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How do you expect us to survive? Lamentation of female sex workers in Zimbabwe during COVID-19 lockdown

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Abstract

The restrictive measures taken to curb and mitigate the spread of the corona virus of 2019 (COVID-19) had negative implications on the vulnerable populations. The most severely affected group among the vulnerable population were sex workers, whose work venues and customers were locked down. This descriptive phenomenological study explored effects of COVID-19 on female sex workers in Bulawayo, Zimbabwe. Snowballing sampling was used to recruit participants. Data were collected through in-depth face-to-face individual interviews with ten female sex workers. The sample size was determined by data saturation. Colaizzi's seven-step content analysis approach was followed to guide data analysis. Rigour was ensured by adhering to Guba and Lincoln's trustworthiness criteria. The study found that the lockdown measures impacted negatively on sex workers' income, making it difficult for them to get money for food and rentals. In order to survive, sex workers adopted innovative entrepreneurship. Others engaged in risky sexual behaviours, further aggravating their situation emotionally and psychologically. It is recommended that the government and policy makers provide psychosocial and economic support to protect the rights of female sex workers in order to maintain the gains made in HIV response. (*Afr J Reprod Health* 2022; 26[3]: 104-113).

Keywords: COVID-19; descriptive phenomenology; emotional challenges; female sex workers; survival strategies

Résumé

Les mesures restrictives prises pour freiner et atténuer la propagation du virus corona de 2019 (COVID-19) ont eu des implications négatives sur les populations vulnérables. Le groupe le plus gravement touché parmi la population vulnérable était les professionnel(le)s du sexe, dont les lieux de travail et les clients étaient fermés. Cette étude phénoménologique descriptive a exploré les effets du COVID-19 sur les travailleuses du sexe à Bulawayo, au Zimbabwe. Un échantillonnage boule de neige a été utilisé pour recruter les participants. Les données ont été recueillies au moyen d'entretiens individuels approfondis en face à face avec dix professionnelles du sexe. La taille de l'échantillon a été déterminée par la saturation des données. L'approche d'analyse de contenu en sept étapes de Colaizzi a été suivie pour guider l'analyse des données. La rigueur a été assurée en adhérant aux critères de fiabilité de Guba et Lincoln. L'étude a révélé que les mesures de confinement avaient un impact négatif sur les revenus des professionnel(le)s du sexe, ce qui rendait difficile pour eux d'obtenir de l'argent pour la nourriture et les locations. Pour survivre, les travailleuses du sexe ont adopté un entrepreneuriat innovant. D'autres ont eu des comportements sexuels à risque, aggravant encore leur situation émotionnellement et psychologiquement. Il est recommandé que le gouvernement et les décideurs politiques fournissent un soutien psychosocial et économique pour protéger les droits des travailleuses du sexe afin de maintenir les acquis de la riposte au VIH. (*Afr J Reprod Health* 2022; 26[3]: 104-113).

Mots-clés: COVID-19; phénoménologie descriptive; défis émotionnels; travailleuses du sexe; stratégies de survie

Introduction

While the COVID-19 pandemic started as a localised outbreak in China at the end of December 2019, the virus had spread all over the world by March 2020¹. The outbreak was declared an international public health emergency by the World Health Organization (WHO). This was

accompanied by lockdowns, which prohibited free trade and movement in most countries. Evidence has demonstrated that these COVID-19 related restrictions had a psychosocial toll to individuals particularly the key populations². According to WHO, these key populations are at higher risk for HIV irrespective of the epidemic type or local context because of the social and legal challenges

that increase their vulnerability. They include sex workers, men who have sex with men, transgender people, people who inject drugs, and people in prison and other closed settings. Sex workers include female, male and transgender adults (18 years of age and above) who receive money or goods in exchange for sexual services that are consensual between adults³. Related to this, a study by Milson⁴ found that the lockdown measures have increased sex workers' levels of loneliness, stress, depression, and anxiety thereby impacting negatively on their mental wellbeing. These COVID-19 containment measures brought unique challenges and unintended consequences to female sex workers (FSW) globally⁵. This is a group that is already socially and economically marginalised and has been disproportionately affected by the COVID-19 pandemic^{6,7}.

