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Elder Care in Lebanon

An Analysis of Care Workers and Care Recipients in the Face of Crisis

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Transformation Strategies

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Abstract

The current socioeconomic and political crises plaguing Lebanon have exacerbated the ongoing care crisis, in particular for care workers and elderly care recipients. Over the past decade, non-Arab migrant domestic workers have been, alongside family members, primarily responsible for providing privatized, in-home care for ageing Lebanese. This care, ranging from cooking and cleaning to administering medicines and providing care for people with disabilities, exists in the stark absence of substantive state-provided services for a rapidly ageing population. Under the pressures of the current economic crisis, however, the arrangements of this form of commodified care have come under particular strain, causing both care workers and care recipients to suffer. To better understand elderly care needs in Lebanon amidst the current, multi-faceted crisis, this report foregrounds the personal experiences and needs of both care workers, primarily non-Arab migrant domestic workers, and elderly care employers and recipients. Findings suggest that the most acute care needs for elderly Lebanese include long-term healthcare, emotional companionship, and domestic labor, at an affordable price. Workers highlighted the overwhelming nature of elderly work, their need for workplace support, and ultimately, their demands for a better legislative framework to protect them as migrant workers.

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Acronyms

AUB	American University of Beirut
CPR	Cardiopulmonary Resuscitation
CSA	Centre for Studies on Ageing
EOS	End of Service Indemnity
FBO	Faith-based Organizations
IDWF	International Domestic Workers Federation
ILO	International Labor Organization
NGO	Nongovernmental Organization
NSSF	National Social Security Fund
SORAL	Syndicate of the Owners of Recruitment Agencies Lebanon
SUC	Standard Unified Contract

1. Introduction

The cumulative effects of COVID-19, the 2019 October Revolution, the explosion at the Port of Beirut, and the devastating economic crisis have disproportionately affected the care economy in Lebanon over the past two years. The care economy refers to “the sector of the economy that is responsible for the provision of care and services that contribute to the nurturing and reproduction of current and future populations. More specifically, it involves child care, elder care, education, healthcare, and personal social and domestic services that are provided in both paid and unpaid forms and within formal and informal sectors” (American University, 2021). According to the International Labour Organization (ILO), the care economy is “characterized by a void of benefits and protections, low wages or non-compensation, and exposure to physical, mental and, in some cases, sexual harm” (2023). At the core of the care economy is the ironic reality that caring for human beings and human life more generally, known broadly as “care work,” is considered less valuable to economic processes than work done outside of the household and/or family, which is broadly known as formal, or productive labor (Boris, 2021; Nadasen, 2021). This irony was most recently brought to global attention during the COVID-19 pandemic, as it became clear to policymakers everywhere that a growing “care crisis” had left national economies unable to support their populations’ care needs during the pandemic (Diallo et al., 2020). In brief, we have failed to acknowledge the ways that unpaid care and domestic work, done primarily by women and girls, has supported human life in the absence of strengthened, state-subsidized welfare systems and care policies (Stefanović, 2022). Now, with added financial and health pressures, among other issues, these unpaid and informal care workers are no longer able to meet the increasing demand for care.

1.1 The Status of Older Persons in Lebanon

Elderly care, and the care workers who perform this labor, are key components of the care economy. They are at the heart of this study, which explores the relationships between elderly care recipients and their care givers, and the employers of elderly care workers in Lebanon. Older persons, defined as people sixty-five years of age and older, comprise 11% of Lebanon’s population, the highest percentage in the Arab States region (Abi Chahine, 2022). State provided support for older persons in Lebanon is limited, however. In 2018, the ILO identified that more than half of older persons in Lebanon were not receiving any type of social benefits, while approximately 80% did not receive any old age benefits (Silva-Leander et al., 2021). The absence of an old-age pension plan, and the termination of social security (the National Social Security Fund [NSSF]) payments upon retirement, has left many older Lebanese without any steady source of income (SOLIDAR, 2015, p. 5). While government employees and those in the military benefit from specific pension plans and health insurance coverage, most of the private sector depends on NSSF payouts in retirement. Under the NSSF, an End of Service Indemnity (EOS) is administered to retirees with at least 20 years of work experience, who are entitled to a lump-sum payment once they retire from or leave the workforce (Abdulrahim et al., 2015).¹ This lump-sum payment leaves a large swathe of the population unprotected, including those who were never employed or who were not employed in their recent history, those who work in the informal sector, and those who work temporary jobs. NSSF payouts are usually delayed, and for many the sum is not enough to support them over the long-term (Abi Chahine,

¹ The end-of-service pay is calculated based on the last month or last year of work, whichever is higher, and is paid in a lump sum employment termination.

