

Employment Opportunities and Challenges for  
Less Educated Women in Geriatric Home Health Care:  
A Case Study from Cairo, Egypt

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**Master thesis in Development Studies, Noragric**

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## **Declaration**

I, Kathrin Lotze, hereby declare that this is my original work. This thesis, or any of its components, has not previously been published to any academic institution for a degree or in any other form. Information used from other sources is duly acknowledged.

Kathrin Lotze

Oslo, 10<sup>th</sup> of May 2007

**This master thesis is dedicated to my parents!**  
**Thank you so much for all your love, patience, tolerance and**  
**financial support throughout all my years of study!**  
**I love you!**

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## **Abstract**

This study is addressing the problem of women from lower income classes in Cairo to find work opportunities because of their low level of education. At the same time, there is an increasing demand for geriatric home health care provider (GHHCP) due to a demographic transition and the resulting problem of ageing in Egypt. Addressing both problems, a lot of organizations started to offer training and employment in the field of geriatric home health care, encouraging especially less advantaged women to apply for this work. Despite the worsening economic situation in Egypt, which makes it necessary for those women to work, social and personal challenges make it difficult to work as a GHHCP. The objectives of this study are to find out why the occupation as a GHHCP is a good opportunity for less educated women, what can be done to overcome those challenges in order to find more acceptances in the society and to make this occupation more attractive to work in.

This thesis is based on a three months fieldwork in Cairo, Egypt. Through semi- structured interviews with women who both take the training, work as GHHCP and have quit this work, I gained a deeper insight into the women's reasons to start this work, their problems with this work and what they think should be done to improve their working conditions. I also conducted interviews with staff of the different organizations in order to obtain more background information.

According to my findings, most of the GHHCP's started this work because of the lack of other work opportunities, while at the same time needed the money to support the family income. However, despite of a lot of challenges, most women like to work in this field. The major challenges are the concern for women who work alone and without the protection of a male family member in the care takers house, the equalizing of the women's work with the work of a domestic servant, and the reduced time for taking care of the family and household. In order to overcome those challenges and to make this occupation more acceptable and attractive, the role of as well the organizations, as the media and the state are very important.



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**PART I**  
**BACKGROUND OF THE STUDY**

## **Chapter 1: Introduction**

### **1.1 Problem formulation and research objectives**

A lot of changes have taken place in Egypt during the last fifty years in the position of women and emancipation which had the positive impact on the female labor participation. During the fifty's, a lot of importance was attached to give equal educational opportunities to both female's and male's since a female labor participation was seen as necessary in order to build up the national economy. Free and equal educational opportunities have been guaranteed by all the constitutions promulgated in Egypt since 1956 which lead to an increase of a female enrollment on all levels of education. The increase of enrollment can be explained by the incentive of President Nasser's (1918- 70) employment policy which guaranteed secure government jobs to any university graduate. Especially for middle- and lower class women, public sector jobs were preferred because of a good salary, social security (such as maternity leave) and short working hours. Inside this formal sector, women's participation was, and still is, concentrated in the fields of social services, teaching, nursing and medical services

However, after a decade of economic growth, Egypt experienced an economic crisis with consequences reaching up till today. The worsening bad economic situation lead to an overstaffing of governmental and public enterprises, unable to absorb the young people now seeking jobs. In addition, free education in public school meant overstaffed classroom and the need for private lessons in order to complete or continue with a higher education. This had especially an impact on pupils from the lower income classes, and there, especially girls. Education is not longer free. To pass the necessary exams in order to move on to the next educational level which increases the chances for future employment, parents have to invest a lot of money in private lessons and additional textbooks. People from lower classes can not effort to pay for those additional educational fees. Having no other choice, parents from lower classes have to favor the education of boys at the expense of girls. Further, for many lower class Egyptians the prevailing view on the woman's role is that girls do not need a (higher) education since they are going to marry and take care of a family while men have the responsibility to support the family financially. For women from lower classes, this means that they often are left with little education, if they are lucky, they complete secondary school.

This view is however challenged by the worsening economic situation in Egypt which makes it more and more necessary that both, men and women work. The cost of living rose while the

wages, especially in the public sector, did not get adapted to this new situation. Women are forced to work in order to contribute to raise the family income and to make live ends.

Due to the lack of education, employment options are nevertheless very limited. Jobs in the government/ public and private sector require usually both a higher education and contacts. This concerns both men and women. However, less educated men are better off because of an increased establishment of vocational trainings centers in Egypt during the last years. Those vocational training centers seek to create employment opportunities for men who mainly graduated from technical secondary school. Yet, gender specific policies restrict female's access to most of those vocational schooling and squeeze women even more in a limited number of occupations.

This study deals with the problematic of limited employment opportunities for women due to their lack of education. A solution to this problem can be found in the enhancement of vocational training centers for women, complying with the Egyptian gender- biased policy according to occupation.

Some organizations in Egypt started to establish vocational trainings centers with succeeding employment opportunities for less advantaged people in the field of geriatric home health care (GHHCP). Employment in this field was not deducted to only create an opportunity for women but for men as well. However, work in the field of nursing or care is generally seen as typical female occupations. In addition, and maybe more important, the demand for female geriatric home health care provider are much higher, due to the fact that there are more old women in the need of professional care than men. The cultural settings in Egypt restrict the intercourse between men and women, which means that physical contact between a female care taker and a male care giver is taboo.

Most organizations who are offering the training in geriatric home health care have no conditions according to the educational background, usually literacy is sufficient to start the training. Further, the organizations are mainly located in low income areas with the purpose to improve the employment situation for the people living there.

As much as the employment as GHHCP serves as a good opportunity for less educated women to earn money, this work is not without challenges. The occupation is very new and not a lot of people in the Egyptian society know about it, though women, working in this occupation face a lot of misconceptions and prejudices. A GHHCP works in the house of the

care taker. That means the women have to go alone and without the protection of male relative to a stranger's house, something that is not very well accepted in the Egyptian society and women take the risk of losing their honor and good reputation. Working in other people's houses is usually equated with the work of a domestic servant which has the lowest working status in Egypt. Another obstacle might be to combine work and family duties since the women have long working hours which sometimes also requires working in the night.

This study has the objective to get an answer on the following questions:

1. Why does the work as a GHHCP serves as an opportunity for women from less advantaged classes?
2. What kind of challenges do the women face with their work?
3. What can be done to overcome those challenges in order to find more acceptances in the society and to make this occupation more attractive to work in?

My research questions are divided into smaller units with the purpose to make a deeper examination on the questions above:

- What is the educational and social background of the women, working as GHHCP?
- How did the GHHCP's hear about the work?
- What was the reason and expectations to start this work?
- How important is religion for the motivation to start working as a GHHCP?
- How was the reaction of the family and neighborhood about the work as a GHHCP?
- What are the major problems or challenges the GHHCP face with the work?
- What is the status of a GHHCP in public?
- What are the reasons to drop out or quit working as aGHHCP?
- What is the role of the organization?
- What is the role of the state (government) and public (media)?
- How is the future of geriatric home health care?

## 1.2 The wider context of the study

The major focus of this study is directed to examine the employment opportunities and connected challenges for less educated women in geriatric home health care. However, this study has to be seen in a wider context because the opportunity to work in this field of employment arises out of an increasing demand for professional GHHCP's.

The reason for this demand is the result of an increasing demographic transition in Egypt, meaning that ageing is a slowly emerging problem contributing to a change in the country's age composition. The problem of ageing will develop during the next decades and the Egyptian society will have to provide a solution to this demographic transition. The Egyptian case reflects a global trend. Mason *et al.* (2001b) present similar figures for a number of Asian countries and the Arab Human Development Report confirms this trend for the Middle East (UNDP/RBAS, 2002).

Demographic transition means that there is a transition from high birth rates and death rates to low birth and death rates. In Egypt, demographic surveys indicate, that here a change in the life expectancy at birth has occurred over the last 50 years. Whereas it was in 1950 as low as 44 years, there was a permanent climb to a level of 68 years in the year 2000 (Mason et al., 2001b). That means that an increasing life expectancy will result in a rising number of people above 65 years. Moreover, there will be a change in the age group composition of the population. This depends as well on the fertility rate, which is the number of birth per woman. With regard to Egypt, Mason et al. state its steady decline from 6, 6 in 1950 to 3 in the year 2000. With this regard, there will be more old than young people, meaning that the traditional way of the young generation, taking care of the old, will be reduced.

Another increasing problem will be the declining traditional family support network. In the Middle East, traditional extended families, with more than two generations living under one roof, are gradually disappearing as is the case in Egypt, where 84 per cent of all households are now nuclear families (Population Issues, 1999). The impact of the social situation is also described by Fadel- Girgis (1980,1983). She named several factors that might cause older peoples care to become a problem for some groups of the Egyptian population. Further, an increasing urbanization will show its impact in two different ways. For low- income families, who are forced to live in slum areas, economic difficulties might prevent their assistance despite their desire to maintain the traditional family structure. In contrast, people from



middle- income groups have developed a different life style. The nuclear family lives in smaller sized separate residences where it would be difficult to accommodate older family members who might need care. Moreover, since it is becoming more common that women are seeking paid employment, older people will be deprived of the person who traditionally used to provide the main care to them. This raises the question how the Egyptian people will be able to take care of their older people.

The Egyptian government has reacted to the demographic transition and the changing social conditions by encouraging an formal support systems for the aged. Until now, the government has provided the following services to older people: Elder people clubs (110 clubs), institutional care (80 homes) and social training programs. Nevertheless, there is still a lack of a clear-cut policy and far more social services and qualified personnel will be essential in the future. In addition to the improvement of retirement homes, a new trend advocates keeping the elderly with their families through holistic family support programmes (Gadallah, M).

The Eastern Mediterranean Regional Office (EMRO) of the WHO conducted a study about aging, with the conclusion that old people are better cared for within the friendly environment of their own families and communities. Especially in a country like Egypt, where family and religion are important and the historical-cultural tradition of family care for the elderly is strong. The two religions Islam and Christianity, both very present in Egypt, stress the fact that caring for the elderly is the responsibility of individuals and the community as a whole, and that being kind and dutiful to elderly persons is an act of obedience to God. Providing geriatric health home care service could mean a good alternative, leaving the old people in their community but taking a lot of the burden from the family (Shanin 1999).

In this sense, this study addresses two problems: creating an employment opportunity for less advantaged women and at the same time creating an improved support system for old people.

### 1.3 Outline of the study

This study is based on a three month fieldwork in Cairo, the capital of Egypt. The problem formulation, research objectives and the wider context this study has to be seen in, are already described in the in the part above.

The following chapter will give an impression on how my fieldwork was carried out and the methods I used according to sampling and interview technique. Further, chapter two indicates the limitation and scope of my study which are important in order to understand the context of this study.

Chapter three has the purpose to give additional secondary literature as background to my findings. I structured the literature review by a more general view on women in Egypt and their employment situation, starting with the chronically development of the women's legal rights according to work. The following part deals with the society's view on the women's role and how this view changed over time out of adoptions to new living situations the society had to face and which made it necessary for women to work. As a continuation from the previous part, I will examine the employment opportunities for women in Cairo, both for women in general but with a special focus on the less advantaged women which are my focus group of the study. The last two parts of this chapter give the background for the women's participation in the health sector and more specific, an introduction into the field of geriatric health care in Egypt.

More specific, Chapter four presents the organizations that work in the field of geriatric home health care. The introduction of these organizations is the starting point for my findings because I conducted all my interviews through those organizations and giving a background is necessary to understand the content of my findings. I used both secondary sources and my own interviews for this chapter.

Part two of this thesis consists of my findings and discussion and is exclusive based on interviews. I have chosen to divide this section into three chapters; whereas each is meant to give an answer to my research objectives.

Chapter five seeks to find an answer to the question "Why does the work as a GHHCP serves as an opportunity for less advantaged women?" I will examine the different reasons from the women to start both the training and later work as a GHHCP. A special focus is directed on

the family situation and the educational background of the women. Both aspects are important because information about the family situation gives a link to a lack of money as a reason to start working while the educational background, which is a consequence of the family situation, present the explanation why especially the work as a GHHCP serves as an opportunity to earn money. However, this work only means an opportunity for women who comply with certain conditions, which will be presented in part 5.3. Other reason of why women see this occupation as an opportunity can be found in part 5.4 and 5.4: Women see this work as an opportunity to serve God or they have a special interest in this field of employment but do not have a chance to get a job, as for example nurse, since they do not have the right education.

Those women who use the opportunity and start the work as a GHHCP, usually face some of the same challenges which will be examined and discussed in chapter 6. Firstly, the women face challenges with the care taker and the society in general because of the problem “working alone and without the protection of a male family member in a stranger’s home” and “the equalizing this occupation with the work of a domestic servant”. In that sense I will also discuss the status of the work as a GHHCP in this part (6.1). Part 6.2 deals more with the personal challenges, such as the examination of how women combine their work and family duties. Because personal challenges are a mainly the reason to quit the work, I will treat this part as 6.2.1, as a follow up to part 6.2. The last part of this chapter examines the challenges the organizations face with the women and how they deal with it.

Having obtained an understanding of both the reasons to start and, even more important the challenges or problems of the women with this occupation, I devote my attention of chapter 7 to the question of how to overcome this challenges in order to make it more acceptable and attractive in the society. Part 7.1 will examine and discuss how the organization is motivating the women while part 7.2 is more concerned about the role of the organizations as a mediator to the society. Further, both media and the state play an important role in improving the image of GHHCP. I will therefore analyze to what extent the different actors cooperate and why this cooperation is important to improve the status of this occupation in part 7.3 (the role of the media) and 7.4 (the role of the state).

Chapter 8 completes this study with the conclusion.



## **Chapter 2: Methodology and fieldwork**

### **2.1 Method**

The methods used in this study have been qualitative. According to Britha Mikkelsen, qualitative research is a flexible approach of building up an in- depth picture of a situation or community (Mikkelsen, 2005). The purpose of my study was to understand the lived reality of my informants, and further, how they perceive the special situation of working as a geriatric health home care provider in Cairo.

My field-methods have mainly involved the use of semi- structured interviews, whereas questions were asked according to a flexible checklist. Compared to a formal questionnaire, the checklist gave me the possibility to deepen the answers of my informants and to gain a more detailed description of my informant's reality. Further, upcoming and additional questions to one subject gave me interesting and important insights to aspects I didn't consider before.

### **2.2 Organization of the interviews**

My first interviews took place at the *Convent of the Daughters of St. Mary/ Salam Centre* (Moreover referred to as only "The Convent") which belongs to *The Coptic Orthodox Church of Egypt*. I came in contact with this organization through Thomas Boggatz, a German expert in nursing, who is responsible for the training program for future GHHCP's. He introduced me to the head *Tasuni* (title of the Coptic nuns) in order to get the permission for my research at the Convent, and to the administration manager. The administration manager was my main contact person since she arranged the interviews for me. Getting access to my informants turned out to be a problem in this organization. Most GHHCP's were working and didn't have the time to meet me. For this reason, my informants from the Convent consist of six students who came to the lectures in the Convent and wanted to talk to me. Further, I came into contact with two dropouts who came to Convent by chance while I was there and also was willing to talk with me. In addition, I interviewed the administration manager and a trainer from the centre. Both interviews were very important to me since I obtained information about the social settings in Ezbet el Nakhl, the area where the GHHCP's from the Convent lived. Further,

since I only interviewed six trainees, the interviews with the staff helped me to get a better overview over the reasons and challenges of the GHHCP's concerning their work.

