

# **FOREIGN LIVE-IN DOMESTIC WORKERS AS CARETAKERS OF KUWAITI MEN AND WOMEN AGED 70+: ARE THERE ANY ASSOCIATIONS WITH HEALTH?**

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## **Introduction and Background**

With world wide advances in life expectancy, an increasingly larger number of older persons require some kind of assistance to manage their activities of daily living and to look after them when ill. At the same time, residential arrangements where family members were traditionally the main caretakers of older persons have been changing with increasing percentages of older persons living alone, or without any co-resident children, in developed as well as developing countries (Legare and Martel, 2003; Yount and Khadr, 2008; Mehio-Sibai et al., 2009). In response to the above changes, many countries have started relying on foreign live-in domestic workers as major caretakers of older, non-institutionalized persons. The reliance on such workers has been facilitated by the availability and willingness of foreign workers, especially from Asian countries such as the Philippines, Sri Lanka, Indonesia and others to travel overseas and take up the caring roles in homes of strangers.

The number of foreign domestic workers taking up employment overseas has increased notably during the last two to three decades. For example, at the beginning of this century it was estimated that there were 6.5 million Filipinos employed overseas; more than half of them were women of whom two-thirds were employed as domestic workers in more than 130 countries (Parrenas, 2001). In 2000, the number of women domestic workers exceeded 200,000 in Hong Kong, while about 690,000 Indonesian women left their country to work overseas as domestic workers between 1999 and June 2001. Italy is estimated to have about one million domestic workers and of all migrant women in France, about half are engaged in domestic work (IOM, 2008). Singapore had more than 100,000 migrant domestic workers amounting to one such worker per eight households in 1999 (Yeoh et al., 1999). Israel is reported to have 54,000 documented and another 40,000 undocumented foreign home care workers (Ayalon, 2009a). Canada has had a live-in care giver program since 1992 to facilitate the migration of domestic workers (Chang, 2000). It is estimated that the USA is host to ---- domestic workers, many of them residing in the country in an illegal capacity (REF)[HANAN: FIND ME A REF]. Thus, the employment of foreign live-in domestic workers has become a truly global phenomenon.

Within the Middle East, the oil rich countries are among the largest recipients of migrant workers in the world. Non-nationals outnumber the nationals in several of them (Shah, 2009 – world migration paper). In all the six Gulf Cooperation Council (GCC) countries the percentage of domestic workers among all expatriates is substantial. It is estimated that there are about 1.2 million domestic workers in Saudi Arabia and about 600,000 in the United Arab Emirates (Human Rights Watch in Jureidini, 2009). In Kuwait's population of 3.48 million, expatriates comprised 67.9 % in December 2009 (PACI, 2009). As shown in Table 1, domestic workers became an increasingly larger percentage of the population during the last three decades. It was reported in a national survey conducted in 1999 that 13 % of the 1,689 sampled households had no domestic workers, 44 % had one while 43 % had two or more domestic workers. Households with multiple workers had more children as well as older persons and were richer (Shah et al., 2002).

Despite the rising number of foreign domestic workers in a wide range of countries, research on the impacts of care by such workers remains highly scanty. The issues that have been addressed by researchers regarding the care of older persons by foreign live-in workers center around two major themes. The first theme focuses on the consequences of care by the domestic worker on the health, happiness, and satisfaction of the older person and his family. In contrast, the second theme focuses on the social, psychological and health consequences for the domestic worker and her family who is often situated in the home country. A brief review of the previous research related to each theme is presented below.

In a study of totally impaired persons cared for by live-in Filipino caretakers in Israel, it was concluded that many of the 23 participants experienced violations of trust that resulted in abuse and neglect, and intensified the family's fears about this care giving arrangement (Ayalon, 2009a). In another study that looked at the perspective of social workers involved in the process of care of older persons by live-in Filipino caretakers in Israel, four major challenges were identified. They included the prominent differences between the cultures of the host country and the sending country, as well as legal, social and economic disparities inherent in the relationship (Ayalon et. al., 2008). In a comparison of older persons looked after by live-in vs. live-out caretakers in Israel, it was found that the recipients were more satisfied with the live-in home care workers rather than the live-out workers (Iecovich, 2007). The level of satisfaction derived by different types of caretakers has also been analyzed. In a study that compared three types of home service caretakers in California, it was found that caregivers who felt prepared for

the work were more satisfied than those who felt they were not; also, Latino/Hispanic caretakers were less satisfied than White or Black ones (Keitzman et al., 2008).

Among those who have addressed the consequences of live-in domestic work by foreign workers a general agreement exists that such work is often undervalued and is invisible until some problems arise (Brush and Vasupuram, 2006; Loveband, 2004; Chang, 2000; Perrenas, 2001;). It is claimed that this group of low paid workers is subject to exploitation throughout the migration process, in the sending as well as host countries and the arduous nature of their labor is often not adequately compensated. Residence in private homes makes them particularly vulnerable to abuse. In the Gulf countries, ill treatment of domestic workers has led some of them to run away from their employers and seek shelter at their respective embassies (Shah and Memon, 1997; Human Rights Watch, 2008). Among live-in domestic workers looking after the elderly in Israel, about 40 % reported verbal abuse, lack of adequate food, or being asked to do more than the job specified and about half reported job related injuries (Ayalon, 2009 b). Public perceptions about the presence of domestic workers by nationals of host countries range from ambivalent to negative in some countries, such as Singapore (Yeoh, 1999). Yet, foreign live-in domestic workers are considered acceptable for certain qualities such as their “naturally” caring nature and their docility. In some countries, domestic workers from different countries are valued differently. In case of migrants to Taiwan, larger percentages of Indonesian domestic workers were concentrated in dirtier and more demanding jobs of caring for the sick and the elderly than the Filipino women (Loveband, 2004).

