Exorbitant expenses associated with Pre-exposure ProphylZimbabwe'saxis exacerbate HIV and AIDS prevalence in Zimbabwe's marginalized rural

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ABSTRACT
This study aims to explore the impact of exorbitant expenses associated with Pre-exposure Prophylaxis (PrEP) on the prevalence of HIV and AIDS in marginalized rural communities in Zimbabwe. The rising costs of PrEP serve as a significant barrier, hindering access to crucial preventive measures. This research addresses a notable gap in existing literature regarding the socio-economic factors influencing PrEP uptake in rural settings, particularly focusing on groups disproportionately affected by these challenges. Employing a qualitative research approach, the study was framed within a constructivist research paradigm. A sample of 15 participants was purposively selected, considering gender, geographical location, age, and expertise. Data were collected through two focus group discussions: one comprising single women and another including diverse participants. To enhance the trustworthiness of the findings, data triangulation was employed. Thematic analysis, following Braun and Clarke's (2006) guidelines, was utilized to analyze the data while maintaining ethical considerations, including confidentiality and informed consent. Findings reveal that the financial burden of PrEP significantly deters its uptake, leading to increased vulnerability to HIV transmission among marginalized populations. One key recommendation is to implement subsidized PrEP programs aimed at lowering costs for rural communities, thereby fostering greater accessibility to preventive healthcare.
KEYWORDS: HIV, Marginalized rural Communities, Pre-exposure Prophylaxis, Rural Health, Zimbabwe.

INTRODUCTION

Zimbabwe stands as one of the nations most severely impacted by the HIV epidemic, exhibiting an adult prevalence rate of 14.7% and housing approximately 1.2 million individuals living with HIV (PLHIV) (Mangenah et al, 2022). In the year 2019 alone, the country recorded a staggering 20,000 deaths attributable to AIDS, alongside an alarming 40,000 new HIV infections (Population Services International, 2019). Currently, while various HIV prevention strategies are ostensibly accessible without charge in resource-constrained environments, their implementation has been lamentably marked by suboptimal uptake in the context of voluntary medical male circumcision (VMMC) and inconsistent application concerning both male and female condoms (Nichols et al, 2020). Clinical trials have substantiated that oral PrEP, when coupled with vigilant clinical monitoring, can avert HIV acquisition with up to 96% efficacy (Bekker et al, 2016). This compelling evidence has prompted the World Health Organization (WHO) to advocate for a regimen involving daily tenofovir-based oral PrEP for individuals deemed to be at substantial risk of infection (WHO, 2020).

In 2016, the Ministry of Health and Child Care (MoHCC) in Zimbabwe inaugurated the Consolidated Guidelines for Antiretroviral Therapy for both the Prevention and Treatment of HIV. These directives endorse the provision of oral PrEP to all individuals who are HIV-negative yet consider themselves at heightened risk of HIV exposure. The populations identified as potentially eligible encompass adolescent girls and young women (AGYW), pregnant women who are in relationships with partners of unknown HIV status, HIV-negative partners engaged in serodiscordant relationships, as well as female and male sex workers (SWs), high-risk men who have sex with men (MSM), incarcerated individuals, long-distance truck drivers, and transgender women. The initiation of oral PrEP in Zimbabwe was fundamentally rooted within the PEPFAR-funded DREAMS initiative, an acronym denoting Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe designed specifically to curtail HIV incidence among AGYW. Subsequently, the scope of PrEP application was broadened to include key populations (KPs) such as MSM, transgender persons, female SWs, serodiscordant couples, and young women engaged in sex work, as well as married individuals who find themselves at significant risk of HIV infection.

The pressing issue of exorbitant expenses associated with Pre-exposure PrEP significantly exacerbates the prevalence of HIV among single women residing in marginalized rural areas of Zimbabwe. These women encounter formidable barriers to accessing this vital preventive healthcare due to high costs, pervasive unemployment, and associated socioeconomic challenges (Saruchera & Chidarikire, 2025). Such impediments starkly contravene the rights enshrined in the Zimbabwe Constitution, particularly in Chapter 2, Section 76, which explicitly recognizes health as an intrinsic human right. This provision articulates that every individual is entitled to access basic healthcare services, including essential reproductive health care, and asserts the obligation of the state to ensure that health services are delivered at a high standard. The inability of marginalized women to access PrEP not only heightens their vulnerability to HIV infection but also perpetuates a cycle of poverty and ill health, undermining their overall well-being and hindering their capacity to thrive within society (Chidarikire & Mweli, 2025; Kanyopa & Mokhele-Makgalwa, 2024). This disenfranchisement stands in stark opposition to the constitutional guarantee of equitable access to health care. As such, the plight of single women in these communities shows a critical intersection of health rights, economic inequities, and systemic barriers, necessitating urgent intervention and policy reform to uphold their constitutional entitlements. Addressing these issues is imperative not only for achieving individual health outcomes but also for advancing public health equity within the broader societal framework

