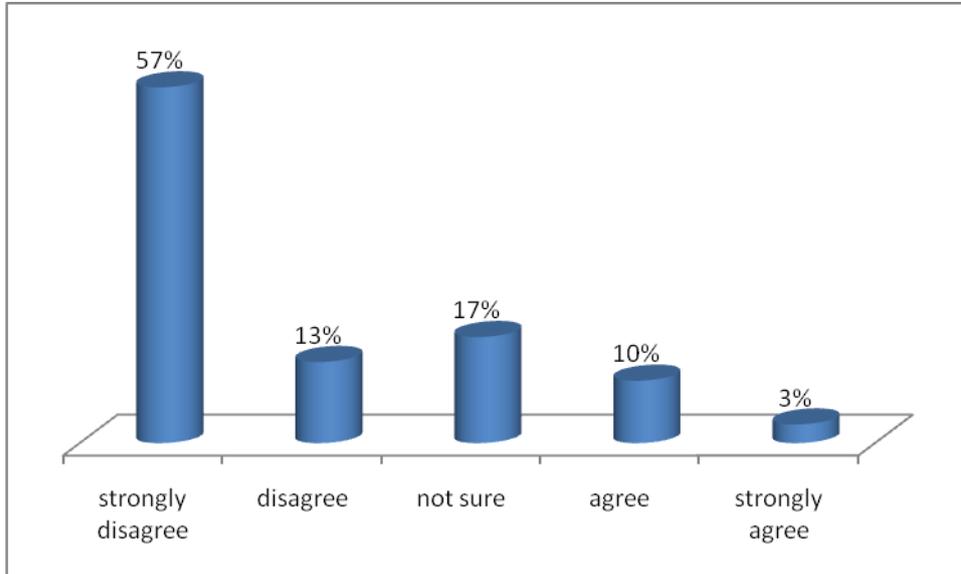
**Figure 16: I had some experiences with clients who insist on putting a condom on their own even if they do not know how to do it correctly**



Putting a condom is an art that needs to be learned. A significant number of respondents (63%) had some sexual experience with clients who insisted on wanting to put on condoms by themselves even if they did not know how to do it correctly.

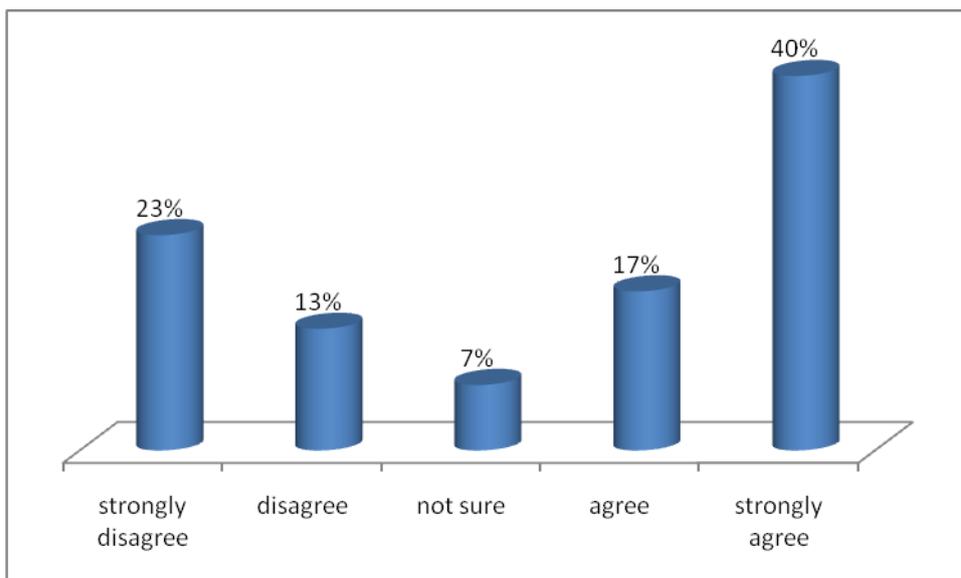
30% of the respondents disagreed with the statement and 7% were not certain about what answer to give.

**Figure 17: I re-use condoms if I ran out of condoms**



A significant number of respondents (70%) did not re-use condoms after running out of condoms while 13% agreed to re-using condoms and the remaining 17% were uncertain of the answer. Reusing condoms is a health hazard and experts in the health sector do not support the idea at all

**Figure 18: I had some experiences with clients who want to remove the penis from the vagina way after sexual intercourse with a condom**



The majority of respondents (57%) experienced sex with clients interested in removing the penis from the vagina way after sexual intercourse with a condom while 36% disagreed and 7% were not certain.

### Factor Analysis

#### Rotated Component Matrix

	Component		
	1	2	3
b1	,535	,575	,065
b2	-,223	,751	,066
b3	,760	,028	,118
b4	,490	,583	-,293
b5	,431	,390	-,519
b6	-,207	,772	-,282
b7	,157	,305	,734
b8	-,025	-,254	,631
b9	-,688	-,017	,115
b10	,450	,548	,357
b11	-,894	,134	-,094
b12	,885	-,005	-,029

There are three underlying factors on correct condom use challenges accounting for 63.91% of the variance as shown below:

#### Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3,945	32,879	32,879	3,945	32,879	32,879	3,664	30,535	30,535
2	2,267	18,895	51,774	2,267	18,895	51,774	2,461	20,505	51,040
3	1,457	12,138	63,912	1,457	12,138	63,912	1,545	12,872	63,912
4	,973	8,105	72,017						
5	,906	7,551	79,568						
6	,747	6,227	85,795						
7	,494	4,120	89,915						
8	,399	3,324	93,239						
9	,331	2,758	95,997						
10	,243	2,027	98,025						
11	,168	1,402	99,426						
12	,069	,574	100,000						

Factor 1 (Component 1) consists of 12 variables and the two variables that are critical on correct condom use challenges based on factor analysis and frequencies are:

- I find it difficult to put on a condom correctly on a penis that is extraordinarily large
- I had some experiences with clients who want to remove the penis from the vagina way after sexual intercourse with a condom

Factor 2 (Component 2) consists of 12 variables and there are only two variables that are critical on correct condom use challenges based on factor analysis and frequencies as given below:

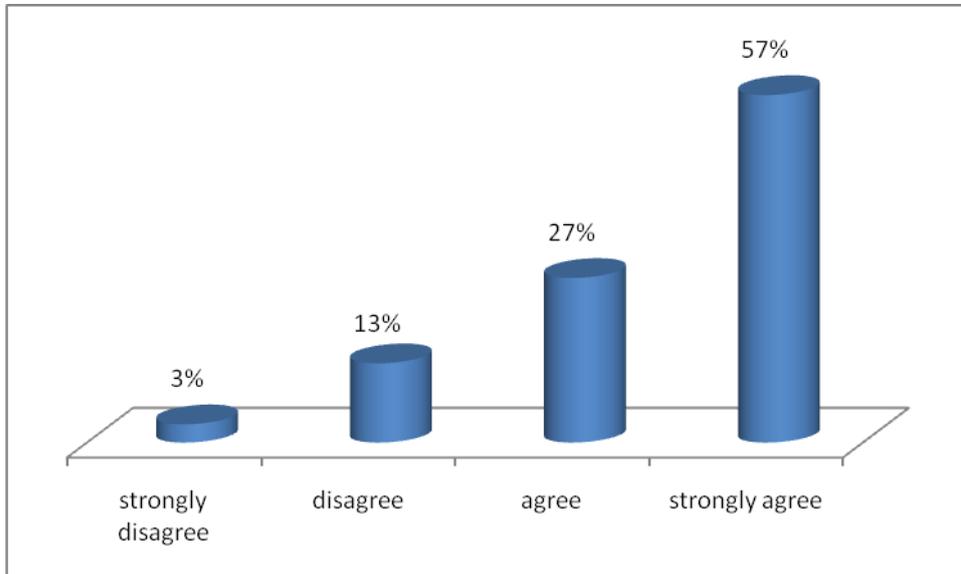
- I find it difficult to put on a condom correctly on a penis that is extraordinarily small
- I had some experiences with clients who insist on inserting condoms on their own even if they do not know how to do it correctly

Factor 3 (Component 3) consists of 12 variables and there are only two variables that are critical on correct condom use challenges based on factor analysis and frequencies as given below:

- I find it difficult to put on a condom on a client's penis when it is dark
- I had some experiences with male clients who have weak penises that do not hold on to the condom during the sexual encounter

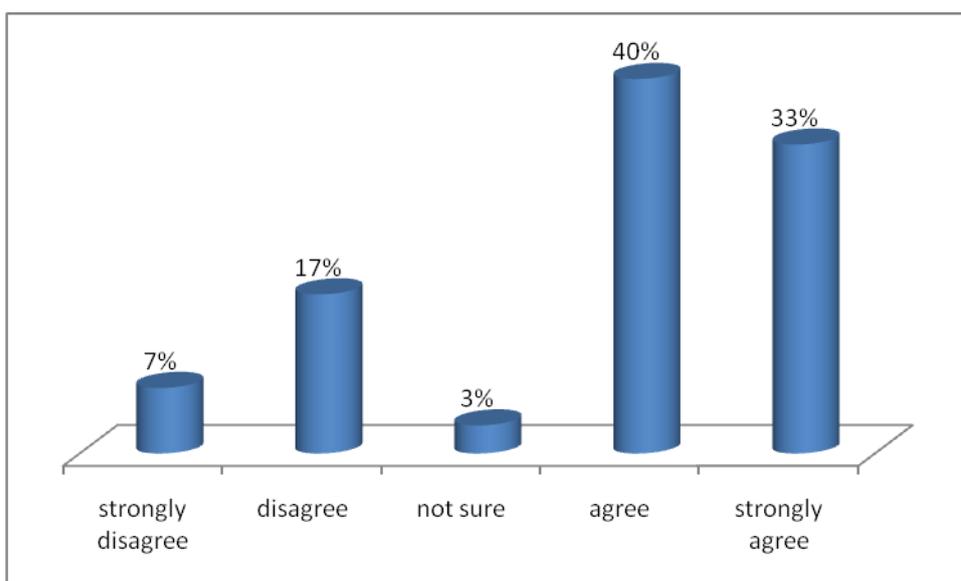
### 4.2.3 Consistent condom use challenges

**Figure 19: I do not use condoms consistently because some clients are prepared to pay more money for unprotected sex**



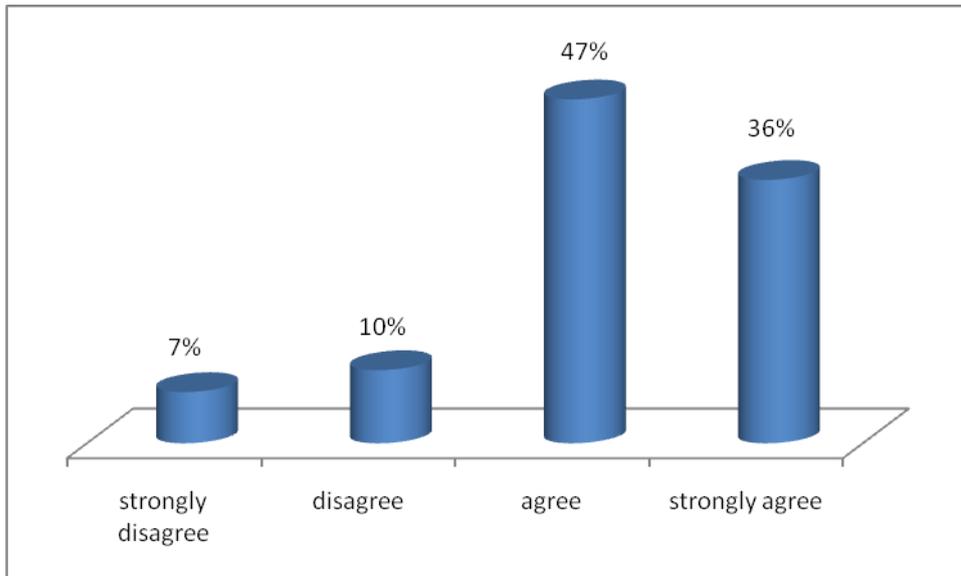
The reason for not using condoms consistently was reported by 84% of respondents to have been caused by clients that were prepared to pay more for unprotected sex. 16% of respondents were not influenced being paid more money by clients in order avoid condom use.