While the sampling method at the Convent was entirely by coincident, it was more organized at my other main organization, *Care With Love*. First of all, I came in contact with *Care With Love* through Thomas Boggatz and the Convent since they used to work together before and had a good connection. The process to get the allowance to conduct my interviews was a little bit more complicated. I had to write an official letter to the management in order to present the purpose of my fieldwork and to get my research questions approved. However, after I got all my approvals the organization helped me a lot of getting access to informants. I just had to tell them how many interviews I needed from every category and they fixed everything for me. The categories consisted of 5 dropouts and 10 GHHCP's, whereas those categories were almost equally divided into the sub- categories: married/ unmarried, Moslem/ Christians. Nevertheless, the GHHCP's who agreed to come to an interview with me were mainly working in the night shift. I will come back to possible implications for my research in the part "data validity".

My key Informant from *Care With Love* was Dr. Magda Iskander, the director of the organization, who provided me with important background information about both the organization and the women who work for them.

### 2.2.1 Choice of translator and translation technique

Because of insufficient knowledge of the Arabic languages, I needed a translator to carry out the interviews. I have chosen a female translator because almost all of my informants were women. Egypt is a very gender segregated country and I wanted the women to feel more comfortable in order to speak more freely. My translator was a 19 years old student. She was a very outgoing person who made it very easy to come over the first step of gaining the trust of the informants. In addition, the informants were asked and informed about the content of the interviews by the administration staff of the organizations, which served as a trust factor as well. We usually started the interview with casual small talk and giving information about who I am and why I am interested to make interviews with them. Further, I asked each informant if I could record the interview, which was no problem for any of them. The interview was performed in a way of asking one question at the time and getting the translation right after. I preferred this way of asking questions because I had more control over the development of the interview and could at the same time change the order of the

questions when I felt that important issues came up which needed following up questions even if it was not a part of my questionnaire. Through getting the translation directly after each question, it was much easier and time saving to transcript the data, both for me and my translator. One disadvantage could be that this way has a chance to interrupt the flow of the interview and the informant gets bored. Anyway, the translation sequences were short and I did not feel that problem for my informant. On the contrary, the informants got a chance to reflect and re- think their answers and came with additional information which was often more important and informative than the answers they gave before.

### 2.2.2 Relation to the informants

In general, I felt very welcomed and accepted by all of my informants. Most of my interviews took place in a free room in the offices of my organizations. However, three informants from the Convent invited me and my translator to their houses, which I really enjoyed since I got to know how they life, which contributed to a better understanding of the women's living condition. In addition, I experienced the women more relaxed and self secure than the informants I interviewed in the office at the Convent.

I do not know how *Care With Love* asked my informants to participate on my interviews, as giving them some kind of reward. Usually, I had 3 or 4 interviews per session and some of the women had to wait a certain time until it was their turn. However, that did not seem to be a problem for the women. An explanation can be that the women had time to talk to each other and to exchange news. Most of my informants were very relaxed when we started the interview, while others showed a certain tension in meeting me. However, after my translator introduced me and we had the usual small talk, this tension disappeared. As mentioned above, my translator was very good in taking the first burden. Further, telling the women that I was a student and this was my first research helped the women to open up. The feeling of "being at an official interview" got reduced since we talked about other things as well and actually had a lot of fun. Most of my informants were kind of proud to can help me with my study, because they meant that it was very important that someone paid attention to their work and made it to a subject of investigation for a master thesis.

Out of ethical considerations, I will not reveal the names of my informants since I told them in the beginning of each interview that they will stay anonymous and the records of the interviews will only be used for my own data analysis and will not rendered to other people.

However, in order to get some more information of my informants according to age, family status, religion and level of education, I attached a table of background in the appendix.

### 2.3 Limitations and scope of the study

#### 2.3.1 Limitation of time

The major problem of my study was the limitation of time. I had 3 month to do my field research (from October to December). Further, I started my field research in the month of *Ramadan*, which, according to Dr. Iskander from *Care With Love*, is the worse time to start a research since everything in Cairo goes very slowly and people are not really in the mood in spending the time with things that are not very important to them. For this reason, I started my research at the Convent, conducting interviews with Christian people. However, I only got a few interviews there and had to wait until November to get access to my major informants from *Care With Love*.

A bigger problem for me was the non- existing network of organizations or institutions, working with the education and employment in geriatric home health care. There was very little connection or communication between them. It was very time consuming to find other organizations, especially Moslem organizations or institutes, offering geriatric health home care. When I finally found useful sources in the middle of December, there was no time left to make interviews with either care givers, trainees or drop outs. I got two interviews with the staff of *CEC*, which at least gave me some ideas about the structure and problems of the organization according to the education and employment in geriatric health home care. Anyway, it was frustrating to leave the field, knowing that there is more important information for my research.

The limitation of time was also the reason why I just focused on Cairo, leaving out smaller cities and villages.

#### 2.3.2 Focus on geriatric health home care

Geriatric care can be given through different systems. In Egypt, because of a cultural and religious setting, the common public opinion is that it is the family's responsibility to take care of older adults. However, long term care in old people's homes exists in Egypt, offered both through public and religious institutions. According to a study from Michelle Sinunu, the decision to place or not to place older adults into long term care depends on six factors: older



adults health status, availability of kin, filial obligations and ideals of reciprocity, characteristics of family care givers and the quality of care giver- older- relative relationship, religious conviction and the desire to do what is best for their relatives (Sinunu).

I think that the decision to place an older family member in an old people's home is never an easy one in any society. In Egypt, as in other countries where the older people have a very high status, to place a family member in an old people's home finds generally a social condemnation. For this reason, geriatric home health care serves as a very good alternative since older people can stay in their habitual environment and in addition, getting all the necessary care and treatment they need. Family members are able to pursue their work and do not need to feel bad by giving their older family members away.

More important for my research is the fact that geriatric home care opens up for a new field of employment opportunities. There is an increasing need and demand for care givers. Moreover, while employment in the field of nursing requires a higher education, the education in becoming a care giver is open to less educated people as well. It gives a chance to people from low income classes, who are financially not able to obtain a higher education, to find employment.

### 2.3.3 Focus on women and employment

The employment situation in Egypt is bad in general, concerning both men and women. However, since my major subject is the employment as a geriatric home care provider, the focus on women was more or less a natural outcome of a given situation: the demand for female GHHCP's are much higher than for male care givers. First of all, either nursing or everything having to do with care, are generally the responsibility of women in the Egyptian society. Further, in the case of geriatric home health care, there are more female care takers in the need of a care giver. One explanation might be that women live longer than men. Moreover, care dependant men receive care from their wife's as long as possible, while women in the need of care are more dependants on family members or a professional care giver. In the Egyptian society, due to social taboos, physical contact (in this case washing or cleaning of a patient) with the other sex, not belonging to the own family is not accepted. That means male GHHCP's can not give care to a female care taker.

According to my interviews, despite the fact that a lot of men applying for the training and later employment as a GHHCP, all organizations are just able to enroll a small percentage of male applicants. This is because of the difficulty to find employment for a male care taker after the training.

Another reason to focus on women was to find out more about the special situation women are put into when working as a GHHCP, and how they handle this situation. As mentioned already for male care givers, physical contact between the opposite sexes of non- family members is not accepted. For female GHHCP's, entering the house of a care taker (regardless if male or female) and being alone in an environment with no security of the own family, maybe coming home late at night, is a new and often not well accepted situation. In addition, there was my general interest in women and employment in Egypt, according to status, education and work opportunities.

#### 2.4 Significance of this study

As already described in the introduction, the demographic transition, producing more old people than young, will be an increasing challenge for Egypt, as well as for many other developing countries. Nevertheless, this demographic transition can also have a positive impact on the unemployment situation since the increasing demand for geriatric services will contribute to creating new jobs, especially for less educated women who have limited chances to find work otherwise. For this reason, it is important to focus on the education and employment of qualified people in the field of geriatric home health care.

My study can contribute to examine the different problems the students and later GHHCP's are facing. The findings of this study can be useful for the different organizations, working with the training and employment in the field of geriatric home health by taking these problems in consideration and adapt them into their training and employment strategy. While reducing the negative sides of this occupation, more people might become motivated or attracted to this occupation. Moreover, during my fieldwork, I meet different organizations that either have not heard from each other or did not have any contact. By spreading information about the existence of other organizations, I hope to contribute to more cooperation between them in order to find a united strategy according to an educational degree, title of employment and official recognition by the government and with that improve the status of this occupation in public.

This study has not just significance for Egypt but can also be seen in a broader context. The components of “demographic transition” and “unemployment” are or will become challenges in the future to other developing countries as well. Especially for countries, with similar cultural and social settings according to religion, position of women and status thinking, this study can be of importance. In that sense, this study can be used for comparison, learning purposes or adoption of new strategies in order to find a way of providing care to older people while still keeping them as an integrated part of the family and at the same time creating employment opportunities for less advantaged women.

Out of a developmental perspective, this study is relevant because it addresses the different issues: women and empowerment, creating employment opportunities, poverty reduction and finding solutions for demographic transition.

### 2.5 Data validity

Because of the limitation of time, I only reached a few organizations working in the field of geriatric health home care. Even so I tried really hard to find some Islamic organization, providing both the training and employment in this occupation, I did not succeed. However, that does not mean that they do not exist. However, for my findings, the exclusion of Islamic organization could give an incomplete or wrong picture of the women’s relation to religion. According to my findings, religion plays an important role for my Christian informants, especially those from the Convent while my Moslem informants paid only little attention to religion. This can also have a reason that all Moslem informants came from *Care With Love*, which is a secular organization with the focus to provide care out of a humanly perspective, regardless of religious affiliation. If I would have asked people from an Islamic organization, I might have got similar religious motives as reasons to start working in this occupation. Further, covering only two organizations does not guarantee that other organizations have the same problems and this study face therefore difficulties concerning generalization.

Another problem can be that I only got interviews with trainees from the Convent. Since they just started the training, I did not obtain a lot of information about the actual challenges after the women started to work. Maybe the women who already worked for the Convent have not experienced the same challenges as my informants from *Care With Love*. However, I had two

interviews with the staff of the Convent and I assume that both of them could deliver a realistic picture of the work of a geriatric health home care provider. This is because both of them have been working for the Convent since the start of the trainings program and knows all of the women and their backgrounds.

More serious is the fact that I only conduct interviews with informants from *Care With Love* that work in the night shift. Even if most of those informants changed from day to night shift with the reasoning that it is easier to combine work and family, I do not have comparable data from women with children working in the day shift. They might experience the pressure of combining work and family as less important.

## **Chapter 3: Literature review**

### **3.1 Women and employment**

According to the official data from Egypt and the Middle East, the overall rate of female labor participation is much lower compared to other similar developing countries in Latin America and Africa (Hoodfar, 1999). Nevertheless, a lot of changes have taken place in Egypt during the last fifty years in the position of women and emancipation, leading to a slow increase of female labor participation (Amin, 2006). Statistical data shows that in 1986, 12, 3% of the Egyptian women were waged workers. The Egyptian Demographic and Health Survey (EDHS) in 1995 based on a countrywide sample of 7121 women had as result of 15,1%, while in 1997, the number of women joining the labor force increased to 22,1% (Boggatz). These numbers just include women who are waged workers that mean working in the formal economic sector. Unpaid family work or women working in the informal sector are not included. The percentage of working women would be much higher if they would be a part of the sample. According to Hoodfar, field studies in the poorest districts of Cairo suggest that as many as 40% of all households contain women who are involved in various forms of informal or unpaid employment as piecework for manufactures, food vending, domestic service, poultry raising and water carrying. However, the statistic fails to capture these activities because the vast majority of women are categorized as housewives and are only included in labor force data if they hold jobs in the formal economic sector (Hoodfar, 1999).

Nevertheless, despite this increase of female labor participation, women in Egypt are still struggling between their traditional role as housewife and mother and the “modern woman” who leaves the house to work outside. MacLeod calls that the “Women’s dilemma”, referring especially to the situation of lower- middle and middle class women, which is my focus group as well. However, I will come back to MacLeod’s women’s dilemma later in this chapter.

### **3.2 The legal position of Egyptian women in the labor market**

Women in Egypt had through history found themselves struggling to find their position in the public sphere. Under the reign of Mohamed Ali (1769- 1849) who was cited to be the founder of modern Egypt, private ownership replaced state ownership and opened up for a market economy which also influenced the status of women according to work outside the home. European cultural norms were adopted, concerning education, manners, dress and

social etiquette and reconsidered gender roles and expectations. However, this modern liberal emancipation just reached the Egyptian upper class.

On the other side stands the Al Azhar religious establishment which influenced the middle and especially the lower classes to maintain the traditional patriarchal system to wield control over women (Hafez, 2001.). Al-Azhar is considered by most Sunni Muslims to be the most prestigious school of Islamic learning, and its scholars are seen as some of the most reputable scholars in the Muslim world. Their stated objective is the propagation of Islamic religion and it maintains a committee of ulama (Islamic scholars) to judge on individual Islamic questions and the general Islamic law (Goldschmidt Jr, et. al, 2004). In the case of Egypt, Al Azhar governed the Personal Status Law which is relatively unchanged until today and undermines women's full personhood in the Egyptian society. The Personal Status Law regulates issues concerning marriage, divorce, custody, inheritance and employment. Whereas the Egyptian legal system derived from the French civil law, the Personal Status Law relies predominantly on the Islamic *Shari'a* law (Saleh, Y, 2004). *Shari'a* is the canon law of Islam, based on the Quran and *Hadith*, the tradition of the Prophet Mohammed. Since *Shari'a* is the official law regulating matters of the personal status, non- Muslims are granted just a certain degree of autonomy in issues that concerns the personal status "by way of exceptions" (Human Right Watch, 2004).

With the revolution of 1952 by Gamal Abdel Nasser, the general legal position of women in the labor market improved. The revolution's aim was to overthrow King Farouk I and to put an end to the British Protectorate. The Egyptian monarchy was seen as both corrupt and pro-British, with its lavish lifestyle that seemed provocative to the majority of Egyptians who lived in absolute poverty (Goldschmidt Jr., A. et. al. 2004). Since most of the revolutionary's were sons of small peasants, minor government officials and petty merchants, their major goal was land reform and social justice, who also included the improved rights for women.

Already during the prevailing anti-colonial movement, women's organizations gained influence all across the nationalists, modernists and socialists and enhanced with this the empowerment of women in Egypt. Nasser supported the more liberal view of giving equal educational opportunities to both female's and males since he saw the importance of women and their participation in building the national economy (Hoodfar, 1999). Despite the protest of the conservative Egyptian religious elite '*ulama* (religious scholars) of the Al- Azhar University, who used Islamic arguments to oppose any suggested change in the status of women, Nasser used the revolutionary enthusiasm and optimism for modernization of the

Egyptian population to set up the maternity law 91 of 1952, which makes it illegal to discriminate against women (art. 130) (Hoodfar, 1999). This maternity law prescribed first three month of paid maternity leave and up to two years unpaid maternity leave, available up to three times with no loss of seniority. However this law has been revised later since women faced difficulties to find work in the private sector, mainly because of women's work discontinuity due to childbearing and rearing. To bring the public benefits in line with private sector benefits, the unpaid maternity leave got reduced to one year, taken twice and just available to a woman employee after ten month in service. In addition, the paid maternity leave was reduced to fifty days, with hundred percent of the salary (Handoussa and Tzannatos, 2002).