In the contemporary discourse surrounding public health, the challenges posed by the HIV and AIDS continue to demand urgent attention, particularly in marginalized rural communities (Case et al, 2019). The complexity of these challenges is amplified by the exorbitant costs associated with PrEP, a critical medical intervention designed to prevent the transmission of HIV. In Zimbabwe, the prevailing economic conditions exacerbate the difficulties faced by vulnerable populations, particularly single women residing in rural areas where access to healthcare resources is severely limited (Mangenah et al, 2022; Mufanechiya et al., 2024). The prevailing retail price of PrEP in private pharmacies in Zimbabwe is approximately $18 United States Dollars, a fee that is rather substantial for individuals grappling with high rates of unemployment and pervasive poverty. Furthermore, the geographical distribution of these pharmacies concentrated in urban centres and growth points renders them inaccessible to many rural inhabitants. The cost and logistical burden of traveling to these locations, amounting to an additional $1 to $5

United States Dollars, compound the financial barriers that prevent these individuals from obtaining vital healthcare services.

Consequently, many rural Government owned clinics that offer free PreP remain devoid of PrEP, intensifying the risk of HIV transmission among populations that already exhibit heightened vulnerability (Chidarikire & Kanyopa, 2025). Despite existing literature addressing the broader implications of HIV/AIDS prevention strategies, a significant gap persists in understanding the specific barriers that single women in Zimbabwe's marginalized rural communities face in accessing PrEP (Shoko, 2019). The intersection of economic hardship, geographical isolation, and systemic inadequacies in healthcare provisioning has not been sufficiently explored.

This study aims to address this deficit by focusing on the multifaceted challenges that hinder access to PrEP among this demographic, thereby contributing to the formulation of more equitable health policies and interventions tailored to the unique needs of marginalized populations. This study is anchored on three research questions which area: What specific challenges do single women in marginalized rural areas of Zimbabwe face in accessing PrEP?, How do exorbitant expenses associated with PrEP negatively impact the prevalence of HIV among single women in marginalized rural areas? and What effective strategies can be implemented to mitigate the financial barriers to PrEP access for single women in marginalized rural areas?

LITERATURE REVIEW

In the United States, the discourse on PrEP presents a nuanced landscape. Scholars like Chen et al. (2014) highlight the bifurcation of access based on socioeconomic status, underscoring how PrEP's high costs serve as a formidable barrier, particularly for marginalized women. Their research elucidates that even in urban settings with available PrEP, disparities persist, largely attributable to the prohibitive expense of medication and associated healthcare services. Conversely, another perspective is offered by Eakle et al. (2017), who posit that while access to PrEP has improved due to healthcare reforms, systemic inequities continue to hinder uptake among vulnerable populations, particularly African American women in low-income areas. This duality in literature suggests a pressing need for interventions that address both the financial and sociocultural barriers to PrEP uptake, particularly in marginalized demographics. In Britain, the National Health Service (NHS) has made significant strides in integrating PrEP into public health strategies. However, Cremin et al. (2013); Mufanechiya et al. (2024) contend that regional disparities exist, particularly affecting rural women who may not avail themselves of these services due to geographical constraints and limited awareness. Their findings indicate that PrEP, while effectively subsidized, remains underutilized in certain demographics. Contrastingly, Guinness et al. (2005) emphasize that stigma and discrimination within healthcare settings further complicate access for women from marginalized backgrounds, particularly those with intersecting identities. The literature thus suggests that understanding both the geographic and sociocultural barriers is essential for improving PrEP access among vulnerable women.