2022). Further, the NSSF is gender discriminatory: While unemployed wives of men registered with the NSSF can access social security benefits, the unemployed husbands of registered women do not receive these benefits. Further, the current law gives husbands the ability to provide unconditional coverage to their wives in both illness and maternity; an insured woman, however, can only cover her husband once he is over the age of 60 years old or has a disability (Aléf, 2017). State provided financial assistance to older persons in need of institutionalized care, such as nursing homes or long-term hospital care, is also uneven and difficult to receive.

As a result, nearly 80% of older people—defined as adults over the age of 65—regularly depend on their families for financial assistance (International Labour Organization, 2022). This aligns with social expectations in Lebanon, which dictate that family members serve as the primary source of care and support for older members (Ajrouch et al., 2015; Joseph, 2005). But families have been unable, or in some cases unwilling, to function as the sole provider of care for older persons, particularly in light of the ongoing economic crisis in the country. Without access to high-quality and affordable care subsidized by the state, middle- and upper-middle class households, as well as wealthy households, have turned towards private, in-home care services. Since the late 1970s, such domestic services have been provided primarily by non-Arab migrant domestic workers who today, serve as one of the most critical sources of care labor in the country (Abdulrahim, 2016).

1.2 Migrant Domestic Workers in Lebanon

There are approximately 250,000–300,000 migrant domestic workers employed under the *kafala* sponsorship system in Lebanon (UN Women Arab States, 2021). Of these, approximately 99% are women (Mezher et al., 2020). Under the notoriously exploitative *kafala* system, migrant domestic workers' residency and work permits are tied directly to their employers², making it impossible for workers to change or leave their jobs without their employers' consent. In addition, Article 7 of the Lebanese Labor Law specifically excludes domestic workers of all nationalities, making the *kafala* system the primary legal and regulatory framework for migrant domestic workers in the country (Majzoub, 2022). This leaves migrant domestic workers, in particular those who work as live-in domestic workers, particularly vulnerable to abuses at the hands of employers, who operate with relative impunity in Lebanon (Amnesty International, 2019a). Prior to the current economic and political crises in the country, human rights groups estimated that up to two migrant domestic workers were dying each week as a result of an attempted escape or by suicide as a result of workplace abuse (Su, 2017). Meanwhile, political efforts to reform the *kafala* system have stalled as subsequent Lebanese governments have failed to materialize since the October 2019 revolution (*Thawra*). As well, political will to reform the *kafala* system is low, as the recruitment of migrant workers and the cheap labor they provide are incredibly lucrative for Lebanese (Dagher et al., 2020). Most recently, migrant domestic workers and their advocates experienced a serious setback, as a leaked standard unified contract from the Ministry of Labor in 2022 revealed that the government had overturned and abandoned many of the important protections outlined in previous versions of the contract in favor of a contract aligned with the interests of employers and recruitment agents (Legal Agenda, 2022).

² Per Amnesty International, the “*kafala* system [is] a collection of laws, decrees, ministerial decisions, regulations, and customary practices. These include the 1962 Law regulating the entry of foreigners into Lebanon, their stay and their exist from Lebanon, Decree No. 17561 of 1964 regulating the work of foreigners and Decision no. 136 of 1969 regulating the proof of residence of foreigners in Lebanon” (2019b, p. 12).

Today, migrant domestic workers find themselves in an even more precarious position in Lebanon due to the various crises affecting the country. Beginning with the October 2019 Revolution that culminated in the resignation of the Lebanese government, growing economic instability has made it especially difficult for migrant domestic workers to survive. Crippling inflation rates of more than 80%, an incredible debt crisis, and the collapse of the Lebanese Lira³ have resulted in a major loss to the salaries of migrant domestic workers, whose fees before the crisis were already low. In many cases, migrant domestic workers commonly report being forced to continue working without a salary, while others have been fired or, worse, dropped off by their employers at the doorsteps of their embassies, leaving workers homeless and without any recourse to financial or social support. Further complicating these issues is the fact that the *kafala* system prohibits migrant domestic workers from leaving their employers without their employer's consent. This puts workers who choose to leave or run away from their employers at risk of detention while they await the proper paperwork to be repatriated (Qiblawi, 2020). Worse, the devaluation of the national currency has made it nearly impossible to afford plane tickets that must be bought in U.S. dollars, in order for workers to return to their home countries (Barkawi, 2020).