Another improvement according to rights of women and labor can be found in the National Charter of 1962, which reads that

*“Women must regarded as equal to man and she must therefore shed the remaining shackles that impede her free movement, so that she may play a constructive and profoundly part in shaping the country”* (Hoodfar, 1999).

The Nasser government recognized that women's full participation can cause ideological problems and obstacles. Nevertheless, it was the following president of Egypt, Anwar Sadat (1971- 1981), who took these obstacles more serious than Nasser. Further, Sadat has often been accused to be more conservative towards women and their labor participation. In an enactment of the personal status law in 1979, he curtailed in Chapter 2 of law 44 that:

*“Married women have the right to be employed outside the house if the family's economic circumstances made it necessary”* (Hoodfar, 1999).

Hoodfar describes this law as conditional rather than an absolute right which has a negative effect on married women who want but don't need to work. On the other hand, Hoodfar argued, that

*“This law makes it possible for women of poorer households to enter the labor market without the consent of the husband. Because women need to have permission from their*

*husbands to leave the house, it has been conventionally interpreted that women also need the permission of their husbands to enter the labor market” (ibid).*

However, after talking to different lawyers in Cairo, there is no absolute law that regulates the women’s right to work. According to the Islamic tradition, which follows the Shari’a, the right for a woman to work is individual regulated through the marriage contract. That means, before marriage, the couple agrees about if the woman is allowed to work or not. After an agreement on this issue, the contract is binding for both the men and the woman. Homa Hoodfar describes in her book “*Between marriage and the market*” situations where women break up their engagement because the man will not let them work after marriage (Hoodfar, 1999).

### 3.3 The prevailing view on women in Egypt

Religion and traditional customs play a very important role for most people in Egypt, therefore gender relations are mainly defined through religious rules and customs. This concerns both Muslims and Christians. Literature about Christian women and their status in, both their own Christian community and the Egyptian society in general, are extremely hard to find. My literature describes therefore mainly the common view on Moslem women. In my findings, it becomes nevertheless clear that there is not so much difference between Moslem and Christian women according to the expectation of the Egyptian society about the function and behavior of a woman. The Orthodox Church (which most of the Egyptian Christians belong to), as well as Islam in general view the relation between men and women as complementary. God endowed men and women with different natures and characteristics. According to the description of Macleod, because men are strong by nature, they are shaped to work outside the home. The nature of women is weak and emotional and she therefore is suited for household management and the emotional factors of giving care and love to the family (Macleod, 1991). *Doctora Iman*, an expert on women’s issues at the Al Hilal mosque and Islamic women activist in Cairo, supports this view in the book “*The terms of empowerment. Islamic women activists in Egypt*”. She encloses Macleod’s description by stating that

*Men and women are equal in the eyes of God and each has a clear and essential role to play in society. Men are responsible for women in the family and therefore have a*



*supervisory role, if not an unconditional dominance over them. A woman by virtue of her central role in the family deserves that her needs and rights are met by men, and vice a versa.* (Hafez, 2003)

With that, all financial responsibilities are carried by men. A woman should always be financial secure, either by her father, husband, son or brother (Abdul-Ati)

Despite a clear religious division of gender roles, Islam does not forbid women to work or to leave the domestic sphere. Throughout the history, Islam enhanced the education of women on the grounds that she has to prepare her children for life. A woman needs to know how to read and write in order to help her children with homework. If a woman just stays at home, spending her day with cleaning and cooking, she will not know anything about the reality of life and can not give advices to her children in how to deal with problems. Since the woman is responsible to raise the children, she plays a very important role in society (Hafez, 2003). Islamic women activists call women to be productive outside the house. However, work does not just mean employment for wage but as well voluntary or charity work (ibid). Charity work is a very important aspect in the Egyptian society and most mosques and churches offer a broad spectrum of different social and health services.

Hammuda Abdul Ati supports the view of the working woman but just unless her integrity and honor is provided (Abdul Ati). Diane Singerman takes up the issue of integrity and honor of women in Egypt in her book *“Avenues of Participation. Family, Politics and Networks in Urban Quarters of Cairo”*. She rejects the western picture of a Middle Eastern woman as subjected, oppressed and invisible.

Despite of a very patriarchal family structure, norms and rules are socially constructed and go through changes over time. Women today are very visible in the streets of Cairo and have a strong voice in the public sphere. Nevertheless, despite of the ongoing emancipation of women, family remains as the most powerful ethos in Egypt, especially for middle- and lower class people. The family and its reproduction, rather than the individual, is the more relevant unit of society (Singerman, 1997). For this reason, marriage is the most important social event for both men and women in Egypt. Only through marriage can men and women seek socially and religious accepted sexual activities, having children and with that achieving adulthood and self- realization (Hoodfar, 1999). Marriage and the protection of integrity and

honor inside the community play a similar important role for Christians in Egypt as well (Singerman, 1997).

In order to first of all find a suitable marriage partner, and later to maintain its household's integrity, the family must protect its position within the community. Most people in the lower- middle and lower class areas live very crowded together. Because there is not enough space in the apartments, most of the live takes place on the streets. Gossiping or neighborhood talk is a common characteristic in these areas and people follow well after of what others are doing (Singerman, 1997; Wikan, 2004). With this, the question of honor and respect are widely discussed in the community since the status of both the individual and family depends on its good reputation. The movements of women, especially the unmarried, are monitored to ensure that they don't have an illicit relation with a man (Singerman, 1997, page 53). Women are supposed to show modesty, dignity and conformity, especially when they are alone outside, without the protection of a male relative or husband. Being alone with strange men would damage the woman's good reputation (Hafez, 2003). As later shown in my findings, this socially expected behavior puts a heavy burden on working women since it restricts women in their choice of occupation.

### 3.4 The women's need to work

Homan Hoodfar discussed in her book "*Between the Marriage and the Market*" the responsibilities of middle- and lower class women and the question "if and when" women should work. According to her findings, it became clear that a woman's main responsibility and priority is to take care of her home, children and husband. Nevertheless, the most important exception of leaving the home and start working are financial reasons Hoodfar, 1999; Macleod, 1991).

I want to make clear that I here refer to the majority of lower-middle and lower class women. Women from higher classes have different reasons to work, such as self- realization. The financial reasons can be explained by the given economic situation caused of a continued inflation in Egypt. In the 1960's, the economic policies of Egypt pursued a strong state intervention, centralized decision making, public sector dominance of industrial production, import substitution and a control of private economic activities. At the same time, President Nasser's employment policy guaranteed secure government jobs to any university graduate. All levels of educations were free of charge which leads to an increase of enrollment (Megahed). Especially for middle- and lower class people, public sector jobs were preferred because of a good salary, more security and short working hours (Hoodfar, 1999).

After a decade of economic growth, Egypt experienced an economic crisis, due to the oil boom of the 80's. The economic situation (with a government employment guarantee for graduates) meant that full employment was achieved by the over-staffing of government and public enterprises. Free education in public schools meant overstaffed classrooms and the need for private lessons for those who could afford it in order to get a good education.

At the same time, the cost of living rose dramatically while the government wages increased only modestly. The economic Reform and Structural Adjustment Program in 1991 promoted the private sector in order to create more jobs.

The problem Egypt is facing until today is that employment in the private sector is only accessible for the better educated middle and upper class while lower social groups, due to the lack of education find themselves struggling to get a low paid job in the government/public sector, getting self employed or to work in the informal sector (Hoodfar, 1999; Singerman, 1997; Megahed)

The consequences for most male employees in the public sectors are that they have to find a second job in order to feed their families. Since it is still not always possible to live on the men's income, women from lower classes are forced to work. Singerman claims that the women's necessity to work starts before marriage since they have to finance their obligational wedding expenses, which are very costly in Egypt and often too heavy to carry by her family and fiancée alone.

Even if most lower class family depends on the additional income of the women, the question if a woman should continue to work after getting married is a very sensitive issue. As mentioned before, it is a shame for a man if he can not take the financial responsibility for his family. In order to not question the responsibility of the husband, women mainly invest their salaries in household's goods or status items that are not viewed to neglect the status from the husband. Just if the man is very poor or unemployed, the woman will cover the daily expenses or basic needs as well (Singerman, 1997).

Macleod confirms this point of view, that according to her studies, women work to have an extra salary which is used to buy "luxury" things for the house, such a washing machine, refrigerator, nice clothes, furniture and the education for their children. The major purpose is to raise the social and economic ladder and with that the status of the family in the community (Macleod, 1991).

Another important aspect for the women to work is out of security reasons. Even if laws provide financial security in case of divorce or widowhood, these laws are very theoretical and the reality speaks another language. Informants in Hoodfar's book are stating that they can't trust their husbands. Life is getting harder and men, after their opinion, are not reliable anymore. Women are forced to work in order to have enough money to survive in their old days in case the marriage should fail or the husband dies (Hoodfar, 1999). In an interview with the author and feminist *Nawal Sadawi*, this view finds confirmation. Sadawi refers to the "*helplessness of economic dependent women in the face of divorce or mistreatment. An increase of work opportunities for women may do a good deal to combat this*" (Graham-Brown, 1981).

Hence, to enable their daughters a secure future, a survey of Hoodfar in a low income neighbourhood presented that 76, 3 % of mothers wanted their daughter's to be educated and to work (Hoodfar, 1999).

### 3.5 Employment opportunities for women in Cairo

Employment opportunities for women in Egypt are different, whether they live urban or rural areas. In rural areas, 55% of women are working in the agricultural sector. Further, working for free in family businesses are much more common on the country side than in cities. However, this part only focus on the major employment opportunities for women in urban areas, more specific on Cairo, since my own field research was limited on Cairo as study area.

In her article "*Women, Education, and the Profession in Egypt*", Kathleen Howard Merriam is stating that "*the choice of occupation or career is a function of the interplay of regime, class, socioeconomic environment, the family's ideological orientation regarding the women's role, and the individual's personality*" (Howard- Merriam, 1979).

Egypt is a class society whereas each class has its own acceptable and suitable employment sector. Due to a better education (usually graduated from a public university), employment in the government and public sector is the best option for middle and lower- middle class women, living in urban areas. Further, typical female occupations in this sector are in the fields of education, administration, health and social work (Howard- Merriam, 1997; Hoodfar, 1999, Macleod, 1991).

The advantages of a job in this sector are: you can't get fired easily, medical and social insurance, pension and maternity leaves. Further, the working schedule is flexible which

means that the women's economic activity is not interfering with her domestic responsibilities. Another important aspect is that the usual office setting is staffed with many people which reduce the risk of sexual harassment. Despite the high status of government employment, especially for women, the negative side is the low salary, once you get a job. Since the government sector is totally overstaffed, it can take about 3-4 years of waiting to get a job and applicants are usually dependent on a social network or contacts (Barsoum, 2004; Hoodfar, 1999).

Private sector employment is reserved mainly to the higher and middle class individuals who have the right education (mainly from private universities) and contacts. However, women in general are not viewed to be suitable for employment in the private sector since. For the women themselves, working in the private sector means a low salary, long working hours, not very common with social insurance, no job security after maternity leave and a high risk of sexual harassment and exploitation. The private sector consists mainly of small companies where women have to work closely with men. For the often more conservative middle class, professional progress has not yet led to social or sexual liberation and young and unmarried women still face social problems by attending mixed social gatherings or to be alone with men (Gran, 1977). Further, a good knowledge of language (usually English) and Computer skills are needed, which most students from public universities are lacking. Employers don't like to hire women since they can not work long and have a high rate of absence because of child bearing (Barsoum, 2004).

Employment opportunities in the government\ public sector are rare because of the situation that this sector already suffer from overstaffing and only people with contacts or a university degree get a job there. The private sector is predominantly accessible for urban upper and middle classes since they can afford to pay for private tutoring which is necessary to pass the exams and moving on with to a higher education. Students from lower income families who do not obtain high scores in their final exams in order to enter university, but want to obtain a higher education usually enrol in different institutes (Macleod, 1991).

To make this problematic better understandable, I see it as useful to give a short introduction into the Egyptian educational system:

The public educational system starts with a compulsory basic education, which consists of six years primary school and three years preparatory school. The final exam at the end of

preparatory school determines which school the student moves on. Obtaining high scores gives the students the possibility to continue on to the general secondary school, which qualifies the students to enrol at university later. Important here is that obtaining high scores and with that access to general secondary school and later university, usually is only possible for students who can effort to pay for private tutoring. Most students from low income classes (unless they are remarkable smart) will end up with low scores and have the only option to move on to technical secondary school. The technical school is divided into the branches of commercial; industrial and agricultural education (Global Alliance).

While men are found in all branches, women are mainly concentrated in the commercial branch, leaving them with the only option for a career as salesperson or secretary or the enrolment on a very limited number of post- secondary Institutes. Men, who complete technical secondary school in the branch of industry, have far more options. Even so they have no access to university, opportunities are given by post- secondary technical education in Technical institutes or vocational training centres, which are restricted to women because of gender specific policies (Nassar, 2002).

Ghada F. Barsoum describes an employment hierarchy according to education and class, which is a natural consequence of the Egyptian educational system. If a female university graduate can't get work in the government\ public or private sector, the next ladder on the employment hierarchy is the occupation as saleswomen. However, there is a scarp distinction between the educational background and working task. For a university or a two- year institute graduate it would be degrading to sell clothes, carry out cleaning tasks in a shop or making tea for her boss. According to Barsoum, these kinds of tasks are suitable for holders of vocational secondary diplomas in commerce. Whereas the work as a cashier is a possible job for someone with a higher education since the cashier is responsible for the cash flow and for reconciling accounts at the end of the day (Barsoum, 2004).

While Barsoum just describes employment opportunities for female graduates, Hoodfar also includes less educated and illiterate women. Common for both, Barsoum and Hoodfar, is the hierarchy of employment suitability for women according to status and class. Top of the hierarchy are the educated women with a suitable employment in the government (as teacher, white collar worker, nurse). For skilled women, the occupation as a tailor and hairdresser is suitable. The best employment options for illiterate women are 1. Worker in the market and

petty trader within the neighbourhood; 2. Unskilled work such as cleaner or tea lady in a factory or any other large institution and 3. Where there is no other choice, maid or handywomen (Hoodfar; 1999). There is a common agreement between all my sources that working as a domestic servant is the occupation with the lowest status.

As I have showed, status and employment in suitable or accepted occupations are very important in the Egyptian society. With this, social norms reduce the opportunity for women to find employment in other areas since they might be social contempt.

However, as stated in an article in the *Middle East Report*, concerning *Gender, Population and Environment*:

*“The Egyptian society is changing in significant ways, modified by the social and economic realities of everyday life which are in turn affected by changes in the local and international economy”*( Nawar et. al.1994).

Increasing unemployment and, at the same time an increased need for cash, open up for new creations of jobs and to change the traditional view on “accepted and suitable employment for women”. This is particular the case for lower- class people who can not make it into university and face with that limited employment opportunities. A lot of NGO’s started to introduce vocational training programs in Egypt in order to ease the unemployment situation. Vocational training or education is on the way to get more common and to win more and more acceptance in the Egyptian society.

The focus of my fields study is the vocational training in the field of geriatric home care. As I will show in my findings, women from poor neighbourhoods of Cairo, mostly completed secondary high school, find employment as home care givers and contribute with that to raise the family income with their salary to a high extend. However, according to the view of the Egyptian society, this work face problem to fit into the scheme of “accepted and suitable employment for women”.

