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EXPERIENCES OF CONDOM USAGE AMONG FEMALE SEX WORKERS IN MANGAUNG METROPOLITAN, SOUTH AFRICA

By

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DECLARATION

I, Mpabi Agnes Phetlho, hereby declare that the research "**EXPERIENCES OF CONDOM USAGE AMONG FEMALE SEX WORKERS IN MANGAUNG METROPOLITAN, SOUTH AFRICA**" in submission for the degree of Master of Public Health at the Fort Hare University is my own work and all external sources used or quoted in this study have been recognised by a complete reference list.

Name: Mpabi Agnes Phetlho

Signature: _____ Date: 23 May 2023

CERTIFICATION

This mini-dissertation, entitled “EXPERIENCES OF CONDOM USAGE AMONG FEMALE SEX WORKERS IN MANGAUNG METROPOLITAN, SOUTH AFRICA”, meets the guidelines outlining the award of the post graduate degree Master of Public Health at the Fort Hare University and is approved for contribution to scientific knowledge and literary presentation.

SUPERVISOR: Dr Daphne Murray

SIGNATURE: 

DATE: 23 May 2023

DEDICATION

“A father is someone you look up to no matter how tall you grow” (Anonymous).

This work is dedicated to my father, Ntate Chabeli Ramabele. He was forever asking about my progress throughout this journey. He is my best friend and best father.

“*The work you do today may be difficult and tiring, but we still thank God for it because it is His Gift to us -the ability to provide for our needs.*”

He is God in all situations.

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LIST OF ACRONYMS

FSDOH	Free State Department of Health
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
MSM	Men who have sex with men
NDOH	National Department of Health
NGOs	Non-Governmental Organisations
PEP	Post-exposure Prophylaxis
PrEP	Pre-exposure Prophylaxis
SANAC	South African AIDS Council
SRH	Sexual and Reproductive Health
STIs	Sexually Transmitted Infections
SWEAT	Sex workers Education and Advocacy Task Force

ABSTRACT

This study aimed to achieve two main objectives. Firstly, it aimed to investigate the experiences of female sex workers in actively using condoms to reduce HIV infection during their work. Secondly, it sought to identify the support systems available to increase female sex workers' use of condoms particularly for those operating on the streets of Mangaung Metropolitan Municipality. The issue at hand does not only affect individuals engaged in the sex industry but also impacts their families and clients. Furthermore, it influences South Africa in its entirety. Both female sex workers and their clients face a heightened risk of contracting HIV and other sexually transmitted infections (STIs). The rising cases of newly reported HIV infections may be attributed to the inadequate utilisation of condoms among female sex workers. As a result, It is essential that those who are involved in the sex work to collectively shoulder the responsibility of ensuring consistent and effective condom usage, thus preventing the widespread prevalence of HIV infections, despite the ample distribution of condoms.

Methodology

The study adopted research qualitative, descriptive, explorative, and contextual design to explore experiences of female sex workers' condom usage during sex work. Semi-structured individual interviews with fourteen participants were conducted and these interviews were recorded and later transcribed verbatim. In addition, it implemented a non-probability sampling method, which relied on effective snowball sampling techniques.

This research occurred in Mangaung district, within the province of Free State in South Africa; more specifically, it focused on Bloemfontein, the province's capital, which is currently known as Mangaung. The study encompassed primary healthcare facilities and community health centres close to participants for their convenience. These settings were approved via the Free State Department of Health (FSDOH) authority .

Based on the study's aim and relevant research questions, data were collected and analysed to identify various themes and sub-themes using Tesch's method. Furthermore, it adhered diligently to ethical principles to ensure its findings were trustworthy.

Findings

Female sex workers in Mangaung Metropolitan, South Africa, reported positive experiences related to condom usage when they negotiated condom use with their clients. In this regard, some reported adverse experiences with clients, including violence, verbal abuse, and physical abuse. As a result, several participants had become reluctant to use condoms and had subsequently contracted HIV infection and STIs. Participants also highlighted the challenges associated with health professionals, such as harassment at healthcare facilities and victimisation by law enforcement officers. Respondents also reported on the availability of support systems from NGOs, churches, and doctors. Some respondents reported that sex work was their only means of survival amid high unemployment. All participants made suggestions for support systems to address sex workers' needs.

Conclusion

Sex work has become the only employment option for most participants. Therefore, the government and other stakeholders must collaborate to create employment and to continuously bring awareness of condom use to curb the spreading of HIV and other Sexually transmitted infections

Keywords: experiences, condoms, condom use, sex workers

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1: INTRODUCTION

1.1. INTRODUCTION AND BACKGROUND

The correct and consistent use of condoms has been widely endorsed in scientific literature to address the ongoing challenge regarding HIV and STI transmissions (Mubyazi *et al.,* 2015). However, the matter of condom usage remains subjective in nature. Consequently, it necessitates female sex workers' insights to ascertain whether they use condoms correctly in their commercial sex work (Chang *et al*., 2018). This is made difficult since this type of sex work is illegal in many countries and is often shrouded in societal taboos (Andrews *et al*., 2015). As a result of this unfortunate reality, sex workers face significant health risks that impede their ability to mitigate potential dangers.

A multitude of factors contribute to the incorrect use of condoms within the context of sex work, as evidenced by the findings of various scientific investigations (Huschke and Coetzee, 2020). Notably, condom use forms the linchpin of HIV prevention strategies in numerous countries due to its cost-effectiveness as a means of preventing HIV transmission (Lépine *et al*., 2020).

Given the factors outlined in this section about condom use among sex workers, this study aims to explore the experiences of female sex workers, specifically as their experience relates to condom use to reduce HIV infection. In addition, issues such as the distribution of condoms and identifying existing support strategies for female sex workers who work in the streets need to be investigated. Ultimately, this research seeks to contribute valuable insights and solutions to enhance the well-being and safety of this vulnerable population.

1.2. PROBLEM STATEMENT

According to SANAC (2022) estimates, HIV prevalence in female sex workers may reach 59.6%, whereas it is only 13.3% in the overall female population. Nonetheless, due to social marginalisation and the criminalisation of sex work, few statistics are available on the total population size of people in sex industry In the study conducted by Huschke and Coetzee (2019), they determined that in South Africa, condoms are now freely and generally available to public, including as sex workers part of overall population , owing to government initiatives and public health efforts. The study further

indicated that, sex workers reported using condoms during their most recent encounter with their male clients at a high rate (85.0%), however consistency in condom use was considerably lower at 22.3%.

In the sub-Saharan Africa region, unprotected paid sex significantly contributes to the HIV epidemic. Significant health concerns include the ineffective and irregular use of condoms within vulnerable people, particularly female sex workers, and sex outside marriage with multiple sexual partners (Mubyazi *et al*., 2015). Commercial (paid) sex places female sex workers and their clients at a higher risk of acquiring HIV infections. While the former are responsible for ensuring consistent and effective condom use (Mukumbang, 2017), there is an escalating prevalence of HIV infections, which could be linked to the ineffective use of condoms among female sex workers. This escalation is troubling since condoms are easily obtained and highly distributed. In light of this study, the main concern is whether any of those condoms are accessible to and used by female sex workers in the Mangaung Metropolitan Municipality. Furthermore, if these women are using them, are they experiencing challenges, and if so, what kind of systems could be implemented to assist them?

1.3. THEORETICAL FRAMEWORK HBM

In 1950, American social scientists introduced the Health Belief Model (HBM) to understand why people fail to adhere to disease prevention methods or undergo early detection screening tests for infections or debilitating conditions. If an individual is cognisant of their potential for contracting a specific ailment, they should adhere to the recommended behaviour; however, their adherence, or lack thereof, is influenced by their belief in the effectiveness of the prescribed health activity. In light of the above, the study assessed participants' anticipated health-related behaviours, particularly regarding accessing health services. Moreover, six interrelated concepts, which all related to connection between perception and behaviour arising from the HBM were applied, including perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action, and self-efficacy, which related to connection between perception and behaviour, defined below.

Perceived susceptibility is a term that denotes an individual's assessment of their potential risk of disease infection. Most participants of this study were aware of their chances of contracting HIV and other STIs by engaging in unprotected sex with clients

intentionally or vice versa. This awareness/perception is crucial since they may only amend their health habits if they feel in danger of contracting HIV or AIDS (Fauk *et al*., 2018).

Perceived severity pertains to how an individual perceives the potential seriousness of an illness or poor health. If a female sex worker deems the risk of contracting HIV/AIDS and STIs to be severe, to the extent that it could significantly impact her quality of life, result in severe complications, or even lead to death, she is more inclined to alter her health behaviours. Therefore, an individual's anticipation of the consequences is pivotal, as highlighted by Tarkang and Zotor (2015).

Perceived benefits are defined as an individual's understanding of various effective interventions to reduce infections or disease risks. A person’s efforts to prevent infection or disease rely on how they perceive, consider, and evaluate the related risks and benefits of both. Street-based female sex workers who accept the benefit of the effectiveness of condom use to prevent HIV/AIDS and STIs are more likely to consistently use condoms than those who do not (Tarkang and Zotor, 2015; Fauk *et al., 2018)*.

Perceived barriers refer to a person's varying perception of obstacles or hindrances, including cost considerations and benefit analysis. In the case of female sex workers, they might weigh the effectiveness of condom use against how it may negatively affect their business (losing revenue); in addition, they may question their ability to consistently use condoms, as Fauk *et al*. (2018) note. Furthermore, several factors, such as condom unavailability or the fear of public humiliation when trying to access condoms freely, may act as barriers to consistent condom use.

A **cue to action** is an internal or external catalyst that refers to an individual’s motivation (catalyst) to initiate a decision-making process and, ultimately, embrace a prescribed health action. The term signifies a decisive action towards actual health improvements rather than just a mere attempt. Promoting sex workers’ consistent use of condoms is an illustrative example. While internal cues may be a phobia of acquiring infections, external cues include a loved one’s illness or death, health-related information about the benefits of condom use, the risks of inconsistent condom use,

or public awareness through health campaigns and various forms of social media (Tarkang and Zotor, 2015).

Finally, **self-efficacy** refers to individuals' convictions around their ability to effect health-improving life changes. The term infers that the individual has enough self-confidence to implement a desired behaviour. Recent research by Fauk *et al*. (2018) has illustrated self-efficacy's role in effectively promoting condom use in health promotion,

The study incorporated the above-mentioned concepts since they could address any potential challenges that might have arisen. In addition, the HBM was deemed suitable, given sex workers' daily challenges. Encouraging these individuals to undergo early disease detection screening is of paramount importance. Most importantly, the researcher aspires to see outdoor sex workers take proactive measures to prevent diseases, emphasising the consistent use of condoms. As previously mentioned, accepting and perceiving continuous benefits condom use is the most effective strategy for preventing STIs and HIV/AIDS would be a substantial achievement (Tarkang and Zotor, 2015).

1.4. PURPOSE OF THE STUDY

The current study aimed firstly to explore and describe the experiences of female sex workers regarding condom usage in the Mangaung Metropolitan Municipality. Secondly, it sought to empower sex workers to generate new strategies that can be implemented to promote condom use among women. In this regard, the research compiled two relevant research questions discussed below.

1.5. RESEARCH QUESTIONS

This study draws on two research questions, namely,

- What are the experiences of sex workers regarding condom use in the Mangaung Metropolitan Municipality, and
- What support systems are available to increase condom use and the lives of female sex workers in the Mangaung Metropolitan area?

1.6 STUDY OBJECTIVES

This study used the above questions to fulfil its primary objectives. Firstly, it aimed to explore and describe sex workers' experiences of condom usage in the Mangaung Metropolitan Municipality. Secondly, it sought to identify the support systems available to increase female sex workers' use of condoms in the above-mentioned municipal area.

1.7 SIGNIFICANCE OF THE STUDY

This study proved noteworthy in regard to both the province in which it was done and the participants, namely female sex workers. It aimed to establish the latter's condom usage to inform future provincial interventions to target critical regions. By so doing, it intended to increase this demographic's self-awareness to reduce risky health behaviours.

1.7.1 The Free State Province

Understanding experiences and perceptions of condom usage among female sex workers may inform the improvement of the province's intervention strategies aimed at condom distribution in crucial areas. Better comprehension could further promote regular and efficient condom usage by sex workers and their customers, resulting in the prevention and reduction of the high HIV infection rate in this high-risk group, as well as implementing and identifying support systems available to sex workers.

1.7.2 Female sex workers

Health promotion is a significant factor in guiding individuals through identifying issues that may affect their health and addressing complications related to chronic conditions. Offering ways to reduce risks increases sex workers' self-awareness of taking responsibility for their health and the health of their clients and non-commercial partners. Moreover, this will reduce risky behaviour and prevent disease from developing. For workers with existing conditions, it will prevent the spread of diseases or further complications. Consequently, sex workers can take agency of their lives and make decisions that affect them when dealing with their clients. In this way, female sex workers, in particular, will be empowered to make good decisions and transform these into the desired actions and health outcomes.

1.8 RESEARCH METHODOLOGY

A qualitative and descriptive research approach will be adopted to explore how participating female sex workers' experience condom use. Such an approach is appropriate for this research since this study aims to comprehend and clarify experiences of female sex workers use of condoms during their work process. The research methodology is a planned process chosen by the researcher to conduct the specific study (Grove, Burns and Gray, 2013).

1.9 THE STUDY DESIGN

The study employed; a qualitative, exploratory, descriptive, and contextual research design, focusing on sex workers within the Mangaung Metropolitan Municipality.

1.10 POPULATION

This research targeted female sex workers in street-based sex work and residing in the Mangaung Metropolitan Municipality.

1.10.1 Target population

This study will include female sex workers aged 15- 49 years who are engaging in the sex business on the streets of Mangaung Metropolitan Municipality. Several studies have suggested a high prevalence of HIV infections among women in the sex industry compared to the overall female population.

1.11 SAMPLING

This study used a non-probability sampling method. The Snowball sampling techniques were employed to recruit all participants. With this technique, data were collected initially from a known “hot-spot leader” (also a sex worker) who, in turn, identified other potential participants and referred the researcher to them (Babbie and Mouton, 2008). The study’s sample size was allowed to grow until it reached saturation, whereby no new themes and facts emerged.