COVID-19 has added another layer of difficulty for migrant domestic workers in Lebanon. Various international human rights organizations and local nongovernmental organizations (NGOs) have pointed to the effects of government-enforced lockdowns on migrant domestic workers, which effectively trap these workers in exploitative and oftentimes abusive situations, as well as deprive workers of their guaranteed day off each week (Amnesty International, 2020a). In addition, reports show that many employers use COVID-19 as an excuse to enforce strict surveillance, including restrictions on worker mobility and a refusal to let employees interact with other workers and community members (International Labour Organization, 2020). Ironically, such surveillance—often portrayed as though it is done to “protect” the workers—does not extend to the safety of these domestic workers, who continue to work without access to appropriate personal protective equipment and other hygiene products, including hand sanitizer.

Reports of increased violence against migrant domestic workers, especially live-in domestic workers, coupled with the exhaustion and stress of the situation in Lebanon has resulted in a major increase in calls from domestic workers to national health hotlines (Cheeseman, 2020). To add to both the economic crisis and COVID-19, the destruction caused by the August 4, 2020, explosion at the port of Beirut further destroyed workers' livelihoods and support networks. Further, migrant domestic workers were often sidelined by emergency aid efforts that primarily focused on supporting Lebanese citizens (Makooi, 2020). The loss of personal effects and apartments has left many domestic workers homeless, and completely dependent on a handful of local NGOs to support them, many of which, equally affected by the blast and the economic crisis, are unable to support all of the workers that are in need (Anti-Racism Movement Lebanon, 2020).

In this context and with support from the Centre of Excellence for Development Impact and Learning, supported by UK aid from the UK Government, the International Food Policy Research Institute (IFPRI) together with American University of Beirut (AUB) designed a study to explore the role of social networks among women migrant domestic care workers who are interested in and able to provide care to older Lebanese adults as well as the potential of

³ At the time that this report was written, one U.S. Dollar was equivalent to 50,000 Lebanese Pounds. Prior to the crisis, the Lebanese Pound was pegged at 1,500 to one dollar.

networks and relations across elderly employers in Lebanon. The objectives of the study are threefold. The first objective is to assess the needs of women migrant domestic care workers who provide older adult care; their perceptions of what constitutes dignified, non-exploitative, and fairly remunerated work; and their ideas of how they can obtain this work through social networks. The second study objective is to assess older adults care needs; and to understand their desires and concerns around women migrant domestic workers. The third objective is to identify and discuss points of agreement and potential mechanisms of connecting the two groups directly through social networks, possibly through using social media. The study addressed the following research questions:

1. What are perceptions of elder employers and potential employers of women migrant employees working in the domestic care sector of Lebanon?
2. What are the challenges women migrants face in working with elder employees in the domestic care sector?
3. What could be the role of social networks in growing transparency and information between employers and employees?
4. What interventions could be considered to improve both women migrants' and elder employers' outcomes in the context of an economic crisis?

The ultimate aim of the study is to inform a social network intervention to enhance outcomes among migrant care workers who provide older adult care and older Lebanese adults. The study results can inform future interventions by ILO and other actors who aim to reduce vulnerabilities of women migrant care workers as well as those who aim to reduce vulnerabilities experienced by elder adults in need of home care.

2. Methodology

This report is based on two months of qualitative data collection and research done in Beirut, Lebanon, between October and December 2022, with elderly care workers, elderly care recipients, and the family members or friends who employed in-home care to support older persons.⁴ The study and protocols were co-designed by IFPRI and the AUB with the authors. Ethics review for this study was obtained through the IFPRI Institutional Review Board.

Sampling was done using a snowball technique, beginning with key contact points in the field of care work (e.g., worker organizations and community leaders) and elderly care (e.g., NGOs specialized in elderly care, researchers, activists, etc.). These primary contacts were asked to distribute flyers with information about the project, including information on upcoming focus group discussions. In this way, we managed to recruit participants for and conduct six focus group discussions, as well as five key informant interviews.

To recruit focus group discussion participants that were elderly care recipients or the employers of elderly care workers, we reached out to several organizations and key informants for support. The University of Seniors at the AUB supported identifying study participants; based on their distribution of our research flyers, we were able to recruit nine elderly care

⁴ It is critical to note that throughout this report, the terms “elderly care worker” and “migrant domestic worker” are used interchangeably, since, relative to our study sample, all of the migrant domestic workers we spoke with had provided or were currently providing elderly care as their primary task.

recipients and employers of elderly care workers to participate in focus group discussions. Two focus group discussions were conducted with Lebanese elderly care recipients and the employers of elderly care workers. To qualify, participants must have employed, or currently employ a migrant domestic worker to provide care for an older person in their household or a separate household. As we started to recruit participants, we realized that older persons might not be able to travel to conduct an interview in-person. To compensate, we offered to conduct several one-on-one interviews over the phone or via Zoom, when possible, with older persons. We were therefore able to conduct three additional one-on-one interviews with older persons who currently employ a migrant domestic worker. In total, we interviewed 12 participants that identified as elderly care recipients or as employers of migrant domestic workers who were tasked with providing elderly care.