**Figure 20: I find it difficult to refuse unprotected sex with anyone I had unprotected sex with before**



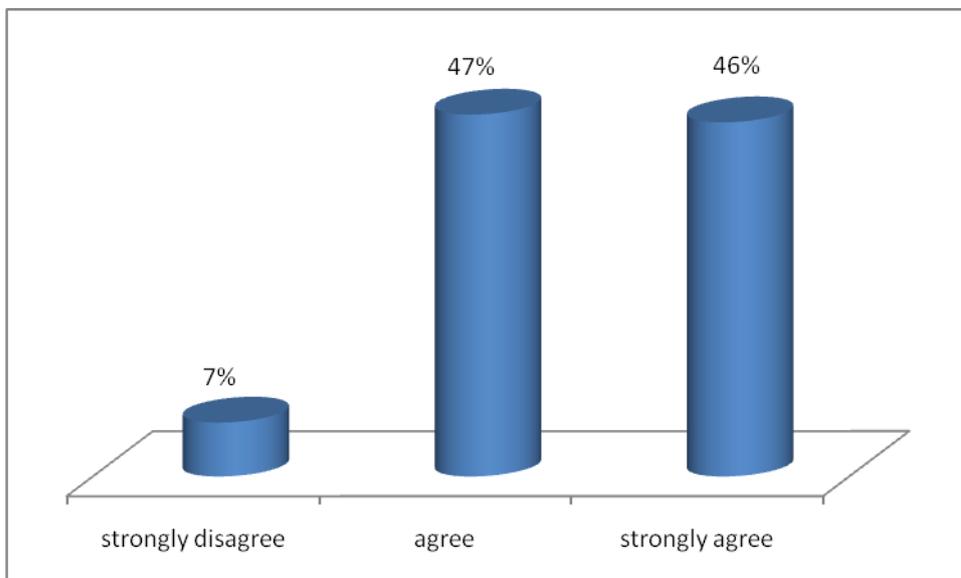
73% of the respondents find it difficult to refuse unprotected sex with clients they had experienced unprotected sexual encounter in the past but 24% disagreed. An insignificant 3% of the respondents were uncertain.

**Figure 21: There are times I agree to unprotected sex with a client in order to maximise pleasure**



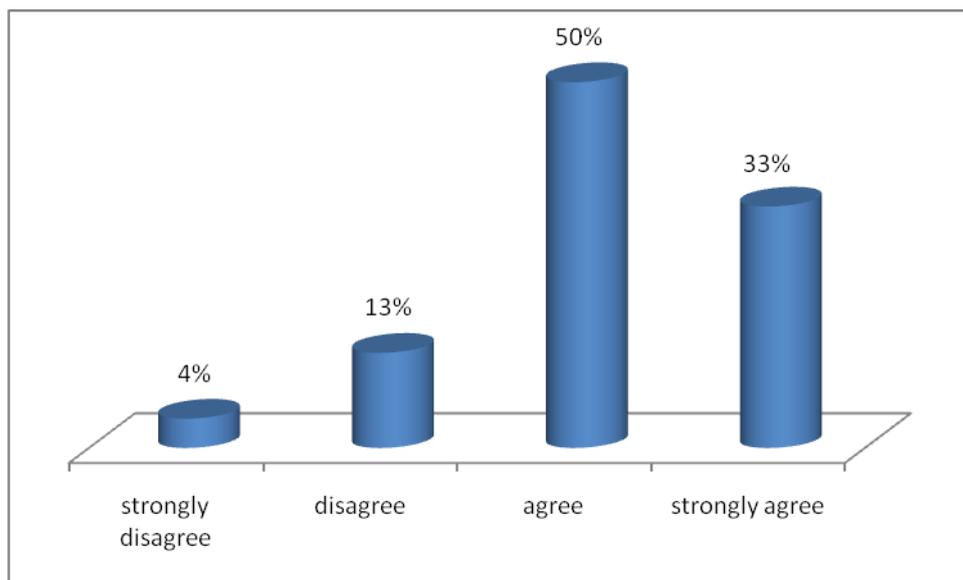
83% of informal settlement female sex workers staying in Bhubho Farm indicated that agreement to unprotected sex was as a result of intending to maximise sexual pleasure while 17% disagreed.

**Figure 22: Non-availability of money to buy condoms limits the way I consistently use condoms**



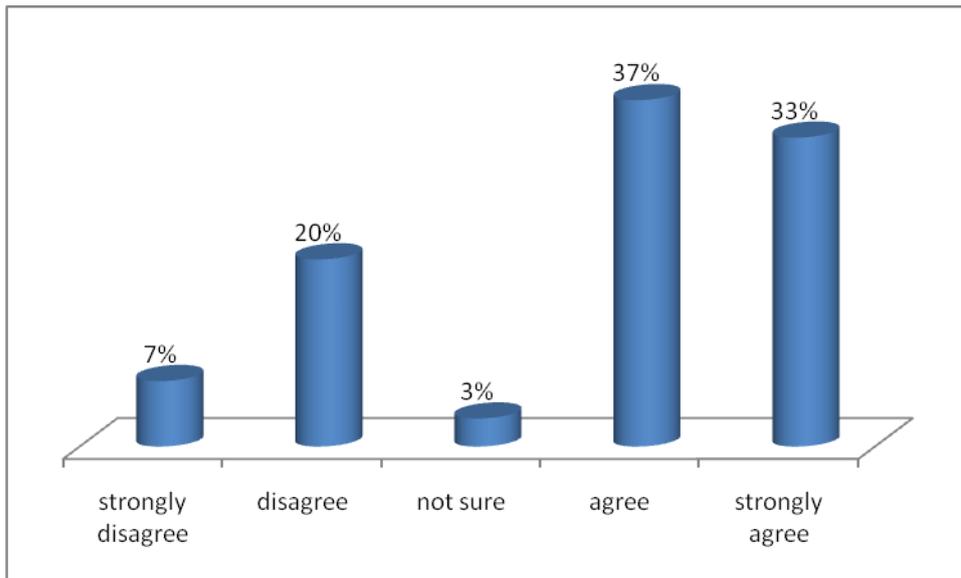
An overwhelming 93% of respondents agreed to the claim that non-availability of money to buy condoms had an adverse effect on consistent use of condoms. The remaining 7% strongly disagreed that non-availability of money to buy condoms had no influence on consistent use of condoms. This could have been attributed to some informal female sex worker accessing free condoms from clinics.

**Figure 23: I feel disempowered to insist on using a condom if I am having sex at the client's place**



There was a strong consensus among the majority of respondents (83%) that having sex on a client's place disempowered informal female sex workers to insist using a condom. 17% did not see any adverse influence of insisting the use condoms when having sex at the client's residence.

**Figure 24: I have poor condom use negotiation skills**



Based on the results in Figure 24, a significant number of respondents (37%) agreed and 33% strongly agreed that they had poor condom use negotiation skills. A small proportion of respondents (3%) were uncertain about whether they had or did not have condom use negotiation and 27% were explicit about having condom use negotiation skills.

**Figure 25: I am not afraid to have unprotected sex with a client who looks physically health**

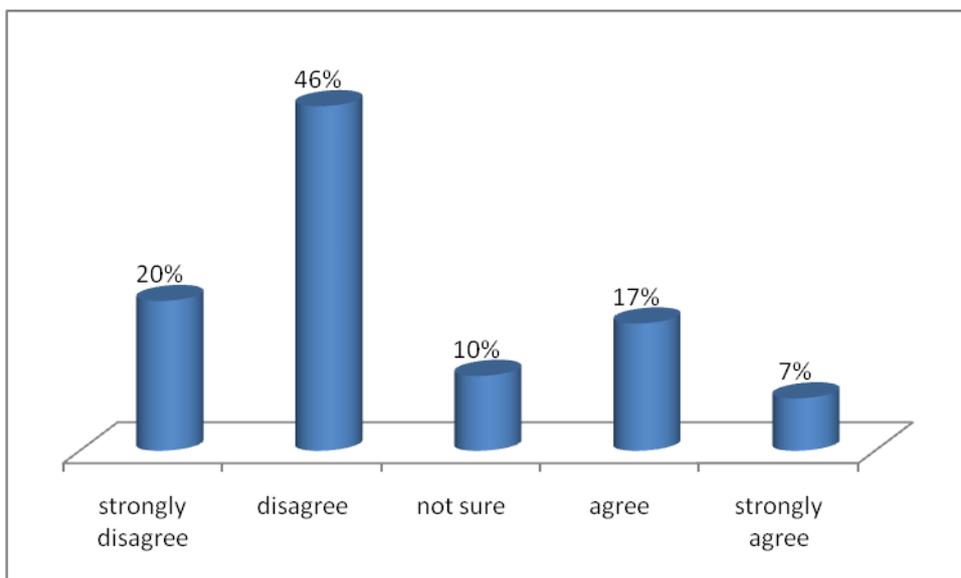
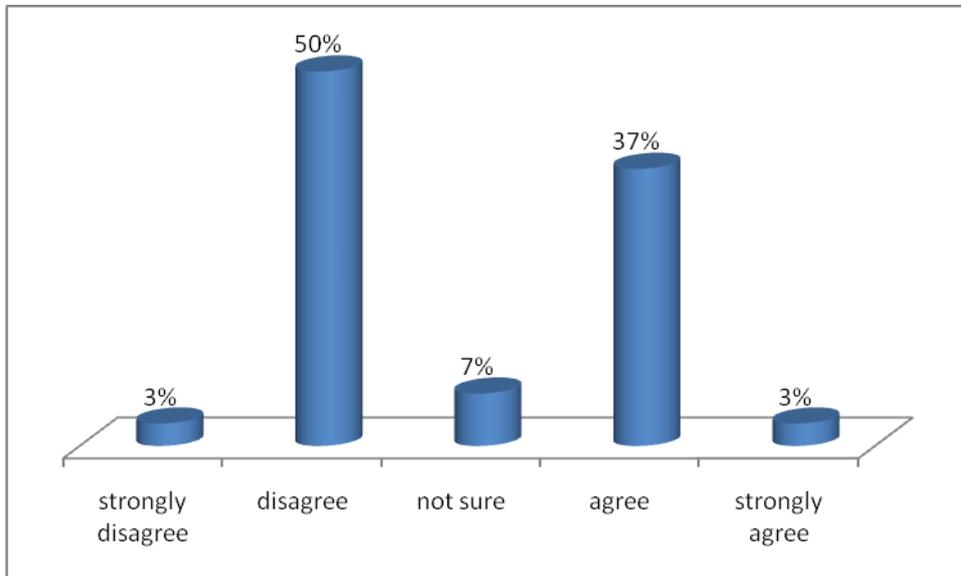


Figure 25 show that 66% of respondents had unanimous acceptance of disagreeing to having unprotected sex with clients that look health. 17% agreed and 7% strongly

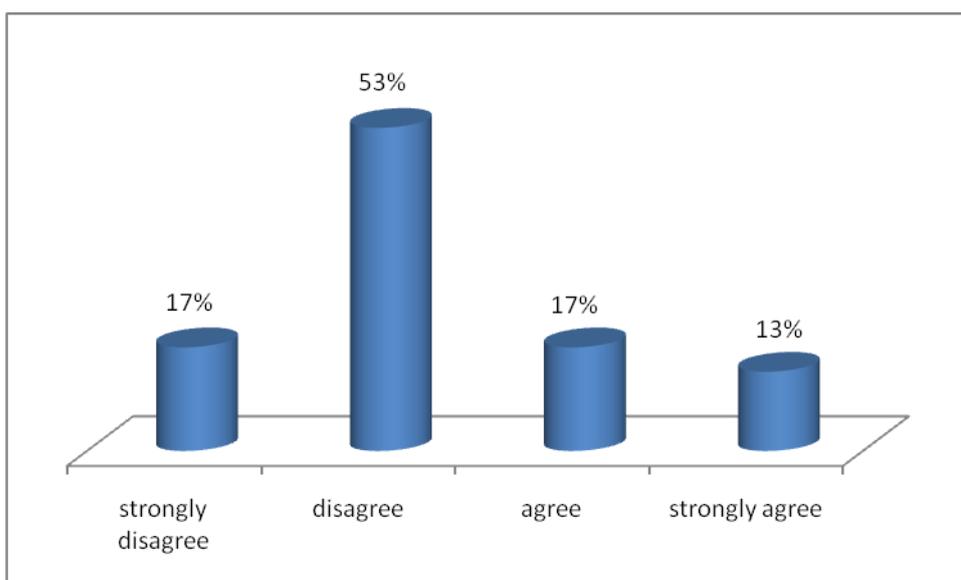
agreed to not being to having unprotected sex with clients that look health and 10% were not certain.