1.11.1 Inclusion Criteria

As previously mentioned, participants were female sex workers aged between 15 and 49 working on the streets of Mangaung Metropolitan Municipality.

1.11.2 Exclusion Criteria

Female sex workers who conduct their business in brothels were excluded from the study.

1.12 SETTING

The study's setting, where the research data was collected, encompassed natural settings like residential areas, workplaces, or other appropriate locations, as indicated by Brink, Van der Walt and Van Rensburg (2012). As mentioned, it was conducted in the Mangaung district of the Free State Province of South Africa, with specific emphasis on Bloemfontein, the provincial capital known as Mangaung. It focused on female sex workers working in known hot spots on both national roads and street corners. Primary healthcare facilities and community health centres in close proximity to the participants served as the designated study settings, as approved by the Free State Department of Health (FSDOH).

1.13 RESEARCH INSTRUMENT

The qualitative researcher was responsible for collecting data by observing and interviewing participants' behaviour. An interview schedule designed for the study was meticulously followed, serving as a guiding framework for asking open-ended questions. Audio recordings were made of all the interviews with the consent of each participants involved in this study.

1.14 DATA COLLECTION

Data collection involved fourteen individual interviews. Furthermore, an interview guide with open-ended questions was followed to explore sex workers' experiences of condom usage. Additionally, probing questions that naturally arose during the discussions with participants were employed to attain greater insight and understanding of sex workers' experiences in sex work, following the approach outlined by Brink, van der Walt and van Rensburg (2012). After gaining participants' consent, the interviews were audio-recorded to allow for later transcription. Chapter 3 provides a comprehensive explanation of the data collection process.

1.15 DATA ANALYSIS

As articulated by Streubert and Carpenter (2011), the researcher assumed the responsibility of describing and analysing the raw data provided by the respondents to explore the phenomenon under investigation. In addition, they employed the eight steps of the Tesch method as cited in De Vos(1998) for data analysis and transcribed all verbal information and audio recordings verbatim. They then selected the most engaging or succinct discussions and made notes in the margins to ascertain their significance and meaning. Next, they coded the themes that emerged alongside the corresponding text segments and grouped them into themes related to each other. The researcher finalised the abbreviations for these categories. Furthermore, they carried out the initial assessment and recorded the collected data.

1.16. TRUSTWORTHINESS OF THE STUDY

The study's trustworthiness was ensured by applying the four standard qualitative criteria: credibility, dependability, transferability and confirmability. The Chapter 3 of this study describes the stated criteria comprehensively.

1.17. ETHICAL CONSIDERATIONS

The initial step was to submit this study proposal to the university of fort hare ‘s Higher Degrees and Research Committee to issue the institutional ethical approval as a prerequisite for conducting any scientific investigation. Consequently, the University of Fort Hare's Research Ethics Committee issued the sought ethical clearance. The researcher also obtained ethical clearance from the FSDOH. The ethical principles applied in this study were informed consent, confidentiality and privacy, anonymity, principle of justice, beneficence, respect for human dignity, and the right to self-determination. Chapter 3 of this study describes comprehensively accounts of the ethical protocol as followed by the researcher.

1.18. DELIMITATIONS OF THE STUDY

The research focused on women between the ages of 15 and 49 who confirmed their engagement in sexual activity to generate an income. Specifically, the study concentrated on street-based female sex workers operating in recognised hot spots within Mangaung and excluded female sex workers employed indoors or in brothels. The study attempted to understand how female sex workers experience condom

usage in terms of correctness, consistency, and accessibility specific to street-based sex workers. Consequently, it investigated the support that could be offered to these women.

1.19. LIMITATIONS OF THE STUDY

The study's findings should not be generalised to the entire female sex worker population in Mangaung since the research only included limited participants. In this regard, there was the possibility that it might not have completed or render conclusive results. Another obstacle that was anticipated was that participants might not fully cooperate. In addition, there was also a likelihood that some may decline to participate in the research investigation despite being referred or recommended by their peers.

1.20. OPERATIONAL DEFINITIONS OF KEY TERMS

Sex workers are mature individuals who agree to trade sex for money with one or more people (The South African National Sex Worker HIV Plan: 2016-2019, 2016). In this study, the term refers to a female involved in sexual transactions working on the streets in Mangaung and identifying as such for financial gain. In addition, these women were aged between 15 to 49.

Condoms are protective body equipment that potentially minimise the likelihood of HIV and other STIs and pregnancy during sexual encounters (Merriam-Webster, 2019). In this study, the research investigates the impact of condom usage among female sex workers in Mangaung.

Experiences are knowledge or skills obtained through actions that affect an individual emotionally, physically, or psychologically (Merriam-Webster, 2019). They include aspects such as condom use. In this study, the experiences mentioned relate to sex workers' use of condoms in the context of the Mangaung Metropolitan district.

1.21. CHAPTER LAYOUT

The current chapter (Chapter 1) briefly summarises the study's overview, problem statement, purpose, research questions and objectives, and significance. Furthermore, the chapter defined related terms and concepts, presented the study’s theoretical framework, and summarised the applied research design and methodology. Chapter 3 describes these more thoroughly.

This study Chapter 2 presents a detailed summary of earlier studies on the subject in the form of a literature review. This review examines scholarly publications, books, and other sources pertinent to sex workers as specific fields to this study. Chapter 3 presents the study's research process and comprises discussions on the research methodology, research design, the chosen population, the specific sampling procedure, obligatory ethical considerations, the trustworthiness criteria applied in a qualitative study, and data collection, followed by an analysis of the collected data. Chapter 4 then examines findings of this study in light of the research questions stated and literature review. Lastly, Chapter 5 provides a summary of the study, including the researchers' conclusions and their recommendations to address challenges related to sex workers' condom use.

CHAPTER 2: LITERATURE REVIEW

2.1. INTRODUCTION

A literature review is typically described as a semi-structured procedure for gathering and evaluating information from previous research and relevant scholar (Raskind *et al*., 2019). While highlighting prominent research foci and summarising available knowledge, it also aims to provide a foundation for future research. In addition, it presents an overview of existing scholarship and evaluates trends in specific disciplines while exposing research gaps that may be addressed by later studies (University of South Carolina, 2019).

Therefore, this chapter provides an overview of scholarship related to sex work, a recognised public problem and a sensitive topic of discussion. As a result of how sex work is societally perceived, it is challenging to approach sex workers to investigate phenomena related to this line of work. While the impetus behind this study is to explore the experiences of female sex workers concerning the use of condoms, specific to those soliciting on the streets, it must be noted that further studies engaging with sex workers should be undertaken to curb the social, economic, and health-related issues that affect them. Therefore, the researcher examined various forms of the literature to better understand sex work by gathering information from various publications, such as Google Scholar, Biomed Central, BMC Women's Health, the Journal of Scientific Research and Reports, the International Journal of Social Psychiatry, PLoS ONE, Global Public Health, and Science Direct from 2014 to 2019 (up to date).

Worldwide, females involved in commercial sex have an HIV prevalence between 10 and 20 times higher than the general population (SANAC, 2019). This statistic includes their clients. Furthermore, there is an escalating prevalence rate of HIV within sub-Saharan Africa, particularly among female sex workers, compared to the overall population of women. More specifically, the prevalence of HIV among South African female sex workers is roughly 45.1% greater than the general female population of the same reproductive age (25.3%). Zimbabwe presents 61.2% of sex workers compared to 21.4% for its general female population. In Nigeria and Kenya, the prevalence among sex workers compared to the general female population is 33.7% to about 5%.

2.2. EXPERIENCES OF FEMALE SEX WORKERS' CONDOM USE DURING SEX WORK

Female sex workers often find themselves in a situation beyond their control. Research by Richter, Scheibe and Vearey (2016) states that female sex workers are often involved with multiple sexual clients, while a later study indicates that they are sometimes hindered from negotiating condom use, either from fear of losing their income or by being overpowered by a client preferring unprotected sex. In a bid to earn more money, female sex workers in the streets opt for condomless sex (Sikhosana and Mokgatle, 2021). Furthermore, this particular demographic regularly fears and faces rejection by partners, husbands, boyfriends, or regular clients if they demand that condoms be used. Since condom use is commonly low, it may drive contacts to a chain of HIV exposure (Okafor *et al*., 2017), as male clients often prefer unprotected sex and perceive condoms as limiting sexual sensation and the pleasure they crave. Consequently, clients are potential HIV transmission drivers for their sellers and home partners (Fauk *et a*l., 2018).

Condomless sex poses a health risk and implies that money is more valuable than life. Moreover, illiterate and poor clients are at a higher risk of becoming infected with HIV by having unprotected sex with their sellers. Therefore, it is only when female sex workers, together with their sexual customers, perceive themselves to be susceptible to HIV/AIDS and other STIs that they may consistently use condoms (Richter *et al.,* 2016).

2.3 USE OF CONDOMS UNDER HARMFUL SUBSTANCE INFLUENCE

Global scholarship concurs that soliciting under the influence of harmful substances, including alcohol, affects both condom self-efficacy and consistency and leads to increased rates of HIV and STI transmission (Beattie *et al*., 2016; Coetzee, Jewkes, and Gray, 2017; Ssewamala *et al*., 2019). Consequently high instances of HIV transmission in Indonesia are linked to the use of injectable drugs and the lack of perceived risk of HIV infection (Fauk *et al*., 2018).Additionally an individual's state of mind further influences their decision-making. Abelson *et al*. (2019) believe there is a connection between depression and condom usage among females in sex work; however, literature addressing the correlation between the two is minimal; this means more studies need to be conducted to substantiate this statement.

2.4 CONDOM USE AS THE HIV PREVENTION STRATEGY

Male condom usage is highly recommended as the desired HIV prevention strategy among the sexually active (Ntshiqa *et al*., 2018). In countries where individuals use condoms more frequently, population-based surveys show lower instances of HIV transmission compared to those with decreased rates of consistent condom use. Research conducted in countries with high HIV burdens concurs that curbing the spread of infections is a priority.

Between 2011 and 2014, only five countries met the United Nations Population Fund's benchmark of 30 condoms per man per annum, a figure too low to address the global HIV burden of HIV through condom use (UNAIDS, 2018). In addition, the last condom use rate reported among adults with more than one sexual partner is inadequate, with females reporting a higher percentage of condomless sex than males as indicated some studies; estimating that 7% of men in Madagascar are reported to use condoms, while 83% of women in Eswatini do the same. Various countries, therefore, have the mammoth task of promoting the consistent use of condoms. In this regard, if female sex workers perceived the severity of acquiring HIV/AIDS as a debilitating condition affecting their quality of life, their use of condoms may increase.

2.5 LEGAL ISSUES AFFECTING USE OF CONDOMS

Although commercial sex is legal in some countries, such as Brazil and Mozambique, female sex workers are still not excluded from acts of discrimination, violation of human rights, or prosecution by community, partners, or law enforcement officials. In countries where it is illegal, sex workers are still not protected by the law,as a result they experience harsh treatment from law enforcing officers (Szwarcwald *et al*., 2018; Ngale, Cummings and Horth, 2019). As such, this line of work is still perceived negatively in many countries (Andrews et al*.,* 2015).

The Criminalisation of sex work creates barriers that prevent treating HIV-positive people in the sex industry (Peitzmeier *et al.,* 2014). In countries such as Gambia and South Africa, the sex work illegality is accompanied by stigmatisation, discrimination, and human rights violations by healthcare providers, criminal justice officials, and law officers (Richter, Scheibe and Vearey, 2016). The most vulnerable group in the sex work industry is the street-based sex workers who face legal issues as barriers to obtaining or retaining condom use, remarking that they hinder their ability to utilise

condoms effectively. Similar study findings are reported in the research of Szwarcwald *et al*. (2018) and Ngale, Cummings and Horth (2019).

2.6 LIMITED DATA ABOUT SEX WORKERS CONDOM USAGE

In 2009 and 2016 a Brazilian study monitoring female sex workers and developments to control HIV/AIDS transmission established an increase in teenaged street-based female sex workers from 33.5% to 46% entering the industry (Szwarcwald *et al.,* 2018). The chief concern is that only a small percentage of sex workers disclose their commercial sex work status, while others do not for fear of being victimised by health professionals. According to SANAC (2019), South African population statistics indicate that roughly 153 000 individuals were involved in sex work in 2013. Furthermore, female sex workers are a highly neglected demographic, with diseases such as tuberculosis (TB), HIV, and STIs prevalent among this group. More specifically, up to 71.8% of females working in Johannesburg's sex industry alone suffer from such illnesses, the highest incidence globally. As a result of sex work being commonly criminalised in South Africa and other countries, a data barrier has developed. Research indicates that in many countries, district health information systems have no specific indicator for sex workers; the system, therefore, treats this key population group in the same manner as the general population. Consequently, it is noted that sex workers attending various healthcare facilities are treated as general patients and do not disclose their sex work due to the fear of being victimised by health professionals (Szwarcwald *et al*., 2018). Moreover, health facilities' services do not collect accurate data for sex workers or at-risk populations, as recommended by UNAIDS (2020).

These workers and populations are generally considered the main drivers behind the rampancy of HIV and other STIs (Richter, Scheibe, and Vearey, 2016). Therefore, HIV prevention measures might fail to achieve the expected health outcomes by missing opportunities to address the relevant target. This has a run-on effect since the effective use of data influences governmental and local policy decisions; based on the correct data collected from source documents and target group (sex workers visiting health facilities)

2.7. SUPPORT NEEDED BY SEX WORKERS

Female sex workers are supported by governmental and societal implementation of HIV/AIDS prevention strategies, in countries striving to become AIDS-free by employing global HIV/AIDS prevention strategies. In this regard, it is believed that - promoting widespread and reliable use of condoms to avoid STIs and new HIV infections is the most effective strategy for achieving HIV/AIDS policy objectives (Mubyazi *et al*., 2015). In addition, many countries use support groups to buttress the aforementioned HIV prevention strategies.