### 3.6 Women and employment in the health sector

Female employment in the health and social service sector make up the third place on the overall employment distribution of women in urban areas (Educational sector comes first, followed by the administration sector) (ESCWA, 2003).

According to *Kathleen Howard Merriam*, the reason can be found in the expansion of governmental medical and health services. Working in public hospitals, with regular working hours made employment in the health sector very attractive to women since it is more compatible with family needs. That doesn't mean that female employment in private clinics doesn't exist but if a woman is to conform to the prevailing expectation of marriage, working in private clinics or services is not likely to fit with her husband's career and family demands (Howard Merriam, 1979).

The field of medicine as a profession is becoming increasingly feminized. This includes also the field of nursing since 91% of this occupational group are women (Boggatz). Islamic tradition encourages women to work as nurses with the argument that the prophet's wife Aisha worked as a nurse during war time and act with this as a model for working women (Macleod, 1991).

According to a field research of Thomas Boggatz, there are 3 types of degrees in nursing:

1. Technical nurses, obtaining training for two or sometimes three years depending on the school.
2. Diploma nurses, completing a three years program at an institute
3. Bachelor nurses, taking higher studies at the Faculty of Nursing Science with the option to continue with a Master and PhD.

Education in nursing requires a graduation from high school. Further, as showed before, employment in the government and public sector demand a higher education, which means that uneducated women have no access to the profession as nurse.

A problematic aspect is that, according to the educational status and acceptable working tasks, nurses in Egyptian hospitals mostly just concentrate their attention on the assistance in the medical treatment. This is even the case as the official job description include that nurses are generally responsible for the cleanliness and feeding of patient and the transportation to and from the bed (Boggatz). Nevertheless, physical care, such as washing and feeding are traditionally seen as the responsibility of the patient's family. Thomas Boggatz gives two other possible explanations for the neglect to carry out physical care: first of all there is the social taboo for women to come in physical contact with men who do not belong to the own family. Secondly, working conditions in Egyptian hospitals are very bad and underpayment in the medical sector (as in all governmental\ public sectors) is common. This results in disinterest and absenteeism, according to work performance (Boggatz).



### 3.7 Geriatric Care in Egypt

Moving on from the occupation as nurse in general to nursing for old people, literature starts to get scarce. This is mainly because the focus on older people as a public responsibility is a new phenomenon in Egypt. Traditionally, the care of older people was the responsibility of the family. However, dramatic social and economic changes at the community and social level caused a change of the traditional family structure and transmit more responsibility to the community (Sinunu). This is particularly the case for people from the middle and upper income group, which have developed a different life style. Nuclear families are more common, living in separate residences with no space to accommodate the elderly in case of needed care. Further, the female labour participation deprives the elderly of the traditional care person in the family (Boggatz).

Until now, the development of services to provide care to old and frail people has lagged behind the demographic change (Sinunu). According to Dr. Mohsen Gadallah, Professor of Community Medicine from the Faculty of Medicine at Ain Shams University, there is no Supreme Council for older people in Egypt. The policy making bodies, concerning the older people, are mainly the Ministry of Health and Population, the Ministry of Insurance and Social Affairs, the Universities and academic institutions. However, there is no national framework that links these bodies together (Gadallah).

The service to older people which has been provided from the government consists of 110 Elder people clubs, 80 homes for institutional long term care and social training programs. Further, education in both, geriatric medicine and nursing is still not well developed. After 1988, geriatric medicine was offered at different universities at the post graduate level as Master degree. Until today, there are just 70 specialists in geriatric care, whereas the number of consultants is around 12 and they are based mainly in Cairo. Geriatric nursing is offered as a module or specialized courses in many universities (ibid.). Nevertheless, Amin Gamal Amin from the *Elderly Care Center at Helwan University* pointed the problem about graduate students from university and their later work performance. In an attempt to provide the graduates with employment in the old people's home care service, the Center faced the problem that the graduates did not accepted the work as washing, cleaning or feeding the old people as one of their duties. As for university graduated nurses in general, the main focus lies in the medical treatment (Interview with Amin from CEC, November 2006).

Besides the governmental body, other institutions, as mosques, churches and private organizations play an important role in offering care to old people. Charity work, targeting the most vulnerable people in the society, is a traditional responsibility of religious institutes.

Hence, most mosques and churches offer a broad spectrum of health and social services (Hafez, 2003). However, organizations that offer both education and employment in geriatric health home care are still not very well known. In the next chapter, I will give a background about the work and function of organizations which are working in that field and at the same hosted me to conduct my interview.

## **Chapter 4: Background of the organizations**

### **4.1 Introduction**

I obtained my background material from the organizations that was important for my field research from different sources. Information about *Care With Love* I got from the internet and through the interview with Dr. Iskander, the founder and leader of the organization. For the *Convent of the Daughters of St. Mary/ Salam Centre* (the Convent), my major information source is the Project Proposal from the Convent to the German development organization which is in charge of the funding of the home care service for old people and the training centre for elderly care in Ezbet El Nakhl, Cairo. In addition to the proposal, I received a lot of background information of the work in the Convent from an interview with the employment manager.

In addition, I will give a short introduction of *The Center of Elderly Care from the Helwan University (CEC)*). Even if I did not conducted any interviews with GHHCP's from this organization, interviews with the staff of *CEC*, gave me very important information about the education and employment in the field of geriatric health home care, which I will use moreover in my findings. The informant from *CEC* was Amin Gamal Amin, who has the function of a supervisor.

### **4.2 Care With Love**

*Care With Love* was founded in 1996 through Dr. Magda Iskander and is the largest and best known organization in Cairo, with the objectives to train and employ GHHCP's in order to deliver quality care to people in their homes, geriatric centers and other health care institutions. The project aims to create an employment agency within *Care With Love* to place program graduates (Sawiris Foundation). With this, *Care With Love* has a double function: providing service to a growing elderly population, which is affected of an increasing social and economic change in the Egyptian society, and to open up for a new job market, especially for marginalized individuals in drastic needs of opportunity. Most of the female trainees come from the poorer neighborhoods of Cairo and most of them completed just secondary school, which makes it even more difficult to find work in Cairo where unemployment is a very big problem. To reach people from the poorer areas in Cairo, *Care With Love* has two training centers; One in Ain Shams, a low income outskirts of Cairo, and the second one in down town. The center in down town is easily reached by the subway, buss or taxi from all over Cairo.

*Care With Love* is a secular organization, paying much attention to the dialog and cooperation between Moslems and Christians. Opposed to other NGO's, which offering training and employment in geriatric home health care, the GHHCP's are committed by contract to work for care takers belonging to another religion. Even if the organization understand itself as a business in providing a certain service, human relations, care and respect is a very integrated part of *Care With Love's* philosophy.

When *Care With Love* was founded in 1996, the organization was not official registered. Dr. Iskander ran the training program for *Care With Love* under the legal coverage of *The Coptic Evangelical Organization for Social Services (CEOSS)*. In order to give field training to the trainees and to provide later employment for the graduates as GHHCP, *Care With Love* worked closely together with the *Al Salam Hospital* and the *Center for Geriatric Services, Synod of the Nile*. First in 2003, *Care With Love* became an independent NGO, registered at the Ministry of Social Affairs. Through this official registration, the organization got the status of an independent employment agency, which means that they now can run their own home care service for old people. In the interview, Dr. Iskander mentioned that, through the organization's independency, the service got much better since they can follow up and supervise the care givers. Through the direct contact to the care takers and GHHCP's, they are able to prevent problems, and, in cases of problems, they can act more effective. Another important aspect of the registration is that the GHHCP's get a social insurance and the job description as "official home health care provider" written in their *ID*.

The duration of the training is four month, whereas three months are theoretical and one month is a practical training in an old people's home or hospital under close supervision and evaluation before graduation, after passing the final exam. The content of the training are courses in public health and nutrition; body mechanics; communication; day care skills; first aid and common diseases. *Care With Love* has its own curriculum and syllabus (textbooks), which is often illegally copied of some other organizations, which started to offer training and employment as GHHCP's.

Conditions to apply for the training are a physical ability (for example being strong enough to lift the patient), literacy and being convinced of the job out of a humanitarian perspective.

Each trainings applicant has to go through interviews and tests where personality and reading and writing skills are tested. When the applicants are approved for the training, they have to sign a 3 years contract with *Care With Love*, committing that they will work for the organization as care givers after graduation. Since the training is for free and *Care With Love* is self reliant, the contract of a later work commitment serves as security in order to recover the cost of the training by deduct a certain amount of the care givers salary every month. If the GHHCP's drop out before, they have to pay a penalty to the organization.

After graduation, the GHHCP's can choose if they want to work in the day or night shift. Both shifts are either eight or twelve hours long, depending on the level of care they have to provide to the care taker. GHHCP's with difficult cases usually just work for eight hours. As Dr. Iskander told me, night shift is very popular since the women have more time for the family and household tasks. Further, the salary is higher for the night shift. In general, the salary as a GHHCP for *Care With Love* is between 400- 700 LE per (Egyptian Pound) per month, which is quite high compared to jobs in the public sector (the salary per month is between 100- 300 LE).

#### 4.3 The Convent of the Daughters of St. Mary/ Salam Centre

*The Convent of the Daughters of St. Mary*, which belongs to *The Coptic Orthodox Church of Egypt*, is the only convent of the Coptic Church that combines religious life with social engagement through *The Salam Centre*. *The Salam Centre* is located in Ezbet El Nakhl, a low income outskirts of Cairo with a high percentage of a Christian population, mainly a marginalized community of the garbage collectors who live above the poverty line. The Centre is operating its health care and social support service since 1976 and implemented since that time a hospital, old people's home and a training centre, giving courses in literacy, mechanics and handicrafts. In 2003, the project for the Training Centre for Elderly Care and the Home Care Service started, with a founding of a German developmental organization. According to the project proposal, the objective of this project is:

- *The provision of a qualification in nursing and an employment in this field of work for young people, especially women from a disadvantaged group of the Egyptian society. The participants will gain economical independency and self- esteem through their work*
- *The provision of nursing care for old people with a high degree of care dependency and thus contributes to an improvement of their quality of life. The system of work organization will make care accessible to lower income groups.*

My target groups of focus are young people, and especially women, from the area of Ezbet El Nakhl. The project seeks to provide a change of the employment structure since most of the women in this community mainly worked in the informal sector and are thus excluded from fair salaries and the acquirement of professional skills. Another point is that due to the worsening economical situation in Egypt in general and the privatization of the garbage collection through foreign private firms, which affect this target group in particular, women are forced to contribute to the family's income through paid work. Further, the project aims to adapt to the special needs of women from lower income groups by allowing for a combination of duties in the families and paid work outside the home (Project Proposal). Until now, the Centre just offers home care during the day to their care takers. Opposite to *Care With Love*, the GHHCP's prefer to work day shift. I will come back for possible explanations for that in my findings.

The curriculum of the training is similar to the one from *Care With Love* since the two organizations worked together in the beginning. Further, the first trainers from the Convent got their education from *Care With Love*, in cooperation with a German expert (Thomas Boggatz). The duration of the training is four month, whereas one month is just theory and the other three month are both theory and three days of practical training per week in an old people's home. While using first the textbooks and learning material from *Care With Love*, the Convent now has published its own syllabus. Conditions to apply for the training are theoretically that the applicants are literate which, in reality, not always the case is.

After the first month of training, the students have to sign a contract, equal to the contract of *Care With Love*. However, since the Convent, or the project, is not registered at the Ministry of Social Affairs as an independent institution, this contract is not official valid and just has a function of deterrence to the trainees (interview with the employment manager).

Since the training centre and the home care service are run by a religious institution, the Convent, religion plays an important role. Even if the German founding organization, demands to offer training to both Christian and Moslem people, only Christian's took the training and work as GHHCP until now. Another problem is that the Christian GHHCP's refuse to work for Moslem care takers.

Even if the project started in 2003, the first training course started first in December 2005. Since that time 33 care givers graduated from the Convent, whereas only four of them dropped out. Three care givers are male.

#### 4.4 Center of Elderly Care (CEC), Helwan University

*CEC* was established in 1996 as a part of the Community Development Department in Helwan University. Both, *CEC* and Helwan University are located in a southern outskirts, about 40 minutes by train, from Cairo. Helwan community has the characteristic of a typically university town.

Other than my other three research organizations, *CEC* is a governmental institution, even if it is a self- financed unit. The main objectives of the center are to provide home health care to the elderly, and at the same time to create jobs to the population in the community of Helwan which consists of a very young population, looking for work opportunities after finishing secondary school. Further, as an academically research institution, connected to the Community Development Department, *CEC* seeks to develop a geriatric care model and to transfer knowledge to other institution and organizations involved in geriatric care in Egypt (interview with Amin Gamal Amin, supervisor for *CEC*).

*CEC* runs the following services to elderly people:

1. The clinical service for out- patients with a full interdisciplinary team, including geriatricians, nurses, psychologists, physiotherapists and social workers.
2. Dementia memory clinic which is run in collaboration with the Ministry of Health, providing the most comprehensive and integrated service for dementia patients in the country. The service is run by qualified geriatricians
3. Long term unit (old people's home) for frail older people who are both physically dependant (post stroke, physically disabilities and severe Parkinson disease) and cognitively impaired (dementia).
4. Home care service to the frail older people who wants to stay at home. The service includes comprehensive geriatric assessment and supervision by a geriatrician who formulate a care plan for the patient. This care plan is conducted by family members or delivered through a, from *CEC* trained, GHHCP (Gadallah)

For my own research, the home care service is from major interest because the training and employment as a GHHCP takes places as a part of this service. Further, while all of the other

services require a higher education from a University, the target group for the training as GHHCP for the *CEC* is the young and less educated population of the Helwan community (which is my focus group as well).

Since *CEC* offered the training for the first time, a lot of changes took place according to the curriculum of the training. The conditions to apply for the training changed from a graduation from secondary school as minimum criteria in the beginning to only being able to read and write. The reason can be found in the problem to find people who finished the training, started and continued to work over a longer period as a GHHCP. Learning from fails and errors in the past, the applicants now have to participate on a one week awareness training, which is for free. The awareness training has the purpose to give an introduction to the work as a GHHCP. As Amin Gamal Amin told me in the interview, most of the young people applying for the training never have been with an old people and have no imagination of what the work as GHHCP is about. In order to save time and money for giving the training to people who drop out during the training or shortly after starting to work because they can not handle this work, the center decided to start the training with the awareness training for free. If the students want to continue, they have to pay for the following three month training course.

Opposite to *Care With Love* and the Convent, the GHHCP's from *CEC* are not committed to a working contract. This is because the problem *CEC* is facing in order to find the graduates work as a GHHCP after finishing the training. At the time of my interview, no GHHCP was employed through *CEC*. Most of the graduated GHHCP's had to find work at other organizations or institutes.



**Part II**  
**FINDINGS AND DISCUSSION**

As described in part I, the background of my study, unemployment is a big problem in Egypt, especially for women from lower income classes, who can not find work because of a low level of education. Because of an increasing demand for GHHCP's, a lot of organizations started to offer training and employment in this field, encouraging especially less advantaged women to apply for this work. Despite the worsening economic situation in Egypt, which makes it necessary for those women to work, social and cultural settings can be seen as an obstacle to start working as a GHHCP. Taking chapter 3, the literature review, as a theoretical background, I like to examine and discuss in my findings, if the reality of my informants who work as a GHHCP, finds confirmation and if so, what is and can be done to work against these obstacles. For this reason, my findings are addressing the following questions which will be answered in the following three chapters:

1. Why the work as a GHHCP does serves as an opportunity for women from less advantaged classes?
2. What kind of challenges do the women face in their work?
3. What can be done to overcome those challenges in order to find more acceptances in the society and to make this occupation more attractive to work in?