Additionally, Nigeria presents a complex context where economic and infrastructural limitations hinder effective PrEP implementation. According to Irungu et al. (2019), exorbitant costs and a lack of awareness regarding PrEP contribute significantly to its underutilization among women, particularly in rural regions. Their research reveals that even when PrEP is available, socioeconomic factors often deter access, with many women prioritizing immediate survival needs over preventive healthcare. In contrast,

Kumaranayake (2008); Kanyopa (2025) argue that community-based interventions have shown promise in mitigating these barriers, emphasizing the importance of targeted education and outreach efforts to elevate awareness and accessibility among marginalized women. This dichotomy presents a clear need for further research into the efficacy of such interventions and their scalability.

Meanwhile, Botswana's approach to PrEP has been marked by substantial policy initiatives aimed at reducing HIV prevalence. However, Mwenge et al. (2017) highlight that while these initiatives exist, the financial burden associated with PrEP remains a significant barrier for many women in rural areas. They emphasize that the costs associated with travel to health facilities, compounded by the high price of PrEP itself, curtail effective uptake. On the other hand, Vassal et al. (2017) focus on the role of community health workers in bridging the gap between healthcare access and underprivileged populations. Their findings suggest that although Botswana has made strides in PrEP accessibility, localized implementations may still overlook essential socio-economic determinants that impede access for single women in rural settings.

In South Africa, where the HIV epidemic is particularly prolific, the role of PrEP in prevention strategies has been extensively scrutinized. Pretorius et al. (2020); Kanyopa & Mokhele-Makgalwa (2025) argue that while PrEP is subsidized, the external costs such as transportation and occasional clinic fees disproportionately impact women in marginalized communities. Their work signals a critical intersection between gender, socioeconomic status, and healthcare access. Alternatively, Bekker et al. (2016) underscore that despite the relatively lower costs of PrEP, societal stigma attached to HIV continues to hinder its uptake. These perspectives indicate an imperative for integrated strategies that tackle both the economic and sociocultural barriers converging on single women. In Zimbabwe, existing literature reinforces the discussions surrounding the exorbitant expenses of PrEP. Shoko (2019) asserts that high prices combined with limited availability in rural clinics culminate in dire outcomes for women, particularly in rural settings. The above literature review contends that the compounded costs of medication and travel make PrEP an infeasible option, exacerbating the vulnerability of single women to HIV. Alternatively, Chidarikire et al. (2025) explore the role of governmental policies in shaping PrEP availability, highlighting that systemic inadequacies often leave rural populations without essential resources. This dual perspective underscores a critical research gap: an insufficient understanding of the specific barriers that hinder access to PrEP for single women in marginalized rural areas of Zimbabwe, despite the existence of broader studies on HIV prevention.

Problem Statement

The persistent prevalence of HIV and AIDS within marginalized rural communities in Zimbabwe can be attributed, in significant part, to the exorbitant costs associated with PrEP. Despite its proven efficacy as a preventive measure, the financial barriers imposed by the high retail price of PrEP, approximately $18 United States Dollars, coupled with the ancillary transportation costs required to access distant urban pharmacies, create insurmountable obstacles for individuals, particularly single women, who are already grappling with pronounced economic challenges. Furthermore, the inadequate stock of PrEP in local rural healthcare facilities exacerbates this crisis, leading to increased vulnerability among these populations.

As a result, a substantial portion of the affected demographic remains disengaged from essential preventive healthcare services, thereby perpetuating the cycle of HIV transmission and undermining efforts to achieve public health equity. This multifaceted problem

necessitates a thorough examination of the intersectional barriers that hinder access to PrEP for single women in these marginalized rural contexts, as the existing literature inadequately addresses the unique challenges they face.

THEORETICAL FRAMEWORK: MASLOW'S HIERARCHY OF NEEDS

Maslow's Hierarchy of Needs, formulated by the psychologist Abraham Maslow, posits that human motivations can be organized into a hierarchical structure, ranging from basic survival needs to advance psychological fulfilment (Case et al, 2019). This theory delineates five tiers of needs: physiological, safety, love and belonging, esteem, and self-actualization (Peebles et al, 2021). In the context of this study, the most relevant tier is the physiological need, which encompasses basic human requirements such as access to health care, food, and shelter. The Constitution of Zimbabwe, particularly in Chapter 2, Section 76 enshrines access to health care as a fundamental human right, positing that failure to meet these basic needs directly impedes individuals' abilities to pursue higher-level needs, including psychological well-being and social belonging. Within marginalized rural communities in Zimbabwe, exorbitant expenses associated with PrEP hinder access to this vital health resource, thus perpetuating a cycle of vulnerability among single women (Mangenah et al, 2022).