Studies in Kenya have demonstrated that female sex workers suffered loss of income and food insecurity due to COVID-19 lockdown measures^{8,9}. Sex workers are a vulnerable and marginalised group, often forgotten as countries adjust emergency legislation and economic policies in response to COVID-19¹⁰. It is argued that targeted policing creates an environment that limits sex workers abilities to practise harm reduction measures¹¹. In spite of all the challenges that have aggravated the situation of this vulnerable group, there is a dearth of literature in this subject. According to Family Health International 360¹², during the lockdown, some governments put in place social safety nets and public food distribution systems for residents in the general population. However, none of these measures were tailored for key populations, making access to food and other essential services difficult for this group.

Zimbabwe was not spared from COVID-19 pandemic. As a result, the Government of Zimbabwe also instituted restrictive measures which included closure of entertainment centres, brothels, sex dens, night clubs and also import and export of goods through the road transport. As most of sex workers sell their services in the above listed sites, the closure resulted in sex workers losing clients. This was per the Public Health (COVID-19 Prevention, Containment and Treatment) (National Lockdown) Order, 2020 contained in Statutory Instrument 77 of 2020¹³.

A study in Zimbabwe by Nyabeze¹⁴ found that in response to the prevailing situation, sex workers adopted some innovative strategies of entrepreneurship in order to get income. These included buying and selling commodities such as beer and vegetables and also utilisation of online platforms such as WhatsApp and face book to contact their clients. These were desperate efforts that yielded limited results. In addition, because sex work is criminalised in Zimbabwe, there has been a limited positive response by the government and policy makers to mitigate and address the needs of sex workers during COVID-19. This study, therefore, explored the effects of COVID-19 pandemic on female sex workers in Zimbabwe.

Methods

Study design and setting

A descriptive phenomenological design was used to explore and describe the effects of COVID-19 pandemic on female sex workers in Zimbabwe. This design was appropriate for this study as it focuses on exploring the complex world of lived experiences from those involved or affected^{15,16}. The researchers considered this design as the best to find out the lived experiences of the sex workers during the COVID-19 pandemic from their perspective as the ones who experienced it, in order to create meaning from the experiences. A key feature of phenomenological research is "bracketing", which the researchers did by holding in abeyance their prejudices and biases about the sex workers during COVID-19, to prevent these from influencing data collection and analysis^{16,17}.

Study setting

The setting was Bulawayo Province, the second largest city in Zimbabwe. Sex work is criminalised in Zimbabwe, however, due to poverty, there are several females who are involved in the sex industry. The situation of poverty has been worsened by the COVID-19 pandemic. The study setting was a drop-in centre under the Sexual Rights Centre in Bulawayo. These were accessed through a drop-in-centre where key population groups attend support group meetings and access HIV care

services such as HIV testing, pre-exposure prophylaxis and antiretroviral therapy.

Participant characteristics and sampling

The study population were female sex workers in Bulawayo. However, only female sex workers who met the following criteria were included in the study: self-identifying as sex workers, being a female aged 18 years or older, and residing in Bulawayo. The exclusion criteria were as follows: being a transgender female, and not physically or mentally well during the time of study. These were accessed through a drop-in-centre where key population groups attend support group meetings and access clinical services. Snowballing technique was used to select the study participants. The names of the first two participants were obtained from the staff working at the drop-in centre. Through snowballing, these participants led the researcher to other sex workers. A sample size of ten participants was determined by data saturation^{18,19}.

Data collection

Data were collected by the second author since she is familiar with Ndebele (language utilized for data collection) through face-to-face interviews from 15 December 2020 till 14 March 2021. Interviews were conducted in a private room at a drop-in centre for key populations, in local language in the province (Ndebele), in-depth, and audio recorded. To mitigate the risks of contracting COVID-19, World Health Organization guidelines were followed¹. This included: disinfecting chairs and tables with a sanitiser that contained 70% alcohol and use of sterile wipes to sanitise equipment such as tape recorder and pens¹ by the researcher who collected data. In addition, both the researcher and study participants used hand sanitiser and face masks, as well as maintaining social distancing of at least two metres during the process of data collection. A semi-structured interview guide, composed of a central question and probing questions was utilised to guide the interviews. Each interview was started with a central question: “*What have been your experiences in the course of your work in the context of COVID-19 lockdown?*” This was followed by probes to explore further and obtain detailed descriptions based on participant’s response. Each interview lasted for about 45-60 minutes. Field notes were taken to enhance data and provide rich context for analysis²⁰. Audio recorded

and transcribed data was stored in a laptop that is password protected and in a folder that is password encrypted