Many researchers have looked at the difficult conditions under which some domestic workers live. For example, Jureidini and Moukarbel (2004) describe the “slavery-like” conditions under which Sri Lankan women live in Lebanon; Jureidini (2009) examines the abuse suffered by domestic workers in Egypt; Chang (2000) describes the exploitative working and living conditions faced by Filipino domestics in Canada, and Mexican women in the USA to illustrate how they are considered as “disposable domestics”; and Parrenas (2001) highlights the low-paid occupations and xenophobia that Filipino women experience in Rome and Los Angeles. The situation of the domestic worker becomes even more precarious if she is living in a country as an undocumented worker as in the case of several Latin American women in Israel where they are considered as outsiders in the cultural, social and political spheres (Raizman et al., 2003).

In Kuwait and elsewhere, female domestic workers provide three major types of services, as nannies for young children, caretakers for older persons, and helpers in carrying out domestic chores such as cooking and cleaning. In multigenerational families a domestic worker may, however, be required to perform all three of the above tasks. In case of older persons, the domestic worker is likely to play an increasingly larger role with rising disability and declining health. Also, the domestic worker may be the main caretaker during illness, or may assist in dispensing medications. Previous literature does not provide any guidance on whether we should expect any health impacts of care by a family member vs. the domestic worker. One may argue that dedicated attention by a domestic worker may in fact be associated with better health outcomes since family members may be burdened by caring for the older person in addition to carrying out their usual duties, and may not be able to provide sufficient time or attention. On the other hand, one might argue that health outcomes may be better if a family member, rather than a domestic worker, acts as the major caretaker since the family member is emotionally closer to the older person, and this may be source of greater satisfaction and perceived social support. Also, if children (or other family members) are expected to provide care to parents in old age according to cultural norms greater satisfaction may be derived from care by a family member rather than a domestic worker.

## **Objectives**

Given the heavy reliance of Kuwaiti nationals on domestic workers indicated in Table 1 and found in previous research (Shah et al., 2002), the main objective of this paper is to assess the role of domestic workers as care givers of older Kuwaitis and whether such care has any health implications. As part of the background, we provide some details on the total number of domestic workers in the country and the expansion of this number over time. We also provide an overview of some socio-demographic characteristics of the workers. In order to analyze the role of domestic workers in the care of older persons and its possible implications, we have three specific objectives, as follows. First, to examine the age and gender differences in the amount of care provided by domestic workers vs. various family members. Second, to assess the socio-demographic factors that affect the probability of care by a domestic worker rather than a family member. Third, to assess whether the care by a family member vs. a domestic worker is related to the physical, functional, and psychological health status of older men and women.

We assumed that caretaking during illness is likely to reflect a more general pattern of caretaking behavior of family (or non-family) members in terms of looking after an older person. We hypothesized that those looked after by family members would be emotionally and socially more satisfied and would report better health outcomes than those looked after by paid domestic workers.

## **Data and Methods**

Data on psychosocial health, physical health, disability and networks of social support were collected through a cross-sectional survey of Kuwaiti households conducted during April 2005 to December 2006 where 2487 men and women aged 50 and over were interviewed by trained Arabic speaking interviewers. Non-Kuwaitis were not included in the study. Kuwait is divided administratively into six different areas (governorates). Our survey was conducted in two governorates, representing two extremes in terms of urbanization in a country that may virtually be described as a city state. Capital was chosen to represent the most urbanized area and Ahmadi to represent one of the two least urbanized areas. In January 2005, these two governorates has 41,205 persons aged 50+, about 60 % in Capital and 40 % in Ahmadi. A proportionately representative sample was therefore chosen from each governorate. Our objective was to interview about 800 persons from each group aged 50-59, 60-69 and 70+. The target number was chosen on the basis of the belief that this number would give us reliable estimates of the prevalence of general health status, major chronic illnesses, living arrangements, disability and functional health.

In order to reach the above target number, we used a multistage cluster sampling technique. Within each of the two governorates, residential areas (mantaqas) were randomly selected. Each mantaqa comprises of sub-areas or qitaas, that were randomly selected at the next stage. Within each selected qitaa all households were visited and households with atleast one person aged 50+ were included. Of the 1903 eligible households 78.3 % agreed to participate. These households had a total of 2605 persons aged 50+, of whom 2487 (95.5 %) participated in the study. A total of 1451 individuals from the Capital and 1036 from Ahmadi were successfully interviewed. Thus, 6 % of the population aged 50+ was covered in our survey. A proxy respondent usually a close relative, was interviewed in 5.4% of the cases where the respondent was not able to answer, primarily due to old age or functional impairment. Among those aged 70+, proxy respondents answered the questions in 13.5 % cases (16.5% among women and 10.2% among men).