## **Chapter 5: Reasons to start working as a GHHCP**

The reasons to start as a GHHCP given by the informants are similar. Most of the informants said that they in general are more or less forced to work in order to support the family income and the employment as GHHCP is a good opportunity to earn money. Some informants gave religious motives, whereas all of them were Christians and are working, or taking the training at the Convent. Just 3 of my informants gave the clear answer to work as a GHHCP because they always wanted to work in the field of nursing or with old or handicapped people.

### **5.1 Family situation and the lack of money**

For those women, who started the work as a GHHCP out of the need of money, the explanations are however different. One women who is married again after her first husband died stated:

*I'm married for the second time and have a 17 years old son from my first marriage. My new husband is not taking responsibility for this boy and I have to work in order to pay for his education. He is in the third year of secondary high school.*

Paying for the education in Egypt puts a heavy burden on most families in general. Taking this burden alone gives this woman no other choice than starting to work. Similar to her case, another woman is forced to work because of “personal problems” with her husband. As she is stating:

*My husband does not work regularly and I'm often left without money. We always fight about money and sometimes he just refuses to give me money even if he got his salary.*

A lot of the women face other problems with their husbands or families. Three women stated that the main income provider for the household, which is the husband for married women and father or older brother for unmarried women, is unable to work because of bad health conditions or passing away.

*My husband has a heart disease and can not work full time. He works as a metalworker but they just let him do the easiest work. Because of that, his salary is very low and I'm forced to work in order to make a living.*

*My husband got sick and had to go to the hospital. He owns a shop but because of his sickness he could not work and we lost his income. In addition we had to pay a lot for the hospital and the expenses for the son's education at secondary school got higher.*

Another 19 years old girl had to drop out of secondary school after her first year because her father had an accident and can not work anymore. Since she is the oldest of seven children, it is now her responsibility to take care of the family. In this case, I assume that none of her two brothers and four sisters will be able to finish secondary high school or even to get a higher education because of financial reasons.

## 5.2 Educational background and the resulting lack of work opportunities

However, until now I gave examples about the more general reasons for my female informants to start working. More specifically, to make the choice of working as GHHCP is in many cases dependent on the lack of other work opportunities. As mentioned before, explanations can be found in the general bad employment situation in Egypt, whereas it is even more difficult for less educated women to find work. Concerning my own informants, this view finds confirmation. From 20 informants, including trainees, GHHCP's and drop outs, 14 finished commercial secondary school, whereas two of them enrolled at an Institute and two started to study at the Open University. Five of my informants finished preparatory school, two only primary school and one did not go to school at all. Finishing "only" commercial secondary school is not giving many options to either find a good job or continue with a higher education. As described already in the literature review (educational system in Egypt), the only option for a higher education is the enrollment in the faculty of commerce at a University level or at different institutes, whereas the social status is very low. Even if graduated from university or an institute, finding work in the field of commerce is very difficult. Describing the reality, one informant said:

*If you graduate in the field of commerce you can work as an accouter- if you are lucky and find work. But most people have to find work in areas that has nothing to do with your education. Women, who go to commercial secondary school usually do not put much weight on a higher education. They finish school and only want to get married.*

One trainee from the Convent who graduated from a commercial institute, which is the woman with the highest degree among my informants answered on the question of why she is not working in the commercial sector that it is difficult to find work in this sector. She worked as a teacher before she moved to Cairo but can not find a job here. Taking the training at the Convent is the only chance to find a job at all since it gives her the guarantee for a later employment. However, when she starts working as a GHHCP after completing her training, she will face longer travel distances since she lives in Ezbet el Nakhl and there are no work opportunities in this area. She made very clear that if she would find another job, closer to her home and with less working hours, she would quit the work as a GHHCP and take the other job.

Another trainee from Ezbet el Nakhl has the same opinion about work opportunities. However, asking her if she would quit working as a GHHCP when finding a better job she answered:

*I do not know. I am happy about the opportunity the Convent gave me. It is very difficult to find work, especially since I just finished primary school. There are not many options with this education.*

Asking the informants about what their expectations about the work as a GHHCP were before starting the training the common answer was that they did not really had one. Most of them answered that they needed a job and they heard that the salary is good. However, coming to the organizations the first time and get an introduction to the training and later work, especially my informants from *Care With Love*, expressed a very positive image:

*I came to Care With Love out of financial reasons but when I met the people and started the training, I really liked it. I became more aware of the problems of the old people, especially when I thought of my own mother who might need this kind of care on day and I know how I can help her.*

*I was very afraid because I did not know anything about old people. Now, I really like the job and like to learn more.*

*I wanted to support the household income and save money for my wedding. My family is not able to spent the a lot of money for my wedding. When I first came to Care With Love, I really liked it there because everybody was very friendly to me and they gave me a very good feeling about the work. I have never worked before and never actually wanted to work. My mother thought it was a miracle that I started to work at all.*

Two women stated that they worked at a factory before, with a higher salary, but did not like the work. Both of them saw the work with old people as more meaningful and therefore took advantage of this opportunity:

*I need the money for the household since my husband is not giving me enough. When I first heard about this work, I liked the idea to work with old people. I thought that I would be a*

*good care taker. I got another job offer- to work in a factory with a higher salary but refused. A high salary is not the only factor. It is also important that you like your work since you have to do it every day. Despite, I think that this kind of work is important. If I get old, maybe I need care myself and I hope that someone will give the same care to me.*

*My main reason was to support the family income. Before I got married, I worked as a sewer in a clothe factory. After the birth of my children, we needed more money and I had to start working again. I did not want to work in the factory but with my education (primary school) there is not so much other work I can do. I heard from my relatives about this work. Thinking of my own helplessness with my father-in-law who is very old and sick, I started to like the idea to learn about nursing and to work with old people since this occupation is very useful and important.*

The last two statements showed that money is indeed a major motivation but it becomes also clear that the women pay much attention to feel comfortable with the work and see a meaning with it. The two women above said that they worked in a factory before, which is one of the few options for women with little or no education at all to earn money. Factory work has a low status in the society as well. Another argument could be that women might have a higher expectation about the work as a GHHCP, concerning an increase in status they would gain in the society. The salary in a factory is whatever higher. However, the next part will show more evidence for the argumentation that the women want to feel comfortable with their work as well.

### 5.3 Conditions to start working as a GHHCP

The first motivation to work as a GHHCP is clearly the need for money. Especially when the women hear that the salary is good and they have the security to get a job after finishing the training. The interest in the work with old people come for most of my informants later and can be seen as the second motivation. However, the applicants for the training as a GHHCP need to show an interest in the work with old people. This is especially the case if you want to become a GHHCP for *Care With Love*. As the director Dr. Magda Iskander from *Care With Love* told me in the interview, the organization has no problem at all with the recruitment of trainees and future GHHCP's. A lot of people are coming to the organization, looking for work. This concerns both female and male applicants. Even though *Care With Love* seeks to create work opportunities for less advanced people, the major goal is anyway to provide a

good health service to people with special physical needs (e.g., elderly, sick and physically challenged). There is a high demand for GHHCP and the waiting list of care takers looking for a GHHCP is very long. However, the organization has a strict selection process in order to pick out the training applicants who have the potential to become a good GHHCP. They all have to go through personality tests in order to find out if you have the necessary capability to deal with old people and their problems. According to Dr. Iskander,

*Care With Love is a philosophy rather than just a job. Our GHHCP's need to love their job in order to become effective caring people in whatever they do. The work with old people is often very hard and the GHHCP's have to bring a lot of mental and physical strength in order to deal with old people.*

If the applicant is just looking for any kind of work opportunity but is not showing any interest and commitment in the work with old people, they are sent away by the organization. Taking this into consideration, it becomes clear that all the informants from *Care With Love* are saying that they “liked the idea of working with old people”. In chapter seven, I will examine in how *Care With Love* successfully motivate its GHHCP's in order to see a meaning in this work, in addition to salary.

Amin Gamal Amin, the supervisor from *The Center of Elderly Care (CEC) at Helwan university*, told me that *CEC* has a similar policy. They face the problem of a lot of people coming to the Center in order to start the training and to become a GHHCP. However, he stated the problem like this:

*People coming to our Center are very young, they are just graduated from high school and don't know what to do. They want to work but can not find a job. When they hear about our training, they just think that this is a good opportunity to make money because the training is short and they can start working very soon. However, most of them do not know anything about the work with old people; some of them have not even been in contact with them. Before, the training was for free and a lot of people came just “to do something”. We faced the problem of very high drop out rates because the trainees found out during or after the training that they do not like the work or they found another work opportunity. To reduce that risk, we now have a one week introduction course, which is for free. Through this course, we hope to give the participant an awareness about what the work as a GHHCP is about.*

*Making clear that this is a very hard job where you need a lot of motivation in order to make a good job. This awareness course is a very good thing because a lot of the participants realize that they are not suitable for this work and either looks for other work opportunities. Only those who are serious with the work as a GHHCP continue with the training. In addition, to make sure that we educate people who really like to work in this field, the trainees have to pay a course fee.*

The importance of feeling a commitment in the work with old people becomes also clear looking at how CEC recruited their GHHCP's before. Since CEC is connected to the University of Helwan, the trainings program ran through the University, with access only to students with a higher education. However, CEC faced the problems that the educated GHHCP's refused to do certain tasks, such as washing or feeding the care taker, with the argument that this would not be an appreciate work for a higher educated person. The high educated GHHCP's was more concerned about reputation than a commitment to old people. For this reason, CEC changed their terms of admission to people with lower education because they have another attitude to their work.

#### 5.4 Interest in the work as a GHHCP

Other than the group of informants that gave “money and the lack of other work opportunities” as reason to start working as a GHHCP, are the next group of informants who applied for the training because they are interested in this work from before since they can help and take care of people. For this group, one informant said:

*I always liked to work in the field of nursing. I applied for the nursing school but they did not take me. When Care With Love took me into their trainings program I was very happy. I like the work because it is very close to nursing.*

This informant did not give any information about why she was dismissed at the nursing school. However, I assume that, since she graduated from commercial secondary school, she did not have the right educational background or to low grades to start at any of the nursing schools.

Another woman applied for the work as a GHHCP because she had previous experience in the work with old people. First, she worked as a pharmacy assistant and through this work she got



used to help people with medication. Next to her work at the pharmacy, she worked voluntarily, but without professional training for old and handicapped people through the church. However, she seriously considered to work on a professional level with old people after she took care for a longer period of an old lady. Her uncle's wife arranged this job to her and she really enjoyed it. After this lady died, this informant wanted to continue to work with old people. The son of the old lady told her about *Care With Love* and the training program and she applied.

The informant, who had to leave school in the age of 16 and find work in order to earn money for her father's surgery (I was referring to her before), had in mind to start working as a GHHCP before her family situation got worse. Her sister worked already for *Care With Love* and like this work a lot. The young girl knew what this work is about and really wanted to work in this field. She had already experience in this field since she worked with old and handicapped people through the church. Concerning her family situation she said:

*I planned to start the training anyway after completing secondary school. When my father got sick and we needed money, I just left school earlier to start working here. In the beginning, Care With Love did not want to take me because I was too young. But I really wanted to start, so they made a kind of IQ-test which showed that I am mature enough to work for them. I work as a GHHCP for 2 years now and like it a lot.*

According to my study, working in this field out of personal interests is however an exception and only three informants gave interests as reason.

### 5.5 Religious motivation

Some of the Christian informant worked voluntary with old and handicapped people through the church. During my interviews at the Convent, I realized that religion serves as a motivation factor for Christian people. Asking for the reason or motivation to start the training, the first answer of many of my Christian informants was:

*I can serve and do something good to God. God will reward me for my work later.*

However, during the further process of the interviews, it very often turned out that other reasons was the real driving force to start working as a GHHCP. One informant from the

Convent said in the beginning of the interview that the lack of money was NOT her motivation to start the training and work since her husband earned enough money with his job. She likes to serve God by giving love and care to other people. After a while, she quit the work as a GHHCP because of different reasons, which I will come back to later. Anyway, after quitting, she applied for another job at the airport with the argument that she needed a job to support the family income, which she told me before is no need for. Because of similar contradicting cases with other (Christian) informants, I asked the manager of the home care service, about the role of religion. The manager is Christian herself and comes from Ezbet El Nakhl, knowing a lot about the background of the women who are coming to the Convent in order to start the training. Her answer to question of what the reasons are for the women to start the training, she answered:

*Salary! The women come to us because they need to earn money. If your informants are giving you another reason, they lie and are not honest. If the woman wants to do something good for God, she would not take any money for her work. This job is very hard and a GHHCP has to work from 8am- 4pm every day. Believe me, this is a job just to earn money and has nothing to do with religion!*

A possible explanation for why my Christian informants use religion as a reason might be that the church and the social network through church are very important. Most Christian people are widely involved in different kinds of church work, as the majority of my Christian informants worked voluntary with old and handicapped people. Further, it is the church that announces and encourages people to work as a GHHCP with the argument that this work is very good because you can show your goodness and love to other people. The aspect of “to love and care for each other” is very strong for Christians. As a Moslem informant told me

*Christian people help each other through practical actions while Moslem people just give money. Our religion is more personal- we go to the mosque and pray and go home again- that's it. We do not really care about other people. According to the five pillars of Islam, we are only obliged to pay the Zakat as an act of care to other people.*

However, this statement does not mean that Moslem's do not care; they just have another understanding than Christian's. They do offer a lot of social services through religious institutions, especially to help the poor and children. However, concerning service to old

people, religious institutes only provides old peoples home with mainly poor quality. As far as I found out, there is not one Islamic organization offering geriatric home care. Another informant told me that if you have to choose on which social service you should spent your money on, Moslem's will prioritize children rather than old people. Christian's are different; it is not a matter of money to help other people but a religious duty. Discussing the question why my Moslem informants never gave religion as motivation to start the training as GHHCP, a Moslem informant said:

*Well, live is very hard and we always have to struggle to make a living. The work as a GHHCP is a very good opportunity to earn money. Se it more practical, the important thing is to earn money- if you do something good to God by helping people at the same time that is even better but it should not be your major motivation.*

Another explanation for using religion as a reason or motivation for Christian people might be that it could serve as a defend mechanism. As I will come back to in the next chapter, the status of geriatric home care is low. The community of Christian's is small, people know each other and keeping a good reputation inside the community is important. Going to strange peoples houses in order to provide care is not well accepted. By arguing that "I do something good to God" or "I like to give love and care to other people" the GHHCP's find more respect and acceptance for their work in the community, especially when the church encourage and promote this kind of work in addition.



## **Chapter 6: Challenges in the work as a geriatric health home care provider (GHHCP)**

The work as a GHHCP is new in Egypt. *Care With Love* more or less introduced the home service 10 years ago to Egypt. During the past 10 years, other organizations adopted the system of *Care With Love* and the occupation as a GHHCP got more known in public. However, the process to make this occupation accepted is still slow and the GHHCP's face a lot of the same challenges as 10 years ago. I will start with an examination of the challenges the GHHCP's face with the care takers and the society in general. Through this examination, I will discuss the status of this occupation in the Egyptian society as well. The next part deals more with the personal challenges a GHHCP face with her work. Those personal challenges are mainly the reasons for the GHHCP's to quit or drop out of this work. I decided therefore to integrate the question of "reason to drop out" in this part. In the last part of this chapter, I am going to explore the problems; the organizations that are giving employment in geriatric health home care have with their GHHCP's.