Data analysis

Data was transcribed in Isi Ndebele by the second author. A translator then translated the transcripts from isiNdebele to English. Colaizzi’s method of data analysis was applied within 48 hours of data collection¹⁹. This approach follows the seven data analysis steps. In step one, each researcher read repeatedly each transcribed interview in order to gain a sense of the whole content. The researchers bracketed their thoughts, feelings, and ideas that arose during their interaction with the female sex workers^{19,21}. During the second step, significant statements from transcripts pertaining to the experiences of female sex workers during the lockdown were extracted. In step three, meanings were formulated from the significant statements and compared by the two researchers. Relevant quotes were categorised, and themes were formulated based on several statements that convey similar meaning^{18,22}. In step four the formulated meanings were sorted into categories, clusters of themes, and themes²². In step five, all emergent themes were defined into an exhaustive description of the phenomena under study- experiences of female sex workers during the COVID-19 pandemic²⁰. This led to step six where the fundamental structure of the phenomenon was described. During the final step, the study findings were validated using “member checking” technique. This is a technique used for exploring the credibility of results²³. This was achieved by providing the participants with a summary of the research findings through the telephone as was described during the data collection interview process. Through this follow up telephone interview, a discussion was held by the second author with each participant to check for accuracy of each transcript and resonance with their experiences. This process was conducted within 48 hours of data collection. The participants confirmed that the findings reflected their feelings and experiences²³. The two researchers used the English version of the transcripts and analysed the data independently. They came up with a table of themes, discussed until they reached a consensus and came up with a final table of superordinate themes, themes and sub-themes.

Measures of ensuring trustworthiness

Measures were taken to ensure trustworthiness and rigour²⁴. According to Beck²², to ensure trustworthiness, the research should satisfy four criteria: credibility, transferability, dependability, and confirmability. Credibility refers to the accuracy of the findings. To enhance credibility, all interviews were audio-recorded and transcribed verbatim. Prolonged engagement, member checking, peer evaluation and a co-coder were used to enhance credibility. The researcher who was not involved in data collection acted as an independent co-coder, reviewed, and challenged the analysis to ensure rigour and credibility of the data analysis²⁵. Transferability relates to the ability of the findings to be transferred to other contexts. A “thick description” of the research context was provided, to allow the reader to assess whether or not it is transferable to their situation. To enhance dependability, the research process is described in detail to enable another researcher to replicate the study²⁰. All records were kept locked in a cupboard, and step by step description of methods was done to ensure an audit trail. To enhance authenticity, verbatim extracts from the interviews were utilised and member checking was done. A week after the interview, the researchers re-engaged participants through telephone calls and went over the individual transcripts with each participant as a means of member checking. Confirmability was also enhanced by use of bracketing to minimise researcher bias. In addition, a reflective diary was kept ensuring neutrality and objectivity.

Results

Psychosocial impact of COVID-19

The superordinate theme is about the psychosocial impact of COVID-19. Two key themes emerged: harmful interactions with the law enforcement agents and the emotional effects of lockdown measures.

Harmful interactions with the law enforcement agents

This theme relates to participants experiences as they interacted with the police. Participants reported disrespectful and harmful interactions with the law enforcement agents that resulted in

experiences of forced disclosure of sexual practices and harassment by police.

Forced disclosure of sexual practices

Participants felt that during the COVID-19 lockdown, they were forced to disclose their sexual practices, and this affected them emotionally as the following excerpts illustrate:

“An authority to travel letter was required. As I met the police on the road, there was a lot of pestering, asking where we were going to. I ended up telling them I was a sex worker. I felt that was interference with my privacy and I was stressed by the fact that was not my intention to tell them about the work I do.” (Lee).

“In some instances, because I needed favours to pass through police roadblocks, I did a lot of pleading. I also had to tell the police that I do sex work and needed that money to feed the family. The situation forced me to disclose. As I reflected afterwards, I felt hopeless and frustrated, having to disclose my private life to stranger” (Dike).