Approval for the study was received from the Ethics Committee of the Faculty of Medicine, Kuwait University. Verbal approval was sought from each respondent before interviewing him/her.

A questionnaire to measure the psychosocial health, physical health, disability and networks of social support was developed in English and then translated into Arabic. Before completing the individual questionnaire with each consenting eligible respondent, a household listing was done for each resident of the eligible household that agreed to participate in the study (n=1490 households). A total of 8210 persons were residing in the 1490 sampled households of whom 1550 (18.9 %) were domestic workers. Information on the age, sex, educational level, marital status and employment status of each resident, including domestic workers, was collected. This information was provided by the eligible older person aged 50+ in most cases.

The role of live-in domestic workers in the care of older persons was assessed by analyzing two different types of questions: (1) Six questions that asked the person whether they needed assistance for conducting their routine activities and if so, who assisted **most of the time** with activities of daily living (ADL) (eating, dressing, bathing), and with shopping, managing money, using transportation, cooking and cleaning. The two questions on cooking and cleaning were not asked for men since participation in this type of activity is considered to be culturally inappropriate for a majority of men, especially in the older age groups analyzed by us; (2) A question that asked the respondent to report about the person who **usually** takes care of him/her whenever he/she gets sick. The frequency of usual care during illness was examined for the whole sample aged 50+. The rest of the analysis was restricted to those aged 70+ for the following reason. It was found that relatively small percentages of the respondents aged less than 70 needed assistance with ADL or other activities and a comparison of those who received assistance from domestic workers rather than family members was difficult in view of the small number of cases. Reported need for assistance was higher among those aged 70+ which allowed meaningful comparisons. Men and women were compared throughout the analysis.

In order to examine the socio-demographic factors related to care during illness of those aged 70+ by a domestic worker rather than a family member, logistic regression was used. Care by a domestic worker was defined as 1 (34.8%) and by family members as 0 (65.2 %). Five socio-demographic characteristics of the respondent were used as explanatory variables, namely gender, marital status (currently married vs. widowed/divorced/separated), level of

education (some schooling vs. never been to school), Bedouin or non-Bedouin cultural background, and the number of co-resident children. We expected the above characteristics to be associated with other personal factors likely to affect the probability of being cared for by a family member or a domestic workers when sick, such as the availability of potential caretakers, type of living arrangement, and attitudes towards care giving by family vs. non-family sources. In addition to the above, total monthly income of the household was also used as an explanatory variable, since it was expected that the household income would be associated positively with the presence of domestic workers who might provide care to older members of the household.

To assess the association of receiving care from a domestic worker rather than a family member during illness with the respondent's self-reported health status, several measures were analyzed. These included perceived health status, prevalence of doctor-diagnosed chronic illnesses, psychological health measured by a score of self-reported depressive symptom experience during the week prior to the interview, and the presence of various types of disability (visual, hearing and functional).

The significance of bivariate associations between type of caregiver (domestic worker vs. family member) and health outcome variables were tested by using Chi-square test and Student-t test. Multivariate analysis was conducted by using binary logistic regression in order to ascertain the relative strength of association between socio-demographic characteristics and being cared for by a domestic worker rather than a family member when ill. A p-value of <0.05 was considered to be significant.

## **Results**

### **Domestic workers in Kuwait and in our sample**

During the last three decades, the number of domestic workers living and working in Kuwait went up from only about 28,000 in 1980 to 409,126 in 2007, comprising 2.1 % and 12.3 % of the country's population in the respective years (Table 1). Since the beginning of the global recession in June 2007 the number of non-nationals, as well as domestic workers, has declined. The total number of domestic workers declined by about 75,000 workers between June 2007 and December 2009 (Shah, 2010 Cambridge paper). In December 2009, the country had 334,025 domestic workers, comprising 9.6 % of the total population, of whom 63.0 % were

women. A majority of all domestic workers are employed by Kuwaiti nationals who numbered 1,118,911 in December 2009. It may therefore be estimated that the country had about 3.3 nationals for every domestic worker in 2009 (PACI, 2009).

In our 2005/6 survey, 29.8 % of the 1490 households did not have any domestic workers, 53.4 % had 1 and 16.8 % had 2 or more such workers. The availability of domestic workers was higher among the older men and women aged 70+ in our study (n=808), 20.5% of whom had no domestic workers, 50.2% had one and 29.2% had 2 or more domestic workers. Demographic characteristics of the domestic workers, as reported by their employer, are shown in Table 2. A large majority (89.9 %) of all domestic workers were women. Among both men and women, more than half were aged between 26-35 with a mean age of 33.0 years. About 71 % of men and 62 % of women were married. About 94 % of men and 93 % of women were reported to be illiterate or simply have the ability to read and write.