These women, often situated at the lower echelons of Maslow's hierarchy, find their physiological needs unmet due to financial barriers, which not only exacerbate their risk of HIV transmission but also obstruct their progression toward achieving safety, belonging, and esteem. Consequently, addressing the financial constraints surrounding PrEP access is imperative for fulfilling the basic health rights outlined in the Zimbabwean Constitution, thereby enabling single women in these communities to ascend through Maslow's hierarchy and attain holistic well-being.

METHODOLOGY

The current study adopts a qualitative research approach, which is well-suited for exploring the complex social phenomena surrounding the exorbitant expenses associated with PrEP and their implications for HIV and AIDS prevalence among marginalized single women in rural Zimbabwe (Saruchera & Chidarikire, 2025). This approach enables an in-depth understanding of participants' experiences, beliefs, and perceptions, thus providing rich, contextual insights into the challenges they face in accessing vital healthcare resources (Eakle et al, 2017). The research is situated within an interpretivist paradigm, which posits that human behavior and social realities are constructed through individuals' experiences and interactions (Chen et al, 2014). This paradigm prioritizes the subjective interpretations of participants, allowing the researcher to gain a deeper understanding of the nuanced barriers to accessing PrEP for single women in rural settings. An interpretivist approach is particularly appropriate in this context, as it recognizes the importance of participants' perspectives in shaping our understanding of health-related issues (Mwenge et al, 2017; Mufanechiya et al., 2024).

Further, a purposeful sampling strategy was employed to select a total of 15 participants, ensuring a diverse representation of perspectives. The participants comprised 6 single women, 4 nurses (2 males and 2 females), 2 officials from non-governmental organizations (NGOs) engaged in HIV and AIDS initiatives (1 male and 1 female), one counselor, one local village head, one Ministry of Health official, and one member of parliament. Participants were selected based on several criteria, including gender, geographical location,

age, and relevant expertise in the field of health and HIV/AIDS, ensuring that a comprehensive array of insights and experiences were captured.

Data was generated through two focus group discussions: one exclusively with single women and another comprising the diverse array of other participants. Focus group discussions were chosen as the primary data collection method due to their ability to foster dynamic interactions among participants, thus eliciting a range of perspectives and facilitating discussion on sensitive topics (Cremin et al, 2013). The discussions were semi-structured, guided by open-ended questions that encouraged participants to share their experiences and opinions regarding the accessibility of PrEP and the associated financial burdens (Shoko, 2019). To enhance the trustworthiness of the data, triangulation was employed as a methodological strategy. Triangulation involved comparing and cross-verifying information obtained from different participant groups, allowing for a more robust and nuanced interpretation of the findings (Irungu et al, 2019). The use of multiple data sources helped to mitigate biases and enrich the overall understanding of the research topic.

The generated data was thematically analyzed utilizing the processes outlined by Braun and Clarke (2006). This systematic approach involved several stages, including familiarization with the data, generating initial codes, searching for themes, reviewing themes, and defining and naming themes. Ethical considerations were paramount throughout the research process. Prior to data collection, participants were informed of the study's purpose, and their informed consent was obtained, ensuring they understood their right to withdraw at any stage without consequence (Wilton et al, 2015). Confidentiality was strictly maintained, with participants' identities anonymized in all reports and publications (Ying et al, 2015). The study was conducted in adherence to ethical guidelines, ensuring respect for participants and their contributions, thus fostering a safe research environment.

FINDINGS AND DISCUSSION

Theme 1: Challenges faced by single women in marginalized rural areas of Zimbabwe in accessing PrEP

The challenges encountered by single women residing in marginalized rural areas in their pursuit of accessing PrEP are both multifaceted and deeply entrenched in the socio-economic fabric of their communities. These women, often grappling with pronounced financial constraints, face significant barriers that hinder their ability to obtain this critical preventive healthcare resource. Contributing factors include not only the exorbitant costs associated with PrEP itself but also the logistical impediments related to transportation to distant healthcare facilities, where access to such medications is often precarious. Moreover, underlying issues such as pervasive unemployment, lack of awareness regarding health rights, and cultural stigmas surrounding HIV continue to exacerbate their vulnerability. The intersection of these challenges not only impedes their access to necessary healthcare but also perpetuates a cycle of health inequity, leaving them particularly susceptible to HIV infection. An exploration of these barriers is essential to comprehend the broader implications for public health and the systemic changes required to enhance the accessibility of life-saving interventions for women in these underserved contexts.

