Title: Social Networks among SWs in Zimbabwe

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BACKGROUND

Sex workers (SW) continue to be largely neglected by HIV programs in Africa despite evidence of their significantly enhanced risk. The criminalization of sex work throughout the region further complicates provision of targeted services. In Zimbabwe, sex work remains illegal in despite its inclusion in national HIV policies. Fear of legal repercussions is likely to reduce SW use of services. We conducted a qualitative study among SW in three sites to assess SW uptake of HIV prevention and care services, and determine the extent of supportive social networks amongst women that might be harnessed by peer-driven interventions to improve health-seeking behaviour.

METHODS

We conducted 22 in-depth interviews with SW in (Mutare (n=10), Hwange (n=6) and Victoria Falls (n=6). We recruited women from diverse backgrounds to reflect heterogeneity in age, migration patterns, and type of sex work. Interviews were conducted and recorded by same sex interviewers in private, in participants' chosen language. Data were then anonymised, transcribed and translated into English, and entered into N-Vivo 8 for thematic content analysis using the constant comparative method, with a focus on identifying diversity of experiences both within and across study sites. Narratives of existing social networks were explored specifically in relation to the extent that SW looked out for each other in time of need, and encouraged each other to test or seek treatment and care.

RESULTS

Women reported difficulties accessing health due to both discrimination by health workers and prohibitive costs. SW compete for clients and sometimes described each other as enemies. Despite this, women reported strong social networks. Most work in small groups that were described as being like "families," characterised by close relationships. SW also stated that they work closely together, encourage each other to seek medical treatment, assist each other to find clients, provide protection at night,

advise each other about clients, and help each other negotiate fees and pay fines when arrested. They also reported assisting each other generally, for example in meeting funeral costs of family members and paying for each other's medical treatment.

CONCLUSIONS
SWs have created networks amongst themselves which are helpful to solve some of the challenges they face. SW's existing social networks could potentially be strengthened and built on by community-based interventions to address HIV prevention and treatment as well as issues such as violence, which SW themselves prioritise.