### **Caregiver for older Kuwaitis**

Among the 391 men and 417 women aged 70+ in our study, 104 and 183 (27 % and 44 %, respectively) needed assistance to carry out their activities of daily life (ADL). About 28 % of men and 58 % of women received such assistance, most of the time, from domestic workers (Table 3). About one-fifth of men and women who needed assistance with shopping relied on domestic workers, and about one-quarter relied on them for using transportation. However, in case of those needing assistance with managing their money, relatively few (13 % men and 11 % women) relied on domestic workers while the rest got such assistance from family members. Among women needing assistance with cooking and cleaning a large majority (85 % or more) received such assistance from domestic workers which is consistent with expectation. The task of cleaning is a major duty assigned to the domestic worker in homes that have one while cooking, often under supervision, is another major duty of the domestic helper.

In terms of care giving when the older person is sick, we found a striking gender difference, as shown in Table 4. Wives were a major caregiver in case of men; more than 90 % of the men aged 50-69 were looked after by the wife when sick. The wife's role in caretaking seemed to decline with age, however. Among men age 70 or more, only about 70 % were looked after by the wife while 10 % were looked after by the daughter and 14 % by a domestic worker. Among women, on the other hand, the husband played a negligible role in taking care of a sick wife at all ages. Among women aged 70 or more, only about 1 % of the husbands looked

after the wife when ill. A daughter or a domestic worker were the main caretakers of older women providing care to 86 % of those aged 70+. As women got older, the percentage who were looked after by a daughter declined while the percentage of those looked after by a domestic worker increased. Among women aged 50-59 about one-quarter were looked after by a domestic worker when sick while among those aged 70+, 51 % were looked after by a domestic worker. Thus, domestic workers are playing a highly central role in the care of older women in Kuwait, both in terms of assisting with ADL and looking after them when sick.

The role of the domestic worker was especially large in case of those aged 70+ living alone (n=72 out of 808) where almost 80 % reported that they were looked after by a domestic worker when sick. The percentage was also very high in case of couples living without any co-resident children, especially so in case of wives. About 86 % of the women living with spouse only were looked after by a domestic worker when sick (data available on request).

Among the 808 respondents aged 70+, 39 were bedridden of whom 30 were women. About 90 % of the bedridden women were living with their children. During illness a domestic worker looked after them in 37 % cases, a daughter in 26 % cases, a nurse in 20 % cases and another relative in the rest of the cases. In terms of ADL, a domestic worker provided them assistance in about 45 % cases (data available on request).

### **Socio-demographic correlates of caretaking by a domestic worker**

Unadjusted and adjusted odds ratios of being looked after by a domestic worker when sick are given in Table 5 in relation to several socio-demographic characteristics of older persons as well as their household income. After controlling for other variables included in the model, gender was found to be highly significant with women being 7 times more likely than men to be looked after by a domestic worker when sick. Also, those living without any co-resident children were 10.8 times more likely to be looked after by a domestic worker when sick compared with those who had three or more children. Neither marital status nor educational level or Bedouin/non-Bedouin background were significantly associated with caretaking by a domestic worker rather than a family member. Household income was directly associated with being looked after by a domestic worker when sick. That is, those who had a household income of KD 800 or less were about 44 % less likely to be looked after by a domestic worker when sick compared with those who had a household income of KD 1500 or more.

### **Caretaking by a domestic worker vs. family member in relation to health outcomes**

Several health indicators were compared for the respondents who reported to be looked after by domestic workers vs. family members when sick. In general, we found that a larger percentage of those looked after by domestic workers perceived themselves to be in worse health, and ranked lower on many health indicators (Table 6). For example, the percentage who reported to suffer from doctor-diagnosed hypertension or diabetes was significantly higher among men as well as women looked after by a domestic worker rather than a family member. Also, those looked after by domestic workers had a significantly higher mean score on the depressive symptoms scale than those looked after by family members ( $\bar{x}$  =13.7 vs. 11.3 among men, and  $\bar{x}$  = 13.2 vs. 12.0 among women).

Among men, those who were looked after by domestic workers reported higher levels of disability than those looked after by family members; however, disability differences among women were not statistically significant. Among men, a significantly larger percentage of those looked after by a domestic worker needed help to stand up, and had hearing or vision disability compared with those looked after by a family member. Also, about 37 % of men looked after by a domestic worker reported to have severe disability compared with only about 17 % of those looked after by a family member.

## **Discussion**

During the last three decades domestic workers have become an increasingly larger segment of Kuwait's population. They comprised 18 % of all residents in our sampled households. With the aging of the population and the changes in living arrangements of older persons, domestic workers are playing a very important role in providing assistance in performance of ADL and in looking after older persons when sick. The likelihood of being looked after by a domestic worker rather than a family member had a strong positive association with being a woman, living without any co-resident children, and in richer households. Respondents who were looked after by a domestic worker ranked poorer on several health indicators than those who were looked after by a family member when sick.

### **Correlates of care giving by family members vs. domestic workers**

Among those aged 70+, about 28 % of men and 58 % of women were assisted in performing their ADL with the assistance of a domestic worker most of the time, in case they needed such assistance. Furthermore, 51 % of women and 14 % of men were looked after by a

domestic worker rather than a family member when sick. Among those living alone, more than 80 % were looked after by a domestic worker when sick. Among bedridden women, about 45 % were assisted by a domestic worker in performance of ADL and 37 % were looked after by one during illness. This shift of care from a family member to a domestic worker is a relatively recent phenomenon among the Kuwaiti population. Prior to the massive inflow of domestic workers in the last three decades, family members were the traditional caregivers, with women playing pivotal roles.