Because some police officers knew that I do sex work, when I saw them at the police roadblock, I had no option but to admit when they asked me about the nature of my job. They were saying it was not an essential service. On reflection, I felt bored that I had to tell the police about my private life. The prevailing situation formed me to disclose.” (Pinky)

Harassment by police

The COVID-19 lockdown was marked by so much police presence in the streets. In their bid to enforce lockdown measures, the police force harassed the participants. This had a psychological effect on sex workers:

“I would stand by the gate, the police would chase us, follow us into the house or even break the doors. At times they would take us to a police station indicating that we are not abiding by the set lockdown regulations. I felt confused and frustrated” (Lulu).

“The challenge was that police were arresting us in the street. To be released, required a lot of pleading with them. We had to pay a bribe, which was stressing as they end up taking even the little

Table 1: Biographic data of participants

Pseudonyms	Age range in years	Marital status	Level of education	Number of children	Employment status other than sex work
Lee	36-40	Divorcee	Completed secondary school	1	Domestic worker
Mphoe	31-35	Single	Completed secondary school	4	Unemployed
Lisa	31-35	Single	Completed secondary school	2	Hairdresser
Dike	40-45	Single	Completed primary school	3	Unemployed
Monoe	31-35	Single	Completed secondary school	3	Shop keeper
Kia	40-45	Widow	Completed secondary school	4	Unemployed
Lulu	36-40	Single	Completed secondary school	2	Hairdresser
Pinky	31-35	Single	Completed secondary school	2	Unemployed
Sae	40-45	Single	Completed primary school	3	Unemployed
Lera	36-40	Widow	Tertiary	2	Employed by government on a permanent basis

Pseudonyms were utilised

Table 2: Superordinate, themes, and sub-themes on sex workers' experiences

Superordinate Themes	Themes	Sub-themes
Psychosocial impact	Harmful interactions with the law enforcement agents	Forced disclosure of sexual practices Harassment by police
	Emotional effects of lockdown measures	Anxiety and uncertainty Loneliness
Economic challenges	Income loss	Reduction in clientele for sex work Inability to pay for basics (food & rentals)
	Survival strategies	Innovative entrepreneurship Engaging in risk behaviour

money, we had with us. This experience was stressful” (Dike).

“The constant harassment by the police was frustrating. We could not be in the streets at night. The police were using baton sticks to chase us away from the street where we normally found our clients. The situation was challenging, it made it even difficult to access my clients hence no income.” (Kia)

Emotional effects of lockdown measures

The lockdown restrictions had emotional effects on study participants. This is unpacked under the following sub-themes: anxiety and uncertainty and loneliness.

Anxiety and uncertainty

Another source of anxiety and uncertainty was associated with loss of income as the following extracts demonstrate:

“Sex work was my main source of income. With the lockdown, challenges emerged as I could not access any customer. They are not available to buy our sex service. I could go for more than a week without getting any money. I was anxious and uncertain what the future would be like” (Mphoe).

“I ended up being without any money. I could not even pay the rent, And the landlord have no mercy, she continuously demanded rent in foreign currency. She was threatening to evict me. I had to get money from money landers. Now I am just working for them as the interest is 40%. It was a difficult situation for me, since I wasn't sure when the lockdown would end”. (Lera)

“I was anxious and worried because many people were sick, and it was not clear when the curfew and COVID-19 restrictions would end. This uncertainty

created more anxiety since nobody knew when this new disease would end. The anxiety was also worsened by the fear of contracting COVID-19.” (Monoe)

Loneliness

The home confinement, induced a sense of loneliness to people who were used to a busy outdoor life as shown below:

“I am an outgoing person. During the lockdown, I had to stay indoors, felt disconnected from my relatives and friends and could not easily have money for WhatsApp bundles. This caused a lot of loneliness and anxiety to me. The whole scenario was frustrating and draining.” (Lee).

“With the lockdown, it was a setback, since I was not able to move from home nor physically meet my clients, peers and relatives. I felt really lonely and alienated from my support network” (Monoe).

“Mmmmm my friends could not visit me neither could I. Worse still I had no money to buy data bundles or airtime to chat with them. I was not used to this kind of loneliness. I wished there was a way of interacting with my peers the usual way. It was the worst moment ever, difficult also because there was no one to share challenges with.” (Lisa)

Economic challenges

This superordinate theme reflects the economic challenges encountered by study participants as a result of COVID-19. Two key themes emerged: loss of income and survival strategies.

Income loss

The participants experienced significant loss in income, resulting in their making several adjustments. Two sub-themes are examined: effects on sex work and related adjustments and financial implications.

