

**ASSESSMENT FOR REPRESENTATIVE SAMPLING
AMONG FEMALE SEX WORKERS IN TALLINN, ESTONIA**

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INTRODUCTION

In 2005-2006 the National Institute for Health Development (NIHD) in cooperation with NGO Lifeline and Tartu University carried out the first study to measure HIV prevalence and sexual risk behaviours among female sex workers¹ (FSWs) in Tallinn, Estonia. Respondent driven sampling (RDS) was selected as the sampling methodology because it has been shown to effectively recruit diverse samples of hidden and hard-to-reach populations that are connected through social networks. RDS was successfully used to gather diverse samples of recruiting injecting drug users during the course of five weeks in Tallinn and Kohtla-Järve in May-June 2005. However, data collection using RDS among FSWs was slow and after two months recruitment was changed to a less rigorous snow ball method. Eventually, a sample of 227 FSWs was obtained after seven months.

Changes made to the RDS methodology included allowing interviewers to actively look for study participants (vs. peers recruiting peers with coupons), making interviews in locations more convenient to FSWs (vs. having participants come to a fixed interview location), and collecting oral biological specimens (vs. venous blood). Based on assessments of FSWs and the study team, these changes provided more anonymity to the participants and enrolment was quicker and easier; However this sample resulted in a convenience sample (using snow ball methods) rather than a representative sample (using RDS). The study results showed that 8% of the sample was HIV infected and 1/4 did not use a condom every time they had vaginal or anal sex with a client.

Since that study three years ago, there is a need to gather current HIV prevalence and sexual risk behaviour data from FSWs in Tallinn. A follow-up study is being planned for the second half of 2010. To assess the possibility of attempting the use of RDS vs. another

¹ In Estonia a term „women involved in prostitution“ is used for not normalising prostitution as work/profession.

methodology to sample FSWs in 2010, formative research was carried out in November 2009. Lisa G. Johnston, a consultant with experience conducting successful RDS studies around the world, visited Tallinn from November 16-21 to conduct interviews with representatives of two organisations working with FSWs and review relevant data sources. This report presents the findings and provides recommendations for sampling FSWs in Tallinn, Estonia in 2010.

CONDUCTING THE FORMATIVE RESEARCH

The objectives of the formative research were to: understand the current sex work environment in Estonia, to determine the optimal method for sampling them in the study planned for 2010 and to learn about their and their peers' (other FSWs) willingness to participate in a study of HIV prevalence and sexual risk behaviours.

The following people took part in developing the questionnaires for, and collecting and analysing data from the formative research:

- Lisa G. Johnston, independent expert;
- Aire Trummal, National Institute for Health Development;
- Roman Krõlov, Viktoria Kremm, Vadim Kuperštejn, Eugenia Kašnikova, Elvira Kuperštejn, Eda Mölder from NGO Lifeline, centre Atoll;
- Jüri Kalikov and Irina Mironova from AIDS Information and Support Centre (AISC).

Lisa G. Johnston and Aire Trummal met with staff from the NGO Lifeline and the AISC to collect information about sex work in Estonia and to discuss the possibilities of using different study methods to sample FSWs in the upcoming study. A meeting (held by A. Trummal) with NGO Lifeline found also place in April.

INTERVIEWS

From November 17 through December 1, 2009, organisations were asked to interview FSWs according to a semi-structured questionnaire developed by Lisa G. Johnston and Aire Trummal. NGO Lifeline interviewed 24 women in 15 individual and five focus groups interviews. AISC asked four questions assessing social networking among FSWs from 19 FSW clients visiting the STI/HIV testing centre over the course of 1,5 weeks and made 4 semi-structured interviews. Women participating in the interviews represented age groups and types of sex work given in the table below.

Age group	No
Less than 20	1
20-29	9
30-39	13
40 and older	5
Sex work type	No
Apartment (of one or several women who advertise on the Internet and in newspapers)	20
Brothel (private house)	1
Nightclubs	1
Street	4

DATA AND LITERATURE REVIEW

In AISC every visitor receiving HIV/STI testing completes a questionnaire related to demographics, knowledge, types of sex work, condom use, injecting drugs, history of testing for HIV/STI, being a new client (this questionnaire is also completed every time a regular visitor receives repeat testing). Test results are also added to the questionnaire at a later date by centre personnel. During January to July 2009, 621 questionnaires were completed, 129 of them by new visitors. Data from those questionnaires are also used in this report.