Several factors may explain the shift away from traditional caretaking practices. First, rapid socio-economic changes have taken place in the country during the last four decades in terms of increases in literacy and educational level of both sexes which may have generated attitudinal changes in terms of reduced willingness to care for the elderly. Among Kuwaitis aged less than 40, more than 95 % of men as well women were literate, while 34 % of men and 39 % of women aged 10+ had attained a high school or higher level education in 2007 (Shah, 2010).

Second, any attitudinal and behavioral changes among women are likely to be associated with the massive change in their labor force participation rate. From only 2 % in 1965 the percentage of women aged 15+ participating in the labor force increased to 41 % in 2007. Among the younger women aged 25-39, who might be expected to provide major caretaking functions for older persons, about 70 % were economically active in 2007 (Shah, 2010). Employment outside the home is bound to place heavy demands on a woman's time and her ability to take care of an older parent or parent-in-law and she is therefore likely to depend on substitute caretakers in the form of domestic workers. At the same time, care of an older person by a domestic worker in a household, especially where the younger women are employed, seems to have become socially and culturally acceptable, despite the deviance from traditional norms.

A third likely reason for the increased reliance on domestic workers to care for older persons consists of the changes in living arrangements of older persons observed during the last few years. In a comparison of the living arrangements of persons aged 60+ in two surveys conducted in 1999 and 2005/6 (on which present paper is based), it was found that the percentage of those living without any co-resident children increased from about 5 % to about 25 % (Shah et al., 2008, final report). The lack of co-resident children is bound to be a major constraint in care giving that a child may provide to a parent by assisting with ADL or when sick. In our study, multivariate analysis of the socio-demographic correlates of being cared for

by a domestic worker rather than a family member during illness indicated that those without a co-resident child were 10.8 times more likely to be looked after by a domestic worker rather than a family member. It is possible that the easy availability of domestic workers has in fact acted as a facilitator of changes in living arrangements of older persons. One consequence of this change is that the caring tasks provided earlier by a family member are now performed by the live-in domestic worker.

A fourth possible reason for the observed changes in caretakers of older persons may be associated with the relatively low cost at which a domestic worker may be hired. The monthly wage of a domestic worker ranges from 40-60 KD (US\$ 136-204), which amounts to a fairly small percentage of the total monthly income of a Kuwaiti household (mean household income=). The current affluence of the Kuwaiti households is a relatively recent phenomenon enabled by the discovery and export of oil, combined with government policies to share this wealth with nationals in the form of increased salary and allowances, free education and health care, and generous subsidies on many items. Our results showed that a significantly smaller percentage of lower income respondents were looked after by a domestic worker when ill compared with respondents living in richer households. Thus, in households that could afford domestic worker(s) the likelihood of caring for the older persons by such workers was greater.

Despite the increased reliance on domestic workers to assist with ADL and during illness, however, the family continues to play a major role in the care of older persons. We found that a family member assisted the older men as well as women in the performance of tasks that involved activities and spaces outside the house, such as shopping and using transportation to go places in 70-80 % cases. Also, almost 90 % of those needing assistance with money management were helped by family members. Thus it seems that there is a greater reliance on domestic workers for the performance of the routine “chores” such as cooking, cleaning and personal care of the older individual. The family continues to play the major role in the older person’s interaction with the public spheres of life. Furthermore, about 85% of the bedridden persons lived with their children. Our findings about the continued important role of the family despite the presence of live-in domestic workers are consistent with the experience of Israel where family members continue to play major, though different, roles in the care of older persons than the ones played prior to the domestic worker’s arrival (Ayalon, 2009 c).

Perhaps as a result of the expected central role of the family in looking after older persons, the country does not have any acceptable alternative formal arrangements for this

group. The only exception is an institution run by the Ministry of Social Affairs where older persons without adequate family support may reside. Also, there are no privately organized institutions or old age homes for persons who are not able to reside with their family. Residence in the Ministry of Social Affairs institution is a source of social stigma. In case of persons needing long term medical care, patients are sometimes left in the government hospitals by the family, since this is considered more respectable. The problem of long-stay patients in government hospitals has been increasing over time.

### **Women as major caretakers**

Gender was found to be a very significant factor associated with the care of older persons by a domestic worker. Multivariate analysis showed that women were 7 times more likely than men to be looked after by a domestic worker rather than a family member when ill. A major reason for this is that women, especially wives, play the caring role in case of sick men as is considered socio-culturally appropriate. When the wife falls ill, however, the husband rarely acts as the caretaker. His domain, especially among older Kuwaitis, is generally considered to comprise of activities outside the house, and he is not expected to take care of an ailing wife. Furthermore, fewer women than men in Kuwait have spouses who may act as potential caretakers because of the higher frequency of widowhood among women resulting both from their longer life expectancy and the lower incidence of re-marriage (Shah, 2002). Previous research among the oldest old in China showed that the role of the wife was a critical factor in health status of a man, and provided the best protection regardless of the presence of children (Li, Zhang and Liang, 2009). In our study, a significantly larger percentage of men who were looked after by a domestic worker when ill suffered from various disabilities than those looked after by a family member (mainly the wife) which further highlights the important role a wife seems to play in sustaining the health of the husband.