**Figure 26: Fear of being arrested when caught with condoms sometimes forces me to go out and have sex with clients without condoms**



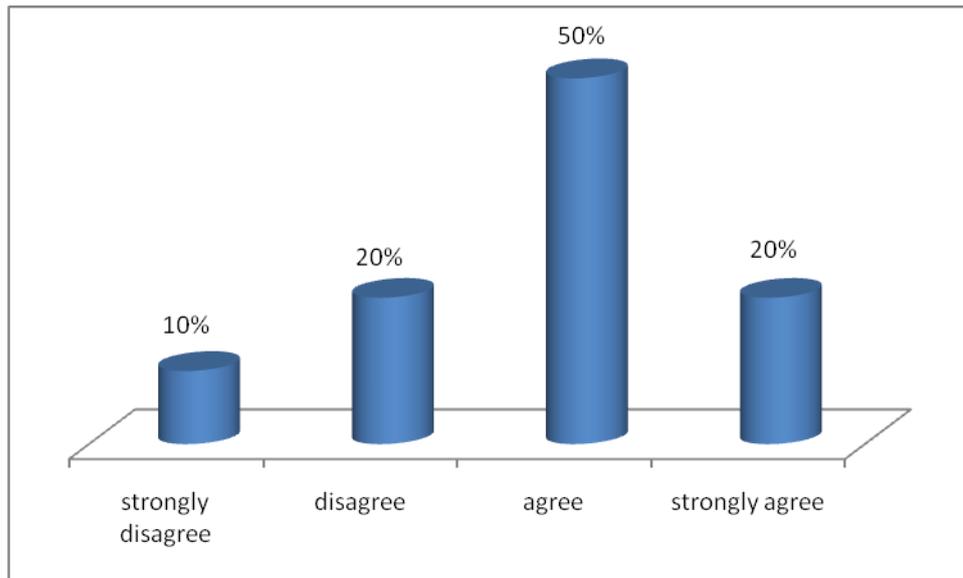
The results in Fig 26 show that a sizeable number of respondents (53%) disagreed that fear of being arrested when caught with condoms forced them to go out without condoms and have sex with clients without condoms. 40% agreed and 7% were uncertain.

**Figure 27: Trusted clients have a choice of either protected or unprotected sex**



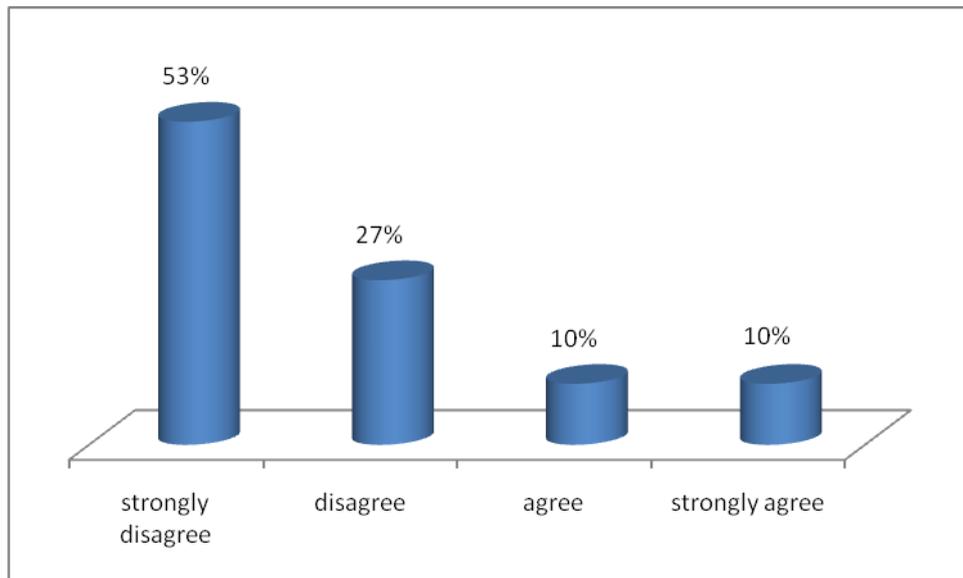
70% disagreed that trusted clients had a choice of either protected or unprotected sex while 30% agreed. There is nothing like trust in an HIV/AIDS era especially for people in the business of selling sex. It will be wiser to assume as if all clients have HIV infection. This may induce informal female sex workers to use condoms all the time with their clients.

**Figure 28: I forget to use condoms if I have sex after taking too much alcohol**



Having sex after taking too much alcohol was found by many respondents (70%) to be a major contributing factor of forgetting to use a condom while 30% disagreed to the statement. Taking a lot of alcohol has a negative effect on judgement and reasoning of people.

**Figure 29: I will comfortably have sex without a condom as long as I take family planning tablets**



A significant number of respondents (80%) unanimously disagreed to the claim of having unprotected sex after taking family planning tablets and 20% agreed. Family planning tablets do not have effect on prevention of HIV infection if sexual encounter is done without using a condom. The 20% of respondents in Fig 29 are most likely to be infected and infect other people.

### Factor Analysis

**Rotated Component Matrix**

	Component			
	1	2	3	4
c1	,082	,223	-,004	,787
c2	,841	,016	-,069	,240
c3	,832	,001	,194	,014
c4	,644	,152	,188	-,480
c5	,550	,581	-,015	-,100
c6	,030	,852	-,062	-,065
c7	,273	-,147	,769	,317
c8	,209	,610	,187	,208
c9	,056	,385	,754	,005
c10	-,163	,697	,199	,275
c11	-,031	,065	,902	-,269

There are four underlying factors on consistent condom use challenges accounting for 70.76% of the variance as shown below:

**Total Variance Explained**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3,116	28,324	28,324	3,116	28,324	28,324	2,274	20,673	20,673
2	1,802	16,381	44,705	1,802	16,381	44,705	2,167	19,699	40,371
3	1,735	15,771	60,476	1,735	15,771	60,476	2,129	19,352	59,724
4	1,131	10,283	70,758	1,131	10,283	70,758	1,214	11,035	70,758
5	,922	8,378	79,136						
6	,761	6,916	86,053						
7	,535	4,862	90,915						
8	,340	3,092	94,007						
9	,280	2,546	96,552						
10	,215	1,958	98,510						
11	,164	1,490	100,000						

Factor 1 (Component 1) consists of 11 variables and the four variables that are critical on job satisfaction based on factor analysis and frequencies are:

- I find it difficult to refuse unprotected sex with anyone I had unprotected sex with before
- There are times I agree to unprotected sex with a client in order to maximise pleasure
- Non-availability of money to buy condoms limits the way I consistently use condoms
- I feel disempowered to insist on using a condom if I am having sex at the client's place

Factor 2 (component 2) consists of 11 variables and there are only three variables that are critical on consistent condom use challenges based on factor analysis and frequencies as given below:

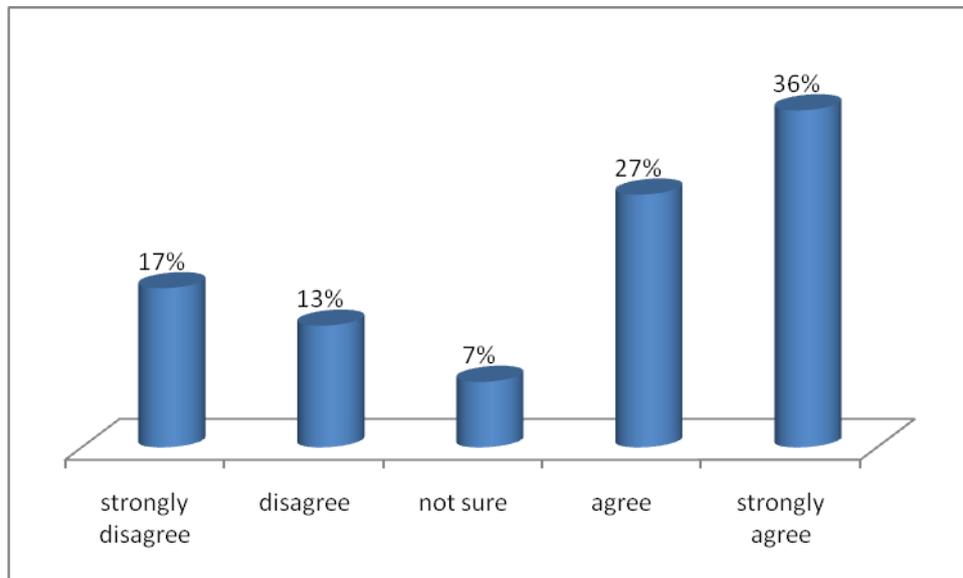
- I have poor condom use negotiation skills
- I feel disempowered to insist on using a condom if I am having sex at the client's place
- I forget to use condoms if I have sex after taking too much alcohol

Factor 4 (Component 4) consists of 11 variables and there is only one variable that is critical on consistent condom use challenges job satisfaction based on factor analysis and frequencies as given below:

- I do not use condoms consistently because some clients are prepared to pay more money for unprotected sex

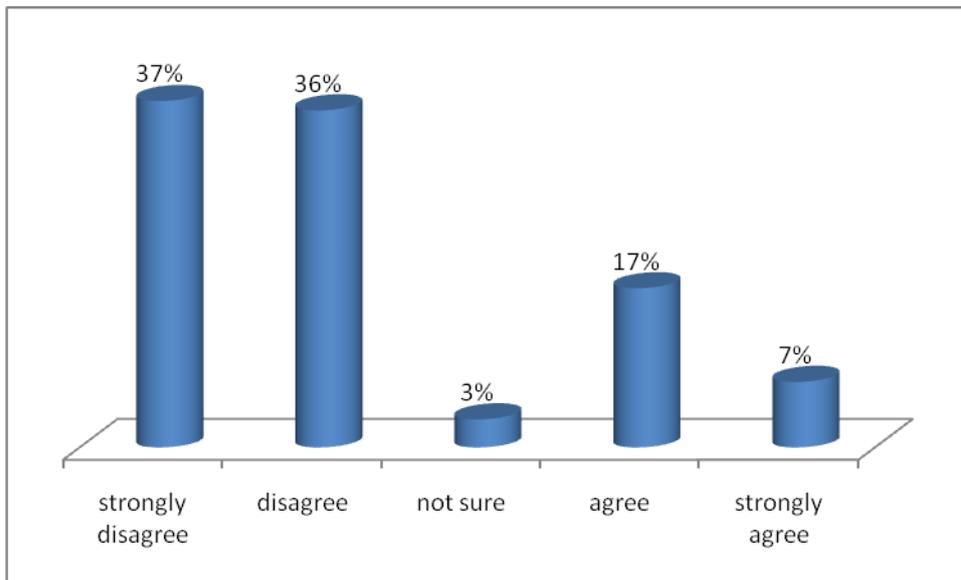
#### 4.2.4 Consistent and correct condom use support