Following materials were reviewed:

- Aral SO, Lawrence JS: “The dynamic topology of sex work in Tallinn, Estonia: A report of the findings from a rapid assessment conducted May 22-29, 2005”. Centers for Disease Control and Prevention, 2005.
- AIDS Information and Support Center. Bordernet activity report of Estonia of the project „Practice-oriented further development and implementation on HIV-AIDS and STI-s prevention, diagnostic and therapy in Europe”. 2008.
- Pettai I, Kase H, Proos I: “Prostitution in Estonia: a survey of the situation of women involved in prostitution: Results of a sociological study”. European Community initiative EQUAL project, 2008.
- Pettai I, Proos I, Kase H: “On the meaning of prostitution in Estonia: critical attitudes are increasing”. European Community initiative EQUAL project, 2008.
- Trummal A, Fischer K, Raudne R: “HIV-Prevalence and risk behaviour among sex workers in Tallinn”. National Institute for Health Development, 2006.
- Trummal A, Lõhmus L, Rütel K: “Fighting HIV in Estonia in 2006 and 2007”. National Institute for Health Development, 2008.

METHODS FOR SAMPLING FSWs

Two methods for sampling FSWs were considered: Respondent Driven Sampling (RDS) and Time Location Sampling (TLS). **Respondent Driven Sampling** starts out with a set of non-randomly selected “seeds” that represent different characteristics (e.g., types of sex work, ages, high risk behaviours, etc.). Each seed receives three recruitment coupons to use in recruiting peers (someone from her social network). The seeds’ recruits make up the first “wave” of study participants. Each of the seeds’ recruits who redeem a coupon, enrol in and complete the survey will receive three recruitment coupons to use in recruiting her peers. These recruits will make up the second wave of recruitment. This process continues until numerous waves are obtained and the sample size is reached. The waves resulting from a seed are called a recruitment chain. Each coupon has a unique number that will be used to identify the seed that started the chain and the number of waves recruited in that chain. The unique number also allows anonymous participation and linkage of behavioural to biological data.

Time Location Sampling involves several steps. The first step is the mapping of venues (bars, discos, streets, etc.) where FSWs are located in a city. This involves mapping the number and size of venues and the number of FSWs found in those venues during selected time periods. The second step uses the mapping to create a sampling frame of venues and time segments (different time periods of a day and week). Once the venues and time segments are randomly selected, FSWs found in those venues during selected time segments should also be randomly selected. TLS works best for FSWs who are visible and can be counted. An adequate number of subjects need to be available to sample during mapping and data collection.

During discussions with organisations it was determined that few FSWs spend time in visible locations. Most FSWs work out of flats and are found by clients through more hidden means, such as the internet or advertisements. Flat-based FSWs, usually comprised of no more than two to eight FSWs, would not make an adequate venue for the TLS methodology. Those working in the hotels, bars or nightclubs would be especially hard to map and sample for TLS, since they are not easily recognizable as FSWs. Given that FSWs are so hidden and that level of time, effort and resources needed for TLS are high, it was decided that TLS would not be a method for sampling FSWs in Tallinn in 2010. For these reasons, discussions on sampling FSWs focussed on RDS.

Interviews with FSWs were structured to include a brief description of the RDS methodology so that FSWs could provide their feedback about its feasibility to recruit other FSWs in 2010. FSWs were informed that the objectives of the study planned for 2010 was to learn about the context of sex work, measure HIV prevalence and to assess sexual risk and substance use behaviors. FSWs were informed that the study would involve responding to questions during an interview and providing a blood sample for HIV testing, and perhaps also sample for testing for other sexually transmitted infections. Ideally, interviews and blood collection would be conducted in a fixed location, requiring FSWs to travel in order to enroll in the study and to collect their test results along with counseling on HIV and how to protect themselves from infection. Furthermore, FSWs were informed that the study would be anonymous and that recruitment involved using coupons to recruit their peers. Finally, FSWs were informed that the study would include compensation of a gift card worth 100 kr for enrolling in the planned study and an additional gift card worth 100 kr for each peer whom they recruit (no more than three) into the study. Compensation for recruiting peers would be available for pickup at the same time they go to the interview location to receive their test results and post test counseling (about two weeks after giving their biological sample).

Interview questions included the size, diversity and strength of FSW social networks in order to assess whether peer to peer recruitment could be sustained and whether sub-networks could be linked.