Single Woman Participant 2 expressed her struggles, stating,

"Accessing PrEP is incredibly difficult for us. The costs are just too high, and I have to choose between buying food for my children or getting the medication that could protect me from HIV".

Her concerns were echoed by Female Nurse Participant 8, who remarked,

"Many women come to the clinic asking about PrEP, but when they hear the price, their hopes fade. They are often unemployed and can't afford even the basic necessities, let alone the cost of PrEP."

Adding to this narrative, Male Nurse Participant 1 highlighted logistical barriers, noting,

"The distance to health facilities also plays a critical role. Women in rural areas have to travel long distances, often paying transport fees that can be a burden. Even if they are willing to pay for PrEP, they may not have the means to reach the pharmacy that stocks it."

From an administrative perspective, Ministry of Health and Child Welfare Official Participant 11 acknowledged the economic barriers, stating,

"While we recognize that PrEP is an essential tool in combating HIV, we must acknowledge that economic barriers prevent many women from accessing it. Our policies need to address these financial constraints comprehensively."

Village Head Participant 5 highlighted the community dynamics, commenting,

"In this community, many women rely on communal support, but not everyone can afford to help. When they prioritize family needs over personal health, PrEP becomes an unrealistic option. We need more awareness on health rights and available resources."

Moreover, Member of Parliament Participant 12 underscored the legislative aspect, asserting,

"There are legislative frameworks supporting health access, but in reality, rural women are still facing significant hurdles. It is our responsibility to ensure that PrEP is affordable and accessible. We must open dialogues to engage communities in the solution."

Lastly, NGO Official Participant 15 emphasized the importance of integrated support, saying,

"Our organization has been trying to raise awareness about PrEP, but the message alone does not suffice. We need to couple awareness campaigns with financial support mechanisms to help women overcome the costs associated with accessing this life-saving medication".

From the data, the following are the findings: Single women in marginalized rural areas of Zimbabwe face numerous overlapping challenges in accessing PrEP, a critical preventive measure against HIV. Financial constraints stand out as a primary obstacle; the costs associated with PrEP often exceed what many women can afford, compelling them to make difficult choices between essential needs like food and health care (Ying et al, 215). Alongside economic limitations, the logistical hurdles of reaching distant healthcare facilities present another significant barrier (Vassal et al, 2017). Many women must travel long distances to access these services, incurring transportation costs that further complicate their ability to obtain PrEP (Shoko, 2019). In addition to these practical disadvantages, a lack of awareness surrounding health rights and the stigma associated with HIV create further obstacles (Case et al, 2019). This stigma may deter women from seeking

necessary medical advice or treatment, thereby exacerbating their vulnerability. Moreover, high unemployment rates in these rural areas contribute to the precarious situation, leaving women unable to invest in their health (Mwenge et al, 2017). Taken together, these intersecting challenges foster an environment of health inequity, making it increasingly difficult for these women to protect themselves from HIV infection.

The discussion of data, in addressing the challenges faced by single women in accessing PrEP requires a comprehensive understanding of their socio-economic context, framed through Maslow's Hierarchy of Needs. At the physiological level, the immediate need for food and shelter often takes precedence over health concerns, making preventative measures like PrEP seem secondary (Nichols et al, 2020). For many women, fulfilling basic survival needs limits their capacity to consider health interventions, illustrating a critical hierarchy that policymakers must address (Peebles et al, 2021). To improve access to PrEP, systemic changes must target the multifaceted nature of these issues. Strategies such as subsidizing the cost of PrEP can alleviate financial strain, allowing women to prioritize their health without sacrificing basic needs (Pretorious et al, 2010).