**Figure 30: I do have access to free condoms from nearest clinics**



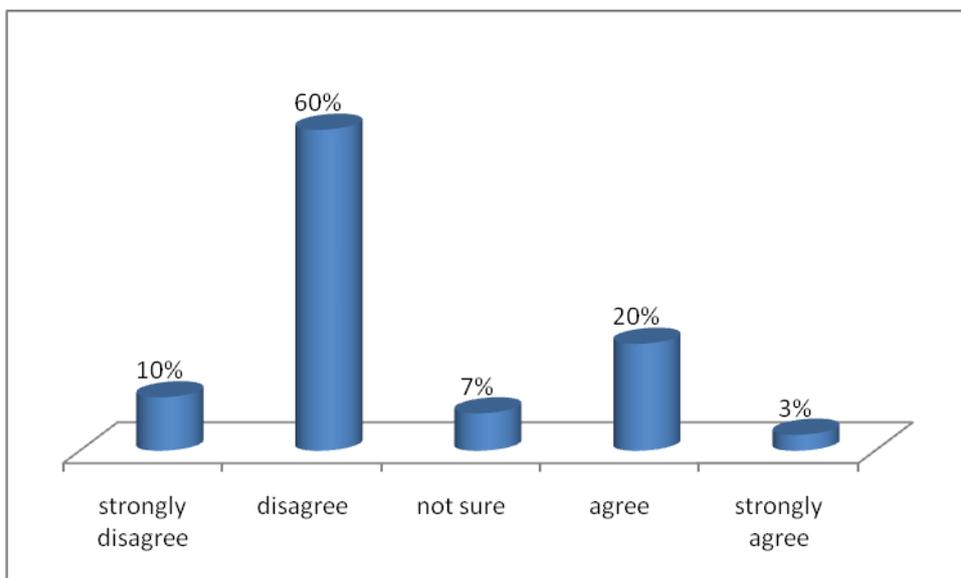
63% of respondents agreed to have access to free condoms and 30% disagreed. 7% of respondents were not sure. Nearest clinics that distribute free condoms must inform all people staying in Bhubho about their free condom distribution service. It will serve much less effort if some people willing to use condoms are not are that they are given for free.

**Figure 31: Nearest clinics provide free education on correct and consistent condom use**



73% of respondents disagreed that nearest clinics provided free education on correct and consistent while 24% agreed and 3% disagreed. Giving free condoms to people who do not know how to use them is as good as not giving free condoms in the first place.

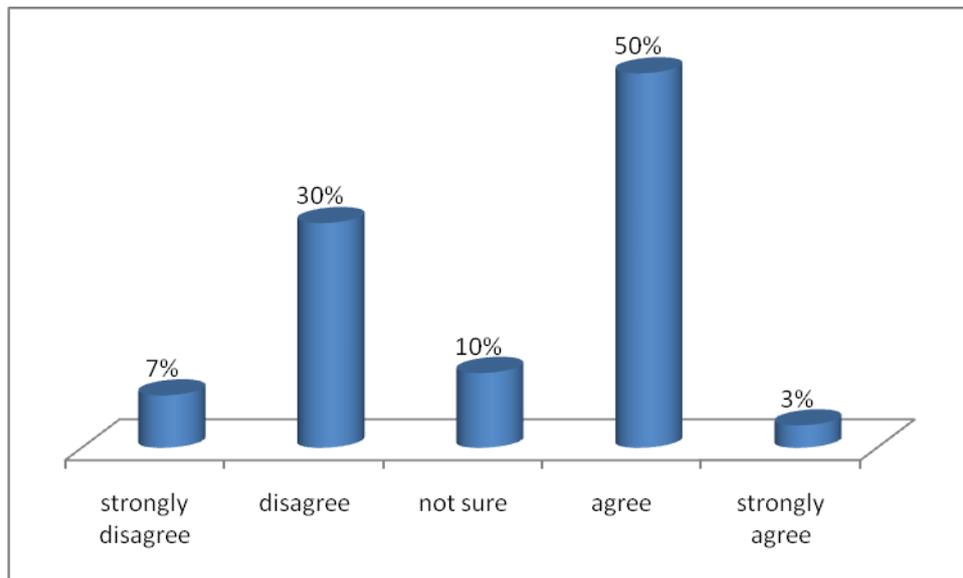
**Figure 32: I never experienced stigmatization from nearest clinic staff when collecting condoms**



70% of respondents reported to have been stigmatised by nearest clinic staff during collection of free condoms and 23% of respondents did not experience stigmatization. 7% were not certain. Stigmatising informal female sex workers when collecting free

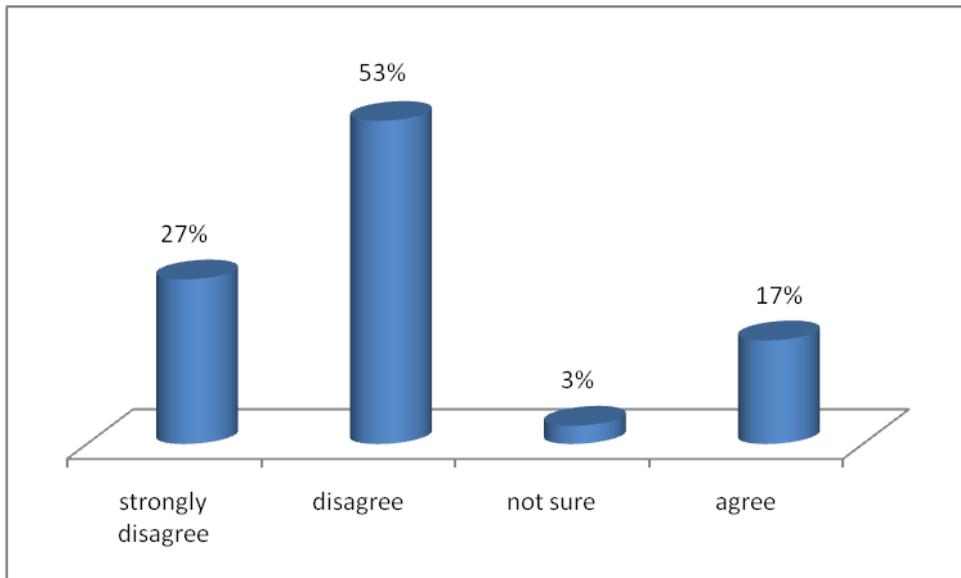
condoms will discourage them from coming again for the same service. Health professional that stigmatise the people that they serve may be a sign of professionalism that should be urgently addressed from a health service provision's point of view.

**Figure 33: I get advisory support on how to use condoms correctly and consistently from other informal female sex workers**



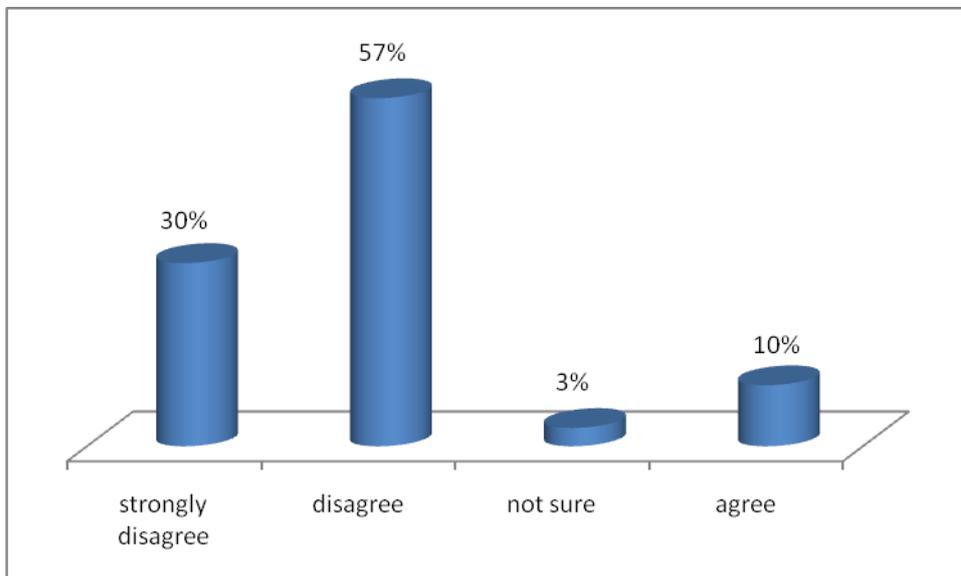
The results in Fig 33 show that some informal female sex workers staying in Bhubho Farm had some time to discuss about correct and consistent condom use. 53% confirmed to have received advisory support from other informal female sex workers on how how to correctly and consistently use condoms. 37% did not receive any advise on how to use condoms from fellow friends practicing the the informal selling of sex in Bhubho Farm. 10% of respondents were uncertain.

**Figure 34: Nearest beer-halls sell condoms at affordable prices**



Nearest beer halls were found to be selling condoms at exorbitant prices by a significant 73% of respondents. 17% were against the claim that condoms sold at nearest beer halls are expensive and 3% were uncertain.

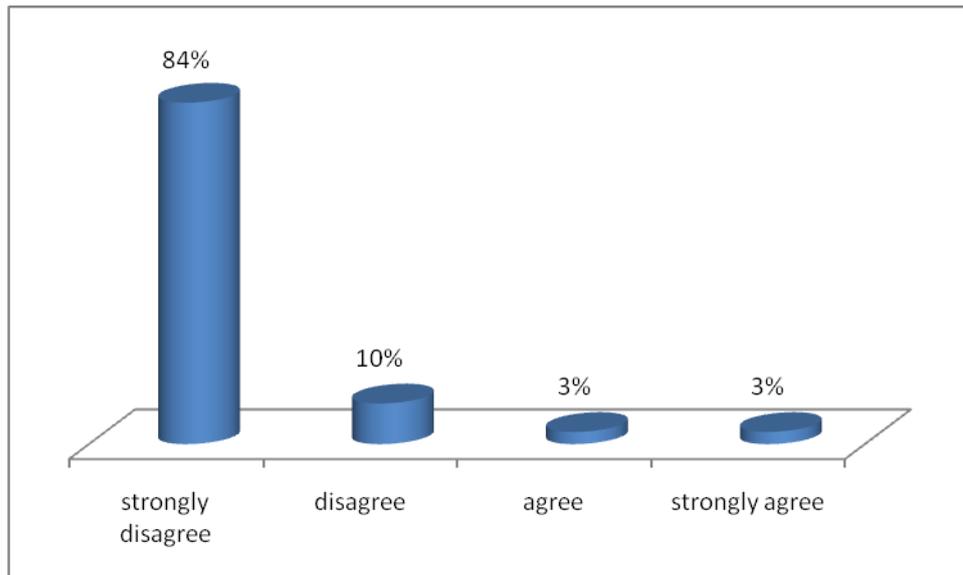
**Figure 35: I have positive attitude towards correct and consistent condom use because of condom use educational programmes offered through the radio**



A greater number of respondents (87%) disapproved the availability of positive attitude as a result of correct and consistent condom use aired through the radio. 10% agreed that positive attitude towards correct and consistent condom use developed because of condom use educational programmes aired through the radio. In order to

have access to aired programmes through the radio, one must have a radio. radios. There is a possibility that some informal female sex workers did not have radios or had radios but no supply of electricity or batteries to use radios. All this could be attributed to poor lifestyle experienced by people living in informal settlements.