Four focus group discussions were conducted with elderly care providers, who all identified as migrant domestic workers. While several were currently working as part-time domestic workers, most workers were full-time, live-in employees in households with older persons. Most participants had up-to-date residency and work permits, while some were considered “freelance” workers.⁵ These participants were identified with the help of migrant worker community organizations and leaders, specifically leaders from the Alliance for Migrant Domestic Workers in Lebanon. Participants represented the following nationalities: Filipina, Sri Lankan, Ethiopian, Cameroonian, Nepalese, Malagasy, Ghanaian, and Bangladeshi. The length of time that workers had been in Lebanon varied; the longest amount of time a worker had been in Lebanon was reported as 30 years and the shortest amount of time was reported as several months. All workers had or were currently working primarily in support of an older person at the time of the interview. Most workers had been recruited through a formal recruitment agency, and several reported coming to Lebanon through informal channels, often following a friend or a family member who had previously emigrated to work in the country. While we had originally planned small focus group discussions of 3–5 workers maximum, several participants brought friends with them because they also worked with older persons. In total, we were able to speak with 24 migrant domestic workers who perform elderly care work for their employers.

All interviews were held in a private room at a café in Hamra, Beirut given its centralized location and quiet environment. All participants were provided a \$10 transportation stipend to compensate them for their time.⁶ Participants were also offered a drink of their choice and small biscuits and other snacks, provided by the café.

Key informant interviews were conducted with five specialists in the field of elderly care. These informants were affiliated with the following organizations: the International Labour Organization (2), the American University of Beirut and the Centre for the Study of Ageing in Lebanon (1), the UN Economic and Social Commission of Western Asia (1), and St. George’s Hospital (1). Unfortunately, our repeated attempts to contact other key informants were unsuccessful, given the tight research timeline and that many informants reported being very

⁵ The term “freelance” in Lebanon denotes several legal statuses for migrant domestic workers. The first usage denotes workers who have, “nominal sponsors [that] do not ask domestic workers to work for them under contract on an exclusive or full-time basis—although, this is what the law requires. Technically documented freelancers enjoy valid legal status in the country, but at the same time they are not captive to the full range of constraints inherent in the sponsorship system” (Hamill, 2011, p. 50). In its second usage, the term “freelance” is used to denote workers without a legal residency or work permit.

⁶ The compensation covered the cost of taxi travel from around Beirut to Hamra and the cost of several hours of work. This fee was particularly important for migrant domestic workers, many of whom chose to take time away from their paid jobs to participate in this study.

busy with end-of-the-year work commitments. All consented orally to being interviewed; two interviewees chose not to be recorded. In cases where interviewees were not recorded, the interviewer took detailed notes by hand throughout the interview to support my later analysis.

All interviewees were orally consented before the interview, using consent forms in both Arabic and English that were prepared by IFPRI and reviewed by the local research team in Lebanon. Upon obtaining consent, interviews were recorded and later transcribed into English by the research team for analytical purposes only. During the study, transcripts were kept on a password-protected hard drive. They were then transferred to a confidential hard drive at IFPRI. Transcripts were first manually coded by the primary researcher, and later underwent a second and third round of coding using NVIVO qualitative software (Appendix A). Following three rounds of coding, data were organized according to several different case studies, corresponding to the four primary research questions described above.

The next section of this report presents important findings from discussions with key informants, elderly care recipients and employers, and elderly care workers themselves. Findings are organized according to thematic focus. The next section is analytical in nature and discusses critical takeaways that can be deduced from the findings. This analysis is organized around the larger themes of the research project and responds to the research questions listed above. The report concludes with a set of recommended interventions based on the findings and analysis that can support better outcomes for both elderly care recipients and employers, and the migrant domestic workers who provide most of the elderly care work in Lebanon.

3. Findings

3.1 Recruitment Preferences

By far, employers preferred recruiting a care worker using a formal recruitment agency. As one interviewee noted, recruitment through an agency was the “right way” to hire a domestic worker. Many employers felt more secure working through an agency because “[with] an agency, there’s more trust.” Here, trust can refer to several different things, including but not limited to the guarantee that workers will perform the exact tasks required of them; the trust formed when employers are allowed to choose which worker they would like to hire (Haddad, 2002)⁷; or the trust that the agency cultivates by immediately addressing all employer concerns, which might mean replacing an employer’s current worker with a new worker if they are having problems. As one interviewee, who hired a migrant domestic worker to support his elderly father, reported: “With the agency it’s more of a guarantee that we can trust her [the worker].” In particular, employers felt that agencies, albeit expensive, provide a source of security in instances where there are issues with their workers. Several interviewees reported cases where they “returned” a migrant domestic worker to the agency, either because they did not get along with the worker or because the worker was deemed “not a good fit.” In each of these cases, the recruitment agency either provided the employer with another worker or acted as a facilitator