### **6.1 Challenges with care takers and the society**

With a few exceptions, all my informants stated that the major challenge they are facing is "being treated as a domestic servant" or problems with the actual servants in the house of the care taker concerning jealousy and working tasks. The care takers family is asking for a GHHCP in order to get help with an older family member. Whereas "help" can have different meanings. According to Dr. Iskander from *Care With Love*, people very often have a wrong idea about what a GHHCP is doing. They just hear that there is a person coming to people's houses and equalize it with a servant. *Care With Love* gets a lot of requests by people asking for a domestic servant instead of a GHHCP because they do not really know this occupation. After my own understanding of the Egyptian society, the problem of aging is belittled. Discussing my field study with my Egyptian friends, none of them really understood the work of a GHHCP. They usually asked me why the family is not taking care of older people. I answered that in some cases it is not just about keeping the older family members in the family but giving them a special treatment, diet or medication as well, which the family can not provide. This is the task of a GHHCP. I think that many people, asking for a GHHCP just want someone around to watch the old person while the family is away. An informant confirms this view by her statement of "*People usually refer to me as an old- people-sitter*".

Another informant who has been working for *Care With Love* since the start and who is a trainer now, told me that the Egyptian society is on the way to change its view towards older people. The commitment to older people is getting stronger and people understand their problems much better. She also said, when she started to work as a GHHCP, the problem of being treated as a servant was much bigger than today. On the other hand, my informants stated it as a still existing problem, concerning both the relation to the care taker and the way the society looks at them.

To avoid this problem, the organizations check the care takers home and family before sending a GHHCP in order to make clear that the families really need a GHHCP. However, next to their actual working tasks of giving care, the GHHCP's are often asked to clean the house, cook for the family and do the dishes. Usually, my informants are able to solve the problem by themselves and both the care taker and the families understand the issue. If not, the organization steps in to mediate or to cancel the contract of providing service to the care taker. Sometimes it is difficult to decide what the working task of a GHHCP is and what not. One informant stated this problem as following:

*I am only responsible for the care taker and her well being, while a servant's job is to take care of the house; clean it and to make it to look good. I have to cook for my care taker since she needs a special diet so I have to use the kitchen. However, sometimes there can be a problem of whose responsibility it is to clean the kitchen after my cooking. I'm not supposed to do the dishes but since I cook for the care taker I do it anyway. Another example is the question of who should wash the cloth or bedclothes which I change when I'm cleaning the care taker. It is not my working task!*

Most of the care takers and their families come from the upper- middle class and have a servant who is in the house together with the GHHCP. This serves as a source of problem as well. I like to give some quotations from my informants to this issue:

*My care taker has a servant as well. This servant has been working for the care taker since a very long time and felt her predominance threatened by me. She "knew" everything better and did not understand what I was there for. I mean, we have different functions- she is responsible for the house and me for the old lady. I talked to the care takers family about this problem and they talked to the servant. Anyway, I do not want any contact with this servant and just ignore her.*

*I once worked for an old lady who had a servant which was extremely jealous at me. She knew that I earned more money than her and kept asking me for my salary. I did not want to tell her because it is not on her business. So, she started to talk bad behind my back about me, as I do not deserve all the money since she is making a much better work than me. She just did not understand that we have different tasks and really gave me a hard time!*

Another common problem for my informants, even though not as crucial as the servant problem, is the interference in the work of the GHHCP's by family members of the care taker. This is especially the case when it comes to food. Three informants had cases where they had to prepare a special diet for the care taker. In all cases, the families did not recognize or understand this special diet and gave food to the care taker because they wanted her something good. When the informants told them not to do because it will harm the care taker, the family argued that the informants did not know the care taker as well as they does.

Related to the servant problem is the bad image a woman has if she is going alone and without any protection of a male family member to houses of a stranger. Servants are forced, due to lack of education and better work opportunities, to work in other houses in order to earn money but they also have the lowest social status in the society. For a respected woman, this is not a suitable behavior since she is taking the risk to lose her honor and good reputation by being with men who do not belong to the family. The occupation as a GHHCP requires going to the care takers home, something which puts the women in a moral dilemma. Going alone to strangers houses is one major reason why this work has difficulties to find acceptance in the society, a point I will come back to in part 6.1.1, where I present my findings concerning the reaction of the neighborhood.

The problem of being with a man, not belong to the own family, is very serious. All my informants said that they refuse working for a male care taker, even if he is very old and fragile. Physical contact between the sexes is taboo. For two informants from the Convent it was even unacceptable to take the training together with men because they would come in physical contact with their male colleagues through the practical exercises. Other informants did not refuse but expressed that they did not feel very comfortable when they had their practical training in the old people's home and had to practice on a male patient. The organizations are aware of this problem and are not sending female GHHCP's to male care takers. This explains also the low percentage of male GHHCP's. There are more female care

takers in the need of a female GHHCP. In order to provide security to the female GHHCP's the organizations check the homes of the care takers, making sure those male family members of the care takers will not cause any problems to the women. If any problems with men occur, the organization breaks the contract with the care taker. One informant told me about a situation where her care taker got a male relative to visit her. He stayed overnight, while my informant was in the house to do her work. About this situation she said:

*This situation was very uncomfortable and totally unacceptable. I informed Care With Love about what happened the next day and they gave me a new care taker.*

In this case, the male visitor was not a real treat to the informant. I see it more as the woman's perception or cultural understanding of being with a man is wrong because there is always the risk of a man, taking advantage of the situation by being alone with a woman. As already described in the literature review, one reason why women usually like to work together with a lot of other people in offices is that they can reduce the risk of sexual harassment by men. This confirms my own perception of the relation between men and women. During my 1 1/2 years living in Cairo, I both experienced myself and heard a lot of stories of women who came in the situation of getting harassed by men because they were without protection of a male relative. As soon as a woman is alone, even just walking alone on the street, she is gets very vulnerable. This is especially the case in lower class areas where people still live with the prevalent view that women has to stay in the house with the family. If they need to leave the house, than only accompanied by the husband or male relative. With this as a background, the problem for GHHCP's, working alone in the care takers home, becomes understandable.

Surprisingly and against my expectations, from my 20 informants, only one stated that she has experienced sexual harassment by a male relative of her care taker. However, the problem was not that serious and the women could solve the problem by herself, without mediation through the organization. Most informants said that they feel generally safe and have no problems to go alone to the houses of their care takers. As reason, most of my informants agreed that the organizations play a very important role since they stand behind the GHHCP's and "protect" them. I will come back to a more detailed examination of "the role of the organization" in chapter seven.



### 6.1.1 Reaction of the neighborhood and family

Despite how secure my informants feel themselves by going to homes which do not belong to the own family, the women still have to deal with the biased opinion of both the own family and neighborhood. In the literature review, I mentioned that family and neighborhood are a very integrated part in the live of Egyptian people, especially for lower class Egyptians. All of my informants come from areas that commonly are described as low- or lower middle class areas. People live very close together; though know each other and the respective family situations. People follow up each other. Especially the behavior of women is given much attention, such as where is she going, when is she coming back, how is she dressed or who is she together with. If the woman's behavior is not recognized as suitable, it goes right back to the reputation of the family.

I started my study with this perspective as a starting point and considered the neighborhood as an important problem factor for the women according to her work as a GHHCP. I found confirmation in the fact that the neighborhood is very present and pays a lot of attention to the actions of my informants. However, I was surprised over how my informants handled the situation with the neighborhood. Asking about the reaction of the neighborhood, my informants gave the following answers:

*My neighbors are wondering and always asked me where I was going and why I was going out and coming back that late. I explained them what I am working with but they did not really understand it. However, I do not longer care what they are saying*

*I do not really care about my neighborhood. They talk all the time! Besides, it is not on their business on how I earn my money*

*My neighbors are skeptical about my work in stranger's houses. However, I am a religious person and as long my intention is good and I can do something good for God, I do not need to care for what the neighbors are saying.*

*There was a man who proposed to me. When he heard about my work, he wanted me to quit before getting married. I refused to quit and told him that I do not want to marry someone who is not respecting and trust my work and live.*

The informants above did not care at all about the neighborhood, while other informants are more concerned about the reaction of the neighborhood:

*I am telling my neighbors that I work in an old people's home because I am afraid of their reaction if they hear that I am alone with my care taker in her home.*

*Only my closest family knows that I work as a HOME care giver. I only told my friends and neighbors that I am working with old people but I did not give any more details. They think that I am working in an old people's home.*

*I never tell my neighbors about my work. They know that I am working something with old people, but I can not tell them that I work alone in stranger's house. They will not understand this.*

According to these answers, the problem is not so much that the women come home late or stay away during the night. By telling the neighbors that they work in an old people's home, the neighbors will assume that she has to work night shift there, which they can understand as a part of the women's work. The problem is much more that the women work alone in a stranger's house. Working in an old people's home is not problematic since the women work together with a lot of other women and are not exposed possible consequences of being alone with a man. Lying about the actual work shows that these informants still feel "ashamed" about this work. They know how people will react and chose the easiest way to avoid a situation where they are running the risk of loosing their good reputation in the neighborhood.

Nevertheless, the cases of informants I mentioned above do not portray a good picture of the actual ability of the neighborhood in dealing with changes or adoption to a new situation. The informants more or less presume that the neighborhood will react in a certain way but they put little effort in order to convince them about the positive sides of the work of a GHHCP. By only ignoring the neighborhood and even hiding the work for them, they will never achieve the understanding and acceptance of the neighborhood. Fortunately, the majority of my informants made better experiences with the neighborhood, which also had to do in how they presented the work as a GHHCP. By spreading information about the work of GHHCP, a lot of the existing prejudices lost its power and people even got interested in this occupation.

*The reaction of my neighborhood was very good. I think the acceptance of this work depends on how you introduce it to the people. Nobody thought anything bad about me if I told them about my working tasks. I even got a lot of respect by doing so well with old people. A lot of my friends now want to work as a GHHCP and applied at Care with Love.*

*People in my neighborhood like my work. They call me very often when they need first aid or to get advices for health problems because they know that I can help them.*

*Neighbors and friends are ok with my work since they think that it is a good opportunity to make money. Besides, a lot of them are working for Care With Love as well.*

All my informants came to the organizations because they heard about this job either from other family members, friends or neighbors who already worked as a GHHCP which indicates that this work can not have provoked a bad reputation.

Through my interviews, I got the impression that certain cultural norms, concerning behavior or how people should life, exist and are very aware in the mind of the people. However, the reality makes it more or less impossible to life according to those norms. Most Egyptian people are placed in a very difficult economic situation. Finding work and making a living is a major challenge but opens up for possibilities which would not be accepted or even taken into consideration otherwise. People think more practical instead of sticking fast on theoretical norms. The fact that this work serves as an opportunity to increase the own standard of living is more essential than to adhere to certain moral rules. Further, once my informant's neighborhood got to know about what this work is about, most of them do not longer have a bad opinion about it. On the contrary, most of them like it and apply for this work as well.

The reaction of the family is also better than I expected it. In general, the family is very supportive, once they got to know this work. Previous concerns, as the apprehension of their daughters, sisters or wives when they work alone and at night in strangers houses or the misgivings of receiving a bad reputation, are soon eliminated and the work mainly seen as a good opportunity to increase the family income:

*My family was skeptical in the beginning since they thought that I will work as a servant and they were afraid for me, working alone in other houses. They are fine now because I told them*

*about what I am going to work with. They trust Care With Love because they are checking the care taker and working condition before they send me there.*

*In the beginning, everybody except my brother was against me, working as a GHHCP. But I could convince them in the end and now, even my sister's son wants to take the training.*

*In the beginning, my father did not like my work as a GHHCP. But he saw that I liked the work a lot and recognized that the organization takes good care of me and that the job is secure.*

*When I told my family about Care With Love, they were afraid of me because I told them that I would work alone at someone's house. But he came with me to the organization and got a very good impression. When I started to work, he came with me to check my working place. He is convinced now and not worried anymore.*

*My husband did not expect it very well in the beginning because I am working in other people's houses and maybe would not have enough time for the family. But he is fine now since the living standard of our family increased a lot. We could renovate our flat; buy new furniture and give our children better clothe.*

As a major reason for the elimination of previous concerns serves for sure the fact that the organizations check the care takers and their living situation before they are sending a GHHCP. In some way, the organizations are taking over the responsibility of providing security to the women, which usually is in the hand of the male family members. Because the family sees no reason to worry, they can focus on the positive opportunity to increase the family income with the women's work

## 6.2 Personal challenges

As seen above, for the families of my informants, the problem of going to strangers houses is not so much an obstacle in the woman's work performance as a GHHCP. It is rather the problem of a decrease of time for family duties, my informants are facing.

As described in the literature review, the role of an Egyptian woman is commonly seen as getting married and taking care of the family. Women, who work have to organize their activities in order to not interfere with domestic duties. This view finds confirmation through

this study since problems with organizing family live and work are the major challenges almost most of my informants are facing. Most Egyptian women are searching for jobs with short working hours. Jobs in the public sector are very popular since the working hours are short and easy in order to organize family live. I assume that my informants would prefer that kind of work but, as described before, they are not able to find work in this sector.

During my interviews, I got very impressed by the way my informants handle the situation of being a working women and organizing family live. They have long working hours and compared to civil servants, a relatively hard job. The minimum of working hours are 8 hours, but some of my informants work the 12 hours shift. There is a difference between the GHHCP's working for the Convent and *Care With Love*. Most GHHCP's from the Convent are not willing to work after 4 pm or more than 8 hours. Moreover, the Convent, as a service provider, has the problem that they can not offer a 24 hours service to the care takers since the employed GHHCP's refuse to work at night. The reason, my informants from the Convent gave me, concerning the refusal to work longer than eight hours, are that there is not enough time to take care of the family. I like to give a statement of one informant, which at the same time expresses the general argumentation of the other informants from the Convent.

