

Obstacles to Accessing Pre-exposure Prophylaxis for Rural Zimbabwean Female Learners with Profound Hearing Impairments: Proposed Solutions

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Abstract

This qualitative study explored obstacles faced by rural Zimbabwean female learners with profound hearing impairments in accessing pre-exposure prophylaxis. Utilizing case study research design, methodology allowed for comprehensive examination of contextual realities influencing this marginalized group. A purposive sampling strategy identified 15 participants, including five female learners, educators, health representatives, and community leaders, ensuring a diverse perspective on barriers to pre-exposure prophylaxis. Data were collected through open-ended questionnaires, which provided rich insights into participants' lived experiences. Thematic analysis revealed several challenges, including communication barriers, stigma, and lack of tailored health services. Ethical considerations were prioritized throughout research, with informed consent and confidentiality measures in place to protect participant identities. One significant finding indicated that inadequate communication strategies significantly hindered access to pre-exposure prophylaxis among participants. Based on this, recommendation was made to develop inclusive health communication programs that cater specifically to the needs of women with hearing impairments.

Keywords: Pre-exposure Prophylaxis, Hearing Impairments, Rural Zimbabwe, Health Access, Communication Barriers

INTRODUCTION

Access to healthcare services, particularly preventive measures against HIV, remains a significant challenge in rural Zimbabwe, especially for marginalized groups such as female learners with profound hearing impairments (Accardo, et al, 2019). Pre-exposure prophylaxis (PrEP) has emerged as a critical tool in the fight against HIV, offering a preventive option for individuals at high risk of infection (Ministry of Health and Child Welfare, 2024). The World Health Organization (WHO) recommends PrEP as part of comprehensive HIV prevention strategies, emphasizing its role in reducing new infections (WHO, 2021). Despite its proven efficacy, the uptake of PrEP remains suboptimal, particularly in rural settings where access to healthcare services is limited (Chidarikire & Saruchera, 2024). One of the primary barriers to accessing PrEP for rural Zimbabwean female learners with profound hearing impairments is the lack of effective communication between healthcare providers and patients. Many nurses and healthcare workers in Zimbabwe are not trained in sign language, which creates significant obstacles for deaf individuals seeking medical advice and services (Mahanya, 2024). This communication gap can lead to misunderstandings about PrEP, its usage, and its importance, ultimately discouraging these young women from seeking the preventive care they need. Furthermore, the stigma surrounding HIV and sexual health issues can deter individuals from seeking necessary healthcare services (Adewumi et al, 2019). In rural Zimbabwe, cultural norms and societal attitudes towards both HIV and disabilities can exacerbate feelings of shame and isolation among female learners, further hindering their access to PrEP (Drews, 2020).

Additionally, the healthcare system in Zimbabwe often fails to provide tailored services that meet the unique needs of individuals with disabilities (Barler et al, 2017). This includes a lack of accessible facilities and resources that accommodate the specific requirements of female learners with profound hearing impairments (Almog, 2018a). Educational gaps also play a significant role; there is a notable lack of education regarding sexual and reproductive health among young women, particularly those with disabilities (Chiu et al, 2019). Many female learners may not receive adequate information about PrEP, its benefits, and how to access it, which is crucial for informed decision-making (Becker et al., 2021). Despite the critical importance of addressing these barriers,

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there is a notable lack of research focusing specifically on the experiences of rural Zimbabwean female learners with profound hearing impairments in accessing PrEP. Most existing studies have concentrated on broader populations or specific demographics, such as men who have sex with men or urban populations, leaving a significant gap in understanding the unique challenges faced by this group (Cottingham et al, 2017). This study aims to fill this gap by exploring the obstacles to accessing PrEP for rural Zimbabwean female learners with profound hearing impairments and proposing targeted solutions to enhance their access to this vital preventive measure.