**Figure 36: There are billboards in Bhubho farm that remind sex workers to correctly and consistently use condoms**



A much bigger proportionate of respondents (94%) reported that there were no billboards in Bhubho Farm that remind sex workers about correct and consistent use of condoms. On the other hand 6% of respondents confirmed that billboard that remind sex workers to correctly and consistently use condoms were visible in Bhubho Farm.

### Factor Analysis

**Component Matrix**

	Component		
	1	2	3
d1	-,136	,740	-,536
d2	,487	-,677	,152
d3	-,083	,540	,663
d4	,395	,605	,384
d5	,905	-,093	,213
d6	,770	,361	-,136
d7	,803	,053	-,412

There are three underlying factors on consistent and correct condom use support accounting for 77.35% of the variance as shown below:

**Total Variance Explained**

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2,476	35,368	35,368	2,476	35,368	35,368	2,335	33,351	33,351
2	1,807	25,814	61,183	1,807	25,814	61,183	1,681	24,019	57,370
3	1,132	16,167	77,350	1,132	16,167	77,350	1,399	19,980	77,350
4	,762	10,884	88,234						
5	,471	6,734	94,969						
6	,271	3,867	98,835						
7	,082	1,165	100,000						

Factor 1 (component 1) consists of 7 variables and there is only one variable that is critical on consistent and correct condom use support based on factor analysis and frequencies as given below:

- There are billboards in Bhoobho Farm that remind sex workers to correctly and consistently use condoms.

Factor 2 (Component 2) consists of 7 variables and there is only one variable that is critical on consistent and correct condom use support based on factor analysis and frequencies as given below:

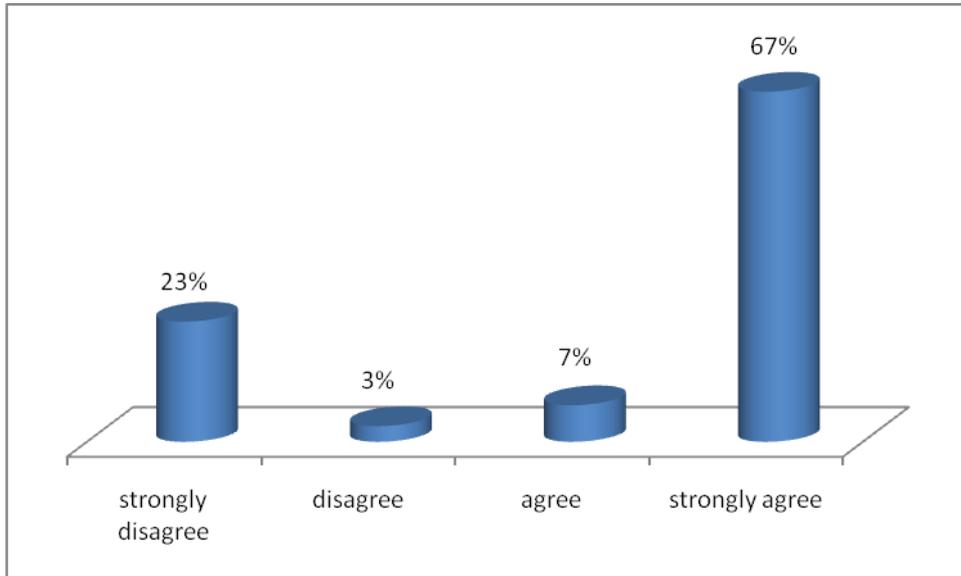
- Nearest clinics provide free education on correct and consistent condom use.

Factor 3 (Component 3) consists of 7 variables and there is only one variable that is critical on consistent and correct condom use support based on factor analysis and frequencies as given below:

- I get advisory support on how to use condoms correctly and consistently from other informal female sex workers

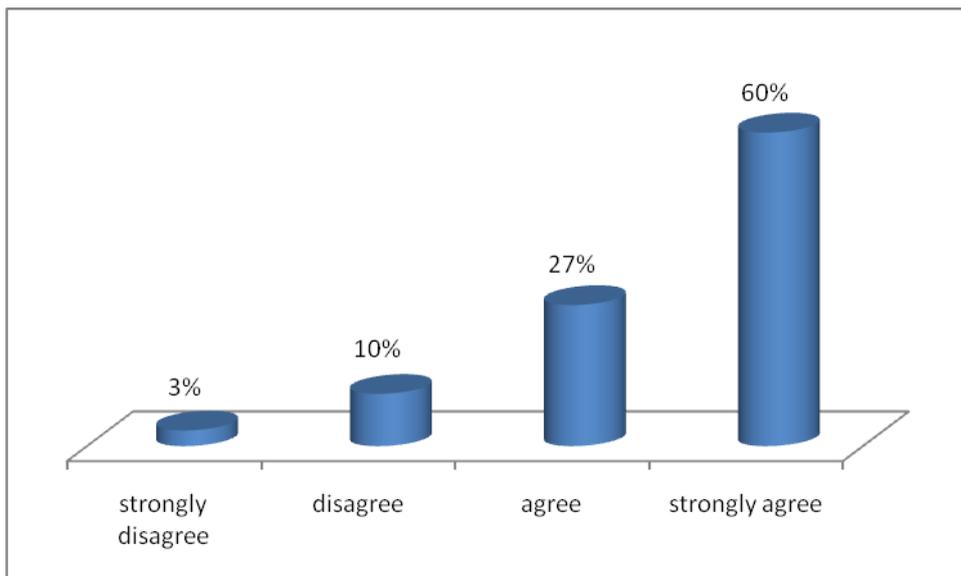
#### 4.2.5 Correct and consistent condom use expected support

**Figure 37: I expect clinics to distribute free condoms in nearest beer-halls**



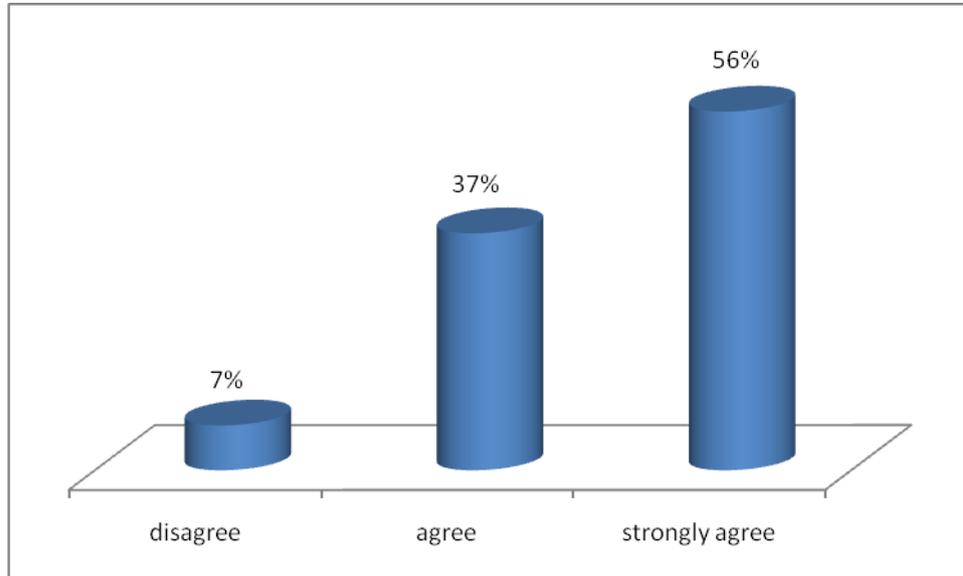
A greater proportion of respondents (74%) expected nearest beer-halls to distribute free condoms while 26% disagreed. Since most informal settlement female sex workers meet their clients in beer-halls, using such public meeting places is convenient for informal settlement female sex workers.

**Figure 38: I expect the government to legalise sex workers to move around freely with condoms**



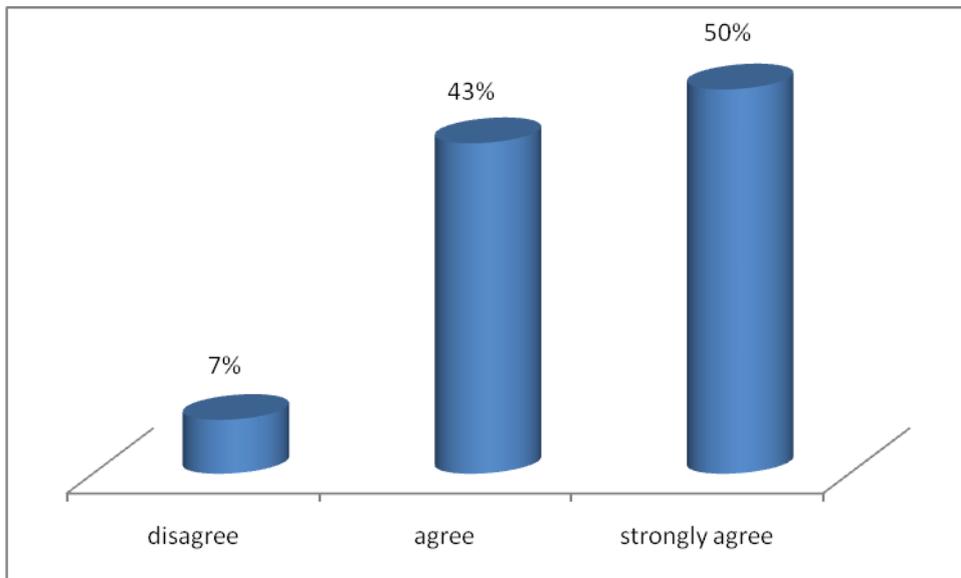
60% strongly agreed and 27% agreed that the government legalise sex workers to move around with condoms freely. 13% disagreed and the reasons could have been attributed to those not willing to use condoms when having sex with clients.

**Figure 39: I expect the government to put sex work exit support programmes**



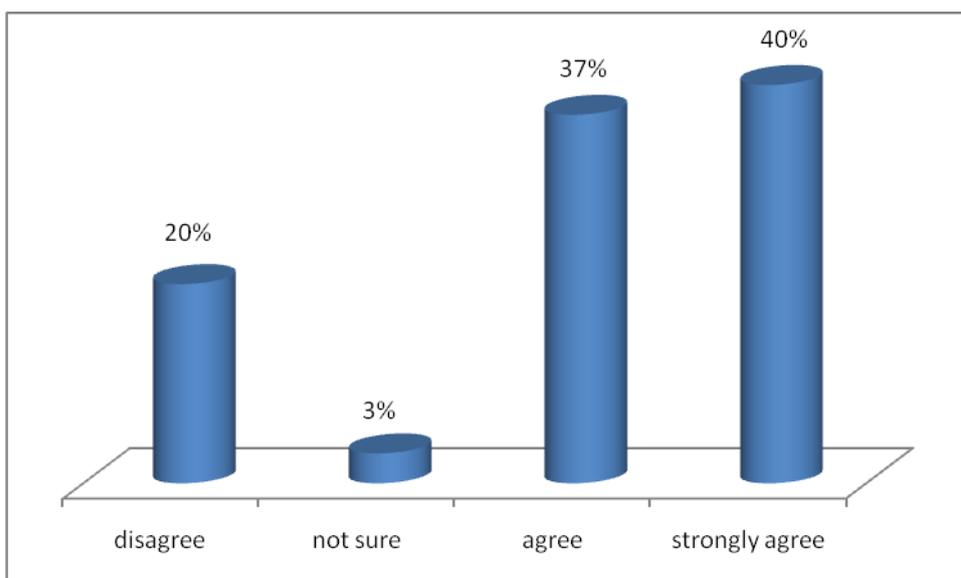
Sex work is not an interesting venture. This was supported by 93% of informal settlement female sex workers who proposed that the government had to assist with putting sex work exit programmes. This was a sign that the majority of informal female sex workers were prepared to leave sex work if other options are provided that sustain their living.