⁷ When employers decide to recruit a domestic worker using a recruitment agency, they are often shown a catalog that includes the profiles of several different migrant workers for them to choose from. These profiles include photographs and other demographic information, including height, and their socioeconomic backgrounds, such as their education status.

between the employer and the worker.⁸ As one employer, who had chosen to hire a migrant domestic worker to support her elderly parents, noted, “[An] agency is better, [because] you feel like you have someone to talk to if you faced a problem...and they’ll talk to her [the worker] and tell her what she is supposed to do.” Relatedly, employers reported that “[worker] responsibilities are clear” when recruitment is done through a recruitment agency. “We ask for what we need [and tell them] our requirements,” reported one interviewee, which the recruitment agency uses to provide them with a list of workers who fit their criteria.

In this regard, employers felt that they were very clear regarding the terms and conditions under which they were hiring live-in migrant domestic worker. For employers, it is understood that the responsibilities required of their employee are made clear vis-à-vis the recruitment agency. Workers, however, largely felt the exact opposite about recruitment agencies and the role that these organizations play in the employer-employee relationship. The workers interviewed identified recruitment agencies as “businesses who sell [workers],”; they “sell the girl [worker]” and “take the money [from employers] and give us [workers] barely anything.” As one community leader noted, “the agency doesn’t have transparency, they don’t let the woman [worker] know what her roles and responsibilities are.”

These answers are not surprising. Studies have long demonstrated the highly uneven power relations between recruitment agencies and migrant workers in Lebanon (Amnesty International, 2019b; Hamill, 2011; Jureidini & Moukarbel, 2004; Kafa (Enough!) Violence & Exploitation, 2014). This uneven relationship makes recruitment agencies the most profitable component of the migrant labor sector. Annually, recruitment agency revenue “accounts for roughly 60% of the industry’s total revenues” (Dagher et al., 2020, p. 8). As of 2019, according to Amnesty International, there were approximately 569 formally authorized recruitment agencies in Lebanon. Under Decision No. 1/168 of 2015, recruitment agencies are held to certain regulations: “refrain from accepting fees from domestic workers; not to humiliate or physically abuse workers; to report disputes between workers and employees to the Ministry of Labor and to file a complaint when needed; and to pay workers to return to their home countries during the first six months under uncertain conditions” (Amnesty International, 2019b, pp. 9–10). However, recruitment agencies operate with relative impunity under Lebanese law. Workers frequently report being denied repatriation and being forcibly returned to work with another employer. In this way, recruitment agencies function like labor traffickers, moving workers from one employment situation to another without the consent of the worker (Amnesty International, 2020b). Recruitment agencies also encourage employers to confiscate the passports and cell phones of their workers, and workers commonly report experiencing physical violence at the hands of recruitment agency employees (Human Rights Watch, 2012).

Workers were also unhappy about the lack of a clear contract upon their arrival to Lebanon. While some workers reported signing a contract before leaving their home countries, most workers reported being forced to sign a completely new contract in Lebanon. This contract is written in Arabic, a language that many workers cannot understand. One worker even reported using her original contract, written in French, to fight back against her employer when they were making impossible demands on her. However, her employer would defer to the Arabic contract, the one signed here in Lebanon, as “proof” of what the worker must do every day.

⁸ Based on my own previous research with migrant domestic workers in Beirut, Lebanon, these “facilitations” frequently take the form of threats, removing their access to their phones and therefore, the ability to speak with family and friends, and in the worst cases, physical violence. See Amnesty International (2019b) for more evidence of migrant domestic workers’ negative experiences with recruitment agencies.

The struggle for a standard unified contract (SUC) has been ongoing in Lebanon since 2009, when the Ministry of Labor first approved a standard contract for migrant domestic workers (Amnesty International, 2019b).⁹ However, this contract did little to secure the full rights of migrant domestic workers¹⁰, who continued, along with their Lebanese and international counterparts and advocates, to lobby for a new SUC with stronger protections for workers. In 2020, the then-caretaker Minister of Labor Lamia Yammine put forward a new SUC based on discussions with a national level working group that included migrant domestic worker representatives and advocates. Only one month later, in October 2020, the Lebanese State Shura Council, the country’s highest administrative court, blocked the new contract under pressure from representatives of the Syndicate of the Owners of Recruitment Agencies (SORAL) (Amnesty International, 2020b). Worse, in 2022, the Lebanese NGO Legal Agenda obtained a leaked copy of a draft law for a new SUC, which they called an “absolute scandal that audaciously violates basic human rights in favor of the vested interests of a handful of ‘traders’ embodied by the recruitment agencies in Lebanon” (Kanaan, 2022; Legal Agenda, 2022). Legal Agenda’s analysis argued that this new contract would worsen the plight of migrant domestic workers and effectively repeal many of the preliminary human rights guaranteed in the 2009 contract. Worse, Legal Agenda noted the exclusion of migrant workers and their advocates from the entire drafting process.