Reduction in clientele for sex work

The study found that during the COVID-19 lockdown, there was loss of income because participants could not access their clients as illustrated below:

“With the lockdown, my income levels dwindled. I was no longer doing sex work the usual because

accessing my usual clients was a challenge” (Mphoe)

“Before this, money was enough. I would get about \$30 a day, but now I spend three days or more without getting any client hence no money from sex work” (Lisa).

With these restrictions and the curfew, it was very difficult to access my usual clients. Things suddenly changed; I was only able to access a few clients. In order to save money and to afford payment of fees for my children, I had to move back home in order to save money for purchasing groceries.” (Pinky)

Inability to pay for basics

Apart from the loss of income from sex work, participants experienced additional challenges as follows:

“It is difficult when you are a mum and you do not know where the next meal for me and my kids would come from. The money that usually come from sex work was no longer available.” (Sae).

“I felt anxious and stressed when the landlord demanded rent in foreign currency. I felt depressed. The moment I saw my landlord I would think he would bring up the issue of rentals, it was not possible to pay rentals in foreign currency as was required by the Landlord and hence I was in so much debt. I needed to provide for the family, yet I was enclosed in one place making it difficult to do my usual work.” (Lera)

“With the COVID-19 restrictions, everything changed unexpectedly. I was not able to buy the usual groceries. In addition, paying for water and electricity bill was another challenge, this resulted in us going on without certain meals such as lunches.” (Mphoe)

Survival strategies

The loss of income resulted in sex workers adopting survival strategies

Innovative entrepreneurship

The COVID-19 restrictive measures saw the sex workers adopting innovative measures of entrepreneurship. The following excerpts demonstrate that:

“The situation was challenging, it was difficult to get clients, I had to be creative in order to get money. I also had to change from being a street-based sex worker to a house/brothel-based SW with less access to clients.” (Lera)

“...It meant that it was important to get income from other means other than sex work. Therefore, I had to order and sell beer and vegetables. It helped to get money for food and rentals. Few of my old clients now come home-per phone appointment.” (Lulu).

“Sex work was no longer viable. I had to find an alternative and innovative means of survival. I started buying and selling small items like sweets, cigarettes as some of the shops in the townships were closed. This strategy really assisted me in that I was able to generate a few dollars that I used for buying groceries” (Sae)

Risky behaviour

The COVID-19 lockdown situation created a dire and desperate situation for sex workers and they exposed themselves to risky behaviours for both HIV and COVID-19.

“The situation has been challenging, some clients would demand to have unprotected sex. I opted for that for the sake of getting more money since I was desperate. In the majority of cases these clients would pay more” (Sae).

“With the kind of desperation that I experienced, not knowing where to get money for food for my children, I would settle for anything offered to enable me to buy food. This desperation kept me worried always” (Kia).

“Normally I could not have sex without a condom, but the prevailing situation forced me to. I needed the money and some clients I met were insisting on having unprotected sex. Also, having unprotected sex risky as it were, I was able to get more money from clients.” (Monoe).

Discussion

The study found that the COVID-19 pandemic and related restrictive measures meant to curb the pandemic resulted in unintended consequences. This discussion will therefore focus on the two

themes: psychosocial and economic challenges as well as the survival strategies adopted by the female sex workers during the pandemic.

The study found that some of the unintended consequences of the lockdown measures included forced disclosure of sexual practices and harassment by the police, anxiety, and loneliness. Participants also felt the law enforcement agents specifically targeted them. According to findings of a study in Kenya⁶, criminalisation of sex work makes them vulnerable to harassment and exploitation at the hands of law enforcement officers resulting in psychological harm to this group. In South Africa and in Kenya, it was reported that sex workers were victims of over policing and punitive measures linked to the enforcement of the lockdown measures^{26,27}. This created a climate of impunity and aggravated the insecurity and vulnerability of female sex workers. It also induced fear, anxiety, stress, a sense of uncertainty and hopelessness. This is consistent with evidence from studies in Ethiopia and Brazil^{28,29} that found that the lockdown measures and related job losses left sex workers feeling anxious and stressed, hopeless and helpless. Evidence has demonstrated that COVID-19 lockdown measures have had psychosocial consequences on sex workers^{29,30}. Some participants expressed the fact that lockdown restrictions introduced loneliness and anxiety for those who are outgoing. This is consistent with findings by Milson⁴ who indicated that lockdown measures had impacted negatively on the mental wellbeing of sex workers.