Despite attempts by different states to eradicate HIV infection and sex-related infections, sex workers often cannot easily access available health services, which is a significant concern (Duff *et al*., 2015). As mentioned many factors contribute to condom use inconsistency such as negative attitudes, discrimination, stigmatisation by health professionals, and legal issues prevent sex workers from seeking essential healthcare services (Chanda *et al.,* 2017). Poor sexual and reproductive health data in Kenya confirmed that increased unplanned pregnancies and maternal death rates among female sex workers correlated with HIV mortality and unsafe abortions, implying that poor support negatively impacts sex workers (Ochako *et al*., 2018). Long waiting times, inconvenient operating hours, reluctance to undergo HIV testing, and judgemental healthcare staff significantly hinder women in the sex industry from freely accessing reproductive and other health services (Ochako *et al*., 2018).

Recently, South Africa initiated the National Sex workers' plan on HIV, TB and STI (SANAC, 2019) to ensure continued health, not only for those working in the sex industry but also for their families, partners/spouses, and clients. It aims to address the disparities and discrimination sex workers face in healthcare facilities and public places due to vague legal actions. It is hoped that this will be achieved by addressing individual sex workers' unique needs rather than grouping them with the general population (Ngale, Cummings, and Horth, 2019). The World Health Organization states that new HIV infections can be primarily prevented by implementing a combination of prevention strategies. When HIV treatment is universally accessible, the safety of South African and other countries' populations will be improved (WHO, 2016). People have different health needs, and the mixed prevention approach uses different prevention strategies, namely biological, psychological, and systemic

interventions, to target individuals, partners, or groups. Focusing on behavioural intervention to increase consistent promotion of condom use, especially in key population groups, contributes to HIV prevention outcomes by reducing the risk behaviours that increase the transmission of HIV infections. Perceiving the benefits of increased condom distribution to prevent the spread of HIV, South African governmental organisations and other stakeholders, funded by the President's Emergency Plan for AIDS Relief (PEPFAR), collaboratively support sex workers nationally. Research indicates that offering legal protection to sex workers and supporting condom distribution strategies encourages them to comprehend the benefits of using condoms consistently.

2.8. THE LINK BETWEEN VIOLENCE AND CONDOM USE

Various studies establish that acts of violence are an essential additional risk factor related to inconsistences use of condoms affecting sex workers. Reported disputes and disagreements pertaining to fees and duration per session often expose female sex workers to aggression or violence, as does their declining clients' demands for unprotected sex (Ngale, Cummings and Horth, 2019; Coetzee, Jewkes and Gray, 2017).

Often, the threat and/or perpetration of client-initiated violence substantially increases sex workers' likelihood of offering or accepting condomless sexual activity; this demonstrates that the effects extend far beyond acts of violence (Abelson *et al*., 2019). Furthermore, mounting data suggest that female sex workers being exposed to violence is linked to several harmful health outcomes, such as an increased number of cases of HIV, STIs, and alcohol or drug abuse, poor psychological well-being, and restricted access to and utilisation of STI/HIV clinics (Javalkar *et al*., 2019). Of concern is that these women often sustain injuries due to coerced and generally unprotected sexual activity that exacerbates their risk of acquiring STIs and boosts HIV transmission. In addition, the probability of violence is further supported by gender disparities that grant men power over women and decrease the latter's capacity to negotiate safe and consensual sex. Therefore, addressing gender-based violence should be one of South Africa's key priorities, since such behaviour infringes on their human rights.

2.9. CHAPTER SUMMARY

Although many countries have increased condom distribution, the persistence of high HIV prevalence and sexually transmitted infection rates among sex workers poses an ongoing challenge amid the growing HIV/AIDS pandemic. This is a pressing issue, as numerous individuals risk contracting HIV and STIs due to failing to recognise the advantages of consistent and proper condom use. Consequently, addressing this issue requires renewed efforts in both condom distribution and public education to promote safe practices and reduce the transmission of these diseases.

CHAPTER 3: RESEARCH METHODOLOGY AND DESIGN

3.1 INTRODUCTION

Chapter 2 above discussed the existing knowledge concerning female sex workers' experiences and relevant scientific investigations and conclusions. Moreover, it examined various researchers' theoretical and methodological contributions in this regard. This chapter explicitly describes the current study's research methodology, design, population, selected sample and sampling techniques, mandatory ethical considerations, and the trustworthiness criteria applicable to a qualitative study, data collection, and data analysis.

Firstly, research methodology is a term that refers to the procedures scientific investigators use to identify, select, process, and analyse data on a given subject (Mehta, 2021). This study guided the researcher's construction of their research objectives, problems, and outcomes in light of the data collected (Sileyew, 2019). Therefore, the methodology verifies the techniques used as appropriate for obtaining reliable and valid results that support the research's goals and objectives. Research methodology is, therefore, how the researcher conducted this study.

A study's research design comprises the researcher's global strategy to coherently and logically synthesise their study's different components. A comprehensive research design establishes a blueprint for the collection of data, as well as the data's measurement and analysis. Using such a research design ensures that the researcher effectively addresses their research problems. The next section of this chapter discusses the research design employed in this study.

3.1. RESEARCH DESIGN

The research design of this study encompasses an overall strategy to integrate various components of the study logically. It is cognisant of related qualitative, explorative, and contextual aspects of sex work. This systematic approach serves as a framework for collecting, measuring, and analysing the collected data and aims to ensure that the researcher can effectively address the research questions posed. The subsequent section of this chapter will delve into the specific research design that this study employed.

While the term research method refers to the technique of acquiring or interpreting data, the study's research design describes how it is applied to easily allow readers to evaluate the presented information or evidence against the research's objectives and purpose and how it supplements the existing literature (Sovacool, Axsen and Sorrell, 2018). The study's design uses scientific-proof processes, protocols, and guidelines that give the instruments and structure for its research (Majid, 2018). This supports Abutabenjeh and Jaradat (2018) definition of a study design as a detailed project procedure for gathering and analysing research data to understand a stated topic or phenomenon more thoroughly. The significance of this design was to gain an insight into the sex workers experiences regarding condom use in the Mangaung Metro Municipality. Therefore, the current study pertaining to sex workers in the Mangaung Metropolitan Municipality adopts a qualitative, descriptive, exploratory, and contextual approach.

3.1.1. Qualitative research

As previously mentioned, this study is qualitative to enable participants to share their experiences and assist the researcher in understanding their feelings. It aims to reduce potential power imbalances between the respondents and the researcher. Consequently, the latter party gained a more comprehensive view of sex workers' experiences by analysing statements, reporting extensive participant perspectives, and performing the research within a natural setting. Furthermore, the researcher used logical reasoning to divide the deliberations and general concepts into themes. Moreover, interpersonal interviews and visits to sex workers' households or workplaces allowed the respondents to relate their tales without regarding the researcher's typical expectations or the literature's prescriptions (Creswell and Poth, 2018). In this way, the study was able to gather accurate information.

Since deductive reasoning often leads to knowledge construction in this type of research, it aims to make sense of participants' views. This included studying, analysing, and investigating social phenomena to explore how individuals make meaning in relation to unavoidable circumstances, events, activities, or objects. In the current study context, this allows greater insight into specific aspects of sex workers' lives. This research is underpinned by recognising and respecting the participants' experiences as relevant and significant, aiming to glean insight into their world (Leavy,

2017). This approach is applicable particularly to this study as it assists the investigator in better understanding and interpreting experiences of sex workers regarding condom usage.

3.1.2. Explorative design

While scientific investigations regarding female sex workers do exist, to draw more specific conclusions to improve the quality of sex workers' lives and the sensitivity of their jobs, more information must be collected. Consequently, this study employed an explorative design to better comprehend events, generate fresh ideas, ask relevant questions, and evaluate the phenomenon of condom use among female sex workers in South Africa from a novel perspective (Swaraj, 2019). In addition, this design increases the likelihood of garnering generalisable findings and obtaining descriptions and knowledge of the occurrence and nature of the above-mentioned.

As established earlier, this study sought to better understand the experiences of sex workers with the use of condoms during their work. Furthermore, this particular design (qualitative and explorative) enables researchers to effectively study previously under-researched or misunderstood subjects. Within the context of the current study, therefore, participants play an important part in uncovering new and pertinent disciplinary discoveries (Hunter, Mccallum and Howes, 2019). Since sex work is a sensitive topic for those involved, these individuals are not generally willing to discussing their experiences openly due to their fear of being judged. Consequently, information relating to the commercial sex trade is limited; as a results authorities implement measures not appropriate to address the daily challenges of sex workers.

3.1.3. Descriptive design

In an attempt to glean accurate and precise data from participating female sex workers about their experiences of condom use during the commercial sex process, this study employs a descriptive design to explain participants’ perspectives and experiences in light of the currently limited literature and research in this regard (Doyle et al., 2020). A design of this nature is appropriate, allows the researcher more insight into this particular aspect of sex work and assists them in gathering data necessary for focus-specific interventions addressing female sex workers’ experiences which might affect their live negatively.

3.2.4. Contextual design

By conducting research contextually, the researcher can access participants' experiences of condom usage as a central theme. In addition, the study aims to acquire knowledge of their behaviours and activities to devise appropriate solutions to challenges highlighted by them. In terms of understanding participants' practices in a more extensive life context, including understanding an underlying human motivations, such a study design is crucial (Holtzblatt and Beyer, 2017). For purposes of safety and design, the researcher visited various hot spots to reach potential participants. Once they had recruited relevant individuals, they utilised health facilities close to participants to conduct individual and confidential interviews within Mangaung Metropolitan Municipality.

3.3. RESEARCH SETTING

The study by Gray, Grove and Sutherland (2017) was greatly influenced by its surroundings, structure, and location, as well as its research problem, objectives, and purpose since most the popular settings are "natural, partially controlled, and highly controlled") in which it was conducted ((Gray *et al.,* 2017, 2017; Majid, 2018). Grove et al. (2017) further emphasise that the settings' features and nature should be understood to gain approval by ethics committees successfully. Simply put, a natural context allows the researcher to maintain its features in order to achieve the study's objectives. Notably, such settings are conducive to studies of a qualitative nature. Consequently, this research was conducted in an unchanged, natural context to interview sex workers effectively.

As previously mentioned, the Mangaung Metropolitan Municipality (Bloemfontein) was utilised as the study's location since it is the Free State's most prominent and attracts migrants searching for jobs from nearby towns, districts, and other provinces; in addition, it also draws individuals from neighbouring countries. Participants of this study work in identified hot spots next to national roads and nearby shops in town; therefore, interviews were conducted in healthcare facilities close to these areas to ensure their safety.

3.4. RESEARCH POPULATION

The research population comprised individuals of interest (Majid, 2018), and the researcher remained cognisant of research-applicable elements or entities included in the study (Shukla, 2020). Research defines a research population as " a collection of all the units that share the variable characteristic under investigation and for whom generalisations from the research population can be made without involving the entire population" (Shukla, 2020). Therefore, the population will be female sex workers who engage in sex business on the streets living in Mangaung Metropolitan Municipality.

3.4.1. Target Population

Research by Majid (2018) describes the target population of a study as a group of interest that researchers want to investigate. This study will include female sex workers age 15- 49 years who engage in sex business on the streets of Mangaung Metropolitan Municipality, as several studies have suggested a higher prevalence rate of HIV infection reported with women sex workers in comparison with the overall women population.

3.5. SAMPLING

Sampling is crucial for research since communities often include more individuals than researchers can engage with meaningfully; thus, sampling is an essential tool for such investigations. Moreover, it allows researchers to select and study a relevant section representative of a larger population (Shukla, 2020). Majid (2018) further clarifies that sampling involves identifying a statistically significant fraction of individuals within a larger populace (Majid, 2018). Therefore, this study used snowball technique.

Snowball sampling is a method in which one participating individual selects another to be part of the study (Nuzzo *et al*., 2019). This method particularly applies to studies that find accessing subjects with the desired characteristics challenging. In light of the current study, it is important to note that female sex workers are members of one such inaccessible and unapproachable group due to the nature of their jobs and the associated stigma. In this way, sampling aids qualitative researchers in identifying data-rich people or places to investigate comprehensively.). The current research employed snowball strategy to aid participants in recruiting others they identified as potentially relevant respondents (Leavy, 2017). However, since participants tend to

recommend friends and their counterparts, the researcher was mindful of the possibility of sampling bias and took steps to avoid this outcome. Therefore, they interviewed fourteen participants while allowing the sample size to increase until saturation was reached and when no new themes and facts emerged (Brinkmann and Kvale, 2018). During initial sampling, data were collected from a limited number of female sex workers identified through provincial sex-worker mapping. In turn, they referred the researcher to others they perceived as potential participants as they interacted with them in the various well-known hot spots.

3.5.1. Eligibility criteria

Since the researcher could not study the whole population of interest due to its overwhelming size, the chosen sample had to represent the wider group accurately. The criteria used to include each participant selected was eligible to partake in this research were inclusion or exclusion criteria (Majid, 2018).

Inclusion criteria are standards designed to ensure that only the most suitable participants, who exhibit characteristics most relevant to the study's objectives, were included (Marczyk, DeMatteo and Festinger, 2005). Participants included in this study comprised sex workers aged between 15 and 49 who engaged in the sex trade on the streets of Mangaung Metropolitan Municipality were included. Exclusion criteria refer to traits that may cause participants or other elements to be eliminated or excluded from the targeted group (Gray, Grove and Sutherland, 2017). Therefore, this study excluded all female sex workers working at brothels or indoors.

3.6. RESEARCH INSTRUMENT

The study’s research instrument is a data-gathering, measuring, and analysis tool aligned with the research’s objectives (Columbia University, 2021). The researcher was the critical instrument and collected study-applicable data by interviewing participants while observing their behaviour (Tamayo, Lane and Dewart, 2021). Furthermore, the researcher as the study instrument; utilised an interview guide that included open-ended questions during the interviews; this allowed the researcher to ask probing questions to comprehend the interviewees' in-depth responses better to identify and note various specific concerns, questions, or themes. Notably, the researcher did not employ other investigators’ developed research questionnaires or

instruments. The same guide was used for every participant (Dawson, 2006) to ensure consistency and accuracy. In addition to this, all interviews were audio-recorded with the participants' express permission.

3.7. DATA COLLECTION

Data collection is a sequence actions aiming at gathering, analysing, and interpreting reliable data from relevant sources to find answers to study problems and field questions. The process allows the researcher to make appropriate decisions and determine developments and possibilities related to scientific investigation in progress (Creswell and Poth, 2018).