Without a standard contract, workers like those interviewed for this report remain without access to legal recourse in dangerous situations. Instead, they find themselves effectively trapped in their employer’s homes, subjugated to the will of a contract that many of them cannot read nor understand. Worse, these contracts, as noted above, leave workers in the dark about their responsibilities within their employers’ households and the rights that they have as workers employed in a Lebanese household.

3.2 Worker Responsibilities: Expectations and Reality

Specific to elderly care, workers reported that they were often unaware that their responsibilities would extend beyond what many understood to be “normal” domestic tasks, in other words, cooking, cleaning, and in some households caring for young children. As one Filipina domestic worker noted, “they [employers] also have to specify what my tasks will be from the beginning. If I am just going to clean or be a nanny or take care of an old woman, they must say it in the contract. You told me I am a domestic worker and that is all I’ll do.” “It’s important to know what our job is exactly,” another domestic worker reported, “because sometimes we cannot carry them [older person] if they need,” or perform certain specialized tasks that might be required when caring for an older person, such as dispensing certain medications or taking a blood pressure reading. Relatedly, several workers in the context of a focus group discussion emphatically noted that the term “domestic worker” is “not [big] enough” to encompass all the work that they are expected to do. As one domestic worker pointed out,

⁹ The 2009 standard contract guaranteed the following items: a weekly 24-hour period of rest; eight continuous hours of rest per day; restricts the maximum number of workers hours per day to 10; guarantees paid sick leave and six days of annual leave; requires employers pay workers monthly; requires that employers provide healthcare access; and requires employers to provide a least one paid phone call for workers to reach their families.

¹⁰ Workers were not allowed to leave their employer’s home without the employer’s consent and employers were allowed to terminate a worker’s contract due to a “mistake or an act of negligence.” As Amnesty International (2019b) notes, however, the contract does not clearly define what a “mistake or an act of negligence” actually means, leaving it open to flexible interpretation by employers and recruitment agencies, among others.

“I do everything like cooking and cleaning. I do everything, I can’t say I don’t want to do this or that. But now I am with a *Madame*¹¹ who keeps on asking for things [all the time]. They think a domestic worker is there to finish everything.”

In some sending countries, specifically the Philippines, migrant domestic workers are trained on some of the tasks they might perform, “to use the iron [and the] vacuum,” as one worker noted, by state recruitment agencies. These agencies are common in the Philippines and in Sri Lanka, where the State takes an active role in preparing women citizens to work as domestic workers abroad (Ireland, 2018; Silvey & Parreñas, 2020). However, many workers pointed out that such trainings do not matter if they are required to perform other tasks when they arrive. “In the contract, it just says I am a household worker,” reported one worker, “but when I came, I did everything.” When asked to elucidate on what “everything” includes, she clarified: “I clean, cook, do the groceries, and take care of *Teta* [elderly woman]. It’s too much.” One community activist noted that this “heavy” workload was the reason that so many domestic workers frequently get sick; employers, she noted, “must bring two workers to help” with the work because it is far too much for one person to accomplish. “Like they [employers] have to understand that I can’t do everything, even if I get paid,” noted another worker. “We are not machines: Taking care of old people takes a lot of work,” she continued.

“It makes it harder to work for old people because they are very demanding and require special treatment this is why I always say we have to understand more what is asked from us to do exactly. The hardest job is taking care of old people.”

3.3 Worker Salaries and Schedules

Prior to the crisis, live-in domestic workers were legally allowed one day off per week on Sundays. Monthly salaries were paid in dollars and varied according to the worker’s nationality and by employer, with Ethiopian and Sri Lankan women making the lowest amount (approximately \$150 per month) and Filipina women making the most (between \$400–\$600 a month) (Hamill, 2011; Mendis, 2014). Following the collapse of the Lebanese economy that started in earnest in 2019, coupled with the COVID-19 pandemic, workers have experienced severe salary cuts while being forced to continue working, often without time off as a result of government-enforced lockdowns (ILO, 2020a). Worse, many workers experienced virulent xenophobia as they were accused of spreading the virus and in some cases, bringing it with them to Lebanon. These conditions worsened even more after the explosion at the Port of Beirut, which destroyed key areas of the city where migrant worker communities lived. Further, the Port’s destruction of Lebanese livelihoods meant that many migrant domestic workers were fired from their jobs, leaving them without shelter and without an income (Amnesty International, 2020a; ILO, 2020b). In the worst cases, workers were abandoned by their employers on the front steps of their embassies, in the hopes that the embassy would cover the worker’s repatriation costs to send them home (Qiblawi, 2020).