FINDINGS

The findings presented here follow from the discussions with organisations, interviews with FSWs, data and literature review described above.

CURRENT SITUATION IN SEX WORK

There has been quite big change in sex work in 2009 compared to 2005-2006. One influential factor has been the recent economic recession in Estonia, resulting in a decrease in tourism and a decrease of money being spent by the local population and tourists on sex. Consequently, FSWs have fewer clients and the competition among them is stronger than before. FSWs are also going overseas to sell sex. Data from AISC client questionnaires indicate that one-tenth of the FSWs visiting the centre are mainly living abroad (Norway and Finland are mentioned most often).

Another influential factor has been the increased efforts by police to close down brothels and arrest intermediators (i.e., pimps) of sex work. In response to these police efforts important

amount of FSWs work independently, without a pimp. This allows them to earn more money from sex since they do not have to share the income with middlemen. However, due to the economic situation, FSWs have fewer clients and have had to reduce their prices. These factors increase the FSW's vulnerability to HIV/STI infection because FSWs are more willing to serve clients who are ready to pay extra money to engage in unprotected sexual intercourse. Furthermore, working independently may result in FSW's increased vulnerability to sexual and physical abuse by clients compared to brothel-based FSWs (where there is organised security).

Many FSWs are soliciting their clients through advertising on the Internet and in newspapers. They tend to be organised in groups of two to eight women in a rented flat where they meet the clients (some FSWs may live there as well). NGO Lifeline is regularly in contact with 16 different flats. One big flat was closed down by the police just one day before formative research interviews started making some FSWs afraid of being interviewed. According to the information from NGO Lifeline about 30 women were using this apartment, with five to six of them working there at the same time. When brothels or organised flats are closed and pimps are taken into custody, FSWs will reorganise themselves. This sometimes results in one of the FSWs becoming the pimp (or *Madames*) for a small group of women in the rented flat. FSWs who become *Madames* may also continue selling sex.

According to AISC, there are still two big brothels remaining in Tallinn, with about 50 FSWs connected with both of them. FSWs working in brothels are supposedly allowed more flexibility than before, including being able to choose their work schedule and having time off. Other venues where FSWs find clients are in hotels, nightclubs, and bars; however, according to the NGO Lifeline, these FSWs are difficult to contact since they do not openly present themselves as selling sex. Approximately 18 FSWs solicit clients on a street in North-Tallinn between the hours of 11:00 PM and 4:00 AM. Many of these women are injecting drug users who rely on selling sex to buy drugs. FSWs visiting AISC's testing centre contact clients in the following manner: 61% advertise a phone number or e-mail address by themselves; 39% in a company's private house, apartment, sauna or massage salon; 38% from hotels, bars, restaurants or nightclubs; 2% through taxi drivers and less than 1% on the street.

Formative research data indicate that FSWs are older than some years ago and that the number of minors selling sex has decreased substantially. The majority of women interviewed during formative research were in their 30ties. The age of the new visitors of the AISC during the first seven months of 2009 was: 58% in their 20-ties, 39% in their 30-ties,

2% in their 40-ties (the oldest being 45) and 1% were 19 years old. In 2006 the age of the AISC new clients was: 7% 18-19 years old, 62% in their 20-ties, 29% in 30-ties and 3% in 40-ties.

Representatives from NGO Lifeline and AISC estimate that there are currently around 1500 or more FSWs in or from Estonia. Many of them are working abroad and up to 1000 are currently situated in Estonia with the majority of them selling sex in the capital, Tallinn. In 2005-2006, based on expert opinions, the FSW population size in Estonia was estimated to be around 3000.

According to the data from AISC one quarter of FSWs visiting that center are not living in Tallinn, but are from other regions of Estonia, mainly in East-Estonia. Furthermore, data indicate that FSWs who live in East-Estonia are coming to Tallinn or going abroad to work. This information was also collaborated through outreach by AISC provided to FSWs selling sex to truck drivers in the Russian border town of Narva in 2008. AISC contacted 27 FSWs during three outreach rounds, 17 of whom reported that they sell sex mostly in the capital or abroad and that soliciting truck drivers in Narva was an occasional activity.