3.7.1. Pre-interview planning

the Free State Department of Health issued the study approval. It was further submitted to the District Manager to obtain permission to use health facilities under it’s authority. Before the interview, the FSDOH and District Management-approved permits were taken to various health facilities along with Fort Hare University's ethical clearance permission.

No limitations or specifications were applied regarding specific days that could be used for data collection. The availability of the potential participant determined the latter. The interview settings were convenient to the respondents and were safe, quiet environments free of distractions and noise. Health facilities were notified to times and venues in good time. Potential participants were issued with information and an informed consent form stating the purpose of the study. They were made aware that their participation was voluntary and that they could withdraw from the study at any time without fear of discrimination (Rogers *et al*., 2021).

The interview guide was prepared for participants. The researcher familiarised herself with the data recording technology to be used when preparing for qualitative interviews. Data collected were to be written down and recorded on a voice recorder.

3.7.2. Data collection method

The data-gathering method in qualitative research favours semi-structured, interpersonal, individual interviews (Doyle *et al*., 2020). While other methods may be used, semi-structured interviews were used as it provided the researcher with the

advantage of asking focused questions while being free to explore related and relevant ideas that may arise during the interview process.. According to Kakilla (2021), numerous studies view semi-structured interviews as essential to qualitative research, assisting with collaboratively elucidating information and dialogues with participants about various life experiences. Additionally, shared experiences across different topics and anecdotes from respondents' lives can be flexibly interpreted to broaden knowledge through various platforms. This study utilised face to face individual semi-structured interviews, allowing the researcher to gather essential data related to, yet distinguishable data from other studies which employ the same type of interviews.

3.7.3. Interview process

A single question was posed to respondents to initiate each interview. After that, dialogue between the interviewer and interviewee was established promptly instead of working with a written script (Barrett and Twycross, 2018). Open-ended questions about participants' experiences regarding condom usage were posed, while individuals' unique responses directed probing questions. The study's purpose was explained to the interviewees. Respondents were reminded that they could withdraw from the study should the need arise. Documentation was kept by taking notes in a notebook to clarify specific points. All interviews were recorded using an Audio taped consented to by each participant. The recordings were transcribed immediately after the interviews and carefully labelled. The researcher alerted the participants about another potential meeting should a need arise for clarity concerning the collated data. Interviews lasted between 30 and 40 minutes. Interviews were conducted from fourteen participants. Data collection was concluded upon reaching saturation when the participants were presenting no new information.

The first set of questions were directed by an interview guide based on the study objectives included the following:

- What are your experiences with sex work business?
- May you explain about the business in general: What happens during business process, where does it happen or your feelings.
- What is your personal view about use of condoms as a female sex worker?
- Do you think is important to use condoms?

- Are there any support programmes that are available to support female sex workers?
- How Effective Are These Programmes?
- Do Female sex workers utilise the available services?
- Is the environment conducive for conducting the business?
- your own opinion; do you think female sex workers need any form of support

3.8. DATA ANALYSIS

According to Leavy (2017), data analysis allows researchers to determine study findings. Detailed investigations and illustrated data are converted into meaningful and actionable results at this stage (Raskind *et al*., 2019; Gray *et al.,* 2017). Buglear (2020) further states that data analysis process includes of ordering, directing, and explaining large amounts of data. The researcher adopted Tesch's eight-step method to analyse the data.

- The first step; the researcher transcribed all Audio recorded raw data from interviews. Subsequently, in-depth and close reading of the presented data was conducted while taking concurrent notes on each participant’s ideas. Notes were made of any idea that came up from the researchers’ mind.
- Next step, the researcher carefully read through one of the transcribed interviews that she had chosen at random to assess the content's importance without necessarily distorting the content. The margins were utilised to take notes.
- The researcher followed step two with all transcribed scripts. All topics identified were listed. All similar headings were grouped together either under main heading, sub heading or other.
- The following phase involved identifying brief yet significant codes for every group the researcher had previously identified. The process assisted the researcher to identify the groups from transcribed scripts.
- The researcher's task in step five was to come up with descriptive terms that she could utilize to group the topics that were emerging into themes, based on the information gathered from the participants.
- All themes were identified and assigned names; acronyms for each theme were decided upon and arranged alphabetically.

- The researcher compiled single document by placing data from each group to a relevant theme. This made it possible to do the preliminary analysis, which involved grouping related quotes using sub-themes.
- Finally, the existing data was duly documented and supported by literature.
- The independent coder who assisted in getting this study's themes organised.

3.9 TRUSTWORTHINESS OF THE STUDY

A study's trustworthiness has a dual purpose related to the accuracy and precision of its findings; as noted by Denzin and Lincoln (2018), it further regards the researcher's persuasive ability to convince readers to accept, apply, or reference the research in scientific inquiries. Lemon and Hayes (2020) underscores that in qualitative research, it is essential to ensure that all collected data is trustworthy and accurately represents the study's findings. This demands that it incorporate key qualitative elements, including "credibility, dependability, transferability, and confirmability."

3.9.1 Credibility

Credibility indicates the extent to which anyone can believe the study results. Two factors determine the credibility of the research findings. The first is whether plausible information was gleaned from the respondents' original remarks, and the second is whether the latter was correctly interpreted (Lemon and Hayes, 2020). This study's credibility was achieved by first explaining the study's objectives to the participants. Then, notes were jotted on the script, and the conversation was recorded with a voice recorder. During the interview, data check-ups were done to verify data obtained from participants. Finally, prolonged engagement with interviewees enabled the researcher to better understand the data provided and build a trusting relationship with the respondent. Finally, the independent coder was used for data authentication which was lated verified by the researcher and the study's supervisor

3.9.2 Dependability

Dependability is the degree to which other researchers can replicate a study while obtaining consistent results (Stenfors, Kajamaa, and Bennett, 2020). In other words, it is a measure of how a study is reliable. This study implemented an audit trail technique to ensure dependability. To ensure dependability, this study implemented an audit trail technique. This involved safely storing all data collected, including

feedback obtained, testing adopted, and conclusions reached. The audit trail ensures that other researchers can follow the study's steps and verify its findings.

3.9.3. Transferability

Transferability refers to the ability to generalize the findings of a study to other settings and contexts (Korstjens and Moser, 2018). This means other researchers can use the same study findings inform their own research, even if it is conducted in a different setting or with a different population. To achieve transferability, this study stored the participants' data transcripts, audio recordings, and data analysis. This allows other researchers to access the data and draw their own conclusions.

3.9.4 Confirmability

Confirmability is the degree to which a study's findings are objective and not influenced by the researcher's personal biases (Potter, Horwood and Feder, 2022). This means that other researchers should be able to reach the same conclusions as the original researcher, even if they have different perspectives. This study ensured confirmability by implementing an audit trail and using the member checker process. As mentioned above, the audit trail allows other researchers to follow the study's steps and verify its findings. The member checker process involved sending pre-publication copies of research reports to some participants to confirm the accuracy of their responses.

3.10 ETHICAL CONSIDERATIONS

According to Bhandari (2021), ethical research considerations comprise principles that guide study procedures and designs to which researchers should adhere. Institutional ethics committees oversee and dictate ethical considerations in academic practice to ensure the well-being of research subjects and the ethicality of the academic institution (Denzin and Lincoln, 2018). Irrespective of the nature of the study, researchers have a definite responsibility to ensure that they recognise and protect the rights and well-being of research participants (Marczyk, DeMatteo and Festinger, 2005; Eungoo and Hwang, 2021).

Ethical clearance (Annexure A: Ref # 2020=10=11=PhetlhoMA) was obtained from the University of Fort Hare's Research Ethics Committee and the FSDOH. The following ethical principles were applied in this study: informed consent, confidentiality

and privacy, anonymity, the principle of justice, beneficence, human dignity, respect, and self-determination of rights. The participants rights were protected during the study process by applying the above-mentioned ethical principles.

3. 10 .1 Informed consent

Informed consent is the process of providing all study-related information to potential participants so that they can make voluntary, informed decisions about whether or not to participate (Sandu, Frunză and Unguru, 2019). Informed consent is obtained by signing an informed consent form containing all the agreed-upon facts. Potential participants were provided with a study information sheet to obtain informed consent in this study.This sheet indicated the research's purpose and significance, methods used , potential challenges during the study, and the expected study duration. The risks associated with the study, if any, were explained.

Furthermore, participation in the study was entirely voluntary, and the respondents were free to withdraw it at any time. No explanations were required to justify withdrawal from the study. The informed consent forms were signed upon receiving the respondents' verbal consent. In addition to obtaining participants signed informed consent forms, a separate consent form for using the tape recorder was issued and signed.

3.10. 2 Anonymity

To maintain the anonymity of respondents, this study did not link any personal identification with the information collected. Anonymity was further ensured by using codes instead of personal data, which could be linked to participants. For example, participants were identified as "Participant 1" through "Participant 14". Anonymity is especially important for vulnerable groups, such as female sex workers, who may be judged by others and face unfavourable effects due to their data contributions (Roth and Von Unger, 2018).

3.10.3 Confidentiality

Confidentiality ensures that others cannot access participants' personal information without the consent granted by the participant (Farrugia, 2019). This study confidentiality was maintained at all times. Participants were informed that only the

researcher and supervisor could access the data. The study's findings, conclusions, and recommendations will be given to the FSDOH and the University of Fort Hare. Data scripts were kept until the study's publication to maintain confidentiality, with the interview transcripts only revealing the designated code, not the participants' names (Leavy, 2017). The audio recordings were destroyed, and all electronic data are kept in password-protected documents.

3.10.4 Beneficence and non-maleficence

According to Stone (2018), beneficence means doing well, while non-maleficence means preventing the subject in question from any potential danger. These ethical standards are determinant in rewarding and preventing hazards which may arise during the current research project (Kalu, 2017). Consequently, the researcher did not engage in any activity that could harm participants. in this study, participants' security was a foremost priority; as advantages and disadvantages of this study were explicitly clarified to prospective participants

3.10.5 The principle of justice

Justice is characteristically understood as treating others fairly, equitably, and appropriately (Varkey, 2020). The principle aims to secure an individual's rights to privacy and fair treatment. The ethical concept of justice ensures that research processes are fair, the participants' privacy rights are protected, and that participants are not exploited. In this study, all participants were treated similarly and equally without biasness. Furthermore, they were interviewed in the setting of their choice (health facilities closest to them) and asked the same interview questions.

3. 10 .6 Respect for human dignity

Human dignity refers to respecting individuals. It requires researchers to safeguard study participants' autonomy while ensuring the complete disclosure of all relevant study-related information, potential risks, and benefits to them (Barrow and Khandhar, 2019). The current study adhered to this principle and treated all participants respectfully. The study's information was issued and explanation was given to each participant.

3.9.7 Self-determination

Ackerman (2018) states that self-determination is the participants' right to make their own choices and decisions. Therefore, potential participants must be informed of their rights in this regard; this includes the right not to participate in the current study and that taking part is entirely voluntary. Furthermore, they must be aware that they can withdraw from the study at any time without fear of discrimination and that doing so will not negatively impact their current interests or lives in future. The researcher reassured participants that declining or withdrawing from the study process bore no penalty. In addition, they offered participants the opportunity to ask clarity-seeking questions before collecting the consent forms and collecting data (Barrow and Khandhar, 2019).

3.10. DISSEMINATION OF RESULTS

The study's findings, conclusions, and recommendations made will be disseminated in a report to various stakeholders such as the authority of Free State Department of Health as well as all study's participants. The report will include; the study's background, results, and recommendations, which may prove helpful to professional organisations addressing sex work as a public challenge. In addition, the researcher may share the study's results as conference presentations or articles published in accredited journals. Copyright for the completed study document belongs to the University of Fort Hare.

3.11 CHAPTER SUMMARY

This chapter discussed the current study's research design, data collection and analysis, trustworthiness, and ethical considerations. It is reiterated that a qualitative, explorative, descriptive, and contextual research design was followed to explore sex workers' experiences with condom use during sex work. A total of fourteen participants participated voluntarily in this study. The study 's interview guide was used to ensure uniformity during each interview process, followed by probing questions. All collected information was kept confidential. The next chapter will deliberate the research discoveries concerning the literature review.

CHAPTER 4: PRESENTATION OF RESULTS

4.1. INTRODUCTION

The preceding chapter comprehensively discussed the study methodology and design. As consequently, this study chapter addresses the procedures for gathering and analysing data as well as emerged the themes and sub-themes as being related to the subjects of inquiry. The stated study themes and sub-themes are supported through literature control. All findings presented in this chapter are related to the two following questions:

- What are the experiences of sex workers regarding condom use in Mangaung Metropolitan Municipality?
- What support systems are available to increase condom use and the lives of female sex workers in the Mangaung Metropolitan area?

4.2. DEMOGRAPHIC PROFILE OF THE PARTICIPANTS

The study data was collected from fourteen individuals who participated in one-on-one, semi-structured interviews. The participants were female sex workers, and their ages ranged from 23 to 48. They were single African women, either separated or divorced from their live partners (husbands or boyfriends). Most these participants do not have any source of income apart from sex work; however, two have part-time work as domestic workers. Some Participants' sex work experience ranges from eight months to seventeen years. The table 4.1 below contains all participants demographics' details, their ages, gender, marital status, occupation, sex work experience, and race.

Table 4.1: Demographic details of participants

Participant	Age	Gender	Marital status	Occupation	Sex work experience	Race
1	34	Female	Single	None	12 years	Black
2	33	Female	Single	None	≥ 10years	Black
3	48	Female	Single	None	5 years	Black
4	37	Female	Single/divorced	None	13 years	Black
5	32	Female	Single	None	17 years	Black
6	36	Female	Single/separated	None	3 years	Black
7	23	Female	Single	None	2 years	Black
8	33	Female	Single	None	7 years	Black
9	39	Female	Single	None	4 years	Black
10	30	Female	Single	None	5 years	Black
11	32	Female	Single	None	years	Black
12	38	Female	Married but separated	Casual hawker	2 years	Black
13	31	Female	Single	Part-time domestic work	1 year	Black
14	30	Female	Single	None	< 1 year	Black

4.3. OPERATIONALISING DATA ANALYSIS AND LITERATURE CONTROL

Next, the application of literature control is discussed, along with the data analysis' operationalisation.