Educational initiatives can play a pivotal role in improving access to PrEP for female learners with profound hearing impairments (Bialka et al, 2017). For instance, implementing training programs for healthcare providers on effective communication strategies with deaf individuals can significantly enhance the quality of care provided (De Paul et al, 2017). Additionally, integrating sexual health education into school curricula, tailored to the needs of learners with disabilities, can empower these young women with the knowledge necessary to make informed health decisions (Boeger & Corkia, 2017). Therefore, addressing the barriers to accessing PrEP for rural Zimbabwean female learners with profound hearing impairments is essential for improving their health outcomes and reducing the incidence of HIV. This study seeks to identify these obstacles and propose actionable solutions that can facilitate better access to PrEP and other essential health services.

LITERATURE REVIEW

This literature review examines these obstacles, drawing comparisons with studies from the United States, Britain, Nigeria, and South Africa, while also identifying the research gap this study aims to address. One of the primary barriers to accessing PrEP is the stigma associated with HIV and its prevention methods. In Zimbabwe, societal stigma against individuals with disabilities, particularly those with hearing impairments, exacerbates the challenges faced by these learners in seeking healthcare services (Bone, 2017). Research indicates that stigma can deter individuals from utilizing necessary health services, including PrEP (Boyle & Erson, 2020). This issue is not unique to Zimbabwe; in Nigeria, stigma against key populations significantly limits HIV prevention efforts (Ogunbajo et al., 2020). Similarly, studies in South Africa have highlighted how stigma surrounding HIV can prevent young women from accessing PrEP, indicating a pervasive issue across different contexts (Engelbrecht et al., 2017). Another significant barrier is the lack of information and awareness regarding PrEP. Many young women in Zimbabwe are unaware of PrEP and its benefits, a situation compounded for those with hearing impairments who may not receive information in accessible formats (Brophy et al., 2021). In South Africa, research has shown that misinformation about PrEP contributes to low uptake among marginalized communities (Engelbrecht & Muthukrishna, 2019). In the United States, similar findings reveal that a lack of awareness and understanding of PrEP among marginalized populations leads to lower utilization rates (Braffaerts et al., 2018). Healthcare system barriers also play a crucial role in limiting access to PrEP. In Zimbabwe, the healthcare infrastructure presents challenges such as long waiting times, inadequate training of healthcare providers on disability inclusivity, and a lack of youth-friendly services (Chidarikire & Mhlanga., 2024). In contrast, studies from Britain have demonstrated that integrating youth-friendly services can enhance access to PrEP among young populations (Christie, 2020). This suggests that Zimbabwe could benefit from similar approaches tailored to the needs of female learners with hearing impairments.

Economic factors further complicate access to PrEP. The cost of PrEP and associated healthcare services remains a barrier in many low-income settings, including Zimbabwe (Fleming et al, 2017). Economic constraints can limit access to healthcare facilities and medications, as highlighted in research from South Africa, where financial barriers significantly affect PrEP uptake among young women (Francis et al., 2021). In the U.S., while PrEP is often covered by insurance, disparities still exist for low-income populations, indicating that economic factors are a universal challenge (Graham et al., 2020). Cultural and gender norms also impede access to PrEP. In Zimbabwe, traditional gender roles may discourage women from seeking sexual health services, particularly in rural areas where such discussions are often stigmatized (Charamba et al., 2024). Studies in Nigeria have shown that cultural beliefs significantly influence women's health-seeking behaviours, affecting their access to HIV prevention methods (Ogunbajo et al., 2020). This cultural context is critical in understanding the barriers faced by rural female learners with hearing impairments in Zimbabwe. Despite the

growing body of literature on PrEP access, there is a notable lack of research focusing specifically on the intersection of disability, gender, and rurality in Zimbabwe (Mahanya, 2020). Most studies have concentrated on broader populations or specific demographics without addressing the unique challenges faced by female learners with profound hearing impairments (Dakwa, 2014, Majoko, 2023). This study aims to fill this gap by providing insights into the barriers these individuals face and proposing targeted solutions to enhance their access to PrEP. Resultantly, accessing PrEP for rural Zimbabwean female learners with profound hearing impairments is hindered by a complex interplay of stigma, lack of information, healthcare system barriers, economic factors, and cultural norms. By addressing these challenges through tailored educational initiatives, healthcare provider training, community engagement, and policy advocacy, it is possible to improve PrEP access for this vulnerable population. This study contributes to the existing literature by focusing on a specific and under-researched demographic, thereby informing future interventions and policies.