SOCIAL NETWORKING AMONG FSWs

There are several indications that FSWs do not form strong social networks with other FSWs in Estonia. Women associated with flats interact mainly with the women in the same flat and do not have much contact with FSWs in other flats or with those who find clients using other methods (e.g., hotels, bars, street, etc.). The few women who work in a single flat form sub networks and seem to have small social network sizes. There are several reasons for this including that many FSWs have families/children and prefer avoiding other FSWs in public and during their free time. It was also indicated that selling sex is not seen as a profession, but as a means of survival by FSWs, causing these women to be very hidden and, often, distrustful of others, a situation similar to that during the first study in 2005-2006. Nevertheless, both organisations reported having contact with several FSWs who claim to interact with many other FSWs and therefore could be useful in initiating recruitment as seeds.

FSWs who responded to the four network questions (n=36) knew an average number of nine (ranging from 0 to 50) other sex workers. Sixteen women stated they knew ten or more other FSWs and two knew fewer than three. FSWs reported having seen an average of five other FSWs during the last month and that the average number of FSWs they could easily contact with was also five. Eight women mentioned ten or more FSWs they could easily contact, but

14 (more than a third of interviewed women) mentioned fewer than three FSWs that they could easily contact.

Most FSWs said that they could pass recruitment coupons to their peers within one week, while others mentioned that they would need more time and few could pass them in less time than a week. Although most flat-based FSWs had peers to whom they could pass coupons, some described the process as possibly taking a lot of time, since the working hours may not be the same as that for other women who are related to the same flat.

INTEREST IN PARTICIPATING IN THE STUDY

Among the 28 women interviewed, six stated that they would not be interested in participating in the RDS study as described by the interviewer. The reasons stated for this included that they had just been tested for HIV, they preferred to be tested through their own doctor, did not have time nor the inclination, did not want to travel to a study site, were afraid of being seen as a FSW, did not know other FSWs to whom they would give a coupon and not wanting to communicate with other FSWs. The remaining 22 women stated that they would be interested in participating in order to obtain information about their health and to have a visit with a doctor. (It was not said that participants of the study would also visit a doctor, but probably FSWs interviewed assumed that the test results would be given by a doctor.) Two said that they would agree, but would not want to provide blood – one because of the bad veins (street FSW who uses drugs) and the other would be afraid to know her test results.

LOCATION AND TIME

NGO Lifeline staff mentioned that some of the interviewed FSWs became bored during the about 45 minute formative interview, indicating that they would not be very motivated to participate in the study, especially if they had to travel to get to the interview location. NGO Lifeline staff, as well as interviewed FSWs, noted that many FSWs would be unwilling to travel to a fixed location to participate in a study. FSWs from other regions of Estonia would also have difficulties finding their way within Tallinn since they do not know the city and would not want to go through the extra trouble of finding the study site. Furthermore, many FSWs claimed to not leave their flat very often. Travelling to a fixed interview location was also a barrier to FSW participation during the 2005-2006 study. In response study method was adjusted and interviews were also offered in locations preferred by FSWs (i.e., their working locations) and the testing method was changed from venous blood to saliva collection.

When asked where they preferred to be interviewed, flat based FSWs stated that their preference was to be interviewed at their flats. FSWs, who already were visitors of the centres of the two organisations stated that they would be comfortable going to the location of the organisation to participate in the study. Some FSWs cited the medical centre as a suitable place for the study. When asked about the general location for an interview site, FSWs stated that it should be in the city centre.

Generally, FSWs would prefer to participate in the study during working days and not weekends. Answers differed when asked about suitable hours during the day: mornings got mentioned several times, but also lunch time or any other time beside mornings. Therefore the open hours of a study site should be quite flexible allowing women with different preferences to come during the time suitable for them.

BONUS FOR PARTICIPATION AND RECRUITMENT

The preferred bonus selected by the NIHD was a gift card which could be redeemed for whatever goods in a shopping centre. It was also used in the previous study of FSWs. The problem with this bonus during the last study was that FSWs did not understand that the gift certificate had a monetary value and were also afraid that it would identify them as a FSW. However, once they were informed on how to use it and that using it would not stigmatize them as a FSW, and they saw that other FSWs were receiving goods with those cards, they became interested.

Interviewed FSWs thought that the shopping centre gift card was a suitable bonus. Several women preferred receiving cash as it could be used to pay bills and debts. If the study does use gift cards as bonuses, it will be important to carefully explain how it works. Given that the gift cards were also provided to FSWs for their participation in the formative research and that some of the FSWs may become seeds, the ability of FSWs to explain their use to others should be more effective in the future. Women may not be able to explain the value of the gift card to each other and therefore have more difficulties in making their peers interested in the study.