**Figure 40: I expect to receive free education on how to use condoms correctly and consistently**



A greater proportion of respondents (93%) expected to receive free condom use education while 7% were against the idea. High demand for correct and consistent condom use education was an indication that more respondents do not have enough knowledge to use condoms correctly and consistently.

**Figure 41: The government should criminalise clients who force sex workers to have unprotected sex**



67% of respondents expected the government to criminalise clients who force informal female sex workers to have a sex without a condom, 20% disagreed and 3% were not certain. A greater number of informal female sex workers expressed

dissatisfaction with the behaviour of male clients who took advantage of sex workers. Their expectation may be difficult to be fulfilled because Zimbabwe classify selling of sex as a crime.

### Factor Analysis

#### Component Matrix

	Component	
	1	2
e1	,814	,062
e2	,723	,169
e3	-,055	,959
e4	-,772	,435
e5	-,547	-,396

There are two underlying factors on correct and consistent condom use expected support accounting for 67.66% of the variance as shown below:

#### Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2,084	41,686	41,686	2,084	41,686	41,686	2,060	41,202	41,202
2	1,299	25,973	67,659	1,299	25,973	67,659	1,323	26,458	67,659
3	,917	18,340	85,999						
4	,484	9,675	95,674						
5	,216	4,326	100,000						

Factor 1 (Component 1) consists of 5 variables and the two variables that are critical on correct and consistent condom use expected support on factor analysis and frequencies are:

- I expect clinics to distribute free condoms in nearest beer-halls
- I expect the government to legalise sex workers to move around freely with condoms

Factor 2 (Component 2) consists of 5 variables and the two variables that are critical on correct and consistent condom use expected support based on factor analysis and frequencies are:

- I expect the government to put sex work exit support programmes
- I expect to receive free education on how to use condoms correctly and consistently

### **Correlations**

The following correlations were significant at the 5% level of significance:

- I find it difficult to put on a condom correctly on a penis that is extraordinarily small versus I find it difficult to put two condoms correctly on a penis of a client who insists on having sex with two condoms = 0.656

This shows a positive moderate relationship implying that the respondents answered these two questions in a similar way.

- I find it difficult to put on a condom correctly on a penis that is extraordinarily small Vs I expect clinics to distribute free condoms in nearest beer-halls = 0.721

This shows a strong positive relationship implying that the respondents answered these two questions in a similar way.

- I re-use condoms if I ran out of condoms Vs Nearest clinics provide free education on correct and consistent condom use = 0.758

This shows a strong positive relationship implying that the respondents answered these two questions in a similar way.

- I do have access to free condoms from nearest clinics Vs I re-use condoms if I ran out of condoms = -0.662

This shows a strong negative relationship implying that the respondents answered these two questions in an opposite way.

- I find it difficult to refuse unprotected sex with anyone I had unprotected sex with before VS There are times I agree to unprotected sex with a client in order to maximise pleasure = 0.608

This shows a positive moderate relationship implying that the respondents answered these two questions in a similar way.

- Trusted clients have a choice of either protected or unprotected sex VS I will comfortably have sex without a condom as long as I take family planning tablets = 0.632

This shows a positive moderate relationship implying that the respondents answered these two questions in a similar way.

- I do have access to free condoms from nearest clinics VS I expect clinics to distribute free condoms in nearest beer-halls = 0.727

This shows a strong positive relationship implying that the respondents answered these two questions in a similar way.

- Nearest clinics provide free education on correct and consistent condom use VS I had some experiences with clients who insist on inserting condoms on their own even if they do not know how to do it correctly = - 0.624

This shows a strong negative relationship implying that the respondents answered these two questions in an opposite way.

- I will comfortably have sex without a condom as long as I take family planning tablets VS There are billboards in Bhubho farm that remind sex workers to correctly and consistently use condoms = 0.742

This shows a strong positive relationship implying that the respondents answered these two questions in a similar way.

### **4.3 Summary**

This chapter clearly displayed information given by informal settlement female sex workers staying in Bhubho Farm. The next chapter discussed limitations, recommendations and conclusions of the study.

## **5. LIMITATIONS, RECOMMENDATIONS AND CONCLUSION**

### **5.1 Introduction**

This study was carried out with the intention of investigating the factors that influence that correct and consistent condom use among informal settlement female sex workers staying in Bhubho Farm, Harare. The results got in this study helped to expose correct and consistent condom use challenges faced by a population (informal settlement female sex workers) that has been neglected by a plethora of researchers.

The objectives of the study were:

- To investigate correct and consistent condom use challenges faced by informal settlement female sex workers living in Bhubho farm, Harare
- To identify correct and consistent condom use support given to informal settlement female sex workers living in Bhubho farm, Harare
- To identify gaps between correct and consistent condom use challenges faced by informal settlement female sex workers and existing condom use support given to informal settlement female sex living in Bhubho farm, Harare
- To recommend correct and consistent condom use support programmes that are aligned to condom use challenges faced by informal settlement female sex workers living in Bhubho farm, Harare

### **5.2 Discussions of the results in relation to the aims of the study**

The following discourse will highlight research results in relation to each and every aim of the study.

#### **5.2.1 To investigate correct and consistent condom use challenges faced by informal settlement female sex workers living in Bhubho farm, Harare.**

The findings from the study indicated that the majority of informal settlement female sex workers staying in Bhubho farm had more challenges that negatively influenced correct consistent condom use. Some respondents showed had explicit indications of intending to use condoms but factors such as lack of correct condom use knowledge, condom use negotiation skills, clients willing to pay more money for unprotected sex, penis size of clients, time taken by clients to ejaculate and clients that had a tendency

of removing a penis from the vagina way after having sex with a condom were some of the factors that acted as barriers towards correct and consistent condom use among Bhubho Farm informal female sex workers.

### **5.2.2 To identify correct and consistent condom use support given to informal settlement female sex workers living in Bhubho farm, Harare.**

Although free condoms are given at the nearest council clinic, a small number of respondents indicated that they do not have access to free condoms that are distributed by council clinics adjacent to Bhubho Farm. A sizeable number of respondents claimed that stigmatization by clinic staff was a norm during the collection of condoms. Nearest beer halls were alleged to having the tendency of selling condoms at exorbitant prices. Educational programmes support such as the use of the radio and bill boards were reported to be not used to educate informal female sex workers about correct and consistent condom use among informal female sex workers staying in Bhubho Farm.

### **5.2.3 To identify gaps between correct and consistent condom use challenges faced by informal settlement female sex workers and existing condom use support given to informal settlement female sex living in Bhubho farm, Harare.**

The major gap that was exposed was that of lack of congruence between correct and consistent condom use challenges faced by informal settlement female sex workers and existing condom use support given to informal settlement female sex living in Bhubho Farm. Education people on how to use condoms is of great importance before distributing free condoms and not doing so will be like putting the cart before the horse.

## **5.3 Limitations of the study**

There is no research that may be carried out without limitations and this study is not exceptional. The first limitation is that the study was carried out in one informal settlement (Bhubho Farm). The results from the study may not be generalized across other correct and consistent condom use challenges faced by informal female sex workers staying in other informal settlements not yet researched.

The second limitation of the study is that of using quantitative research and questionnaires to collect primary data. It is difficult to seek further information from respondents when questionnaires are used than when open interviews were used. The use of interviews and questionnaires could have produced much refined results.

Lastly the sampling method that was used (non-random sampling in the form of purposive and snowball sampling). There is a possibility that research participants that recruited other researchers could have influenced other prospective researchers on how research questions were answered by researchers recruited later on.

#### **5.4 Recommendations on the study**

It is recommended that informal female sex workers should be given education on how to use correct and consistent condom use. Education facilitates self-efficacy of informal female sex workers to build confidence and pride when using condoms because they serve lives in this HIV/AIDS era.

The government and other stakeholders with the core business of fighting HIV/AIDS need to consider and support informal female sex workers with condoms. Availability of condoms plays an important role towards the possibility of using them than if they are not available at all. Identification and using of distribution centers such as beer halls and tuck-shops in Bhubho farm will go a long way in mitigating infection levels that may be caused.

Nursing staff responsible for distributing free condoms to informal female have an obligation to carry out the issuing of condoms process in a professional manner. Failure to issue out condoms in a professional way may have an influence on the possibility of informal female workers' chance of coming back again for the same service. Allegations of stigmatization leveled against some staff members may not be tolerated if the objective of issuing out free condoms is to be achieved.

Selling of sex is classified as a form of employment by different people who practice it. Earning a living by selling sex is a dangerous method of sustaining one's life. Prostitution exit programmes may be put in place so that an option means of earning a

living will is given in a supportive manner. In order for prostitution exit programmes to succeed, enough support and education should be made available.

It is recommended that other researchers must expand research into condom use challenges faced by informal female sex workers in other parts of Zimbabwe and the globe. The results that will be established may be used to refine and develop relevant support that will make a huge impact towards curbing the spread of HIV/AIDS by sex workers located in low resources areas.

### **5.5 Conclusion**

The research was carried out with the aim of establishing the factors that influence that correct and consistent condom use among informal settlement female sex workers staying in Bbobho Farm, Harare. The findings from the study explicitly exposed a lot of challenges that were faced by informal settlement female sex workers staying in Bbobho Farm when it comes to correct and consistent condom use. Much of the challenges seem to be emanating from not knowing how to use condoms correctly. Poverty was pointed as one of the challenges that forced informal female sex workers to practice unsafe sexual practice.

Since sex workers amplify the spread of HIV/AIDS, different stakeholders are encouraged to prioritise measures to promote the use of condoms among informal sex workers. Failure to do so will cause a much more prevalence of the epidemic than it is in the present moment. Much more needs to be done when it comes to addressing challenges faced by informal sex works and the government has an active role in putting policies that are not contradictory e.g the distribution of free condoms is supported by the government in order to reduce the spread of HIV/AIDS but, arresting sex workers found with condoms in the evening will prove to be confusion of the government at its highest form. It will make no sense for the government to issue out free condoms to informal female sex workers during the day and arrest the same people during the evening if found with condoms.

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**Appendix A: Questionnaire for research participants**

**QUESTIONNAIRE**

**Research topic: The factors that influence correct and consistent condom use among informal settlement female sex workers living in Bhubho farm, Harare**

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**SECTION A- BIOGRAPHICAL CHARACTERISTICS**

This section of the questionnaire focuses on the biographical information of the respondents.

Please indicate your response by placing a cross in the appropriate box below:

**1. Did you ever use a condom?**

<b>YES</b>	
<b>NO</b>	

**2. Highest qualification:**

<b>Grade 7</b>	
<b>Zimbabwe Junior Certificate (ZJC)</b>	
<b>Ordinary level</b>	
<b>Diploma</b>	
<b>Degree</b>	

**3. Age (Please indicate your age)**

<b>18-28years</b>	
<b>29-38years</b>	

<b>39-48years</b>	
<b>49-58years</b>	
<b>59years and above</b>	

**4. Please indicate your marital status**

<b>Single</b>	
<b>Married</b>	
<b>Divorced</b>	

**5. How many years have you been staying in Bhubho farm?**

<b>0-3years</b>	
<b>4-6years</b>	
<b>7years and above</b>	

**6. How many years have you been practicing prostitution in Bhubho farm?**

<b>0-3years</b>	
<b>4-6years</b>	
<b>7years and above</b>	

**7. Do you own or rent accommodation?**

<b>Own</b>	
<b>Rent</b>	

**SECTION B- CORRECT CONDOM USE CHALLENGES**

The purpose of this section is to give you a chance to indicate **correct condom use challenges that you face**.