Among the other female members of the household, the daughter was found to play a major role in the care of older persons, especially mothers. The central role that daughters play in looking after older parents/relatives has been reported in many previous studies around the world (REF). HANAN: FIND REF) As women got older, however, the percentage of daughters who were able/willing to take care of them declined with a concurrent increase in care by domestic workers. One of the factors related to decline in care by a daughter as a woman ages is the fact that daughters typically leave the parental home once they get married. They either

move to the husband's parental home or set up their own residence. Hence, the number of potential daughters who could act as caretakers declines as the mother ages. Furthermore, a larger percentage of women than men aged 70+ are now living alone (8.4% and 1.1% respectively) and dependence on the domestic worker is much higher among those living alone.

### ***Association of caretaker with health indicators***

We had hypothesized that those looked after by family members would be more likely to report better health outcomes than those looked after by live-in domestic workers. Our findings were generally consistent with the above hypothesis. Respondents who were looked after by a domestic worker, rather than a family member, perceived themselves to be in relatively poorer health, larger percentages of them suffered from hypertension and diabetes, and reported higher depressive symptom scores. Visual, hearing, and functional disability was significantly higher among men, but not women, looked after by a domestic worker compared to a family member. Despite the significant differences, the sequential order implicit in the above associations is not obvious. We do not know the extent to which care by a domestic worker during illness represents a more general pattern of caring experienced by the respondent in his/her everyday life. If care during illness is representative of a much broader range of situations, the importance of this variable is likely to carry considerable weight in health care outcomes of older persons. In the Kuwaiti culture, care of older persons by family members is expected, desired, and accorded a high degree of social approval. An older person looked after by a family member is likely to feel more satisfied with the care arrangement. A person devoid of such care may, on the other hand, feel neglected which might exert short or long term consequences on health. However, our cross-sectional data does not enable us to establish the possible "causal" pathway inherent in the association between the type of caretaker and health outcomes.

The observed association between care by a domestic worker and health of the older person could, in fact, be a direct consequence of the poorer health of an older person. That is, the family may assign greater caring responsibilities to a domestic worker in case of older persons with poorer health status hence providing them the necessary assistance. If the older person is satisfied with such assistance, he/she may actually feel gratified by the kind of support received, and the caretaking arrangement may be unrelated to health outcomes. The above perceptions may also be conditioned by the duration for which the older person has been cared for by a domestic worker, the quality of their interactions, trust placed on the caretaker, and the

general perception about his/her skill level and competence. Each of the preceding factors have been noted as important elements in the satisfaction of older persons and their families with the caretaking arrangement (Ayalon a-c, Keitzman et al, 2008 etc.), but we do not have information on these aspects in our study.

The foregoing analysis provides a glimpse of the role that domestic workers are playing in the care of older Kuwaitis and points out some possible health implications of this. However, there is a multitude of questions that remain unanswered and deserve to be addressed in future research. For example, we do not know whether older Kuwaitis, and their families, are satisfied with the amount and type of assistance provided by domestic workers. Do older persons sometimes feel neglected and abused by live-in foreign workers; if so, how frequent is this? To what extent do older persons trust and respect domestic workers? How do families arrive at the decision to assign caring duties to domestic workers? To what extent do domestic workers complement the role of family members and to what degree do they replace the care given traditionally by family members? Are there any short or long term health consequences of being cared for by a domestic worker rather than a family member; if so, why do these differences exist?

While we do not know the answers to the above questions, we found some evidence about possible de-valuation of the skill level of domestic workers by their Kuwaiti employers who provided information in our survey. The employers seemed to under-report the level of literacy and education of their domestic workers, since almost 95 % were reported as illiterate. The very high level of reported illiteracy among the domestic workers is certainly surprising since most of them come from Sri Lanka, Indonesia and the Philippines where the literacy levels are about 97-98 % for both sexes (PRB, 2005). It is likely that employer's tend to undervalue the competence and ability of domestic workers from poor developing countries, which may in turn be reflected in the employer's satisfaction with the domestic worker as well as their treatment of such a worker.

As in the case of employers, we did not collect any information about the level of satisfaction of the domestic worker with his/her living and working situation since this was beyond the scope of our survey. As mentioned in the introductory section of this paper, research from many countries is critical of the treatment of domestic workers around the world, including the Gulf countries (Jureidini, 2009; Chang, 2000). The Human Rights Watch has recently become an active critic of the treatment of female domestic workers in the Gulf countries and

claims that some of them are treated as slaves and suffer serious abuse (Human Rights Watch, 2008). Kuwait and other Gulf countries have also been criticized for lack of protection given to domestic workers in terms of not being covered by the labor laws. There is a growing pressure on host countries to improve the treatment of foreign workers, including domestic workers. Knowledge about the working and living conditions of domestic workers is important, not only for safeguarding their rights, but also for arriving at a better understanding of the setting within which they are providing care to older Kuwaitis.