FSWs were also asked to suggest other types of bonuses. They mentioned: STI treatment, pregnancy tests, vitamins, perfumes, creams or cosmetics, chocolate, a keychain, a card for gas, or something that is a surprise. When talking about the sum suitable for participating, the majority of FSWs mentioned that they would expect 500 or 400 kr. A few said that 200 kr would be sufficient and FSWs who work on the street mentioned even less. A few women also said that some FSWs would have other motivations for participating (e.g., test results,

social interest, etc.) rendering the bonus less important. However, they stated that women would prefer to receive a bonus nonetheless.

Discussions with the organisations indicated that the bonus for participating would be a bigger motivator today than in 2005-2006, give the present economic recession. Some women mentioned that getting a bonus would provide the impetus for women who were not FSWs to try and enrol in the study.

NGO Lifeline staff proposed providing only the primary bonus (for participation) to FSWs vs. providing a primary bonus and a secondary bonus (for recruitment of up to three peers). The rationale for this was that FSWs would be less likely to redeem a coupon given by another FSW if the recruiting FSW was getting something in return. It was also explained that women would be more interested if all the study procedures were completed during one visit and there would be no need to come back for the secondary bonus (plus test results). The idea of only providing a bonus for study participation will have to be further investigated since in this case FSWs lose the extra motivation for also recruiting their peers after participating themselves.

Another suggestion offered by NGO Lifeline staff was that effort should be made for making the participation of the study fun and interesting. For instance, by providing a choice of bonuses rather than just one bonus or to use different colour coupons. It was explained that using different bonuses could increase the feeling of having a choice and will reduce the chances that the FSWs feel pressured.

TESTING

In some countries where FSWs have been tested, receiving the actual test result and counselling is seen as a benefit. However, in Tallinn where HIV-testing is readily available anonymously and free of charge, HIV testing as part of the study may even be a disincentive for some women. It would be hard to motivate a person to participate when she is going testing anyway and does not need the test results. The four women interviewed by AISC stated that they and their peers are tested regularly for HIV and STIs (e.g., once a quarter for HIV and more often for STIs). This service is offered at AISC. Two FSWs interviewed by NGO Lifeline who stated that they do not get tested would most likely not agree to do so as part of the study. One woman was explaining that she does not need testing and the other said that she was tested last time eight years ago and would be nervous to know the result. All other FSWs interviewed receive testing, but many do not do so regularly. Three of them said that they would not be interested in getting tested during the study.

Interviewed women who agree to get tested as part of the study would not have a problem with giving blood as well as other fluids (for STI testing) and also coming to test results. Few FSWs said that they would prefer to get the test results by phone.

Several FSWs mentioned that receiving information about their health would be of interest and NGO Lifeline staff suggested that the offer of free and quick gynaecological exam could motivate FSWs to participate, especially given that many of them complain that seeing a gynaecologist requires a long wait. FSWs without a health insurance, who need to pay for a visit, may also find the provision of a free and quick gynaecological exam a good motivator. At the same time this was already offered as the additional bonus during the last study in 2005-2006, however, only 19% of the study participants actually went to have the exam. According to the feedback to NGO Lifeline, those who went were satisfied with the service.

PERSONNEL

FSWs were asked what type of person they would prefer to have interview them. FSWs suggested that interviewers should be non-judgemental, respectful, open minded, understanding and polite. Some FSWs said that the interviewer should be female and one preferred male interviewer.

OUTSIDE BARRIERS TO PARTICIPATION

When asked if there were people who would want to interfere with their participation in the study, FSWs stated that they were independent and that there was no one with power to interfere with their decision to participate in the study. This was a concern because in the last study in 2005-2006, there was an indication that a pimp interfered with the distribution of coupons among FSWs.

RECOMMENDATIONS

Based on the findings from formative research, the recommended method for gathering a representative sample of sensitive data from FSWs in Tallinn would be respondent driven sampling. However, there are several challenges to implementing RDS in this population, many of which are those already encountered in the previous study of FSWs conducted in 2005-2006. These challenges must be addressed in the planning phase of the 2010 study.