Additionally, enhancing transportation infrastructure or providing transport subsidies could mitigate the logistical challenges faced by those in rural settings (Cremin et al, 2013). Beyond financial solutions, raising awareness about health rights and HIV-related stigma is vital for empowering these women to seek the healthcare they need (Kumaranayake, 2008). Furthermore, collaborative efforts involving government, community leaders, and NGOs can create a robust support system that integrates education, financial assistance, and healthcare access (Ministry of Health and Child Care, 2017). Engaging communities in dialogue about these critical issues fosters a more supportive environment for women, encouraging them to prioritize their health without fear of judgement. Resultantly, addressing these barriers through a holistic approach can enhance the accessibility of life-saving interventions like PrEP, significantly contributing to the health security of women in marginalized rural areas of Zimbabwe.

Theme 2: Impact of Exorbitant PrEP Expenses on HIV Prevalence Among Single Women

The exorbitant expenses associated with PrEP exert a profound influence on the prevalence of HIV among single women residing in marginalized rural areas. High costs not only deter these women from seeking preventive healthcare but also contribute to feelings of vulnerability and hopelessness regarding their health status. Given the critical role of PrEP in preventing HIV transmission, the financial barriers that impede access lead to a consequential increase in infection rates. In many instances, single women are forced to prioritize immediate economic demands over their long-term health needs, exacerbating their susceptibility to HIV. The intersectionality of economic hardship, limited healthcare access, and prevailing societal stigma further compounds their plight, ultimately intensifying public health concerns in these underserved communities. An exploration of how these financial burdens shape health outcomes is essential to understanding the broader implications for both individual lives and overarching public health strategies. The following are the participants' responses on this theme.

Single Woman Participant 3 articulated the direct impact of costs on her health, stating,

"The expenses associated with PrEP make it impossible for me to consider it. I worry constantly about my health, but when I see how much it costs, I feel helpless and trapped."

On the other hand, Female Nurse Participant 8 corroborated this sentiment, commenting,

"The high price of PrEP significantly limits its accessibility. Women come seeking help, but they often leave disheartened because they cannot afford it. This directly affects their safety and increases their risk of HIV".

More so, Male Nurse Participant 14 emphasized the link between economic factors and health outcomes, noting,

"When PrEP is not financially accessible, the result is straightforward: higher rates of HIV. Many women cannot afford even the basic necessities, which places their health in jeopardy."

Additionally, Ministry of Health and Child Welfare Official Participant 11 highlighted systemic issues, stating,

"The exorbitant cost of PrEP creates a significant barrier that we need to address. Without affordable access, we are effectively allowing the HIV epidemic to continue, particularly among vulnerable populations like single women in rural areas."

Moreover, Village Head Participant 5 acknowledged the local implications of these challenges, remarking,

"In our community, the struggle to afford healthcare compounds the issue. When women prioritize their family's needs over their own health, they become even more susceptible to diseases like HIV."

Member of Parliament Participant 12 stressed the urgency of addressing these financial barriers, asserting,

"The high costs of PrEP are unacceptable in the context of a public health crisis. We must create policies that ensure accessibility, or we risk allowing HIV prevalence to rise among our most vulnerable citizens".

Lastly, NGO Official Participant 15 emphasized the need for integrated solutions, saying,

"Raising awareness about PrEP is important, but without addressing the financial barriers, our efforts will be in vain. We have to develop strategies that not only inform but also provide support for women to access PrEP without financial constraints".

Drawing from the data presented above, the soaring costs of PrEP have a pronounced impact on the prevalence of HIV among single women in marginalized rural regions. These financial barriers not only impede access to preventive care but also instil a sense of vulnerability and despair regarding health outcomes. PrEP is critical in averting HIV transmission; thus, the inability to afford it leads to higher infection rates in this demographic (Shoko, 2019). Many single women find themselves in a dilemma where immediate economic needs overshadow long-term health considerations, exacerbating their vulnerability to infection (Population Service International, 2019).

Furthermore, the intersection of economic hardship and limited healthcare access compounds the difficulties faced by these women. Cultural stigmas surrounding HIV also play a significant role in perpetuating their health challenges, as the prioritization of family needs often results in personal health being neglected (Ying et al, 2015). The collective effect of these factors intensifies public health concerns, necessitating a thorough

investigation of how financial burdens directly shape health outcomes for women in these underserved communities.