Workers who participated in this study were not immune from these crises. Almost every worker who participated reported having their salary cut, having a salary that was now paid partly in Lebanese Pounds, or, in the worst cases, were not receiving a salary at all. The collapse of the Lebanese currency has made it impossible for workers to convert this liquid cash to

¹¹ The term *Madame* is frequently used by migrant domestic workers to reference their female employers or charges. Similarly, the term *Mister* is used to signify male employers or charges.

dollars, which is the currency they would use to transfer money back home to support their families. As one worker noted, “the government accepts [that employers pay] \$350 for a worker, but then they give her three to four jobs. So, \$350 is not enough.” “Our salary today is not enough at all,” reported another worker, “it doesn’t make ends meet.” Many workers felt similarly and pointed out that their salaries were not an accurate reflection of the amount of work they were required to do each day. “But we can’t say no [to our employers],” one worker complained. “I can’t just leave him [employer] without any help.” Others reportedly felt similar obligations, especially in households with dependents, such as children and older persons.

In several cases, workers’ salaries were not augmented to reflect increasing responsibilities. For example, Mina¹², a young Sri Lankan worker, reported that she originally arrived in Lebanon to a household with only two employers in it. “But then, *Madame*, her father, he got very sick and came to live with us.” Mina then became responsible for providing specialized care to her employer’s sick father. “I would also go to the mountains sometimes to clean for *Madame*.” Here, Mina is referring to her employers’ second house in their family village outside of Beirut, a common occurrence in Lebanon. And yet, her employers did not consider raising her salary to compensate for the increasing amount of work. Instead, Mira told me, “they kept telling me that my contract said I had to do whatever they told me. So, I kept working.”

“My salary after the crisis went from \$500 to \$300. The salary diminishes irrespective of one’s work. Even if they have kids who work outside of Lebanon and are earning in dollars, they will still use the crisis as an excuse to lower your salary.”

In focus group discussions with employers, the topic of workers’ salaries was treated with caution. Most employers responded according to social dictates, meaning, they reported a seemingly reasonable salary, somewhere between \$400 and \$600, for Filipina workers and salaries between \$150 and \$300 a month for other nationalities. However, it is important to highlight that employers might not be reporting truthfully; without access to actual bank statements or receipts, it is hard to prove whether employers are accurately reporting their worker’s salary. One employer reported that the salary she pays is “enough to do the work. We have a small house, so the work isn’t too demanding.” She continued, noting that even though the worker was living with her family, the afternoons “do not involve [the worker having to] clean,” so the worker is “able to relax.” Joseph, another Lebanese employer, pointed out that there is “no specific schedule” that his domestic worker must follow. Even though “she [worker] is full-time [live-in] and sleeps here, the work isn’t around the clock,” he reported. It should be clear, however, that employers’ reports about the working conditions of their employees might not be accurate. Instead, these descriptions risk being subjective; in fact, very few workers reported having leisurely time while working or having spare time to spend on themselves.

Employers did make it clear, however, that workers were expected to do everything in the house that was asked of them. “Yes, all day she works,” responded one employer. “She does everything in the house for us: she cleans, she takes care of us, and she cooks. With what we pay her, this is what is expected.”

¹² All names used in this report are pseudonyms, to protect interviewees’ identities.

4. Specialized Care

When asked about elderly care, most workers reported on care provided to older persons in need of specialized health care. This might include any range of activities, from providing medicines to cooking a specialized diet for a person with diabetes, to ensuring that a person is moved frequently enough to avoid pressure sores. Some workers provide physical therapy to their employers in the form of accompanied walks, guided movements and stretching, and in some cases, even verbal or other stimulatory exercises. Others were directly asked by their *kafeel* (sponsor) to be a “companion” to an older person. Some workers highlighted that the difficulties of these specialized tasks were why they were hired in the first place; rather than a direct family member performing the work, domestic workers are hired to support the family. As one worker noted, “The [family] sometimes don’t like the smell, some don’t like to [give] a bath...these things are the hardest [to do]. This is why they have us do it.”