The first challenge to using RDS to recruit FSWs is that many of them have small social network sizes and the network is limited to the women in one flat only. However, given that

only three coupons are provided for peer recruitment and that the majority of FSWs reported having at least three peers whom they could easily contact, these small network sizes may be sufficient for maintaining recruitment. Extra effort will be needed to find seeds that have large social networks with strong ties to diverse types of FSWs. According to NGO Lifeline and AISC staff there are already identified FSWs who fulfil these requirements and are willing to participate and recruit others. Furthermore, the recruitment process will have to be closely monitored during data collection and may involve follow up calls to seeds to encourage them to recruit if they have not already done so and to replace non-recruiting seeds with new seeds. Since the size of the population of FSWs has decreased a lot compared to the last study, it is very challenging to reach the same sample size as in 2005-2006.

FSWs are not willing to expend too much energy and time to participate in a study. This will require finding creative ways to encourage FSWs to participate, including meeting them at locations outside of a fixed interview site, collecting saliva specimens rather than venous blood (or if possible, have a mobile blood collection kit) and providing an adequate bonus.

Overall both NGO Lifeline and AISC seem enthusiastic about this study and were very cooperative for the formative research. NGO Lifeline, having been involved in the previous research of FSWs, is ready to expend the extra effort needed for the successful study of FSWs in 2010. It will be important to utilize both organizations during the planning and implementation of the study. It appears that AISC and NGO Lifeline have connections to the types of sex work that partly do not overlap between the organisations: for example NGO Lifeline has stronger connections to street based FSWs and AISC has stronger connections to brothel based FSWs. To capture the full range of FSWs in Tallinn, involvement of both organizations is essential. It also should be taken into account that AISC already has premises for offering testing to FSWs.

Finally, it is recommended that this study commence using RDS methodology with the possibility that the study may have to transition into a snowball sample (as happened during the last study) if recruitment cannot be sustained through multiple waves or if the logistics needed to maintain recruitment are too exhausting and expensive.

Below is a table of possible barriers and proposed solutions to using RDS among FSWs in Tallinn.

Possible Barriers	Proposed solutions
Past study was not successful in using RDS due to FSWs not recruiting each other into the study	<ul style="list-style-type: none"> • FSWs should be part of the study planning, involved in all aspects of the planning and it should be made sure that they are aware that their ideas are being included. • A couple of months before the study outreach workers and staff at AISC and NGO Lifeline could start to mention to FSWs that the study will be starting soon; discuss the study with FSWs and encourage them to participate. • Seeds that are well networked with a variety of different types of FSWs should be found for the study. • FSWs could be assisted in recruitment by offering to transport them to locations where their peers are located so that they can recruit them.
Many women work in flats comprising only 2-8 FSWs with little social mixing outside of these flats	<ul style="list-style-type: none"> • More information should be gathered on other types of FSWs in Tallinn. • Motivated seeds who can recruit across flats should be found. • Cross over among FSW networks should be carefully managed; some FSWs may have to be transported in order to pass on a coupon to another FSW who is not located nearby.
FSWs are not motivated to go to the fixed study site in the other part of the city	<ul style="list-style-type: none"> • Interviews and testing could be provided in locations of the FSWs' choosing. • The centres of both organisations, NGO Lifeline and the AIDS Information and Support Centre, could be used as the study location.
FSWs became bored after the one hour interview	<ul style="list-style-type: none"> • Interviews should be kept short (no more than 45 minutes) and interactive. • Technology solutions can be used that make data collection more fun and interesting for participants; such as using computerized assisted survey instruments with embedded interactive modules. • Refreshments, especially caffeinated drinks, should be provided to the participants.
FSWs do not want to travel to get to an interview site	<ul style="list-style-type: none"> • Interviews and testing should be provided in locations of the FSWs' choosing.
FSWs are competitive with each other and will not want to recruit other FSWs	<ul style="list-style-type: none"> • A suggestion was made by NGO Lifeline staff to only provide a primary bonus and not the secondary bonuses. This way the recruited FSWs will not be sceptical about the purposes behind being recruited by another FSW. This possibility could be investigated more.
FSWs will only want to do it for the bonus	<ul style="list-style-type: none"> • A suggestion was made by NGO Lifeline staff to also provide free and quick gynaecology exams to FSWs. That possibility could be considered. • It will be important to find different types of motivators and to explain how the gift cart works. • Also other small gifts like lotions, soaps, make up, could be considered.
FSWs do not want to get tested for the study	<ul style="list-style-type: none"> • Collecting saliva samples instead of blood may be considered for making also those FSWs to be more willing to participate who are not interested in the typical testing procedures. • It can be considered to also have a possibility to answer to the questionnaire only. But efforts should be made to have the maximum possible amount of participants to get testing as well.