The discussion of data shows adverse effects of exorbitant PrEP expenses on the health of single women elucidate crucial implications that can be understood through Maslow's Hierarchy of Needs, specifically at the physiological level. This framework suggests that individuals prioritize basic survival needs, such as food and shelter, above health interventions (Wilton et al, 2015). Consequently, when financial limitations dictate choices, women often forgo critical healthcare options for immediate necessities, thus heightening their susceptibility to HIV (Chidarikire & Kamwendo, 2025). To combat this troubling trend, multi-faceted interventions are required. Policymakers must acknowledge the necessity of affordable access to PrEP to mitigate the financial barriers obstructing healthcare (Vassal, 2017). Strategies could include establishing subsidies or price reductions that directly lower the out-of-pocket expenses for these women (Guinness et al, 2005). Additionally, increasing community funding to enhance healthcare infrastructure can address not only the accessibility of PrEP but also related services necessary for comprehensive health management.

Raising awareness about health rights alone is inadequate; it must be coupled with tangible support mechanisms that empower women to pursue preventive care. Education initiatives aimed at demystifying PrEP and addressing cultural stigmas will also play a vital role in changing perceptions and promoting health-seeking behavior (Cremin et al, 2013). Consequently, a holistic approach that integrates economic support, educational outreach, and enhanced healthcare access will be vital in addressing the financial challenges that significantly contribute to higher HIV prevalence rates among single women in marginalized rural areas (Mangenah et al, 2022). Through prioritizing these strategies within public health agendas, stakeholders can work collectively to dismantle the structural barriers that perpetuate health inequities, fostering a healthier future for this vulnerable population.

Theme 3: Strategies to mitigate financial barriers to PrEP access for single women in marginalized rural areas

Access to PrEP remains a critical issue in rural areas, especially among marginalized groups, such as single women. These women often face significant financial barriers that prevent them from obtaining necessary healthcare services, including PrEP. Financial limitations, coupled with socio-economic challenges, create a complex landscape that necessitates tailored strategies to enhance accessibility. Effective interventions must be informed by a comprehensive understanding of the lived experiences of these women, as well as insights from healthcare providers, community leaders, and policymakers. This discussion aims to encapsulate varied perspectives on potential strategies that could be implemented to alleviate these financial barriers. The participants shared the following views:

Single woman participant number 2 shared her experience, stating,

"I often feel left out when it comes to health services, especially due to costs. If there were programs that subsidized medication or provided free PrEP options, I believe more women would be willing to access it."

On the other hand, Female nurse participant 8 observed,

"Financial constraints significantly hinder women from seeking PrEP. We need community-based programs that can offer financial support, whether through direct subsidies or partnerships with local organizations that can help cover costs."

In addition, Male nurse participant 1 emphasized the need for increased awareness and community education, saying,

"Many women are unaware of what PrEP is or how it can help them. Implementing educational workshops that also provide information on financial assistance could empower these women to seek preventive care."

More so, the Ministry of Health and Child Welfare official, participant 11, highlighted an institutional approach,

"To effectively address these barriers, we need to integrate financial assistance into our healthcare framework. This means advocating for funding that specifically targets rural health initiatives and ensures PrEP is accessible for all women".

Furthermore, Village head participant 5 noted the importance of community involvement, commenting,

"Local leaders can play a pivotal role in facilitating access to PrEP. By working together with NGOs and health authorities, we can create programs that subsidize costs and deliver healthcare directly to the community."

Also, Member of parliament participant 12 remarked on legislative measures, stating,

"We must push for policies that prioritize women's health, ensuring that funding is allocated to support biomedical interventions like PrEP. Financial protections for marginalized groups can no longer be sidelined."

Lastly, the NGO official, participant 15, proposed a collaborative approach, saying,

"Engaging with local businesses to create a sponsorship model could be beneficial. If we can partner with stakeholders who can help absorb some of the costs, we can reduce the financial burden on these women significantly."

The findings from data show that PrEP remains critically constrained for single women in marginalized rural areas, primarily due to substantial financial barriers. These women encounter a combination of economic hardships that significantly limit their ability to afford essential healthcare, including PrEP (Irungu et al, 2019). The prevailing socio-economic landscape exacerbates the challenges faced by these women, creating a cycle of disadvantage wherein health needs are often deprioritized (Chidarikire & Kamwendo, 2025).