*The work as a GHHCP takes much time. I have to work from eight am until four pm. Since there is no work as a GHHCP in Ezbet el Nakhl, I have long travel distances to reach my care taker. It is one hour each way. I'm not able to pick up my son from the Kindergarten and have no time for housework. Thinking about the future, I will not be able to help my son with his home work or just being there for him. I had to quit this work for that reason but if I would find work in my area or with a shorter travel distance I will start again.*

After I finished my interviews with the women from the Convent, I discussed the problem of not having time for family duties with the (female) employment manager. She does not really understand the problem of the women. Having two children in the age of nine and eleven herself, she is still able to both work long and take care of her children and household. It is the women's attitude towards work that has to be changed. Especially in this area, where families are dependent on an extra income. As she said, *there are ways to organize work and family live. If you really want something, you can do it.*

The situation for GHHCP's from *Care With Love* is slightly different. They face the same problems, concerning family live but have a different attitude towards work. First of all, the majority of these informants work in the 12 hours shift, whereas the night shift is most popular among my informants- opposite to my informants from the Convent. This is not just because I only got access to informants that worked in the night and therefore had time to meet me during the day. Dr. Iskander confirmed that women like to take the night shift in general at *Care With Love*. The reasons are that the women earn more money, have less work with the care taker during the night and the most important reason: they have more time to take care of the family. This is especially the case for married women even if I had two interviews with unmarried women as well who worked in the night shift. However, it is more common for married women to work late. One unmarried informant said:

*It is easier for a married woman to walk alone and to be out late. She is already married and if her husband is ok with her, working late, than there is no problem. Unmarried women always have to protect her honor and good reputation in order to find a husband. If you are out late, people start asking and talk bad about you.*

Married GHHCP's organize their family live usually by working in the night and take care of the family during the day. One married informant describes her organization of time like this:

*I used to work in the morning shift before but changed to the night shift 3 month ago. I have two sons which are four and one and a half. When I was working morning shift, I took the little boy with me to work. My husband brought the older one to the Kindergarten in the morning. But I had to change to the night shift because it got more difficult for me to take the little boy with me to work. I have to travel one and a half hours to work and he became to heavy to carry and needed more attention while I was at work. I had no time for the older boy and decided to change to the night shift. Now, I am leaving the house at eight pm when the children already went to sleep. My husband comes home around half past six and watches the children when I am at work. He also brings them to the Kindergarten in the morning. I come home around 12 am.*

This informant was one of the extreme cases I met. She lives very far away and has a long travel distance to her care taker. In her 12 hours night shift, she does not have much time to relax or even sleep a little bit since she has a very challenging care taker who needs attention

most of the time. When she comes home at 12 am the next day, she has to take care of the household and children, after picking them up from the Kindergarten. Even though this case is extreme, me and my translator came to the conclusion, after discussing the interviews at the end of the day that married GHHCP's have a very hard job, especially those who work in the night. Similar to the women above, most women spent their live by working and being there for the family. There is very little space for privacy. Most of the GHHCP's work six or even seven days a week. When I compare the argumentation (time to take care for the family)of my informants from the Convent and those from *Care With Love* who only work from eight am until four pm with the 12 hours night shift informants, I ask myself the question of what is the better solution. Out of my "Norwegian" understanding of work and organizing family live, I agree with the women from the Convent. If I had to work every night and at the same time taking care of family and household during the day, I do not think that I could give a good presentation of myself in both my work and family over a longer period of time. People in Norway, working in the night shift, have regulations and laws' according of how many nights a person is capable to work. These regulations do not exist in Egypt. After my opinion this is one of the few flaws of *Care With Love*. They do a lot for their GHHCP's in order to create a good working atmosphere and are very successful with their system. However, providing a good service to the care takers has first priority, at the expense of the GHHCP's. As Dr. Magda Iskander told me, before the women can start working for *Care With Love*, the family situation must be settled. That means the women need to show how they will organize their family live; who takes care of the children, what happens if the children got sick...There is not much place for flexibility or adjustment to the needs of the women according to changes of the family situation. I think coordinating work and family live is a challenge for every woman. For an Egyptian woman it is a real dilemma since family is seen as the most important part in live. In this sense, the best time to work is in the night since the women are less exposed to interference with their family duties.

### 6.3 Reasons for women to quit the work as a GHHCP

As mentioned before, GHHCP's from the Convent are more prone to quit working because they feel that they do not have enough time for family duties. My informants from *Care With Love* gave different reasons and I like to give some citation from my five drop out informants before I discuss them:

1. *I worked for Care With Love for about one year before I got sick. The reason for becoming sick was a lot of psychological pressure I experience both through my work and in my private life. My grandmother and aunt died shortly after each other and at the same time I had a difficult care taker. I just could not handle the situation and had to take a break. I feel better now but my husband does not want to let me start to work as a GHHCP anymore because he is worried for my health and he thinks that I can not handle the pressure in this work. I like to work in a pharmacy, where the work is easier and I have shorter working hours. He is not against me to work but he likes me to work with him in his shop where he has more control. Besides, he wants me to get pregnant and he means that the work as a GHHCP is not good for me.*
2. *I did not have enough time for my family and housework. I used to work in the day shift. I prefer to work in the night but Care With Love could not offer me a night shift. My care taker lived far away from my home and it was difficult to get there. I had to leave the house at 6 am and came back around 6 pm in the evening. My children are 12 and 9 years old and need me at home. I like to start working again when they get older. But right now my husband refuses me to work since I have to take care of my family.*
3. *I started to work for Care With Love in 1998. When I got pregnant with my first child six years ago, I just took a break but came back to Care With Love. I stopped working again because of the pregnancy with my second child, which is three years now. I really like to start working again after my children get older but my husband does not want to let me since he means that I am supposed to take care of the family.*
4. *I had to quit my work because I am getting married and I and my husband are moving to the Emirates/ Qatar. I do not know if I am going to work again; maybe if I find a job I really like.*
5. *My husband did not honor my work. He has a low salary and I earn more money than him. He is not valuing my salary and do not understand that we need the money to make a good living. However, he thinks that if I earn more money than him, he would lose his face in the neighborhood. He now even refuses me to work at all because he is the one who is responsible for the family.*

In all five cases, the husband played a role in the decision for the women to quit working as a GHHCP. Case two and three, it comes clear out that the husband does not want his wife to work because she is supposed to take care of the family. Case one is more unclear. The



husband is worried for his wife and her health. Anyway, she got sick because of many things coming together and is on her way to get better now. He does not want to let her work in the pharmacy either. I assume that the real motive is that he wants her to take care of the family while helping him in the shop if she has time. Case four is somehow clear; she is moving to the Emirates/ Qatar with her husbands and does not need to work again since her husband will probably earn enough. The last case is what my translator called “typical Egyptian”. I expected more cases like this, meaning that the man is losing his face or honor by his working wife who in addition has a higher salary than him since the role allocation in Egypt between men and women are more or less strictly defined. However, so far the discussion only reached the level concerning the questions “is this occupation suitable for a woman” and “is the woman able to take care of the family”. None of the husbands or male family members generally refused my informants to work with the argument that it would be a shame for the men if he can not provide the family financially. Since the salary as a GHHCP, both at the Convent and *Care With Love* is relatively high, I assume that a lot of women earn more than their husbands or other male family members. Most of my informants husbands show a lot of support, especially when it comes to sharing of household duties or bringing the children to the Kindergarten and school. Without any doubts, the women is still major responsible to take care of the family but it is not longer a shame for the husband if a women support the family income with her work. However, if the interference of the women’s work with family duties reaches an unacceptable level, the woman has to step back by working less, shifting to the night or, as the worse alternative, quitting her work.

In addition to the information my informants gave me according to reasons to quit, one of the trainers from *Care With Love* mentioned that “getting married” is a main reason to quit the work. However, some of the women come back after some time, especially when they got children and need more money for the household. She confirms the previous point that married women like to work the night shift in order to organize family live.

Another important reason to quit is that the GHHCP’s gets exhausted after some years since this work is very hard, both mental and physical and the women are working six or seven days a week. Dr. Iskander agrees in this point and stated that she is happy if the women work for *Care With Love* for more than three years. A lot of the women stop after three years because they are really tired and need a break.

Other reasons to quit are that some of the women find a better work. Better work does not necessarily mean a higher salary but very often shorter working hours or a job which is more prestigious, preferably in the public sector.

#### 6.4 Problems between the organization and the GHHCP

The information for this part is mainly provided by the interview with the employment manager from the Convent. The Convent started to provide the geriatric health home care service about one year ago and are still in a kind of introduction phase while *Care With Love* works in a well established system, having eliminated much of the problems over time.

As already mentioned in the last part, one problem for the Convent is that the women refuse to work in the night. That implication for the Convent is that they are not able to provide a this kind of service to the care takers, even if there is a high demand for GHHCP's in the night. Since the Convent is a religious institution, all GHHCP's are Christians. Opposite to *Care With Love* as a secular organization, religion plays a very important role, whereas it can be seen in a negative way. Even if the Convent get requests of Moslem care takers, the GHHCP's refuse to work for Moslems. After my own understanding, much of the problem is made by the Convent itself since they have the necessary influence to encourage the GHHCP's to work for other religions as well. *Care With Love* is not facing this problem. Both Moslems and Christians are working together and there is no separation of religion concerning the care taker. The employment manager from the Convent reported problems related to the working attitude of the women. Some women are not reliable. They come to late to the care taker, which is unacceptable in this work since the care taker is dependent on the GHHCP, as for example getting medication on time or getting help in the bathroom and breakfast. Other women only want care takers with easy working tasks. One trainer from the Convent said:

*Most women want a job where they can sit, drink coffee and have a chat with the care taker. If they have to change diapers or wash the care taker, they quit!*

As an explanation of this work attitude, I have the feeling that the Convent is not really able to transfer the seriousness of this occupation. The main focus for them is to create employment opportunity rather than providing service to old people. Most of my informants from the Convent worked voluntarily with old people and I assume they expect the same kind of work when starting to work as a GHHCP while getting a good salary for that. However, the work as

a GHHCP requires much more professional skills than the voluntary work and some of my informants from the Convent seem to be not willing or able to provide those.

*It is a very big problem for me to wash and change diapers of the old lady. I can not stand the smell and really hate this part. When I worked voluntary, I never needed to do this kind of work. Someone else did it for me.*

*I came to the Convent in order to improve the family income with my salary. However, I have to take the training first which is not well paid. I want to start working now. The training is all too long and we learn a lot of things that are not important. So, I would suggest shorter training and more money.*

Even if *Care With Love* faces similar problems with some of their GHHCP's, they respond in another way. Dr. Iskander said that not just the GHHCP's want to quit because they have a problem with their work. *Very often, we have to let them go because they are not doing their work good enough or have a wrong attitude towards their work.*

As mentioned before, people who apply for the training and work as a GHHCP for *Care With Love* are checked before they start the training concerning their suitability for this work. Those who are approved usually know what this work is about and what the organization expect from them. If they however not follow the rules, they get fired. In that sense, *Care With Love* is much stricter but avoids or reduces those problems the Convent is facing.



## **Chapter 7: Winning acceptance in the society: the role of the organizations, media and the state**

As described in the previous chapter, the occupation as a Geriatric Health Home Care Provider faces challenges in order to find acceptance in both the public and on a private level. This chapter will examine what the organizations (*Care With Love* and the Convent) are doing to as well motivate their GHHCP's as find more acceptance and awareness in the Egyptian society. Media, such as television, press and radio, and the state play an important role as well and I will therefore analyze to what extent these three organs cooperate and why this cooperation is important in order to improve the status of the occupation as a GHHCP.

### 7.1 The organization as a motivation factor

All of my informants agreed that the organization plays a very important role in motivating them, though making this work attractive to them and other people, both on a neighborhood and broader society level. The majority of my informants started this job in order to earn money even if they did not know a lot about the work with old people. After starting the training, all my informants from *Care With Love* told me how much they like this work now, which I honestly believe because the women were very passionate when they talked about their work (even my Egyptian translator considered to start the training).

To keep in mind, this work is hard; working with old people involves a lot of mental and physical strength, the women have long working hours and the status of this occupation is still very low. The reason of why the women feel comfortable with this work is after my impression the way *Care With Love* teaches their trainees how to deal with old people and how to handle the often negative image of the society. Major focus is not to see this work as "just a good paid job" but to really understand the problems of old people and why this work is important. Key words as "patience, respect, tolerance, commitment and love" came up from almost all my informants from *Care With Love* when I asked what they have learned during the training. Several women stated also that they gained a lot of self esteem through the training and work which is very important in order to present this work to the society.

*I used to be very nervous before. I'm much more calm, patience and reflected now.*

*I learned how to deal and solve problems with other people. I got much more patient through my work. Even my husband noticed that and we are not fighting that much anymore.*

*I learned a lot about responsibility and commitment to other people. Further, before I was afraid of Christian people and did not want anything to do with them. Now, I have a lot of Christian friends through my work. I got much more tolerant*

*I got a new awareness about the problems of old and needy people. I know how to act in the right way in critical situation where people need help and how to take responsibility.*

*I think that this work is very important. Old people need to be treated with love in respect. It could be my mother or father and I want the best for them. If I am old, I hope someone will help me in the same way.*

To enhance my own perception of the importance of motivation in order to not only seeing this work as an opportunity to earn money but to really like working in this field, I like to present the impression of a volunteer who was working for *Care With Love*. I did not interview him myself but found his thought and reaction towards his one month voluntary work on his home page in the internet:

*The trainings program from Care With Love reaches deeply into the minds and hearts of the trainees. Beyond the three month curriculum of pragmatic skills and information, Dr. Iskander has introduced into the program the concept of the “decision for love”. Beyond the graduation requirements of proficiency skills and knowledge of relevant information, each trainee must profess a dedication to a career of service of service grounded in love and fellow humanity regardless of potential classification of those individuals. As we are now at the later stage of the three month curriculum, it has been amazing to watch as embarrassment and even anger at the necessity of particular procedures (like catheter cleansing and bedpan placement) has been transformed to joy in service for many trainees.*

<http://entemasr.blogspot.com/2005/10/care-with-love-overview.html>

This statement confirms my own perception: all my informants from *Care With Love* expressed proud, commitment and a lot of self esteem according to their work as GHHCPC, which is important to convince and find acceptance in the skeptical, ignorant or uninformed environment of society.

Another important motivation factor for my informants is clearly the atmosphere and the social network *Care With Love* is providing. They feel comfortable and secure because they know that they always can come with their problems to the organization.

*When I have a problem, I can always talk to someone from Care With Love. It is like a family. It is not just about problems at work, I can also come with private problems and they help me. We have a lot of social gathering and once in a while, Care with Love arranges trips for us. Further, we always have some kinds of competitions, like “best GHHCP of the month” or we get a bonus for our work.*

*Once a month, we have a meeting where we can talk about our problems at work. Care With Love is always following up and support us when we have problems.*

*Care With Love pays attention to special occasions, like religious holidays or birthdays, by giving us a bonus or presents for us and our families. I really like those personal gestures.*

I got an argument against this support system, by claiming that people only come to *Care With Love* because of all the free things and bonus systems and in addition, the high salary. I think that this argument is very unreasonable. It is a hard work and without this “support system”, *Care With Love* would not be that successful with its work. I mean that an effective support system or good working atmosphere is important for any kind of work, all over the world in order to motivate people and to make the job attractive.

## 7.2 The organizations as a security factor

Besides the motivation factor, the organizations have the important function of providing security to the women. In the previous chapter, I already said that the reaction and attitude of the family towards the women’s work as a GHHCP is positive because the organization gives a certain security to the women. Both the Convent and *Care With Love* choose the care takers very carefully by checking both living and family condition. If they feel that there is any kind of treat or unacceptable working conditions for the GHHCP, they will reject the care taker.

Further, they serve as a mediator in cases of problems. In any kind of disputes, the organizations steps in and offers help, both to the GHHCP and the care taker. The Convent and *Care With Love* make a contract with the care taker, where working tasks are fixed. The contract has the purpose to avoid exploitation of the women’s work force, as for example

using the women as servants. An informant stated on the question of why she likes to work for *Care With Love*

*After finishing the working contract with Care With Love, I got an offer from a family to take care of their older mother. They would give me a higher salary but did not want to employ me through Care With Love. I refused because if anything happens and I get any problems with the family nobody will help me. The risk of harassment and exploitation is much higher if you work without an organization in your back.*

In order to find acceptance in the society, the organizations are very important as well. People are taken more seriously when they can say that they are employed by an organization or institution because it is more official. To stress the seriousness of this work, either the GHHCP's from the Convent and *Care With Love* are wearing a working uniform. Dr. Iskander mentioned that through the uniform, people know that the women belong to *Care With Love*. Through this, the GHHCP gain much more respect and acceptance because the organization is recognized through a good reputation and a lot of people know them already. The same is the case for the Convent.