In terms of the implications of our findings for the future, two may be highlighted. First, we may expect that reliance on domestic workers will increase with continued aging of the population, high levels of women's participation in the labor force, and the tendency towards more independent living by older persons, unaccompanied by children. The above expectation presumes that a large majority of older persons will continue to reside in private homes rather than in formal institutions, as observed in case of some frail older Egyptians who were placed in long-term care facilities in Cairo, despite the norms of family care (Sinunu et al., 2009). Second, if current gender differences persist, a much larger proportion of older women than men will rely on domestic workers for care. Finally, with the available data it is not possible to make a clear conclusion about the implication, if any, of care by a domestic worker rather than a family member for the physical, social and psychological health status of an older person. There is an urgent need to conduct studies that would enable health planners to develop a comprehensive understanding of the caretaking arrangements to better meet the health needs of older persons in the years to come.

**Table 1. Number and percentage of male and female domestic workers in Kuwait's population**

Year	Males (%)	Females (%)	Total	Domestic workers as % of population
1975 <sup>a</sup>	-	-	-	1.2*
1980 <sup>a</sup>	(32.2)	(67.8)	28,833	2.1
1985 <sup>a</sup>	(22.5)	(77.5)	81,573	4.8
1989 <sup>b</sup>	(21.8)	(78.2)	132,231	6.6
1995 <sup>b</sup>	(18.1)	(81.9)	143,729	7.6
2000 <sup>b</sup>	(28.8)	(71.2)	199,648	9.0
2005 <sup>b</sup>	(46.2)	(53.8)	378,240	13.2
2007 <sup>b</sup>	(36.0)	(64.0)	409,126	12.3
2009	(37.0)	(63.0)	334,025	9.6

Sources: <sup>a</sup> CSO; <sup>b</sup> PACI; \*Female domestic workers only

**Table 2. Percentage distribution of socio-demographic characteristics of domestic workers (n=1538)**

Variables	Total n=1538	Men n=156	Women n=1382
Age in years			
≤25	26.9	24.4	27.1
26-35	58.6	55.8	59.0
>35	14.5	19.9	13.9
Marital status			
<i>Married</i>	70.1	71.1	61.5
<i>Not-married</i>	29.9	28.9	38.5
Level of education			
<i>Illiterate/read &amp; write</i>	94.3	94.4	93.3
<i>Literate</i>	5.7	5.6	6.7

Table 3. Percentage distribution of assistance provided by family members vs. domestic worker in performance of various activities among Kuwaiti men and women aged 70+(n=808) , among those who needed assistance

	Men n=391			Women n=417		
	Assistance provided			Assistance provided		
	need assistance (n)	Domestic worker %	Family/Others %	need assistance (n)	Domestic worker %	Family/Others %
<b>Activities of daily living</b>						
<i>Eating, clothing, bathing*</i>	104	27.9	72.1	183	57.9	42.1
<i>Shopping</i>	127	21.4	78.6	195	19.3	80.7
<i>Managing money</i>	74	13.3	86.7	122	10.5	89.5
<i>Transportation</i>	135	26.6	73.4	195	25.8	74.2
<i>Cooking</i>	-	-	-	196	84.7	15.3
<i>Cleaning</i>	-	-	-	201	88.6	11.4

\*p<0.001 (gender difference)

Table 4. Percentage distribution of person who usually takes care of older men and women during illness

Age group	Spouse	Daughter	Domestic worker	Others
<b>Men</b>				
50-59 (n=240)	93.3	2.1	1.3	3.3
60-69 (n=333)	91.6	2.4	3.3	2.7
70+ (n=385)	69.6	9.6	14.0	6.8
Total (n=958)	83.2	5.2	7.1	4.5
<b>Women</b>				
50-59 (n=625)	6.4	54.0	23.0	16.6
60-69 (n=472)	5.3	47.9	38.1	8.7
70+ (n=415)	1.2	34.5	51.3	13.0
Total (n=1513)	4.6	46.7	35.5	13.2

**Table 5. Logistic regression of the socio-demographic correlates of being cared for by a domestic worker during illness among Kuwaiti men and women aged 70+ (n=808)**

Variables	n	Unadjusted OR			Adjusted OR		
		$\beta$	OR	95% CI	$\beta$	OR	95% CI
<b>Gender</b>						***	
<i>Men (RG)</i>	391						
<i>Women</i>	417	1.866	6.463***	4.572-9.136	1.952	7.043***	4.299-11.536
<b>Marital status</b>							
<i>Married (RG)</i>	522						
<i>Not married</i>	286	0.872	2.392***	1.764-3.244	0.316	1.371	0.880-2.136
<b>Level of education</b>							
<i>Some schooling</i>	211	-1.055	0.348***	0.236-0.514	-0.435	0.647	0.333-1.095
<i>No schooling (RG)</i>	597						
<b>Bedouin background</b>							
<i>Non-Bedouin (RG)</i>	445						
<i>Bedouin</i>	362	-0.266	0.766	0.569-1.032	-0.214	0.808	0.552-1.183
<b>Co-residing children</b>			***			***	
<i>0</i>	265	1.824	6.195***	3.862-9.940	2.383	10.835***	5.797-20.253
<i>1</i>	260	0.412	1.509	0.923-2.467	0.068	1.070	0.608-1.882
<i>2</i>	128	-0.332	0.717	0.378-1.363	-0.365	0.694	0.339-1.420
<i>3+ (RG)</i>	155						
<b>Total monthly income</b>			***			**	
<i>Low (<math>\leq</math> 800 KD)</i>	301	0.655	1.929**	1.321-2.805	-0.822	0.440**	0.260-0.745
<i>Moderate (801-1500 KD)</i>	228	-0.105	0.900	0.593-1.366	-0.488	0.614*	0.375-1.005
<i>High (&gt;1500 KD) (RG)</i>	201						