In this study sex workers expressed a sense of desperation due to loss of income that resulted in risky exposure such as having unprotected sex. Similar findings were noted in Kenya and the United Kingdom^{6,31}. In the two mentioned studies, the implications are that the COVID-19 lockdown measures have exposed sex workers to physical and sexual violence and exploitation. In a related finding²⁷, Manuel indicated that in the context of COVID-19, the majority of sex workers have continued working but placing themselves at risk out of financial desperation. Under the prevailing circumstances, it may not be possible to negotiate safe sex. In this study, participants expressed the fact that with the prevailing situation it was no longer possible to choose or vet the clients they wanted to have sex with. Similar findings were noted in a study in the United States of America³².

They found that during COVID-19 lockdown, business declined, income fell, forcing sex workers to be less choosy in terms of their clients.

This study also found that sex workers were an easy target of law enforcement agents as they implemented lockdown measures. They narrated how they were raided in their homes and chased away from the streets by the police. These findings concur with evidence from Kenya^{6,33}, where during the COVID-19 lockdown sex workers who lived in brothels were arrested and taken into quarantine centres. The participants in this study resorted to a phone-based system to access their customers. These findings are consistent with evidence from Zimbabwe^{14,33}, where during COVID-19, sex workers utilised online platforms such as WhatsApp and face book to contact their clients.

Due to income loss and out of desperation, participants in this study opted to have unprotected sex in order to be paid more money. Related to this, a study conducted in Zimbabwe¹⁴, found that female sex workers were exposed to HIV infection because of lack of access to condoms. This scenario increases the risks to HIV exposure. This is contrary to the findings of a study in Kenya where the COVID-19 pandemic was associated with decreased engagement in sexual activities⁹. The UNAIDS³⁴ further indicated that in the context of COVID-19 sex workers would not want to refuse when their clients request unprotected sex as they have serious economic dearth due to the pandemic. According to participants in this study, because of the desperation they experienced, they would settle for any price for sex services as long as they would be able to buy food for their children. Similar findings were found in a Ghanaian study by Gbagbo and Gbagbo³⁵, which demonstrated that in terms of pricing for sex services, sex workers settled for anything due to the desperation that existed during the COVID-19 crisis. The findings of this study have public health implications. The desperation that female sex workers are exposed to has the potential to fuel the transmission of HIV and thus reversing the gains made in HIV response.

Ethics considerations

Approval for the research was obtained from the Medical Research Council of Zimbabwe (Ethics Clearance Number MRCZ/A/2659). Authority to gain access to the study participants was obtained

from the Sexual Rights Centre. Before each interview was conducted, an informed consent form was signed by participants following receipt of proper information related to the study. Participants also consented to audio recordings of the interviews. As part of the consent process, participants were informed that participation was voluntary, and that consent could be withdrawn at any time without prejudice. Therefore, no coercion was made on any participant throughout the study. Anonymity and confidentiality were observed through the use of pseudonyms¹⁷. In addition, only the researchers reviewed, transcribed and analysed the data, while the translator did the translation from isiNdebele to English. Before the commencement of the interviews, all participants provided written informed consent. To minimise cost from participants, each participant was given five US dollars to cater for transport costs.

Conclusion

The study found that the COVID-19 restrictive measures had psychosocial and economic effects on female sex workers. It also established that participants adopted survival strategies in response to lockdown measures. The findings have serious socioeconomic and public health implications in the context of COVID-19 restrictive measures and their implication on vulnerable populations. Governments and policy makers need to take cognisance of the fact that pandemics like these always increase the social and class inequalities for vulnerable groups. Therefore, policy makers and programme planners need to develop intervention strategies that cushion sex workers from the harsh economic realities of COVID-19, and these will go a long way in improving their livelihoods. Perhaps the sex workers could be empowered to engage in self-help projects and seek for alternative sources of income to cushion the effect of the lockdown.

Limitations

The study was conducted in one province of the country- Bulawayo Metropolitan Province; therefore, the findings of the study are not representative of all sex workers since the findings report only the experiences from this province. The study results are therefore contextual in nature. However, the same study may be replicated in other cities or countries in the region.

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Authors' contributions

The study was conceived and designed by both authors. Data was collected by IM. Both authors analysed the data, developed the manuscript, extensively reviewed, and incorporated their intellectual inputs into this manuscript and approved the final draft.

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