Please indicate your response by  placing an in the appropriate box below:

	Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree
1. I use my teeth to open condoms					
2. I do not know the difference between the outside and the inside of a condom					
3. I find it difficult to put on a condom correctly on a penis that is extra-ordinarily large					
4. I find it difficult to put on a condom correctly on a penis that is extra-ordinarily small					
5. I find it difficult to put two condoms correctly on a penis of a client who insists on having sex with two condoms					
6. I will change a condom if the client takes long to ejaculate					
7. I find it difficult to put on a condom on a client's penis when it is dark					
8. I had some experiences with male clients who have weak penises that do not hold on to the condom during the sexual encounter					
9. I always check the expiring date of the condom before using it					
10. I had some experiences with clients who insist on inserting condoms on their own even if they do not know how to do it					

correctly					
11. I re-use condoms if I ran out of condoms					
12. I had some experiences with clients who want to remove the penis from the vagina way too late sexual intercourse with a condom					

**SECTION C- CONSISTENT CONDOM USE CHALLENGES**

This section of the questionnaire focuses on consistent.

Please indicate your response by  placing an in the appropriate box below:

	Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree
1. I do not use condoms consistently because some clients are prepared to pay more money for unprotected sex					
2. I find it difficult to refuse unprotected sex with anyone I had unprotected sex with before					
3. There are times I agree to unprotected sex with a client in order to maximise pleasure					
4. Non-availability of money to buy condoms limits the way I consistently use condoms					
5. I feel disempowered to insist on using a condom if I am having sex at the client's place					
6. I have poor condom use negotiation skills					
7. I am not afraid to have unprotected sex with a client who looks physically health					
8. Fear of being arrested when caught with condoms sometimes forces me to go					

out and have sex with clients without condoms				
9. Trusted clients have a choice of either protected or unprotected sex				
10. I forget to use condoms if I have sex after taking too much alcohol				
11. I will comfortably have sex without a condom as long as I take family planning tablets				

**SECTION D- CONSISTENT AND CORRECT CONDOM USE SUPPORT**

This section of the questionnaire focuses on correct and consistent condom use support

Please indicate your response by  placing an in the appropriate box below:

<b>Strongly agree</b>	<b>Agree</b>	<b>Not Sure</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
-----------------------	--------------	-----------------	-----------------	--------------------------

1. I do have access to free condoms from nearest clinics				
2. Nearest clinics provide free education on correct and consistent condom use				
3. I never experienced stigmatization from nearest clinic staff when collecting condoms				
4. I get advisory support on how to use condoms correctly and consistently from other informal female sex workers				
5. Nearest beer-halls sell condoms at affordable prices				
6. I have positive attitude towards correct and consistent condom use because of condom use educational programmes offered through the radio				
7. There are billboards in Bhubho farm that remind sex workers to correctly and consistently use condoms				

**SECTION E – CORRECT AND CONSISTENT CONDOM USE EXPECTED SUPPORT**

This section of the questionnaire focuses on correct and consistent condom use support expected by informal female sex workers

Please indicate your response by

placing an in the

Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree
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	Strongly agree	Agree	Not Sure	Disagree	Strongly Disagree
1. I expect clinics to distribute free condoms in nearest beer-halls					
2. I expect the government to legalise sex workers to move around freely with condoms					
3. I expect the government to put sex work exit support programmes					
4. I expect to receive free education on how to use condoms correctly and consistently					
5. The government should criminalise clients who force sex workers to have unprotected sex					

**Thank you!**

## **Appendix B: Consent form for research participants**



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### **STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH**

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#### **The factors that influence correct and consistent condom use among informal settlement female sex workers living in Bhubho farm, Harare**

You are asked to participate in a research study conducted by Antony Mabvirakare from the Africa Centre for HIV and AIDS Management at Stellenbosch University. The results of the research study will contribute toward the researcher's Master's level thesis as part of a requirement for the completion of the MPhil in HIV/AIDS Management programme. You were selected as a possible research participant in this study because of your current position as informal settlement female sex worker living in Bhubho farm where the research will take place.

#### **1. PURPOSE OF THE STUDY**

Condoms play an important role towards reducing the spread of infectious diseases such as HIV/AIDS. The available literature stated several factors that affect the correct and unchanged condom use challenges faced by formal sex workers. The majority of studies related to the factors that affect the correct and unchanging use of condoms among sex workers do not address condom use problems faced by informal female sex workers in Zimbabwe. The study intends to investigate the factors that influence the correct and unchanging use of condoms among informal female sex workers living in Bhubho farm, Harare. The findings from the study will be used to develop solutions that will support condom use problems faced by informal settlement female sex workers living in Bhubho farm, Harare.

#### **2. PROCEDURES**

If you willingly agree to participate in this study, we would ask you to do the following things: You will be requested to fill in a questionnaire that will be provided by the research assistant. An office will be provided in which you can fill in the questionnaire comfortably. You may

need at least twenty minutes to complete the questionnaire. One research assistant will be available to assist you if there is any problem with interpreting questions in the questionnaire. There will be no need for you to provide personal names and surname. All the information that you will provide in this research will be gathered and analysed in a way that makes it impossible for readers to tell that it was given by you.

### **3. POTENTIAL RISKS AND DISCOMFORTS**

The researcher is aware that sex work is classified as legal in Zimbabwe. Gazebo Beer Hall has been chosen as data collection point because the police may not arrest people enjoying themselves in a bar. Your safety and security will be guaranteed throughout the research process because questions will be filled in a private room that will be provided. Furthermore, the researcher is aware of how sensitive Zimbabwean culture is when it comes to issues related to sexuality, condoms and HIV/AIDS. Research participants are encouraged to inform the researcher along the research process if you encounter words or situations that may cause discomfort. Acceptable words in the Zimbabwean culture that describe private parts of human beings such as penis, vagina, condom and sex will be used. No questions will be asked regarding participant's HIV status. All the information collected from you will be kept in a safe and locked cabinet all the time.

### **4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

It is hoped that the study will benefit public health service providers in Harare through promotion of interventions that are related to condom use challenges faced by informal settlement female sex workers. Informal settlement sex workers will benefit from getting important information on how to practice safe sex from relevant stakeholders such as public health institutions and non-governmental organizations. Informal settlement as a community will benefit from a reduction in the spread of HIV/AIDS as a result of promotion of responsible sex in informal settlements. The government may use the findings from the study to introduce or change policies that are related to condom use challenges faced by informal settlement female sex workers. Future researchers may find research findings from the study quiet useful through the expansion of condom use research in low-resource communities (poor communities) such as informal settlements.

### **5. PAYMENT FOR PARTICIPATION**

No payment will unfortunately be offered for your participation in this research study however, refreshments will be provided during the time of answering the questionnaire.

## **6. CONFIDENTIALITY**

Names of research participants will not be requested at all. Data will be stored in a safe and locked cabinet all the time. A private office will be provided for research participants to fill in the questionnaire comfortably. The researcher and the supervisor will be the only people who will have access to the data.

## **PARTICIPATION AND WITHDRAWAL**

Participation in the study is free-will and this means that you can choose to participate or not to participate. If you decide to participate, you are free to withdraw from the research if you feel you have to do so. You are free not to answer some of the research questions that you feel you do not want to answer and such a decision will not disallow your participation in the study. The investigator may withdraw you from this research if circumstances do arise that warrant such a decision.

## **7. IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact the researcher, Mr Antony Mabvirakare, at +27 11 789 3178 during office hours or +27 73 524 6540 after hours. You can also get hold my supervisor, Dr Thozamile Qubuda at [tqubuda@sun.ac.za](mailto:tqubuda@sun.ac.za) or +27 21 808 3999/3006.

## **8. RIGHTS OF RESEARCH SUBJECTS**

You have the right to discontinue with your participation whenever you feel to do so. If you have any complaints about ethical aspects of the research or feel that you have been harmed as a result of participating in this study, please contact Ms Maléne Fouché [[mfouche@sun.ac.za](mailto:mfouche@sun.ac.za); +27 21 808 4622] at the Division for Research Development.

### **CONSENT FORM: PARTICIPANT**

By signing this consent form, I confirm that I have read and understood the information. I was given the opportunity to ask questions and all my questions were answered to my satisfaction. I do understand that my participation is voluntary and I am aware that I can withdraw at any time without giving any reason. I do understand that that I will be given signed copy of the consent form.

I willingly agree to participate in this study.

\_\_\_\_\_  
**Signature of participant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of research assistant**

\_\_\_\_\_  
**Date**

<b>SIGNATURE OF INVESTIGATOR</b>
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I declare that I explained the information given in this document to (pseudonym) \_\_\_\_\_ . She was encouraged and given ample time to ask questions related to the study. This conversation was conducted in Shona and the researcher, whose home language is Shona, translated all the English information to Shona.

\_\_\_\_\_  
**Signature of Investigator**

\_\_\_\_\_  
**Date**

## Appendix C: Consent form for research participants converted into Shona



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### STELLENBOSCH UNIVERSITY BEPA REKUBVUMA KUBVUNZWA TSVAKURUDZO

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#### **Zvigozhero zvinowanikwa mukashandiswa kwemakondomu zvakanaka uye nguva dzose pakati pepfambi dzinogara mupurazi rekwaBhobho. muHarare**

Munokumbirwa kuti mupindure mibvunzo yetsvakurudzo iri kuitwa naAntony Mabvirakare anofunda neAfrica Centre for HIV and AIDS Management ye Stellenbosch University. Zvichabuda mutsvakurudzo iyi zvichashandiswa mukuona kuti Antony Mabvirakare abudirira here mufundo yake yedegree reMaster of Philosophy in HIV/AIDS Management. Makasarudzwa kuti mutibatsire mutsvakurudzo iyi nekuda kwekuti ine chekuita nemabasa amunoita ekutsvaga pfuma nekutengesa bonde kuBhobho Farm.

#### **1. BASA RETSVAKURUDZO IYI**

Makondomu ane basa guru mukudzivirira kupararira kwechirwere cheshuramatango. Tsvakurudzo irimuzvinyora zviripo inotaura zvakanaka maererano nematambudziko ekushandisa makondomu zvakanaka uya nguva dzose anowanikwa nepfambi dzinogara nzvimbo dzinogara vanhu zviripamutemo. Zvizhinji hazvizivikanwe maererano nematambudziko anowanikwa nepfambi dzinogara munzvimbo dzisiri pamutemo mukushandisa makondomu zvakanaka uya nguva dzose. nevanhu vanogara Tsvakurudzo iri kuitwa intarsia zvigozhero zvinowanikwa nepfambi dzinogara mupurazi rekwaBhobho. Zvichawanikwa mutsvakurudzo iyi zvichashandiswa kubatsiridza kuiswa kwehurongwa hunoita kuti makondomu ashandiswe zvakanaka uye nguva dzose pakati pepfambi dzinogara papurazi rekwaBhobho.

#### **2. ZVICHAITWA UYE NGUVA YACHO**

Kana uchinge wabvuma kupindiro mibvunzo yetsvagiridzo iyi, unokumbirwa kuita zvinotevera: Unokumbirwa kupindura mibvunzo iri mubepa remubvunzo rauchapiwa nemubatsi wetsvagiridzo. Chero zvavo mibvunzo inenge ine mhinduro dzakanaka, unokumbirwa kuti usarudze mhinduro inenderana nematambudziko aunogona nawo. Mibvunzo ichapindurwa muhofisi yamuchataridzwa. Kana mapedza kupindura mibvunzo munokumbirwa kuisa bepa

remubvunzo muhamvuropi yamuchapiwa nemubatsi wetsvakurudzo. Hapana achaziva zvamunenge mapindura nekuti humunyore zita renyu pabepa remubvunzo. Zvamuchapindura zvichagara zvakachengetedzwa nguva dzose.