This environment not only affects individual health outcomes but also contributes to broader public health challenges, such as rising HIV prevalence rates within these communities (Ministry of Health and Child Care, 2017). The complexities of their financial circumstances are compounded by limited awareness of available healthcare options and resources, making it difficult for women to navigate existing healthcare systems effectively (Mwenge et al, 2017). Therefore, is a pressing need for interventions crafted with a deep

understanding of the lived realities of these women, incorporating insights from health professionals, community leaders, and policymakers alike. Effective strategies must address not just the immediate financial barriers but also provide comprehensive support mechanisms to ensure equitable healthcare access.

To mitigate financial barriers to PrEP access discussion from the data shows, a multifaceted approach is essential, grounded in the insights of various stakeholders within the community. Drawing from Maslow's Hierarchy of Needs, it is evident that the physiological needs of these women including access to affordable healthcare must be prioritized to facilitate overall well-being (Nichols et al, 2020). Without addressing their foundational health needs, including access to PrEP, their capacity to address higher-level psychological and social needs is severely constrained (Peebles et al, 2021). One potentially effective strategy is the implementation of subsidy programs specifically tailored to accommodate the financial realities of these women (Chidarikire & Saruchera, 2024). Such programs could alleviate the burden of medication costs and create a more supportive healthcare environment. Collaborations with local organizations can also enhance financial support networks, ensuring that women have greater access to essential healthcare services, including PrEP. Education plays a crucial role in empowering women to seek preventive care (Pretorious et al, 2010). Through facilitating community-based workshops that not only inform about PrEP and its benefits but also educate about available financial assistance, women may feel more equipped to pursue healthcare options (Shoko, 2019). Increasing awareness among healthcare providers about the barriers faced by women can create a more responsive healthcare environment, fostering increased compliance in providing services (Bekker et al, 2016). Institutional reform is vital to integrate financial assistance into existing healthcare frameworks (Eakle et al, 2017). This could entail advocating for policies that allocate specific funding toward rural health initiatives, making PrEP accessible to all women, regardless of their economic status.

Legislative actions aimed at enhancing financial protections for marginalized groups must also be prioritized, ensuring that women's health issues receive the necessary attention and resources (Kumaranayake, 2008). Community engagement is another key element, where local leaders can effectively bridge the gap between healthcare services and those in need. Through facilitating partnerships with non-governmental organizations and healthcare authorities, local initiatives can be developed that offer subsidized care directly to women (Vassal et al, 2017). Lastly, developing collaborative models with local businesses may yield innovative sponsorship opportunities that absorb some of the costs associated with PrEP (Wilton et al, 2015). Such initiatives can significantly lessen the financial burden on single women in these rural areas, ultimately enhancing their access to this vital preventive healthcare resource. Through comprehensive strategies that combine education, community involvement, and policy advocacy, it is possible to create an environment conducive to equitable healthcare access for all women, addressing the pressing public health issues within these marginalized communities.

CONCLUSION

Single women in marginalized rural areas of Zimbabwe face significant challenges in accessing PrEP, primarily due to financial constraints, limited healthcare infrastructure, and cultural stigma surrounding HIV. These barriers not only restrict their ability to obtain essential preventive healthcare but also contribute to a heightened vulnerability to HIV infection. The exorbitant costs of PrEP exacerbate this situation, forcing many women to prioritize immediate economic needs over long-term health considerations, ultimately

leading to increased rates of HIV prevalence in these communities. Addressing these intertwined challenges is crucial for improving health outcomes and empowering women in these underserved regions.

Recommendations

To effectively address the barriers facing single women in accessing PrEP, targeted recommendations must be implemented. The Ministry of Health and Child Welfare should prioritize the establishment of subsidy programs to reduce the financial burden of PrEP and allocate adequate resources to improve healthcare infrastructure in rural areas. Single women are encouraged to actively participate in community health programs that raise awareness about their health rights and available resources. Village heads should play a pivotal role in facilitating discussions about healthcare access and collaborating with local organizations to develop initiatives that support women's health needs. Counselors can implement educational workshops that inform women about PrEP and available financial assistance options, providing them with the knowledge to seek preventive care confidently. Members of Parliament should advocate for legislation that prioritizes women's health issues, ensuring funding is specifically directed towards HIV prevention initiatives. Lastly, Non-Governmental Organizations should work to enhance grassroots efforts that promote awareness of PrEP and explore partnerships with local businesses to create sponsorship models that alleviate financial barriers.

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