4.3.1 Literature control

De Vos *et al*. (2011) define literature control as another step-in research process whereby “the researcher uses literature [as a starting point] during data analysis to build a framework related to the outcomes of similar studies" prior to presenting and analysing the results of their own research.

4.4. PRESENTATIONS OF RESULTS

Five prominent themes emerged the data analysis. These themes and sub-themes are presented in Table 4.2 below.

Table 4.2: Themes and sub-themes

No	Themes	Sub-themes
1	Positive experiences regarding condom use	1.1. Successfully negotiated condom use
2	Adverse experiences (associated with clients)	2.1. Exposure to infections 2.2. Taking risks and indulging in unprotected sex 2.3. Going to remote areas with clients 2.4. Exposure to drunk and intoxicated clients
3.	Challenges associated with healthcare professionals	3.1. Harassment by nurses 3.2. Challenges related to community members 3.3. Emotional pain 3.4. Becoming targets/victims of law enforcement (security guards or police)
4	Availability of support systems	4.1 Some support systems are available 4.2 Generosity of local churches
5	Suggestions/views regarding support systems to address sex workers' needs	5.1. Governmental job creation 5.2. Increased education about disease prevention during sex work transactions 5.3. Organised peer education 5.4. Legalisation of sex work

		5.5. Establishing NGOs to address income generation 5.6. Sex worker-specific health services and institutions 5.7. Governmental support for developing brothels

4.5. THEME 1: POSITIVE EXPERIENCES REGARDING CONDOM USE

Female sex workers' use of condoms and their availability to clients were the participants' main priority. Most reported positive experiences related to condom use with their clients. Furthermore, they understood the importance of using condoms not only to prevent pregnancy but to prevent HIV infection and potential sexually transmitted diseases.

Sub-theme 1.1: Experienced success in negotiating condom use

Most participants were assertive with their clients regarding the use of condoms. They successfully negotiated and asserted condom use with every session. The price they charged for each session was determined firstly by condom use and then by the duration spent with a client. Below are excerpts from responses of interviewees who had positive and successful condom use negotiations.

> *"These clients prefer unprotected sex in exchange for paying you more money. Normally, I tell them I don't know you and your HIV status, so I cannot have sex with you without a condom. And you don't know my status, too."* **(Participant 1)**

> *"We request the use of condoms with our clients. It's important to prevent sexually transmitted diseases and HIV infection."* **(Participant 9)**

> *"It is important to use condoms because we don't know our client's HIV status and to prevent infections."* **(Participant 13)**

> *"The people (clients) we do business with are strangers. They are unknown to us; hence, our clients should be educated regarding HIV and infections. Condoms are not negotiable."* **(Participant 14)**

Perceived susceptibility: an individual's personal view about the risk of acquiring a disease. Participants were aware of their chances of contracting HIV infection.The majority participants understood the risk acquiring HIV and sexually transmitted infections in case they fail to use condom with any clients.

Perceived benefits: Participants understood the importance of using condoms and the benefit thereof. Participants stated that they felt very confident negotiating condom use, and some belief they had some control over their sexual partners and had a right to demand condom use all the time.

Cue to action: A cue to action is a call to actual health change for a good course, not just a mere attempt, for example, the consistent use of condoms by sex workers. The phobia of acquiring infections is one of the internal cues that participants reported driving them to use condoms regularly.

4.6. THEME 2: ADVERSE EXPERIENCES (ASSOCIATED WITH CLIENTS)

Most participants reported appalling behaviour from clients who voluntarily requested their services. Female sex workers soliciting on the streets are self-employed and always visible to clients. Their clients can choose who they want to engage with as matter of preference per session.

Sub-theme 2.1: Exposure to infections

The acquisition of STIs is a health concern most respondents ascribe to their clients' refusal to use condoms. Some participants also noted that they acquired HIV during sex because clients refused to use condoms, as they did not have these untreated diseases before engaging to sex work as a means for a living. Many indicated they resorted to sex work to generate income and, as a result, have become ill. Most of the time, as claimed by participants, condoms are used as agreed upon when sex is initiated. However, clients often deliberately remove condoms during the sexual act, exposing workers to various STIs and HIV.

The participants shared the following responses:

> *"At times, you meet clients who tear condoms deliberately or those who take out a condom without you being aware."* **(Participant 1)**

> *"We use condoms, but the challenge is when clients literally refuse to use condoms. Others remove them during sexual intercourse deliberately or are broken during the process. You feel it when you have finished with the whole process, then you end up with infection."* **(Participant 3)**

> **Perceived severity** – the individual's view on the possible severity of an illness or ill health. The acquisition of HIV and STIs is a health concern most respondents ascribe to clients' refusal to use condoms. Some also noted that they acquired HIV due to sex work as they did not have the diseases previously. Other indicated that they are scared of dying and living their children hence using condom is considered important measure to reduce the complications nor severity of HIV infection.

> **Self-efficacy** refers to trust that one can perform a desired behaviour. Most participants reported their preference to use condoms every time they engage in sexual activity with their clients as it prevents the risk of acquiring HIV infection and other STIs.The fear of acquiring HIV infection motivates sex workers to use condoms constantly during their business process.

Sub-theme 2.2: Taking risks and indulging in unprotected sex

Some participants responded openly to the question of consistent use of condoms. When they were promised high payments, some took the risk of indulging in unprotected sex. Sometimes, they felt exploited and abused after clients refused to pay for their services as it was agreed upon by two parties. The interview excerpts below speak to these issues.

> *"Others promise a lot of money. Afterwards they refuse to pay. Others pay you a lot of money but leave you with some infections."* **(Participant 5)**

> *"It depends on you. At times, our clients promise a lot of money should you agree to unprotected sex."* **(Participant 12)**

"Sometimes they do not pay. They use you and refuse to pay for the service you provided for the whole night." **(Participant 13)**

"I have regular clients which I don't use condoms with, but I use them with those I don't know and do not trust." **(Participant 9)**

Sub-theme 2.3: Going to remote areas with clients

Participants were commented on the safety of their working environment. Most mentioned that they prefer to perform their duties in remote areas where they can hide from the community and law enforcement, such as parks. However, remote areas are not always safe and are exposed to many risks, such as unprotected sex, assaults, and rapes at gunpoint. In secluded spots, charges are determined based on the client's wishes and the agreed-upon services. Additionally, sex workers encounter uncooperative, intoxicated clients. The place of work is often influenced by whether a client prefers a private place where a vehicle can be hidden, as evidenced in the responses below.

"We are always hiding from policemen; we prefer remote areas." **(Participant 5)**

"Out of their failure to consent to unprotected sex, the client threatens you with a gun." **(Participant 8)**

"It is not safe. We hide ourselves at the park in town." **(Participant 11)**

"At times as, you depart with your clients, gangsters roaming around at night too, rob us of little money one has earned, or they assault our clients." **(Participant 12)**

Sub-theme 2.4: Exposure to drunk and intoxicated clients

Some participants reported exposure to drunk clients who behave aggressively and are uncooperative, while others stated that clients sometimes drug them. Once they are addicted to substances, their clients sell them drugs or sexually exploit them when intoxicated. Sometimes, the clients display distasteful attitudes towards the participants.

"Intoxicated clients at times display nasty and distasteful attitude; - may not even talk to them but just have sex." **(Participant 4**)

"Drugs are a major problem in Mangaung. Some foreign nationals are attracting these young ladies in town by offering a place to stay and introducing drugs to them." **(Participant 3)**

"We are exposed to drunk clients most of the time." **(Participant 10)**

4.7. THEME 3: CHALLENGES ASSOCIATED WITH HEALTHCARE PROFESSIONALS

Most participants reported challenges and frustration associated with various groups of people. They indicated bad treatment by health professionals at various health facilities and negative attitudes and judgement at the community level. Most significantly, majority of participants mentioned maltreatment by law enforcement officials

Sub-theme 3.1: Harassment by nurses

Female sex workers have a right to access health facilities for any necessary health service like anyone. However, many participants report being harassed by the healthcare professionals entrusted with ensuring equitable access to health services through verbal abuse, negative attitudes, and privacy breaches. Additionally, Sex workers need a sufficient supply of condoms because of the nature and frequency of condom utilisation during their work process. Whenever a sex worker indicates her need for a great deal of condoms, nurses become judgemental and verbally abusive once the purpose for use is revealed. Interviewees commented as follows.

"Nurses are very judgemental. Once you tell them what your job is or what exactly happened, they are not considerate and yell at you. I prefer to go to the pharmacy to buy my own medication; here no one will ask any questions." **(Participant 8)**

"We go to clinics as regular patients because we do not tell nurses about our sex work." **(Participant 9)**

"Nurses become judgemental when requesting more condoms." **(Participant 11)**

"Nurses like to yell at us when we go to the clinics." **(Participant 2)**

Perceived barriers: Several factors contributed to condom use barriers. Some participants indicated they engage in unprotected sex due to an unavailability of condoms in remote areas where they operate, as well as public health facilities'

humiliation by nurses once they become aware of your work process and the rational for accessing a number of condoms freely, also create another barrier.

Sub-theme 3.2: Challenges related to community members

The participants mostly agree that they hide their profession from their communities and families. They feel socially isolated and suffer discrimination and rejection from their communities. Most report working at night to maintain dignity, as they can lead 'normal' daily lives. Below, excerpts from interviews attest to these observations.

> *"I go to the nearest clinic to ask for some condoms. But not the clinic nearby my home. I am uncomfortable because some people have an idea what kind of job you do, and they gossip about you."* **(Participant 1)**
>
> *"Due to embarrassment, my neighbours know about my work, so I am always hiding at my place because everyone is judging me."* **(Participant 9)**
>
> *"We suffer continuous discrimination from the community."* **(Participant 8**)

Sub-theme 3.3: Emotional pain endured by some sex workers

Most participants indicate that they have endured emotional pain related to sex work. Some have had to lie to their children and family regarding their jobs since it is regarded as the last viable means of survival amid unemployment. Subsequently, they engage in actions they regret or dislike due to a dearth of other employment opportunities. When arrested, their child/children are often left home alone. The respondents explained these issues during their interviews.

> *"One day, I was arrested for some days. My kids were left alone at home. One of the neighbours opened a case of missing people for me. My children were taken to a place of safety by to social development."* **(Participant 10).**
>
> *"We get arrested regularly. At times, you have left children alone at home; unfortunately, that day, you are arrested for 2 to 3 days children are alone."* **(Participant 9).**
>
> *"It is painful to do something that you are forced to do due to circumstances"* (Participant 4).

Sub-theme 3.4: Becoming targets/victims of law enforcement

Many participants raised concerns about police officers' attitudes towards them. Some indicate they cannot expose police injustice, theft of payments, or client abuse, as sex work is illegal. Participants mentioned that they become targets of law enforcement officers, being arrested around the hot spots or walking around the streets, even when not working. The possession of condoms is also considered proof that sex work is conducted. This is participants notes:

> *"We get arrested regularly. At times, you are arrested for 2 to 3 days. You are scared to tell policemen that you are on chronic treatment, which needs medication to be taken daily."* **(Participant 12)**

> *"The main challenge I had was policemen arresting you. They do not find out why you are standing there; they just arrest you. They will ask for your passport and tell you cannot travel as far as Lesotho to do sex work."* **(Participant 7)**

> *"[Someone] was arrested because she was caught during the act of sexual activity, yet we get arrested for sexual offence. We are known by policemen; one gets arrested because you happened to be walking around the areas when policemen patrolling along the streets."* **(Participant 3)**

4.8. THEME 4: AVAILABILITY OF SUPPORT SYSTEMS

Most sex workers described condom supply as a main source of support for their needs. However, the importance of condom availability is not based on their high-risk status because supply of condoms is free service offered to everyone seeking health services public health facilities. Some participants indicated that they do not get any support from the government; instead, they suffer discrimination.

Sub-theme 4.1: Some support systems are available

Most sex workers reported the availability of some form of support, like access to free condoms and treatment for STIs and general patients. However, individuals do not access these services as commercial sex workers; this is done to avoid the previously described encounters with judgemental and hostile healthcare professionals. Some indicate they are secretive about their purpose for using clinic services. As a result, their health concerns are often not holistically or adequately addressed. Sex workers listed some churches and a few NGOs as their primary source of support.

"We mainly get support from church people; with food, clothes and distribution of condoms every Friday while we are on the streets along Zastron street." **(Participant 4)**

"We get support through accessible condoms at different clinics. It's a free access to everyone." **(Participant 6)**

"I made a decision to use the highway clinic along N1 National Road to get condoms and even for my chronic medication because it supports sex workers and truck drivers without judging them." **(Participant 1)**

Sub-theme 4.2. The generosity of local churches

Participants mentioned a church in the middle of Bloemfontein for its outstanding support. The church offered food parcels and provided health services such as the supply of condoms, opportunities for HIV testing, and treatment for those who contracted STIs. Notably, sex workers stressed their dissatisfaction with not receiving support from the government, but only from the church.

Some comments as stated by participants:

"There is no other support one gets. A church in town supports us by giving us food and condoms, but not from the government." ***(Participant 9)***

"We do not get support anywhere. One just does not know what to do to survive." (Participant 8)

Sub-theme 4.3: A generous and understanding doctor

Participants indicated that a medical doctor offered STI treatment and conducted Pap smears at the abovementioned church. According to the SWs, the doctor was more generous and understanding than nurses at public healthcare institutions, evidenced by the excerpts below.

"There was a doctor at the church I mentioned. They used to treat us for STIs, offer PrEP and distributed condoms without any judgement" (Participant 3; reiterated by Participant 8).

"The church in town accommodated sex workers by providing one NGO at its premises to render health services like testing, distribution of condoms, and giving treatment to those living on streets by a doctor" (Participant 3)

4.9. THEME 5: SUGGESTIONS/VIEWS REGARDING SUPPORT SYSTEMS TO ADDRESS SEX WORKERS' NEEDS (SSW)

Most respondents indicate that law enforcement officials and clients' discrimination against commercial sex should be addressed. Decriminalisation of any engagement in sexual work allows any person in sex industry to do their jobs peacefully and use condoms freely. Most interviewees expressed a strong need for governmental employment creation; others suggested different support systems to assist sex workers in living dignified lives as parents, family, and community members.