### **3. MATAMBUDZIKO ANGANGOSANGANIKWA NAWO**

Mutsvagiridzi anoziva kuti hupfambi haubvumidzwe muZimbabwe. Bhawa reGazebo rakawonekwa kuti rakasuninguka kuti tsvakurudzo iitwe zvakasununguka pasina kutyira kusungwa nemapurisa. Mapurisa haana mvumo yekusunga vanhu vari kufara mubhawa. Musatya henyu kupindura mibvunzo makasununguka nekuti munenge muri muhofisi yenyu moga isingabvumirwe kupindwa nemunhu wose wose kunze kwevabatsiri vetsvakurudzo. Manzwi anonyadzisira haashandiswi mutsvakurudzo iyi uye kana muchinga mawona manzwi amusiri kufara nawo, taurai nemubatsiri wetsvakurudzo.

### **4. RUBATSIRO RWAMUNGAWANA**

Bazi rezveutano rinogona kubatsirikana netsvagurudzo iyi nekuisa zvirvingwa zvekushandiswa kwemakondomu zvinoenderana nematambudziko anowanikwa nepfambi mukushandiswa kwawo. Pfambi dzinogona kubatsirikana nekuwana rubatsiro kumakambani akazvimiririra uye mabazi ezeutano rungangoita kuti vasabatwa nechirwere cheshuramatongo. Vanhu vanogara mupurazi rekwabhobho vanaomboita hushamwari nepfambi vanowana mukana wekuita bonde nepfambi zvakachengetedzeka. Hurumende yeZimbabwe inogona kushandisa zichawanikwa mutsvakurudzo iyi mukuchinja mitemo inochekuita nemabasa epfambi. Zichawanikwa mutsvagurudzo iyi zvichapa mukana kune tsvagurudzo ichaitwa kumberi inoenderanda nekushandiswa kwemakondomu kwakanaka nepfambi.

### **5. MURIPO WEKUBVUNZURUDZWA**

Hapana muripo uchapiwa kune vanange vabvuma kupindura mibvunzo yetsvakurudzo. Zvinwiwa uye nyama yehuku uye yemombe zvichapiwa avo vanenge vachipindura mibvunzo muhofisi ichashandiswa.

### **6. ZVAKAVANZIKA**

Mazita evachapindura mibvunzo hapana paachanyorwa. Mabepa emubvunzo yemuchapindura achachengetwa munzvimbo inenge yakachengetedzeka nguva dzose. Ari kuita tsvakurudzo nemufundisi wake ndivo chete vanange vane mvumo yeverenga zvamuchapindura.

### **7. KUZVIPIRA MUKUBVUNZWA**

Kubvunzwa kuburikidza nekuzvipiria. Wakasununguka kubvuma kana kuramba kupindura mibvunzo. Wakasununguka zvakare kuramba kuenderera mberi netsvakurudzo chero yave pakati. Kana paine mibvunzo yausina kusinunguka kupindura, wakasununguka kusaipindura. Ari kuita tsvakurudzo ane hodzero yekukubvisa pane vari kubvunzwa kana pane zvigozhero zvinenege zvawanikwa.

## **8. MAZITA EVARI KUITA TSVAKURUDZO**

Kanapane mibvunzo yamungave nayo mukuitwa kwetsvakurudzo iyi, fonerai mutsvakiridzi anoitwa Antony Mabvirakare, pa +27 11 789 3178 nguva dzebasa kana panharembozha yake inoti +27 735 246540 nguva dzose. Munogona zvakare kufonera mufundisi wemutsvakiridzi anoitwa, chiremba Thozamile Qubuda pa [tqubuda@sun.ac.za](mailto:tqubuda@sun.ac.za) kana pa +27 21 808 3999/3006.

## **9. KODZERO YEVACHAPINDURA MIBVUNZO**

Mune mvumo izere yekuramba kuenderera mberi nekupa mhindiro yetsvakurudzo. Kana paine zvaitika zvamusina kufara nazvo mukuitwa kwetsvakurudzo iyi, batai Ms Maléne Fouché [[mfouche@sun.ac.za](mailto:mfouche@sun.ac.za); kana kufona pa +27 21 808 4622] anowanikwa kubazi rezvetsvakurudzo paUniversity yeStellenbosch.

### **BEPA REKUBVUMA KUBVUNZWA TSVAKURUDZO: MUPINDURI WEMUBVUNZO**

Kana muchinge maisa runyoro rwengu pabepa retsvakurudzo munene matendera kuti makasununguka kupindura mibvunzo. Makasununguka kubvunza mubvunzo musati maisa runyoro rwenyu rwekubvuma. Munonzwisisa zvakare kuti kupindura mibvunzo yetsvakurudzo muchazviita nekuda kwenyu pasina kumanikidzwa. Muchapiwa rimwe bepa rekubvuma tsvakurudzo ramunenge maisa runyoro rwengu rwekubvuma.

Ndinobvuma kupindura mibvunzo pasina kumanikidzwa..

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**Runyoro rwemupinduri wemubvunzo**

---

**Musi wacho**

---

**Runyoro rwemubatsiri wetsvakiridzo**

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**Musi wacho**

**RUNYORO RWEMUTSVAKIRIDZI**

Ndinobvuma kuti ndakatsanangurira vapinduri vemubvunzo nezvebepa rekubvunzwa tsvakurudzo. Vapinduri vemubvunzo vakapiwa mukana wekubvunza mibvunzo inochekuita nezvetsvakurudzo.

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**Runyoro rwemutsvakiridzi**

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**Musi wacho**

## **Appendix D: Consent form for research assistants**



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### **STELLENBOSCH UNIVERSITY CONSENT TO ASSIST IN RESEARCH**

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#### **The factors that influence correct and consistent condom use among informal settlement female sex workers living in Bhobho farm, Harare**

You are asked to play the role of research assistant in a study being conducted by Antony Mabvirakare from the Africa Centre for HIV and AIDS Management at Stellenbosch University. The results of the research study will contribute toward the researcher's Master's level thesis as part of a requirement for the completion of the MPhil in HIV/AIDS Management programme. You were selected as a possible research assistant in this study because of your current position as bartender of Gazebo Beer Hall. Your day to day functions relate to serving prospective research participants (informal settlement female sex workers living in Bhobho Farm) who are customers of Gazebo Beer Hall.

#### **1. PURPOSE OF THE STUDY**

Condoms play an important role towards reducing the spread of infectious diseases such as HIV/AIDS. The available literature stated several factors that affect correct and consistent condom use challenges faced by formal sex workers. The majority of studies related correct and consistent condom use factors that affect sex workers do not address condom use challenges faced by informal female sex workers in Zimbabwe. The study intends to investigate the factors that influence correct and consistent condom use among informal female sex workers living in Bhobho Farm, Harare. The findings from the study will be used to customize correct and consistent condom use interventions that will be aligned to condom use challenges faced by informal settlement female sex workers living in Bhobho farm, Harare.

#### **2. PROCEDURES**

If you voluntarily agree to participate as research assistant in this study, we would ask you to do the following things:

You will be requested to provide proof that you have a minimum qualification of ordinary level. A short English reading test will be carried to determine your command of English proficiency. You have to go through the questionnaire with the researcher so that you can ask any questions that you do not understand. Your function will be to recruit the initial prospective research participant who has used a condom or is still using a condom and staying in Bhobho farm. The prospective research participant willing to participate should be requested to go to the private room reserved for data collection. Research assistants should introduce all research participants to the researcher. You have to briefly explain to the prospective research participants about the purpose of the study, their rights as research participants and the methods of data collection that will be used. Research participants willing to participate should be given a consent form. The consent form should be signed by the research participant, research assistant and the researcher. Once they have completed reading the consent form, they should ask any questions before signing. You have to issue out a questionnaire to all research participants who signed the consent form and agree to answer the questionnaire. The researcher will leave the research participant and research assistant in the data collection room during filling of the questionnaire. This will be done to confidentiality and privacy. Your major role during filling of the questionnaire will to assist with any questions that will be answered by the research participant. The research participant should be requested to recruit other similar research participants with similar characteristics as hers.

### **3. POTENTIAL RISKS AND DISCOMFORTS**

The researcher is aware that sex work is classified as legal in Zimbabwe. Gazebo Beer Hall has been chosen as data collection point because the police may not arrest people enjoying themselves in a bar. Your safety and security will be guaranteed throughout the research process because questions will be filled in a private room that will be provided. Furthermore, the researcher is aware of how sensitive Zimbabwean culture is when it comes to issues related to sexuality, condoms and HIV/AIDS. Research assistants are encouraged to inform the researcher along the research process if words encountered are causing discomfort.. Acceptable words in the Zimbabwean culture that describe private parts of human beings such as penis, vagina, condom and sex will be used.

### **4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

It is hoped that the study will benefit public health service providers in Harare through promotion of interventions that are related to condom use challenges faced by informal settlement female sex workers. Informal settlement sex workers will benefit from getting valuable information on how to practice safe sex from relevant stakeholders such as public

health institutions and non-governmental organizations. Informal settlement as a community will benefit from a reduction in the prevalence of HIV/AIDS as a result of promotion of responsible sex in informal settlements. The government may use the findings from the study to introduce or revamp policies that are aligned to condom use challenges faced by informal settlement female sex workers. Future researchers may find research findings from the study quiet useful through the expansion of condom use research in low-resource communities such as informal settlements.

## **5. PAYMENT FOR PARTICIPATION**

The researcher is offering payment of US\$140 per week (7 days). If the research process takes more than one week, US\$20 will be paid on each and every extra day after the lapse of the first week. If all thirty questionnaires are filled before one week, US\$140 will be paid to the research assistant.

## **6. CONFIDENTIALITY**

Names of research participants will not be requested at all. Data will be stored in a safe and locked cabinet all the time. A private office will be provided for research participants to fill in the questionnaire comfortably. The researcher and the supervisor will be the only people who will have access to the data.

## **7. PARTICIPATION AND WITHDRAWAL**

Your role as research assistant in the study is voluntary and this means that you can choose to assist or not to assist. If you decide to assist, you are free to withdraw from assisting if you feel you have to do so. The investigator may withdraw you from this research if circumstances do arise that warrant such a decision.

## **8. IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact the researcher, Mr Antony Mabvirakare, at +27 11 789 3178 during office hours or +27 73 524 6540 after hours. You can also get hold my supervisor, Dr Thozamile Qubuda at [tqubuda@sun.ac.za](mailto:tqubuda@sun.ac.za) or +27 21 808 3999/3006.

## 9. RIGHTS OF RESEARCH SUBJECTS

If you have any complaints about ethical aspects of the research or feel that you have been harmed as a result of participating in this study, please contact Ms Maléne Fouché [mfouche@sun.ac.za; +27 21 808 4622] at the Division for Research Development.

### CONSENT FORM: PARTICIPANT

By signing this consent form, I confirm that I have read and understood the information. I was given the opportunity to ask questions and all my questions were answered to my satisfaction. I do understand that my assistant is voluntary and I am aware that I can withdraw at any time without giving any reason. I do understand that that I will be given signed copy of the consent form.

I voluntarily agree to assist in this study.

\_\_\_\_\_  
**Signature of research assistant**

\_\_\_\_\_  
**Date**

### SIGNATURE OF INVESTIGATOR

I declare that I explained the information given in this document to \_\_\_\_\_. He was encouraged and given ample time to ask questions related to the study. This conversation was conducted in English. All research participants were selected based on their ability to read, write and communicate in English.

\_\_\_\_\_  
**Signature of Investigator**

\_\_\_\_\_  
**Date**