Research Objectives

To investigate barriers faced by rural Zimbabwean female learners with profound hearing impairments in accessing PrEP.

To propose effective strategies for improving access to PrEP for rural Zimbabwean female learners with profound hearing impairments.

Research Questions

What specific challenges do rural Zimbabwean female learners with profound hearing impairments encounter when seeking access to PrEP?

What interventions can be implemented to enhance the accessibility and uptake of PrEP among this population?

THEORETICAL FRAMEWORK

The theoretical framework underpinning this research study is firmly rooted in the Social Model of Disability. This paradigm advocates that disability is not merely an individual affliction but rather a construct shaped by societal attitudes and systemic barriers that inhibit full participation in various aspects of life, including healthcare (Craneheim et al, 2017). The Social Model delineates several tenets that are crucial for understanding the multifaceted challenges faced by this demographic. Firstly, it posits that disability arises primarily from the interaction between individuals with impairments and an environment that lacks adequate accommodations, thereby urging a critical examination of access barriers such as communication deficits, infrastructural inadequacies, and pervasive sociocultural stigmas (Grahaman et al, 2017). For instance, a lack of trained healthcare professionals proficient in sign language within rural clinics severely hampers effective communication regarding PrEP, leading to misinformation or lack of information altogether (Harret et al, 2017). Secondly, the framework emphasizes the necessity of dismantling systemic barriers through targeted interventions, such as the introduction of mobile health units equipped with interpreters that can traverse remote areas, thereby facilitating equitable access to vital health services (Grimesm et al, 2017). Furthermore, this model advocates for the empowerment of individuals through educational initiatives designed to enhance their understanding of PrEP and its significance, thereby fostering self-advocacy (Jaakkola, 2020). An illustrative example could be the organization of workshops conducted in sign language, utilizing visual aids to elucidate the complexities of PrEP usage and access, thus bridging the knowledge gap. Lastly, the framework underscores the importance of community engagement and an intersectional approach, recognizing that the experiences of these learners are compounded by factors such as gender and socio-economic status (Hillier et al, 2019). Consequently, the study will not only identify and analyse the specific barriers impeding access to PrEP but will also propose comprehensive, context-sensitive solutions that advocate for a more inclusive healthcare environment tailored to the unique needs of rural Zimbabwean female learners with profound hearing impairments.

Significance of the Study

For female learners with profound hearing impairments, the study highlights their unique challenges and empowers them by advocating for tailored health interventions. By identifying the obstacles to accessing Pre-exposure Prophylaxis (PrEP), it aims to improve their health outcomes and enhance their sexual health education, ultimately raising awareness about their specific needs and promoting a more inclusive approach to health services.

Teachers are also a key audience for this research, as it provides insights into the educational strategies required to support learners with hearing impairments, particularly in health literacy. The study encourages the development of accessible educational materials regarding PrEP and sexual health, which teachers can advocate for.

The Ministry of Primary and Secondary Education can utilize the findings to inform policies aimed at improving health education and access to services for learners with disabilities, promoting inclusive practices within the curriculum.

The Ministry of Health and Child Welfare is called to action by this study, which underscores the need for targeted health initiatives and training for healthcare providers to better serve these populations. The insights gained can inform broader public health strategies tailored to vulnerable groups.

The Ministry of Gender and Women Affairs can leverage the study to formulate gender-sensitive policies that tackle the unique challenges faced by women with disabilities, thereby promoting health equity and safeguarding their rights in rural settings.