Sub-theme 5.1: Job creation by the government

Most participants indicate that they engaged in commercial sex as they had no access to alternative employment. The majority are willing to step away from sex work should the government provide decent jobs for them and their loved ones. The respondents commented on the matter as follows.

> *"If the government can create some projects where we can work."* (Participant 1).
>
> *"I don't like this work. If we can be provided with food parcels or be given any form of work. Even if its cleaning or washing. I can stop this work.*" **(Participant 7)**
>
> *"I need a decent job. I used to work at a restaurant; it was closed due to COVID-19 Pandemic. We need the government to create jobs for us."* (Participant 2)
>
> *"Any job is fine. But not office work because I am not educated. I used to work as a domestic worker before; I lost my job during the COVID-19 lockdown. My employer could not afford to pay me anymore."* **(Participant 6)**

Sub-theme 5.2: Increased education about disease prevention during sexual transactions

Some sex workers indicate a need for intensive education about preventing diseases they could acquire. Some participants are misinformed about HIV prevention measures, such as pre-exposure prophylaxis benefits and who can access it.

> *"To have an organisation dealing with sex workers directly for educating us and for distribution of condoms."* **(Participant 3)**

"I do not have any idea about PrEP, but most of my peers think that PrEP is allowing them an opportunity to have unprotected sex. We need to be educated about these programmes." **(Participant 6**)

Self-efficacy refers to trust that one can perform a desired behaviour.Some participants reported that they lack knowledge or are misinformed about other HIV prevention measures like use of PrEP.They believe that use of organisations to educate them about this preventive strategies will yield better results in changing their behaviour using condoms and methods for prevention infections.

Sub-theme 5.3: Organised peer education

The responses of some sex workers indicate that NGOs offer better health services than public health facilities. Participants believe the use of peer educators (who understand the work process and can provide relevant health education and other sexual reproductive health services) motivate them to interact freely without being stigmatised or discriminated.

"If the government could support sex workers provision of services through peer educators who are understanding and with less discrimination." **(Participant 3).**

"Partners are helping a lot because services are offered by our peers who understand our job challenges. We need support from this special organisation." **(Participant 1)**

Cue to action. A cue to action is a call to actual health change for a good course, not just a mere attempt, for example, the consistent use of condoms by sex workers. Most participants reported that receiving health information/ education from their peer educators motivated them to make good decisions, focusing on the benefits of condom usage and avoiding risks associated with inconsistent condom use. Most preferred peer- educators' support as they assist in a non-judgemental manner.

Sub-theme 5.4: Legalising sex work

Most participants are frustrated with police officers who arrest individuals suspected of sex work without proof, a common occurrence (discussed earlier). Police officers were pertinently named as harassers who do not offer sex workers protection. Consequently, respondents strongly advocate that sex work should be legalised, as evidenced in the excerpts below.

"Policemen need to protect us. Instead, they are arresting us. We are afraid of policemen more than thugs." **(Participant 13)**

"Sex work should be legalised because there are no jobs for us." **(Participant 10)**

"We need protection from SAPS, not harassment. Legalising sex work to be given protection by SAPS. Partners are helping a lot because services are offered by our peers who understand our job challenges. We need support from this special organisation." **(Participant 14)**

Perceived barriers: Law enforcement officers also were also reported in playing a role in creating a barrier in regular condom use. Female sex workers expressed their frustration as whenever they are found possessing condoms, this is used as evidence of engaging in illegal sexual activity in South Africa.

Sub-theme 5.5: Establishing NGOs to address income generation.

Several participants indicate the need for other stakeholders to collaborate with the government by creating projects aimed at income generation. Some mention that they are uneducated and cannot take on formal jobs. However, employment projects can assist in creating employment for a better living.

"We only need a job. If the government can offer some projects for income generation." **(Participant 8**)

"I need a decent job. I used to work at a restaurant, but it was closed due to COVID-19 Pandemic. We need the government and any organisation to create jobs for us." **(Participant 11)**

"We need proper jobs for a living and earn salaries from proper jobs." **(Participant 12)**

Sub-theme 5.6: Sex work-specific services and institutions

Most sex workers voice their frustration with public health facilities where they feel humiliated by health professionals. Some want the government to open clinics addressing sex workers' health challenges. This is respondents note below :

"If it is possible, we would like the government to open a special clinic to assist us during the night when we are here." **(Participant 1)**

"To have a clinic in town with peer educators which operates 24 hours to cater for sex workers' needs, especially during the night when they are active." **(Participant 3)**

Sub-theme 5.7: Governmental support for building brothels

Participants indicate that sex workers are exposed to violence by their clients as sex work is conducted in an unsafe, often remote, environment. Sex work is an occupation and not a disgrace as perceived by the public; therefore, sex work needs the government to build and provide a safe workplace. A selection of respondents made the following comments.

"We do business on the street at night. It is not safe at all. We wish the government could build or provide a safe place to do our business." **(Participant** 5).

"Provision of a safe place to conduct our business, where we are protected from our clients, will be helpful" **(Participant 10).**

4.11 CHAPTER SUMMARY

This study chapter discussed the five themes that emerged from Semi structured Interviews with respondents. These themes are further supported by various sub-themes drawn from the findings of this study. Both themes and sub-themes highlight the experiences of female sex workers concerning condom use and the support needed during commercial sex. The study findings were further supported by Health Belief Model theory; The sex work criminalisation was identified as the chief obstacle that often leads to sex workers being subjected to sexual and gender-based violence by police officers, their clients, as well as intimate partners. Stigma and discrimination in medical settings and from the public affect their ability to advocate for their health and human rights and affect their access to healthcare services. The factors above negatively impact sex workers' ability to make informed decisions related to consistent and continued condom use during the sex work process. Therefore, there is a necessity for more scientific investigation to address the unique challenges facing sex workers in South Africa. The literature confirmed the themes and sub-themes in the findings and during the data analysis process.

CHAPTER 5: CONCLUSIONS, LIMITATIONS, AND RECOMMENDATIONS

5.1. INTRODUCTION

The preceding chapter deliberated on this study findings drawn from the data analysis. It further discussed emergent themes and sub-themes identified during analysis as supported by a literature control. This chapter provides a brief research summary of the research, including findings, limitations, and recommendations based on the study's results.

5.2. STUDY PURPOSE AND OBJECTIVES

The objectives that served as the study's guide were:

- What are the experiences of sex workers regarding condom use in the Mangaung Metropolitan Municipality, and
- What support systems are available to increase condom use and the lives of female sex workers in the Mangaung Metropolitan area?

5.3. THEMES EMERGING FROM INTERVIEWS

This section presents a brief overview of findings related to each identified theme.

5.3.1. Theme 1: Positive experiences regarding condom use

This study explored and described the experiences of sex workers soliciting in the streets regarding condom use, informed by the literature review presented in the second chapter. The study revealed that sex workers reported some positive experiences regarding condom use. Sex workers were capable of negotiating condom use and determining service prices. Sex workers were confident in demanding the use of condoms with their clients, with some indicating they believed they had some influence over their sexual partners and even had the right to demand that condoms be used. Condom use negotiations were strengthened by the knowledge of risks associated with unprotected sex, including pregnancy, acquiring and spreading STIs, and, at times, accidental condom breakage (Brody et al., 2020).

5.3.2. Theme 2: Adverse experiences (associated with clients)

Sex workers were exposed to clients' appalling behaviours and actions, which often hampered condom use. Sex workers noted frequent encounters with clients who refuse to use condoms or remove condoms deliberately during sexual act, which leads to acquiring HIV and other Sexually transmitted infections. The risk of indulging in unprotected sex at the promise of higher payment is also prevalent among respondents. Furthermore, sex workers are often exploited when clients refuse to pay or abuse them. This results in fights for payment after offering their services, primarily when business is conducted in remote areas.

It has been widely documented that female sex workers have routinely been exposed to higher levels of HIV at high levels since the pandemic's inception. Barba et al. (2022) contend that female sex workers frequently engage in hazardous behaviours; characteristics commonly observed among sex workers. Nabunya *et al.* (2022) study also indicated that female sex workers are more prone to contracting infections after single-sex encounters than their male counterparts by virtue of women's physiology. The risk of acquiring HIV or STIs is also spurred on by some clients' physical and sexual violence.

Sex workers are often faced with the dilemma of condomless sex. Clients' power and socio-economic status can be intimidating; should they insist on condomless sex and be willing to pay more, female sex workers often acquiesce out of fear of losing money. As more women increasingly turn to sex work for an income, such risky behaviour also increases (Selvey *et al.,* 2018), fuelling the flames of rampant HIV transmission.

Several studies have indicated additional contributing factors leading to condomless sex or inconsistent condom use among sex workers, such as strong consumer demand and economic forces. According to a study conducted in South Africa, economic hardship experienced by denizens of the Mangaung district has sex workers in the area more susceptible to high-risk sexual practices like having condomless sex (George *et al*., 2019).

However, working in public places increases the likelihood of sex workers encountering prejudicial and abusive law enforcement officers and being shunned by

the community, both of which can limit their agency and force them into more hazardous environments (Goldenberg *et al*., 2021).

Sex workers' clients often expose the women to drugs and alcohol, fostering addiction and dependence. As such, many female sex workers were exploited by clients when they needed to buy drugs or were taken sexual advantage of when they were intoxicated. These findings are supported by Jeal *et al.* (2018) research. Female sex workers and male customers frequently used alcohol and other drugs to relax or increase physical engagement during sex. Yeo *et al*. (2022) contend that engaging in sex while intoxicated is often a coping mechanism for dealing with the stress associated with sex-work-related stigma, aggression, and emotional trauma.

5.3.3. Theme 3: Challenges associated with healthcare professionals

When sex workers consulted healthcare professionals to obtain condoms and revealed their professions, they faced harassment and verbal abuse from nurses. Nurses expressed their discrimination in various ways, such as using hurtful or offensive language towards sex workers, disrespectfully treating sex workers, humiliating sex workers in public healthcare settings, physically marginalising sex workers within the clinical setting, denying care, and violating sex workers' confidentiality. These findings are supported by Benoit *et al*. (2018) research.

The stigma surrounding sex work has engendered a stereotypical view of sex workers as underprivileged and ignorant. Consequently, societal rejection and discrimination against sex workers have become acceptable in communities. Sex workers testified to employing specific measures – working at night and self-isolating during the day – to avoid social exclusion, exposure to law enforcement authorities, being shunned by their communities, friends, and family, and abuses of power. Sanders (2018) maintained that the daily lives of sex workers and others indirectly or directly involved in commercial sex and associated industries are affected by prevalent and normative systemic bias and public condemnation.

Most sex workers have endured emotional pain as they cannot tell their friends or families the truth about their profession. Most sex workers reported that they obfuscate their work from their families, notably their children, which breeds grief and mistrust. As Berthe (2018) notes,that in South Africa , the commercial sex criminalisation

renders sex work a public problem (2018), and sex workers must be dishonest to protect their loved ones. Research conducted in Gqeberha (formerly Port Elizabeth), South Africa, showed that about 60% of sex workers claimed to have experienced verbal abuse from the public, which included their children being harassed and victimised (Rangasami and Konstant, 2016).

5.3.4. Theme 4: Availability of support systems

Sex workers have access to support systems mainly through healthcare services provided by public health institutions. Condoms are available in distribution containers placed in the bathrooms of healthcare facilities, police stations, and other public spaces.Sex workers indicated that there are certain NGOs and some churches offering health services such as screening, counselling and testing for HIV, treatment for other STIs, provision of condoms and sometimes food parcels. Sisonke, SWEAT, and other parties collaborate with some churches to support Mangaung (Jones, 2018).

South Africa endeavours to implement the National Sex Worker HIV, TB and STI Plan (NSWP) 2019-2022. This intervention will prioritise the provision of comprehensive healthcare packages, including services related to reproductive and sexual health, to sex workers. Both plans above advocate prioritising prevention so new TB, HIV infections, and STIs can be reduced. Further, these plans become a voice for sex workers by establishing prevention strategies such as providing condoms, initiating necessary treatments, and supplying screening services for HIV and other STIs (SANAC, 2019).

The PEPFAR collaborates with the National Department of Health to support key populations, including sex workers. This collaborative effort avails HIV testing, prevention and treatment protocols, medical screening and treatment for STIs and TB, pre-and post-exposure prophylaxis and PEP), and other essential healthcare services, such as psychosocial and reproductive and sexual health support at public health facilities and PEPFAR-funded organisations (Ritshidze, 2022). Jaffer *et al*. (2022) provided compelling evidence that healthcare programmes and facilities pertinently aimed at treating sex workers can provide the latter with better treatment than healthcare facilities for the general public.

5.3.5. Theme 5: Suggestions/views regarding support systems to address sex workers' needs

Sex workers interviewed in this study suggested that job opportunities and employment creation projects supported by the government and NGOs would aid them in leaving the sex work industry while allowing the reclamation of their dignity. In addition, all respondents voiced feelings of rejection, discrimination, and stigma. They suggested that opening more healthcare facilities that address sex workers' needs, training peer educators to provide healthcare services, and education about infectious diseases as initiatives needed in SW support systems. This study findings' similarity also emerged from Lemons-Lyn *et al.* (2021) research.

The other crucial matter suggested to improve sex workers' quality of life and dignity is the decriminalisation of sex work. Legalising sex work will curb arrests by law enforcement officers and sex workers and harassment by clients, healthcare professionals, and members of the public. Amid the high unemployment rate and job scarcity, many women regard sex work as their only income source. Respondents who agreed with this statement expressed the need for the national government to establish and maintain regulated brothels to enhance sex workers' occupational health and safety. In New Zealand, for example, since 2003, sex workers have reported increased feelings of security after legalising sex work culminated in establishing rules regulating safety and health in the workplace, along with a decrease in sex work stigma (Benoit *et al.,* 2018). Criminalising sex work increases the stigma associated with prostitution by portraying commercial sex as dirty, immoral, and illegal. Consequently, sex workers often cannot enforce health and safety policies, such as using condoms with customers at work (Benoit *et al.,* 2021).

South Africa seems to be working towards the decriminalisation of sex work. The latter implies doing away with criminal laws and adopting rights-based practices for some regions of commercial sex. Implementation of labour laws is crucial in the commercial sex industry as it will ensure workplace health and safety, give SW access to unemployment compensation, control the working relationship between sex workers and brothel owners, and give them legal support to pursue redress should they be abused or exploited (Mokgonyana, 2022).