\*p<0.05, \*\*p<0.01, \*\*\*p<0.001

**Table 6. Association between selected health status variables and care giving by domestic workers vs. family members during illness among Kuwaiti men and women aged 70+ (n=808)**

	Men n=391		Women n=417	
	Domestic worker (n) %	Family/Others (n) %	Domestic worker (n) %	Family/Others (n) %
<b>Total</b>	(54) 100.0	(331) 100.0	(213) 100.0	(201) 100.0
<b>Self-perceived health</b>				
<b>Present health status</b>				
<i>Very good/good</i>	(6) 11.1	(104) 31.4	(21) 9.9	(45) 22.4
<i>Fair</i>	(33) 61.1	(183) 55.3	(146) 68.5	(98) 48.8
<i>Poor</i>	(15) 27.8 **	(44) 13.3	(46) 21.6 ***	(58) 28.9
<b>Compared health status with last year</b>				
<i>Better</i>	(0) 0.0	(5) 1.5	(3) 1.4	(3) 1.5
<i>Same</i>	(30) 55.6	(246) 74.5	(137) 64.3	(130) 64.7
<i>Worse</i>	(24) 44.4 **	(79) 23.9	(73) 34.3	(68) 33.8
<b>Chronic illnesses</b>				
Hypertension (Yes)	(41) 75.9 *	(207) 62.5	(167) 83.0 **	(143) 70.8
Diabetes (Yes)	(42) 77.8 *	(217) 65.6	(163) 76.5 **	(125) 61.9
Heart disease (Yes)	(16) 29.6	(112) 33.8	(54) 25.4	(53) 26.2
Stroke (Yes)	(6) 11.1	(30) 9.1	(15) 7.0	(25) 12.4
Arthritis (Yes)	(23) 42.6	(132) 49.9	(137) 64.3	(123) 60.9
Cataract (Yes)	(32) 59.3 *	(153) 46.4	(109) 51.2 *	(84) 41.6
<b>Psychological health</b>				
<b>Depression symptoms</b> (n)(mean & SD)	(54) 13.7±5.1 ***	(331) 11.3±4.2	(213) 13.2±4.2 **	(201) 12.0±4.7
<b>Disability</b>				
<b>Participant able to stand without aids</b>				
<i>Yes</i>	(26) 48.1	(226) 68.3	(111) 52.4	(101) 50.0
<i>No</i>	(26) 48.1	(98) 29.6	(90) 42.5	(82) 40.6
<i>Bed ridden</i>	(2) 3.7 *	(7) 2.1	(11) 5.2	(19) 9.4

Disabled vision (with aids)	(51) 94.4 *	(280) 85.1	(197) 92.5	(175) 88.4
Disabled hearing (with aids)	(34) 63.0 **	(130) 39.9	(102) 48.6	(99) 49.0
<b>Disability:</b>				
<i>No</i>	(21) 38.9	(190) 57.4	(100) 46.9	(86) 42.6
<i>Mild/moderate</i>	(13) 24.1	(86) 26.0	(49) 23.0	(54) 26.7
<i>Severe</i>	(20) 37.0 **	(55) 16.6	(64) 30.0	(62) 30.7

\*p<0.05, \*\*p<0.01, \*\*\*p<0.001 (difference between domestic worker vs. family/others in the same sex)

Among the 70+ older Kuwaiti men and women, 39 were bed ridden (30 women and 9 men). Care during women's illness was experienced by none of the spouses; 8 by daughters; 11 by domestic workers and 11 by others. However among 9 bed ridden men, the pattern of care giving was 2; 3; 2 and 2 respectively.

Majority of the bed ridden respondents (31) were severely disabled (25 women and 6 men). The care giver when the respondent is ill was given by the spouse, daughter, domestic worker or others. The pattern of care was 0; 7; 9 and 9 respectively among women and 1; 2; 2 and 1 respectively among men.

## REFERENCES

To be added

## ABSTRACT

In a survey of older persons aged 50+ in Kuwait we found that foreign live-in domestic workers are playing a very important role in providing assistance in performance of ADLs and care during illness, especially among the oldest persons. Such workers comprised 19 % of all residents (n= 8210) in our sampled households (n=1490). Among the 2487 respondents aged 50+, 7 % men and 35 % women were looked after by a domestic worker when ill. Logistic regression indicated that among those aged 70+ the likelihood of being looked after by a domestic worker rather than a family member during illness was positively associated with being female, living without any co-resident children, and residing in richer households. Respondents who were looked after by a domestic worker ranked poorer on several health indicators than those looked after by a family member when sick, which may call for policy attention.