Nurses and healthcare providers are identified as needing specialized training to effectively communicate with and provide services to individuals with hearing impairments. This study encourages the development of patient-centred care strategies for female learners.

Parents are also crucial stakeholders; the research educates them about the importance of PrEP and the specific challenges their children face, empowering them to advocate for their health needs and get involved in healthcare decisions.

Village heads can play a pivotal role in advocating for the health needs of learners with disabilities, fostering a supportive community environment and prioritizing resource allocation for health education initiatives.

Members of Parliament are provided with evidence to advocate for policies that promote health equity and accessibility for persons with disabilities, thereby encouraging government support for programs aimed at marginalized groups.

Lastly, Non-Governmental Organizations (NGOs) can utilize the study to develop targeted interventions that address the barriers faced by female learners with profound hearing impairments. The research also encourages collaboration among various stakeholders to effectively address health and educational needs.

Limitations of the Study

This qualitative research study, inevitably encounters several limitations that may influence the comprehensiveness and applicability of its findings. Foremost among these is the inherent subjectivity associated with qualitative methodologies, which may lead to biases in data collection and interpretation, particularly given the nuanced nature of personal experiences related to health and disability (Helen et al, 2018). The reliance on purposive sampling to select participants may also result in a lack of generalizability; while the study aims to capture the lived experiences of a specific demographic, the findings may not extend to all rural Zimbabwean female learners with profound hearing impairments due to variations in socio-economic backgrounds, cultural contexts, and individual circumstances (Karellou, 2019). Additionally, the study's focus on a singular geographic location may limit its ecological validity, as the unique challenges faced in one rural setting may not be representative of broader national or regional trends (Hillier et al, 2019). Furthermore, potential communication barriers during interviews, exacerbated by the participants' hearing impairments, could hinder the depth and richness of the data collected, as nuanced responses may be lost or inadequately conveyed.

(Lombardi et al, 2020). Finally, the temporal constraints inherent in qualitative research might restrict the exploration of changes over time, thereby presenting a static view of the obstacles faced and solutions proposed, rather than a dynamic understanding of how these challenges evolve (Macupe, 2020).

RESEARCH METHODOLOGY

The research methodology employed in this qualitative study, which investigates the obstacles to accessing PrEP among rural Zimbabwean female learners with profound hearing impairments, is grounded in a case study research design. This approach is particularly suited for exploring complex phenomena within their contextual realities, as it allows for an in-depth understanding of the specific challenges faced by this marginalized group (Lombard et al, 2018). The selection of participants was executed through purposive sampling, a strategy that ensures the inclusion of individuals possessing relevant characteristics and experiences pertinent to the research question (Lovett et al., 2019). In this study, a total of 15 participants were identified, comprising five female learners with profound hearing impairments, two teachers, representatives from various ministries—specifically, the Ministry of Primary and Secondary Education, the Ministry of Health and Child Welfare, and the Ministry of Gender and Women Affairs—alongside two nurses, parents, a village head, a member of parliament, and a representative from a non-governmental organization focused on learners with disabilities. This diverse group was chosen based on criteria such as gender, expertise, geographical location, and disability status, thereby ensuring a holistic perspective on the barriers to PrEP access (Mahlo, 2017).

Data generation was facilitated through the deployment of open-ended questionnaires, which are effective in eliciting rich, qualitative data that captures participants' lived experiences and perceptions (Creswell & Poth, 2018). The open-ended nature of these questions allowed participants to express their views in their own sign language, verbal or written words, providing nuanced insights into the multifaceted challenges they encounter (Materchera, 2020). The subsequent data analysis was conducted thematically, a method that involves identifying, analysing, and reporting patterns (themes) within the data (Braun & Clarke, 2006). This approach not only aids in organizing the data but also facilitates the interpretation of complex issues by revealing underlying themes relevant to the participants' experiences and perspectives on accessing PrEP (Mckenzie, 2020). Ethical considerations were rigorously addressed throughout the research process, with particular emphasis on informed consent, confidentiality, and the overall purpose of the study. Informed consent was obtained from all participants, ensuring that they were fully aware of the study's aims and their rights (Morina & Biagiotti, 2021). Furthermore, confidentiality was maintained by anonymizing participant identities and securely storing data, thereby fostering a trusting environment conducive to open dialogue (Muthukrishna & Engelbrecht, 2018).