5.4. LIMITATIONS OF THE STUDY

The study findings cannot be generalised, as the population studied comprised only street-based female sex workers and excluded sex workers of other genders or those who work indoors. The snowball sampling method was applied as it allowed selected participants to refer the researcher to those they knew with similar characteristics; thus, they limited instances of generalising the research findings to a larger population. However, snowball sampling is prone to sampling bias and may contain error margins. Anticipated research challenges included a lack of cooperation and reluctance to disclose information to the researcher, who is a total stranger to the respondents.

5.5. RECOMMENDATIONS

Sex workers provided suggestions on how the government and other stakeholders may support and assist in improving the lives of this demographic, including ways to increase condom use during sex work. The required support addresses interactive challenges associated with sex workers' experiences. These factors, such as violence, discrimination, stigma and criminalisation of sex work, contribute to inconsistent condom use. The relevant authorities must consider these recommendations to assist and support sex workers in improving the quality of their lives.

5.5.1. Recommendation for community

Based on the study findings; participants made the following recommendations:

- Currently, only one sex workers known clinic in the Mangaung Metropolitan Municipality offers health services like testing for and treating HIV, supplying condoms, and treating STIs and other comorbidities for sex workers. They suggested that the Free State department of health should build more healthcare facilities aimed explicitly at improving sex workers accessibility to better healthcare services as well as general health outcomes as well.
- Peer educators who understand sex work and sex workers are less judgemental than other healthcare professionals and should be employed at healthcare facilities to offer a better support.
- Safe facilities should be offered for sex workers to conduct their business in a safe and protected operational environment

- Sex work is a public safety issue that affects sex workers and their families, communities, partners, and clients, job opportunities should be created in collaboration with other stakeholders to empower sex workers to find alternative employment opportunities.
- Sex workers want sex work to be legalised. Decriminalisation of sex work is a necessary step towards acknowledging sex work as an official means of employment and defending sex workers' rights through workplace health and safety regulations.

5.5.2. Recommendations to the Government

- The National Department of Health must upgrade the District Health Information System (DHIS) by adding sex worker data elements to data collection tools. These upgrades will aid in accounting for the number of sex workers serviced. They will generate pertinent data stakeholders require to formulate evidence-based, transparent decisions regarding healthcare system interventions.
- The FSDOH should continuously collaborate with other stakeholders, such as law enforcement officials, to address and prevent challenges facing sex workers and potential barriers to good health practices and behaviours.
- Condom accessibility and free distribution should be increased through distributors like private clinics, pharmacies, garages, and supermarkets. Government-branded condoms must be included, and distributors must be compensated for distribution and free supply services.
- Since professional nurses are often the first healthcare professionals encountered at healthcare facilities, missed opportunities for patient care must be addressed. To avoid this, all nurses should participate in sensitivity training that bolsters their knowledge and understanding of sex work, female sex workers' healthcare needs, and appropriate communication techniques when interacting with them.
- Health systems should proactively handle potential and new health challenges, which can lead to public crises. The Department of Health must collaborate with nursing training colleges or higher learning institutions to upgrade the curriculum and bring awareness of key populations in general as another category of patients requiring specific caring skills to curb health problems.

- Educating sex workers about constant and consistent condom use to prevent them from acquiring HIV and STIs must be prioritised.
- Sex workers have the fundamental right to employment to provide for themselves and their loved ones; therefore, sex work should be considered legitimate. Clinics should be located close to sex workers' workplaces or hot spots (like truck stops) where commercial sex takes place. Mobile clinics or community healthcare workers can offer reactive healthcare services to communities.
- A network of support groups should be established at health facilities, churches, or NGOs to offer psychological support and physical defence mechanisms. Further, sex workers must be empowered to negotiate and insist on condom use.

5.6. RECOMMENDATIONS FOR FURTHER RESEARCH

South Africa is on the brink of legalising the sex industry. Future sex work-related studies in South Africa should determine how sex workers' needs could be met more effectively rather than focusing on and addressing their needs by only implementing a preventative HIV strategy. Best practices must be investigated to improve their physical, social, and economic well-being. The status quo, based on illegal sex work, is that South African sex workers have felt neglected by the government for many years and are not supported in different ways of living. Justice and Correctional Services Minister Ronald Lamola commented on the updated bill on decriminalising sex work in November 2022.He stated that the bill to decriminalise sex work offers improved protection of sex workers. Consecuently It is hoped that decriminalisation will reduce human rights violations against sex workers in accordance with the South African National Strategic Plan on Gender-Based Violence . Along with ensuring adherence to labour laws and health and safety regulations, it would also entail improved access to healthcare and reproductive health services for sex workers. Additionally, it would result in improved working conditions, less stigma and prejudice, and better protection for sex workers. Previous legislation repealed by the new bill includes the Sexual Offences Act (Act 23 of 1957) and Section 11 of the Criminal Law (Sexual Offences and Related Matters) Amendment Act (Act 32 of 2007), which both criminalise adult sex procurement and selling (Moatshe, 2022).

5.7 CONCLUSIONS

The study was conducted to understand experiences and perceptions of condom use among female sex workers to bring awareness and attention to the provincial FSDOH to improve intervention strategies that increases accessibility of condoms at identified hotspot areas. Furthermore, strategies should promote regular and efficient condom use to sex workers and their clients. The health belief model theory support study findings.

The study found that, while some female sex workers in Mangaung Metropolitan, South Africa, reported positive experiences related to condom usage, others reported adverse experiences with clients, including violence, verbal abuse, and physical abuse. As a result, some participants became reluctant to use condoms and contracted HIV infection and STIs. Participants also highlighted the challenges associated with health professionals, such as harassment at healthcare facilities and victimisation by law enforcement officers.

Despite these challenges, respondents also reported on the availability of support systems from NGOs, churches, and doctors. Some respondents reported that sex work was their only means of survival amid high unemployment. All participants made suggestions for support systems to address sex workers' needs.

The study's findings suggest that there is a need for interventions to address the challenges faced by female sex workers in Mangaung Metropolitan, South Africa. These interventions should include education and training for sex workers on their rights and how to negotiate condom use with clients; support services for sex workers who have experienced violence or abuse; training for health professionals on how to provide sensitive and non-judgmental care to sex workers, and; lastly, advocacy for policies and programs that support sex workers, such as decriminalisation of sex work and access to condoms and other sexual and reproductive health services. In conclusion, the issues above must be tackled to improve the health and well-being of female sex workers in Mangaung Metropolitan, South Africa.

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ANNEXURE A: UNIVERSITY OF FORT HARE ETHICAL CLEARANCE

University of Fort Hare
Together in Excellence

HEALTH RESEARCH ETHICS COMMITTEE

P.O Box 1054
East London 5200
Tel: +27 (0) 43 704 7368
E-mail: dgoon@ufh.ac.za

ETHICAL CLEARANCE CERTIFICATE
REC-100118-054

Certificate Reference Number:	**Ref # 2020=10=11=PhetlhoMA**
Project title:	**Experiences of condom usage among female sex workers in Mangaung Metropolitan, South Africa**
Nature of Project	Masters of Public Health
Principal Researcher:	Phetlho MA
Student Number:	201928114
Supervisors:	Dr D Murray

On behalf of the University of Fort Hare Health Research Ethics Committee (HREC), I hereby give ethical approval in respect of the undertakings contained in the above-mentioned project and research instruments(s). Should any other instruments be used, these require separate authorization. The Researcher may therefore commence with the research as from the date of this certificate, using the reference number indicated above.

Please note that the HREC must be informed immediately of

- Any material change in the conditions or undertakings mentioned in the document
- Any material breaches of ethical undertakings or events that impact upon the ethical conduct of the research

The Principal Researcher must report to the HREC in the prescribed format, where applicable, annually, and at the end of the project, in respect of ethical compliance.

University of Fort Hare
Together in Excellence

HEALTH RESEARCH ETHICS COMMITTEE

P.O Box 1054
East London 5200
Tel: +27 (0) 43 704 7368
E-mail: dgoon@ufh.ac.za

The HREC retains the right to

- Withdraw or amend this Ethical Clearance Certificate if
  - Any unethical principles or practices are revealed or suspected
  - relevant information has been withheld or misrepresented
  - regulatory changes of whatsoever nature so require
  - the conditions contained in the Certificate have not been adhered to

- Request access to any information or data at any time during the course or after completion of the project.
- In addition to the need to comply with the highest level of ethical conduct principal investigators must report back annually as an evaluation and monitoring mechanism on the progress being made by the research. Such a report must be sent to HREC monitoring@ufh.ac.za.

The Ethics Committee wishes you well in your research endeavours.

Yours sincerely

Professor DT Goon
Chairperson: HREC
14 October 2020

ANNEXURE B: ETHICAL CLEARANCE FROM FREE STATE DEPARTMENT OF HEALTH (FSDOH)

health
Department of Health
FREE STATE PROVINCE

25 January 2021

Mrs MA Phetlho
Faculty of Health Sciences
UFH

Dear Mrs MA Phetlho

Subject: Experiences of condom usage among female sex workers in Mangaung Metropolitan, South Africa.

- Please ensure that you read the whole document, Permission is hereby granted for the above – mentioned research on the following conditions:
- Serious Adverse events to be reported to the Free State department of health and/ or termination of the study
- Ascertain that your data collection exercise neither interferes with the day to day running of **Bainsvlei Clinic, Batho Clinic, Bayswater Clinic, Bloemspruit Clinic, Fauna Clinic, Fichardtpark Clinic, Freedom Square Clinic, Heidedal CHC, Kagisanong Clinic, Langenhovenpark Clinic, Louriepark Clinic, Mmabana Clinic, MUCPP CHC, Natioal Gateway Clinic, Opkoms Clinic & Thusong Clinic** nor the performance of duties by the respondents or health care workers.
- Confidentiality of information will be ensured and please do not obtain information regarding the identity of the participants.
- **Research results and a complete report should be made available to the Free State Department of Health on completion of the study (a hard copy plus a soft copy).**
- Progress report must be presented not later than one year after approval of the project to the Ethics Committee of the University of Fort Hare and to Free State Department of Health.
- Any amendments, extension or other modifications to the protocol or investigators must be submitted to the Ethics Committee of the University of Fort Hare and to Free State Department of Health.
- **Conditions stated in your Ethical Approval letter should be adhered to and a final copy of the Ethics Clearance Certificate should be submitted to** sebeelats@fshealth.gov.za / makenamr@fshealth.gov.za **before you commence with the study**
- No financial liability will be placed on the Free State Department of Health
- **Please discuss your study with Institution Manager on commencement for logistical arrangements see 2nd page for contact details.**
- Department of Health to be fully indemnified from any harm that participants and staff experiences in the study
- Researchers will be required to enter in to a formal agreement with the Free State department of health regulating and formalizing the research relationship (document will follow)
- **As part of feedback you will be required to present your study findings/results at the Free State Provincial health research day**

Trust you find the above in order.

Kind Regards

Dr D Motau
HEAD: HEALTH
Date: 26/01/2021

Head : Health
PO Box 227, Bloemfontein, 9300
4th Floor, Executive Suite, Brghelo House, cnr Maitland and, Harvey Road, Bloemfontein
Tel: (051) 408 1646 Fax: (051) 408 1555 e-mail:khusemi@fshealth.gov.za/@fshealth.gov.za/chikobvup@fshealth.gov.za

ANNEXURE C: AUTHORISATION FROM MANGAUNG DISTRICT OFFICE

health
Department of Health
FREE STATE PROVINCE

Mrs MA Phetlho
Faculty of Health Sciences
University of Fort Hare

Dear Mrs Phetlho

SUBJECT: PERMISSION TO CONDUCT RESEARCH ON: EXPERIENCES OF CONDOM USAGE AMONG FEMALE SEX WORKERS IN MANGAUNG METROPOLITAN, SOUTH AFRICA

The above mentioned subject and attached correspondence approved by the HOD bears reference.

Kindly note that permission is hereby granted for Mrs Phetlho to conduct a research for a study on: Experiences Of Condom Usage Among Female Sex Workers In Mangaung Metropolitan, South Africa in Bloemfontein at Mangaung Metro Clinics.

Logistics will be arranged by the researcher and service delivery cannot be affected in any way through the research program.

Trust you will find the above in order,

Yours in health care services

Ms NJ Ramarou-Makhoali
District Manager
Mangaung Metro

Ms NJ Ramarou-Makhoali
District Director: Mangaung Metro

Date: 15.2.21.

Ms. NJ Ramarou-Makhoali-District Manager: Mangaung Metro (FSDOH)
FSPC Building, Bloemfontein, 9300
Tel: (051) 447 2194, E-mail: MakhoaliNJ@fshealth.gov.za

ANNEXURE D: A CERTIFICATE FOR CONFIRMING INDEPENDENT CO-CODING OF ANALYSED DATA

Student's Name: MPABI AGNES PHETLHO

Student's Supervisor: Dr MURRAY

From: Dr AN Mbatha

Address: No: 65 Mc Pherson Street

Ginsberg, King William's Town

5601

Cell: 0837491478/ 076 991 3637.

E-mail Address: adeliciambatha@gmail.com

CERTIFICATE OF CO-CODED WORK: FOR MASTERS STUDENT:

This is to certify that I co-coded the work that was sent to me by the student…Mpabi Agnes Phetlho……

In doing so I closely looked at the following

- The title of the study

- Problem statement

-The aim of the study

- The set objectives

- The questions asked

I read her 27 paged proposal in order to understand the research approach / method chosen and the fitting design. I undertook this exercise in preparation for understanding how data was captured in relation to the approach and the design. Scrutinising the title, aim, objectives and the questions asked assisted me in determining whether the student had these in mind when trying to obtain the information from the participants. I also checked if the questions asked were aligned with the elements elicited earlier in this paragraph so as to enable the student to meet the set objectives for the study.

I co-coded data independently, and left it up to the supervisor and the student to compare the student's analysis with mine and further integrate the two during the

writing up of the results of the study. I further shared a few comments I had with the supervisor.

I wish to affirm that I have expertise in doing this kind of work

I have done it for several students' Masters Studies due to my background knowledge of the different designs within qualitative research approach.

