

A community-based research to improve access to health services among young female domestic servants in Bamako, Mali: is this a “new” key-population for sexually transmitted infections? (ANRS-0005s 2DM2K)

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Background and objective

West African countries including Mali experience large numbers of rural-urban temporary migration by young female domestic servants (YFDS). Age (10-19 years), ignorance and stigma – including by healthcare professionals- hinder access to healthcare services. There is a potential risk of urban-rural “bridging” for infectious diseases including HIV/STIs, among other public health challenges.

➔ We aimed providing results of an ongoing study focusing on the YFDS neglected population.

The ANRS 0005s 2DM2K study

« Dou Dèmè Muso Ka Keneya » (Health of Domestic servants in Bambara) is an ongoing study launched in February-2023 in Bamako, Mali (approval 2022/79/CE/USTTB).

- 1) A preliminary qualitative survey was conducted in 2021 to adapt the study to the needs of domestic servants.
- 2) Community-based activities were organized and domestic servants were invited to participate to a quantitative survey. More precisely:
 - The NGO-ARCAD-Santé-PLUS provides medical consultations, integrated in the community-based activities of the NGO ADDAD (defending domestic servants’ rights).
 - YFDS are offered with comprehensive package including nutritional status evaluation; counseling/testing/confirmation for HIV/STIs/HBV/HCV. Personalized support is provided for testing/confirmation of suspected tuberculosis.
 - Sexually active YFDS are offered with pregnancy tests and vaginal swabs. Routine data is collected including medical information and cross-sectional survey is proposed to YFDS >11 years old.

Results

Preliminary qualitative survey

Focus group guide	Recruitment criteria for focus groups (FG)	Number of participants
<ul style="list-style-type: none"> Global and sexual health & living conditions of DS working in Bamako 	FG 1: Age 12–14 y FG 2: Age 15–17 y FG 3: Age ≥18 y FG 4: First experience in Bamako and length of stay <3 months FG 5: First experience in Bamako and length of stay 3–12 months FG 6: More than one experience in Bamako and/or length of stay > 12 months	10 6 7 7 9 8
<ul style="list-style-type: none"> Acceptability of a potential community-based health support program 	Preference for a healthcare facility-based health offer Preferred conditions for the community-based health program Interested in paying into a health solidarity fund	
<ul style="list-style-type: none"> Pregnancy, delivery, post-partum in DS 	FG 7: Pregnancy at least once while working as a DS	6
Circumstances and social implications of the pregnancy Pregnancy, delivery, post-partum: access to care, working conditions, social support Access to care for baby		

➢ Highly precarious living and housing conditions: general health conditions and behaviors very dependent on employers’ attitudes

➢ Poor HIV/STI knowledge and high exposure to sexual violence

The majority of domestic servants expressee a prefernce for communit-based health services, mostly for non-medical reasons including their expectation that it would offer a friendly, considerate and trusting environment between peers

Community-based activities including medical offer and quantitative survey

906 present to the community-based activites

median[IQR] age 17[15-19]years.
53% have no education,
68% without rest day,
median monthly wage was 21[17-25]USD

745 (82.2%) in medical consultation

Stunting 5%; Thinness 8%; Overweight 16%:
Anemia 52%

- 3 HIV+ / 589 (0.51%)
- 21 HBV+ /735 (2.86%)
- 2 HCV+ /735 (0.27%)
- 2 TB+ /745 (0.26%)

644 (86.4%) in the quantitative survey

- 322 sexually active
- 13 pregnant (4%)
- 135 vaginal swabs (42%)

Analyses revealed 13% candidiasis (*albicans*, *glabrata*, *dubliniensis*); 3% streptococcus *agalactiae* B; and 10% HPV cases (10%).

Conclusion

Our results shed light to a neglected population with important public health challenges including the dissemination of infectious diseases. Long-term food insecurity leading to the triple burden of malnutrition, pregnancies, and poor mental health also highlight the urgent need of healthcare services adapted to YFDS. Preserving the confidence social environment of YFDS is a key lever to improve their access to healthcare services.