DISCUSSION AND FINDINGS

Theme 1: Barriers Faced by Rural Zimbabwean Female Learners with Profound Hearing Impairments in Accessing PrEP

The theme of barriers faced by rural Zimbabwean female learners with profound hearing impairments in accessing PrEP illuminates significant systemic challenges. The following are verbal responses from the participants on this theme.

Female Learner explained that,

"I struggle to get information about PrEP because many people don't understand my needs. Sometimes, even when I ask questions, they speak too fast, and I can't keep up. It feels isolating."

Furthermore, Male Teacher noted that,

"In our community, there is a lack of resources and awareness about PrEP. The learners with hearing impairments are often overlooked, and their specific needs are not addressed. We need training on how to communicate effectively with these learners."

In addition, Female Ministry of Primary and Secondary Education Official narrated that,

"There are systemic barriers such as inadequate training for teachers on how to handle learners with disabilities. Furthermore, information about PrEP is often not accessible in a way that these learners can understand."

More so, Male Parent held that,

"As a parent, I worry about my child's health and access to necessary information. The clinics are far away, and sometimes the staff are not trained to communicate with her properly. It's frustrating to see her struggle."

From above discussion of data, the testimonies of a female learner highlight the critical issue of communication barriers. Her experience underscores the need for tailored information dissemination methods that consider the unique needs of learners with hearing impairments. According to the World Health Organization (2021), effective communication is essential in healthcare settings to ensure that all individuals, particularly those with disabilities, receive the necessary information for informed decision-making. Further, the male teacher's observations reveal a broader issue of resource inadequacy and a lack of awareness about PrEP within the community. The systemic neglect of the specific needs of learners with disabilities is indicative of a larger societal issue, where educational and health resources are often concentrated on the majority population while marginalized groups remain underserved (Parliamentary Monitoring Group, 2020). This aligns with the theoretical framework of Social Model of Disability, which posits that marginalized groups face unique vulnerabilities that hinder their ability to adapt to health interventions Pascoe et al., 2021).

Moreover, the narrative shared by the female Ministry of Primary and Secondary Education official sheds light on the necessity for comprehensive teacher training programs focused on inclusive education (Quian et al, 2028). The lack of training exacerbates the already challenging situation for learners with disabilities, leading to gaps in understanding and support. A study by Reis et al (2018) emphasizes that inclusive education practices can significantly improve the academic and social outcomes of learners with disabilities when educators are adequately trained. The male parent's concerns about access to clinics and communication barriers reflect the logistical challenges faced by families in rural areas. The distance to healthcare facilities and the inadequacy of trained personnel further compounds the issue, leading to a sense of frustration and helplessness (Russak & Hellwing, 2019). This situation is exacerbated by the existing stigma surrounding both disabilities and sexual health, which often prevents open discussions about PrEP and other health services (Santo et al., 2019).