I have been utilised by the Nursing Science Department of University of Fort Hare and few students from other universities to perform this kind of work and I have always done it satisfactorily and successfully.

INDEPENDENT CO-CODER: Dr AN Mbatha.

Signature: AN Mbatha ..  . Date: 29 October 2022

ANNEXURE E: EDITING DECLARATION

DECLARATION: 12 MAY 2023

Hereby I, Johanna Gertruida (Hanta) Henning, declare that I completed substantive editing of the research study titled *Experiences of Condom Usage Among Female sex workers in Mangaung Metropolitan, South Africa* by MA Phetlho, submitted in partial fulfilment of the requirements for the degree of Master of Public Health, University of Fort Hare.

The editor was contracted to complete proofreading and language editing, substantive editing, as well as reference editing.

Based on the nature of the services performed, the editor cannot be held liable for any of the following:

i. The accuracy of the material contained in the thesis;
ii. The accuracy of material as gathered from sources contained in the thesis;
iii. Any plagiarism that may be present in the thesis;
iv. Any factual errors that may occur in the thesis; and/or
v. Any changes made by the candidate after editing was completed.

A full report of the edited document can be provided upon request.

Hanta Henning
henningjg@ufs.ac.za
082 448 2726

ANNEXURE F: LETTER FROM TECHNICAL EDITOR

24 Lutman Street

Richmond hill

Port Elizabeth

6070

21st May 2023

TO WHOM IT MAY CONCERN

I confirm that I have made the following revisions to the dissertation: adjusting font and font size, correcting page breaks, adding page numbers, increasing spacing, establishing H1, H2, and H3 formatting, ensuring headings do not begin at the bottom of pages, setting up a table of contents, replacing UFH logos, and adding Appendix and sections. These changes have been made to produce a polished and professional document for the student.

MPABI AGNES PHETLHO STUDENT NUMBER: 201928114

A MINI-DISSERTATION SUBMITTED IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF PUBLIC HEALTH

MR TIM WILSON
CREATIVE CONSULTANT
CELL: 074 609 0064

WILSON
CREATIVE MEDIA
WHERE CREATIVES MEET

ANNEXURE G: EDITING DECLARATION

SPELL CHECK
PROFESSIONAL LANGUAGE EDITING & TRANSLATION SERVICES
Tanya-Lee Stewart
Bachelor of Arts in English & Linguistics
spellcheck1977@gmail.com / +27 84 556 7745

EDITING CERTIFICATE

18 October 2023

To whom it may concern

DECLARATION OF LANGUAGE EDITING

Re: EXPERIENCES OF CONDOM USAGE AMONG FEMALE SEX WORKERS IN MANGAUNG METROPOLITAN, SOUTH AFRICA

This serves to confirm that I, Tanya-Lee R Stewart, a SATI-registered language editor and translator, undertook the language editing of the above-mentioned document (article) on behalf of: Phetlho, MA, UFH std no 201928114, to meet the partial submission requirements of a Master of Public Health through UFH (the University of Fort Hare).

Do note that I make no claims to the substantive matter covered by the document and have not altered the intent or research content drafted by the author(s). Furthermore, I can only provide a guarantee of linguistic accuracy, provided the relevant track changes were accepted and my advice followed. All changes and corrections were suggested by means of "track changes", comments, and e-mails. However, the implementation thereof was left entirely up to the author.

As such, I do not accept responsibility or liability for any inaccuracies, both linguistically and content-related, that may be present. In addition, it is assumed that the student has been advised to refrain from any form of plagiarism.

Should you have any queries, please contact me through the email address and telephone number provided in the above letterhead.

Yours sincerely

TR Stewart
Member: South African Translators' Institute
SATI registration no: 1003470

SATI
South African Translators Institute

ANNEXURE H: PARTICIPANT INFORMED CONSENT

University of Fort Hare
Together in Excellence

UFH FHREC Stamp

PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROJECT: Experiences of condom usage among female sex workers in Mangaung Metropolitan, South Africa

PRINCIPAL INVESTIGATOR: Mpabi Agnes Phetlho

ADDRESS: Faculty of Health Sciences, East London

CONTACT NUMBER: 0731939243 ; +27 (0) 51 4081506

You are being invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you clearly understand what this research entails and how you could be involved. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you did agree to take part.

This study has been approved by the **University of Fort Hare Faculty of Health Sciences Research Ethics Committee (UFH FHREC) (Ref # 2020 = 10 = PhetlhoMA)** and will be conducted according to the ethical guidelines and principles of international Declaration of Helsinki and and the ethical guidelines of the National Health Research Ethics Council. It might be necessary for the research ethics committee members or relevant authorities to inspect the research records.

What is this research study all about?

- The study will to conducted at Mangaung Metropolitan streets about the experiences of female sex workers regarding condom usage in Mangaung Metropolitan and to get their understandings and feeling while working on the streets. A brief face to face open unstructured interview of 45 to 60 minutes will be conducted *which involves answering of open ended questions by at* least 25 to 30 participants or until the data saturation is reached.

The objectives of this research are:

- *To explore and describe the experiences of sex workers regarding condom usage in Mangaung Metropolitan.*
- *To explore support systems that are available for sex workers in Mangaung Metropolitan.*

Why have you been invited to participate?

- You are invited to this study because you are female sex workers aged between 15 to 49 years who engage in sex business on the streets living in Mangaung Metropolitan Municipality.
- Female sex workers who are below 15 years of age and above 49 years of age will be excluded from the research study and those working in indoor settings.

What will your responsibilities be?

- You will be expected to: For the qualitative data answer all the unstructured questions as much as you can. Other question will follow based on the point raised during the interview.

Will you benefit from taking part in this research?

- **The direct benefits for you as a Female sex worker participant**, will be personal empowerment thus enhancing the ability to make informed choices and transform them into desired actions and healthy outcomes. Consequently, this will make it possible for you and other sex workers to better influence the course of your lives and the decisions that affect your life whenever dealing with possible clients during the work process.
- **There are indirect benefits for you as a participant**. Understanding experiences and perception of condom usage among female sex workers may inform the province to improve intervention strategies that address distribution of condoms at crucial areas, and further promote regular and efficient condom usage across various sex workers and their customer, hence the prevention and reduction of the high prevalence rate of HIV infection to this high risk group as well as implementing an identified support system to sex workers

Are there risks involved in your taking part in this research?

- There are no risks in this study
- The benefits outweigh the risk

Who will have access to the data?

- *Anonymity will be maintained through the use of code with the answered questionnaires and use of pseudo names or codes during the interview. Confidentiality will be ensured by saving all the data in password protected computers. Only the researchers will have access to the data. (As soon as data has been transcribed it will be deleted from the recorders.) Data will be stored for five years.*

What will happen with the data/samples?

- *This is a once off collection and data will be analysed communicated to participants, management through reports and articles will be published in peer-reviewed journals.*

Will I be paid to take part in this study and are there any costs involved?

No. You will not be paid to take part in the study. There will thus be no costs involved for you, if you do take part.

Who can you contact for additional information regarding the study?

The primary investigator Mrs Mpabi Phetlho can be contacted during office hours at Tel: (051) 408 1506, or on his cellular phone at 0731539243 Should you have any questions regarding the ethical aspects of the study, you can contact the Supervisor, Dr Daphne Murray and she can be reached at 082 224 0489 or can be emailed at DMurray@ufh.ac.za and the Acting Chairperson of the UFH FHREC, Prof Leon van Niekerk, during office hours at leonvn@ufh.ac.za t: +27 (0) 40 602 2435

How will you know about the findings?

- The findings of the research will be shared with you by presentation as individuals at the Free State Provincial offices or during the annul Free State Research Day or Seminar.

Declaration by participant

By signing below, I agree to take part in a research study titled: **Experiences of condom usage among female sex workers in Mangaung Metropolitan, South Africa**
I declare that:

- I have read this information and consent form and it is written in a language with which I am fluent and comfortable.
- I have had a chance to ask questions to both the person obtaining consent, as well as the researcher and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) ..... on (*date*) ...../...../20.....

Do you agree to participate in this study?

Yes, I consent

No

Consenting for Audio Recording– when necessary
YES / NO
Participant signature:
.....

Witness signature:
.....
(to be altered according to the study)

Translator signature:
.....
(to be altered according to the study

Declaration by researcher

I **Mpabi Agnes Phetlho**, Master's in Public Health (MPH) Student, at the University of Fort Hare declare that:

- I explained the information in this document to .....
- I encouraged him/her to ask questions and took adequate time to answer them.
- I am satisfied that he/she adequately understands all aspects of the research, as discussed above
- I did/did not use a interpreter.

Signed at (*place*) ..... on (*date*) ...../..... 20....

....

Signature of researcher **Signature of witness**

ANNEXURE I: INTERVIEW SCHEDULE

University of Fort Hare
Together in Excellence

Section A: For Sex workers. Interview Guide

Title: Experiences of condom usage among female sex workers in Mangaung Metropolitan, South Africa.

Date:

Name of interviewer:

SECTION A: SOCIO- DEMOGRAPHIC DATA

Participants No	
Age	
Marital Status	
Occupation	
Work Experience as Female Sex Worker (In Months or Years)	

University of Fort Hare
Together in Excellence

SECTION A

Interview Questions: To Sex Workers

- What are your experiences with sex work business? Probing questions.
- May you explain about the business in general: What happens during business process, where does it happen or your feelings.
- What is your personal view about use of condoms as a female sex worker?

  Condom usage
- Do you think is important to use condoms?
- Are there any support programmes that are available to support female sex workers?
- How Effective Are These Programmes?

  .....
- Do Female Sex Workers utilise the available services?

  .....

Working environment

- Is the environment conducive for conducting the business?

  .....
- In your own opinion; do you think female sex workers need any form of support during their work process?

  .....
- Do you have any suggestions and recommendations how support could be provided?

  .....

Probing questions will be guided by the responses from the participants.

ANNEXURE J: EXAMPLE OF INTERVIEW

Participant 3

SECTION A: FOR SEX WORKERS.

Title: Experiences of condom usage among female sex workers in the Mangaung Metropolitan, South Africa.

Date: 27 June 2022

Name of interviewer: M. Phetlho

SECTION A: SOCIO-DEMOGRAPHIC DATA

Participants number	3
Age	48
Marital status	Single
Occupation	Domestic worker
Work experience as a female sex worker (in months or years)	5 years

Researcher

The main questions that I am going to ask you are about the use of condoms and your experiences when you are at work. Can you tell me about your experiences regarding the use of condoms? Do you use condoms?

Participant

Yes. I use condoms. Sometimes, you meet the person you think is healthy, so you don't use a condom, but afterwards, you go to the clinic to check whether you are still negative or to get medication to clear up the infection if you might have acquired STIs.

Researcher

So, do you use a condom for those clients you don't trust? Are they clients you don't trust?

Participant

There are those regular clients whom I trust, so I don't use a condom with them.

Researcher

Do you think it is important to use condoms, and why?

Participants

To prevent sicknesses like STIs and HIV.

Researcher

When you are not using condoms always, are you not afraid you might be HIV infected because those people you trust might be positive, and you will not see them by mere physical look.

Participant

When you trust a person, you become transparent to them. I am already HIV-positive. I was on treatment, but I stopped it. I am staying at Bophelong, which is a new informal settlement.it is too far from clinics, so sometimes I don't have transport money to go to the clinic.

Researcher

Around where you stay, is the Department of Health not providing mobile clinic services?

Participant

There is no mobile clinic.

Researcher

Are you aware that once you start ARV treatment, you must take it forever, and you should not stop it because the more you stop the treatment, the more the virus will likely multiply? Then, you will weaken your immune system; as a result, the chances of opportunistic infections making you sick are high.

Researcher

Apart from getting treatment from the clinics, are there any programmes or support for sex workers from the department?

Participants

We do not get support from the department. The only support we get is around town next to the King Kong shop from a nearby church. The church prays for us to get jobs and motivates us to leave the streets forever.

Researcher

Does the church encourage you to stop sex work?

Participant

It is a choice that one makes whether you stop when you have a decent job or continue.

Researcher

What is your perception? In case you get a job, can you stop sex work?

Participant

Yes. I have kids who are 15 years old, and my second born is 11 years old.

Researcher

Do your children or relatives know what kind of job you are doing?

Participant

No. My family does not know. It’s a secret.

Researcher

There are clinics, but it seems you are not using them. Are you aware of PrEP (Pre-Exposure Prophylaxis)? PrEP, or pre-exposure prophylaxis, is medicine people at risk for HIV infection take to prevent getting HIV infection from risky sexual practices or injection drug use. PrEP can stop HIV from taking hold and spreading throughout your body, but it is not a full treatment of ARVs. You stopped ARV treatment; this means you have to restart the treatment to improve the quality of your life.

Researcher

Where is your working environment? How much do you charge?

Participant

We are working along the street in town . There is a park in town where we hide. At the time, a client asks you to meet him at a place preferred by him. I choose to work in the streets around town between 6 pm to 11 pm. At twelve midnight, I am home. I can easily get a metre taxi to home. For the whole night, it is R700-R800.00. Suppose the client does not have money of at least R500.00.One round is charged R100.00.Month ends, and that is when we earn more money because regular clients show up.

Researcher

How safe are you on the street?

Participants

It is not safe. We group ourselves in groups of four people at different hotspots.

Researcher

Do you need support from the department? I am not referring to the Department of Health only. What kind of support do you need?

Participant

If we could be provided with a safe environment to conduct our business. At times, we are robbed, and our clients get injured by robbers. This has affected our business relationship. They(clients) don't trust us clients as they think we work together with thieves who attack them.

Again, policemen arrest us, insult and humiliate us. Now, my kids are in a place of safety because one weekend, I was arrested, and my kids were left alone. One of my neighbours informed social development, so my children have been removed from care. They are in school in secondary school and primary school. My neighbour knows what kind of job I do. Now I prefer to stay in town at one of my friend's places because in my neighbourhood everyone is now gossiping and judging me.

Researcher

Where do you attend the clinic? My advice is to go back to the clinic to restart your treatment so that when children are returned to their homes, you are healthy and strong to take care of them.

Participant

The nearest clinic to me is the Kagisanong clinic.

Researcher

Thank you for your participation.

The end of the interview