*When people see the uniform, they know we are coming from the Convent. They trust us because they respect the Convent and the people, coming from the Convent.*

On the other side, there is a lot of responsibility on the GHHCP's since they represent the organizations. In order to find more acceptances in the society, one informant said:

*When we do a good job and make a good impression, more people will pay attention to our work and will spread a good reputation about this occupation around in the society. This is how we gain respect and are taken serious.*

In this sense, both the organizations and GHHCP's play an equal role in improving the image in the society.



### 7.3 The role of the media

It is not only the problem of improving the image of a GHHCP, but to introduce this occupation to the society as well. Meanwhile *Care With Love*, as the biggest organization in providing Geriatric Health Home Care has made its name; they only reached a certain part in the society. It is mainly the upper- middle and upper class that knows about this kind of service. This is mainly because they are the only ones that can effort this service and see the necessity in it because of a change in the family structure. In these classes, it becomes more normal to life in nuclear families with both, men and women, working. The consequence is that someone else has to take care of older family members. However, in lower income classes, the common attitude towards old people is still that the family is responsible to take care of older family members and there is no necessity for the occupation as a GHHCP. For this reason, the majority does not understand and often misunderstand the objectives of this work which contributes to give a negative image. In order to raise awareness to the society about the general problems of aging, what a GHHCP is doing and why this work is important, the media is very important. Asking my informants of how this occupation can made more acceptable, most of them put a lot of weight to the role of the media:

*It is important to give information about our work in the TV, radio and newspaper. People will understand our purpose. Most people do not accept this occupation because they still think that we are servants since we work for someone in the home.*

*The social awareness must be increased through the media since our work is very important. There are so many old people now who need help. The society is changing which makes our work more necessary.*

*The TV and newspaper started to bring commercial, short documentaries and reports about our work. I really hope that this will help to improve our status.*

*More information about our work should be given to the people. Media is very good because it reaches a lot of people. Religion or religious institutes can be important to mediate this work since it is a religious duty to help other people.*

*This work is getting more and more accepted in public, especially for Christian people since the churches encourage the people and telling them that working with old, handicapped or needy people is always good.*

Both informants who give importance to religion or religious institutes as a factor to make the occupation more acceptable to the society are Christians. As a continuous phenomenon throughout this study, none of my Moslem informants give a thought to religion and religious institutions in order raise the awareness of the society. I expected that religion would be much more important for my Moslems informants and the influence of mosques in order to mediate a positive image of a GHHCP would be higher. An explanation could be that until now only Christian- or secular organizations (*Care With Love*) are working in this field. Christian organizations have the church to make this occupation public while *Care With Love* is using the (non- religious) media as a channel to reach the society by sending commercials or documentaries and reports about the work of a GHHCP. After my opinion, religious institutions, as mosques, can be a good supplementary channel to spread information since they have a lot of influence on the preponderant Moslem society, especially on the lower income class.

#### 7.4 The role of the state

Different governmental and non- governmental organizations are involved in the training and employment of Geriatric Health Home Care Providers. As far as I know, the *Center of Elderly Care, Helwan University* is the only governmental organization which is providing the training to become a GHHCP. Other governmental bodies, such as universities, colleges or institutes offer nursing as education but with little focus on geriatric care and care giving. However, the major provider and educator in Geriatric Health Home Care are still non-governmental organizations, outweighing churches and, as a secular organization, *Care With Love*. As I see it, one major problem is that the different training programs are very variable in terms of method, length and quality of the training. There is no control or cooperation according to the quality of the curriculum. I heard about one organization that only had 10 days of theoretical training and some weeks of practical “on patient” training. In that case, the director said very clearly that they are not calling themselves an organization, but a business. Dr. Iskander from *Care With Love* told me that other organizations are using their textbooks and copying their uniform. The problem is that a lot of organizations have both a

bad quality of the training and at the same time providing a service to care takers which gives the more serious organizations and their employees a bad image. It can be arguable whose responsibility it is to control all those different organizations. It could be the state's responsibility to give some guidelines concerning the duration and quality of the curriculum and who has the right to can call themselves a GHHCP.

Until now, there is no unitary degree on this education. In the interview with Amin Gamal Amin, he stated that this is a big problem. He is working on a frame for a degree in Geriatric Health (Home) Care but faces the problem of no cooperation and a missing network between the different organizations and the government as well. Since there is no official degree, only organizations that are registered by the government get the occupation officially recognized. This registration is very important because it gives the trainees the right to the title of a "Geriatric Health Home Care Provider" in the Egyptian ID. Further, the registration gives access to social services, such as health insurance and pension. *Care With Love* got registered in 2004 and Dr. Iskander said that this was a very important step. Not only because of the right to social insurance, but also in order to find acceptance in the society by having a job title in the ID. Asking different informants after the importance of the job title in the Egyptian ID, I understood that the status of people get measured by this title and gives information about your educational background as well. Egypt is a very status orientated country and a person's occupation decides about the level of respect he or she will receive. The title of a GHHCP might maybe not lead to a high status but is at least better than no title at all. The Convent, as well as other Christian organizations, are not registered and have with this no official recognition. Nobody really knows who and how many organizations are working in the field of Geriatric Health Home Care. It is difficult for the government to enforce any policies, which surely would contribute to improve the status of a GHHCP by officially recognize this occupation, when all the different organizations works on its own. A better cooperation between the organizations would lead to an increased awareness of the government towards the problem of ageing and the importance of this occupation in the future, which in turn would have a positive impact on the society as a whole in order to find acceptance.



## **Chapter 8: Conclusion**

The conclusion is meant to be an answer to the three questions I raised as objectives for my study:

Organizations, offering the training and employment as GHHCP, seek to create employment opportunities for less advantaged women, meaning women from lower income classes and with little education. The employment situation in Egypt is bad in general, but for people without a higher education it is even more hopeless to find work. This becomes very clear in my results since 18 of my 20 informants hardly finished commercial secondary school, whereas the commercial branch of the Egyptian secondary school is not giving a lot of options for both higher education and employment options. Further, the fact that all my informants come from lower income classes contributes that these women are forced to work in order to raise the family income. The major reason to start the work as a GHHCP is therefore a mixture of “the need for money and the lack of other work opportunities”. This is also the case for the few informants who gave a general interest in the working field of nursing and care, and for some of my Christian informants who gave religious motives as reason. The work as a GHHCP has a lot of potential because of an increased demand in professionals, working in the field of elderly care. After completing the training, the women are secured employment by most of the organizations, whereas the salary is quit high, compared to the Egyptian standard.

Despite of secure employment opportunities and to earn money, the work as a GHHCP faces some challenges, whereas some are more serious than others. The image of a GHHCP in the society is still not very good, because the women have to work alone and without the protection of a male family member in the care takers home where they run the risk of sexual harassment. However, this concern did hardly find confirmation in my findings which has to do with female GHHCP’s only taking care of female care takers and the protective role of the organizations, which check the living conditions of the care takers carefully in order to avoid problems like this. Another challenge is the bad reputation of this work concerning the status. The prevailing view in the society is that GHHCP’s are equalized with domestic servants since they work in other peoples homes. However, even if certain cultural norms, concerning behavior or how people should life, exist and are very aware in the mind of the people, the reality makes it more or less impossible to life according to those norms. Most Egyptian people are placed in a very difficult economic situation. Finding work and making a living is a major challenge but opens up for possibilities which would not be accepted or even taken into consideration otherwise. People think more practical instead of sticking fast on theoretical

norms. The fact that this work serves as an opportunity to increase the own standard of living is more essential than to adhere to certain moral rules. However, an important additional factor in order to find acceptance in the society is to spread information and knowledge about this occupation. Once people get to know about the real objectives of this occupation, the GHHCP's gain mainly respect and interest. This is especially the case concerning family, friends and neighborhood since a lot of them started this work as well after they heard about its content and how much the women, who already work as GHHCP, like it. In this sense, the lack of knowledge and information about the work as GHHCP is the major obstacle in finding acceptance in the society. In order to improve the image, *Care With Love* started to spread information about this occupation in the media through short documentaries, commercial and reports. Christian organizations use the church as a channel to reach the public. However, there is little attention on this occupation from Moslem organizations which takes away an important channel in finding acceptance in the society since Moslem organizations usually have a lot of influence on the people. The awareness of the state concerning the problems of old people is still very low. Little attention is paid to find effective support systems for old people, though the interest in improving the educational and employment status for GHHCP's as a part of the old people's support system is not very high. Much of the responsibility is left to non- governmental organizations, whereas there is no control from the state over who is doing what and the quality of both training and employment. A lot of organizations working in this field but there is no cooperation or network between them in order to take a joint action concerning curriculum and degree. This might contribute to not find acceptance in the society. Only the few organizations that are officially registered can use the job title "Geriatric (Home) Health Care Provider". Those who are not, leave their GHHCP's with a somehow undefined status which do not contribute to eliminate the view in the society of seeing the GHHCP as a domestic servant.

However, it is easier to find solutions to the challenges mentioned above. The occupation is relatively new and the image in this field has improved since the past 10 years, concerning the society.

More serious are the personal challenges of the women. The work as a GHHCP is relatively hard compared to other typical female occupations in Egypt. The women have to face long working hours which deprive them from their duties of taking care of the family. It is still the major responsibility of women to take care of children and household, even if men show a lot

of support in taking over some of the women's duties. However, reaching a certain limit, the women have to find solutions in order to handle both work and family duties. Working in the night is a good alternative for married women but this depends on the attitude of the women and also on the influence of the different organizations. If the organization set the employment condition for working in the night, the women are more amenable to see the positive side of it. Women, who refuse to work at night, are more prone to quit because they do not have another alternative to combine work and family life. However, the attitude of the husband is an important factor in the decision to quit the work as a GHHCP.

In addition to the opportunity of earning money, most women see their work as a GHHCP as an enrichment of their personal life, whereas Christian women who work for the Convent see it as a way to serve God, while most women from *Care With Love* like their work because they see it as meaningful and important. The role of the organization is thereby very important in order to motivate the women and to make this work attractive to them. Depending on the organization, concerning how it is able to deal and find solutions for the different challenges or problems, the occupation as a GHHCP have a great potential in providing an employment opportunity for less advantaged women in Egypt- or elsewhere in this world.





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## Appendices

### Glossary and Abbreviations

*CEC*: Center of Elderly Care, Helwan University

*GHHCP*: Geriatric (elderly) Home Health Care Provider

*ID*: Identity Card. In Egypt, besides of the verifying of a person's identity, information about a person's religion, educational background and employment is included.

*Ramadan*: The fourth pillar of Islam, which is fasting, is practiced during the month of Ramadan. Prayers, fasting, charity, and self-accountability are especially stressed at this time; religious observances associated with Ramadan are kept throughout the month. God prescribes daily fasting for all able, adult Muslims during the whole month of Ramadan

*Al Salam Hospital*: A leading Cairo hospital with a capacity of 100 beds, and with most medical specializations available. It hosts the field training, and provides employment for Care With Love graduates as home health care providers.

*Shari'a*: The canon law of Islam, based on the Qur'an and the habit, the traditions of Prophet Mohammed.

*Tasuni*: Title of Coptic nuns. The word stems from the Coptic language, which is still in use in parts of the churches liturgy

*The Coptic Evangelical Organization for Social Services (CEOSS)*: An NGO established to improve the livelihoods of poor and marginalized communities by working on projects related to unemployment, health, and education. It promotes social development through advocacy, vocational training, and micro-credit. CEOSS housed the Care With Love program, which was set up by Dr. Magda Iskander in 1996.

*The Coptic Orthodox Church of Egypt:* One of the oldest churches of Christianity. Due to theological differences it became an independent church after the Council of Chalcedon in 451.

*'Ulama:* Refers to the educated class of Muslim scholars engaged in the several fields of Islamic studies. They are best known as the arbiters of Shari'a law

*Zakat:* The Islamic concept of tithing and alms. It is an obligation on Muslims to pay 2.5% of their wealth to specified categories in society when their annual wealth exceeds a minimum level.

## Questionnaire for GHHCP

### Demographic data

- Age
- Family status, number of children
- Level of education
- Religion
- Residence from the GHHCP and the care taker
- Occupation of the husband
- Transportation to work

### Questions about the training

- When and where did you start the training?
- How is the training structured?
- How did you hear about the training and employment?
- What was your expectation about the training and work?
- What were your reason/ motivation to start?
- Did your expectations get fulfilled?
- What did you learn during the training (on a professional and personal level)?
- What did you like/ dislike with the training?
- How were your family, friends and neighborhood reacting?
- Did you have any doubts to start working after finishing the training? Why?
- In case for drop out: what was the reason?

### Questions about the work

- Can you describe a usual working day?
- How do you organize family live?
- Are there any challenges/ problems you face with your work? What kind?
- Do you have problems to work for the other sex or religion?
- How important is your work in supporting the family income?
- Is your education official recognized? Can you work for other institutions?
- After your opinion; how accepted is your work in public?
- Why do you think this occupation is important? Why do you like this work?
- How can this occupation made more attractive/ acceptable?
- How is your organization motivating you? What can be made better?

Table: Information about my informants:

Status	Age	Marriage status	Children (Age)	Religion	Organization	Education	Residence
Trainee	39	Yes	2 (17,4)	Christian	Convent	Comercial Institute	Ezbet el Nakhl
Trainee	34	Yes	3 (14,12,6)	Christian	Convent	Primary school	Ezbet el Nakhl
Trainee	28	Yes	3 (17,14,10)	Christian	Convent	None	Ezbet el Nakhl
Trainee	28	Yes	2 (8,5)	Christian	Convent	Commercial secondary	Ezbet el Nakhl
Trainer (male)	44	Yes	2 (9,11)	Christian	Convent	University	Ezbet el Nakhl
Manager	36	Yes	2 (9,11)	Christian	Convent	?	Ezbet el Nakhl
Drop out	24	Yes	1 (3)	Christian	Convent	Commercial secondary	Ezbet el Nakhl
GHHCP	25	No	No	Moslem	CWL	Com. Sec/ open university	Dar el Salam
GHHCP	37	Yes	3 (5,11,5)	Moslem	CWL	Com. Sec.	Giza
GHHCP	26	Yes	No	Moslem	CWL	Com. Sec.	Imbaba
GHHCP	19	No	No	Christian	CWL	1.year of Com. Sec.	El Marg
GHHCP	36	No	No	Christian	CWL	Com. Sec.	Warraq/ Giza
GHHCP	27	No	No	Moslem	CWL	Started Institute of Agriculture	Imbaba
GHHCP	33	Yes	2 (4,1)	Moslem	CWL	Com. Sec.	Outside Cairo
GHHCP	19	No	No	Christian	CWL	Preparatory school	El Marg
GHHCP	31	Yes	2 (11,7)	Moslem	CWL	Preparatory school	Coptic Cairo
Drop out	24	Yes	No	Christian	CWL	Com. Sec.	Shoubra
Drop out	24	Yes	No	Moslem	CWL	Com. Sec.	Qatar
Drop out	33	Yes	2 (12,9)	Moslem	CWL	Primary school	Imbaba
Drop out	23	Yes	1 (7 month)	Christian	CWL	Com. Sec.	Dar el Salam
Drop out	28	Yes	2 (6, 3)	Christian	CWL	Com. Sec/ open university	Coptic Cairo
Drop out	22	Yes	No	Moslem	CWL	Preparatory school	Warraq/ Giza
Trainer	26	No	No	Christian	CWL	Preparatory school	Ezbet el Nakhl