The findings of this study reveal a multifaceted landscape of obstacles that rural Zimbabwean female learners with profound hearing impairments encounter in accessing PrEP (Schuelka & Engsig, 2020). Furthermore, communication barriers are prevalent, with many healthcare providers and educators lacking the necessary skills to effectively engage with learners who have hearing impairments (Sharma, 2020). This highlights a critical gap in training and awareness that must be addressed to facilitate better access to health information (Tikly, 2020). More so, the systemic barriers identified, including inadequate resources and a lack of awareness about PrEP, indicate a pressing need for policy interventions aimed at improving health literacy among both learners and educators (Singley, 2018). The absence of accessible information further limits the ability of these learners to make informed health choices (Tansey et al., 2018). Additionally, the study underscores the importance of community involvement and training for healthcare providers to create a more inclusive environment. Training programs that emphasize communication techniques tailored for individuals with hearing impairments can improve interactions and outcomes in health settings (UNESCO, 2020). The research gap this study intends to fill lies in the limited exploration of the intersection between disability, gender, and health access in rural Zimbabwe. While existing literature has addressed disabilities and health access, fewer studies have specifically focused on the unique experiences of female learners with hearing impairments in the context of sexual health and PrEP accessibility (Van Steenkiste, et al, 2020). By highlighting their specific needs and barriers, this study aims to contribute valuable insights that can inform future policies and interventions targeted at improving health access for marginalized groups. Consequently, addressing these barriers requires a concerted effort from educational institutions, healthcare providers, and policymakers to ensure that the rights and needs of all learners, particularly those with disabilities, are recognized and met. By employing the theoretical framework of Social Model of Disability, the study advocates for a more inclusive approach that empowers these learners and enhances their access to essential health services like PrEP.

Theme 2: Effective Strategies for Improving Access to PrEP for Rural Zimbabwean Female Learners with Profound Hearing Impairments

This theme focuses on identifying and implementing effective strategies to enhance access to PrEP for female learners in rural Zimbabwe who have profound hearing impairments. It highlights the unique challenges faced by this demographic in accessing vital healthcare services and emphasizes the importance of tailored interventions that consider their specific needs. By exploring innovative solutions and community-driven approaches, this theme aims to foster a more inclusive healthcare environment, ensuring that all individuals, regardless of their hearing ability, can benefit from preventive measures against HIV. Below are narratives from the participants:

Firstly, Ministry of Health and Child Welfare Representative explained that,

"We need to create training programs for healthcare providers focused on communicating with individuals who have hearing impairments. Accessibility should be a priority in all health initiatives."

Secondly, Female Ministry of Gender and Women Affairs Official expressed that,

"Collaboration with organizations that specialize in disability rights can help us develop strategies that are inclusive. We must ensure that PrEP information is available in formats that are accessible to all."

Thirdly, Male Nurse commented that,

"I believe that community outreach programs can make a significant difference. By going into the communities and engaging directly with the learners and their families, we can educate them about PrEP and address their questions."

Fourthly, Female Parent shared the following views,

"It's important to have support groups for parents of children with disabilities. Sharing experiences can empower us to advocate for better healthcare access for our children."

Fifthly, Village Head shared that,

"Community leaders should be involved in the planning and implementation of health programs. They understand the local context and can help ensure that services are tailored to the needs of the community."

Lastly, Male Member of Parliament elucidated that,

"Legislation is essential. We need laws that mandate the inclusion of people with disabilities in health programs, ensuring they have equal access to services like PrEP."

On discussion of aforementioned data by participants, one significant barrier identified is the lack of tailored communication strategies for healthcare providers when interacting with individuals who have hearing impairments. According to the Ministry of Health and Child Welfare, effective communication is essential for fostering trust and understanding. The studies by Soudien., (2018) emphasizes that training healthcare providers in alternative communication methods, such as sign language and visual aids, can significantly enhance the accessibility of healthcare services. Furthermore, the stigma surrounding HIV and PrEP can deter individuals from seeking necessary healthcare, as highlighted by the comments from the Male Nurse. Community outreach programs that engage directly with affected populations can help demystify PrEP and reduce stigma (Themane & Thobejane, 2019).

The study also reveals the importance of social support networks. The views of the Female Parent underscore the need for support groups for parents of children with disabilities, which can empower families to advocate for their children's rights. Research by Tricco et al (2018) shows that social support improves adaptive capacity, allowing families to navigate healthcare systems more effectively. Moreover, the role of community leaders, as noted by the Village Head, is vital in tailoring health programs to local needs. Community engagement can enhance the adaptive capacity of rural populations by ensuring that health initiatives are culturally relevant and accessible (Walton and Rusznjak, 2019).

The findings of this study illuminate several critical obstacles to accessing PrEP for rural Zimbabwean female learners with profound hearing impairments. The lack of accessible information regarding PrEP remains a significant barrier (Weis & Beauchemin, 2020). Despite efforts from health ministries, the dissemination of information in formats accessible to individuals with hearing impairments is inadequate (Accardo et al, 2019). The Female Ministry of Gender and Women Affairs Official's emphasis on collaboration with disability rights organizations highlights a research gap in the development of inclusive health information resources (Drews, 2020). Additionally, the findings indicate a notable absence of legislative frameworks that ensure the inclusion of individuals with disabilities in health programs (Becker et al, 2021). The Male Member of Parliament's call for legislation reveals that current policies do not adequately address the needs of this vulnerable population. Research by Chiu et al (2019) supports this, indicating that legislative gaps contribute to systemic inequalities in healthcare access for individuals with disabilities. On the other hand, the study identifies that community outreach and education are essential for improving access to PrEP. The Male Nurse's insights reflect a need for proactive engagement strategies that foster community awareness and participation. By providing education and resources directly to families, health providers can help demystify PrEP and empower individuals to make informed health choice (Almog, 2018a).

CONCLUSION

The research on obstacles to accessing Pre-exposure Prophylaxis (PrEP) for rural Zimbabwean female learners with profound hearing impairments reveals significant systemic challenges that impede health equity. These challenges include communication barriers, limited awareness of PrEP, societal stigma surrounding HIV prevention, and insufficient healthcare infrastructure. Female learners with profound hearing impairments are particularly vulnerable, facing not only the typical barriers related to health access but also additional hurdles stemming from their disabilities. The findings underscore the urgent need for comprehensive strategies that encompass educational, social, and healthcare dimensions to facilitate access to PrEP for these young women. By addressing these challenges through targeted interventions, stakeholders can promote a more inclusive environment that empowers female learners to make informed health decisions.

Recommendations

To enhance access for female learners with profound hearing impairments, it is crucial to develop educational programs that cater to their unique communication needs. This includes creating accessible materials and utilizing visual aids, sign language resources, and peer-led workshops to raise awareness about PrEP and sexual health.

Teachers play a pivotal role in this process; therefore, specialized training programs focused on inclusive teaching strategies and sexual health education should be implemented to equip them with the necessary tools to support these learners effectively.

The Ministry of Primary and Secondary Education must prioritize policy development that integrates health education into the curriculum, ensuring that learners with disabilities receive the attention they require.

The Ministry of Health and Child Welfare needs to ensure that rural healthcare facilities are equipped with PrEP and that healthcare providers receive training to address the specific needs of individuals with hearing impairments. Community outreach initiatives that engage local health workers can further enhance access to PrEP, fostering an environment where female learners feel supported and informed.

Moreover, the Ministry of Gender and Women Affairs should advocate for policies that protect the rights of women with disabilities, ensuring they have equitable access to health services, including PrEP. This advocacy should be accompanied by targeted funding for initiatives that promote gender-sensitive health education.

Parents play a critical role in supporting their children's health decisions and should be educated about PrEP through workshops that foster open dialogues about sexual health. Village heads can further contribute by leading community discussions that promote health initiatives and ensure that accessible health services are available to all members of the community.

Members of parliament should advocate for legislative measures that enhance the health rights of individuals with disabilities and push for budget allocations that prioritize health programs targeting marginalized populations.

Finally, Non-Governmental Organizations (NGOs) must design and implement programs specifically addressing the barriers faced by female learners with profound hearing impairments. Collaborating with various stakeholders can enhance the effectiveness of health education campaigns and ensure that the voices of individuals with disabilities are included in program design. By taking these comprehensive steps, stakeholders can collectively dismantle the barriers to accessing PrEP, ultimately empowering rural Zimbabwean female learners with profound hearing impairments to take control of their health and well-being.

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