This specialized care was difficult for some workers, especially those who had little or no prior experience providing this type of care. Even migrant domestic workers who did have experience providing care to an older person noted certain difficulties. “Working with old people is very hard, even getting paid in [U.S.] dollars is not enough” to compensate, one worker explained. In particularly difficult cases, workers were expected to work 24 hours a day, often without a break: “At night I wouldn’t sleep until like 9AM. I change his diapers, give him medicine, and do many things during the nighttime.”

While some workers are recruited directly to provide such care, others have older employers who, over time, experienced some type of health problem that caused a major increase in the domestic worker’s workload. Malay, an Ethiopian worker, explains how the worsening condition of her employer made her domestic tasks more difficult; living with her employer and her employer’s husband, she suddenly found herself responsible for two older people with quickly deteriorating health conditions.

“I used to work for an old *Madame* who has diabetes and hypertension, and a *Mister* [employer’s spouse] who had the same issues, as well as Alzheimer. The *Madame* was OK, but one time she fell in the bathroom and then her back really started to hurt...she even went to the hospital and slept there. When she came back, I started to help her with showers and [to] clean [her]. Shortly after, she passed away. Then, her husband started to forget a lot. “

During this time, the workload became so intense that the adult children of Malay’s employers hired another live-in worker to support Malay. However, this worker only made things more difficult to provide decent care to Malay’s employers, as she was “aggressive” with them and “yelled all the time” at their employers. Ultimately, this second helper was dismissed after Malay’s *Madame* passed away. Meanwhile, Malay’s male employer’s Alzheimer’s was continuing to worsen. Without specialized assistance, Malay was forced to depend on her own strategies and tricks to soothe him. Malay remembers that to make him fall asleep, she would “tell him that he should sleep before the thieves break into the house;” she did this because she “knew that there was a civil war in Lebanon” and that her employer “could remember this.” During her interview, Malay recalls these experiences calmly even though at the time, she remembers feeling overwhelmed with the work. “His condition was extreme,” she notes; so extreme that at times, her employer would imagine that Malay was his wife and would

consequently “try to touch [her].” “Other times, he would propose to me and ask me to marry him.” One night, he called his adult children, who were living abroad in Canada at the time, to tell them that “I had started smoking, which they had forbidden me to do, even though I didn’t smoke!”

4.1 Learning to Care

Many of the workers recruited to participate in this study reported similar stories of feeling overwhelmed and overburdened by the specialized care required by their employers. Interestingly, while many workers reported difficulties learning how to provide this care, most of the employers that participated in this study claimed that they taught their employees how to provide this care. As one elderly Lebanese employer noted, “we taught her [the worker] what to do...to crush the pills and to put them into the food,” as the employer’s husband was unable to swallow whole pills. Several workers reported learning about the specialized care they had to give from the adult children of their employers. “At the beginning,” one worker recalled, “we [she and her employer’s adult daughter] would do it together, and then I learned on my own”; eventually, she would perform all these specialized tasks herself, including administering medicine several times a day and bathing her employer.

Trainings

Broadly, both workers and employers confirmed that any “training” migrant domestic workers undertook to perform such specialized care was done informally in the household. In some cases, workers would learn directly from healthcare staff while they accompanied their employer to a doctor’s appointment. When asked about the importance of such specialized skillsets, employers were ambiguous. Employers expected that workers would be able to perform certain tasks like administering medications, cooking certain meals, and physically supporting a person to perform personal hygiene routines, such as showering. “We want someone who can do simple things,” noted one Lebanese employer; for this man and his wife, it was important that their in-home domestic worker could take a proper temperature reading and could measure a person’s blood pressure, given the declining health status of the man’s ageing father. But tasks that employers identified as “simple,” like reading a blood pressure cuff, were in fact not simple tasks and required special training. Freddy, the Lebanese employer, continued, saying that he and his wife “did not mind” having to train their employees, and that this was a better arrangement than hiring someone who “knew everything” beforehand. “This way, we can train her [the worker] to do things the way we do them. She will know how to do the blood pressure [readings] and how often, as well as the medicines. We will show her.” One Lebanese employer from a second focus group made it clear that she, too, preferred to train her employer herself: “I don’t want them [the worker] to be too sophisticated and to have official training, someone can be good without a certificate, it depends.”

“If there was a program and she has a certificate or more experience in taking care of elders, I would feel it’s safer to hire her. And yes, workers who have certificates or more experience should be getting paid a higher salary, especially if someone can afford it.”

This sentiment, that workers with official training are not always better than workers without it, reveals a few key points. First, as one Lebanese employer noted, trainings are expensive and so, too, are skilled workers: “if we can afford it, why not” hire a better skilled worker, one employer pointed out, “but now [with the crisis] it’s too much.” Employers’

responses to probes about worker salaries also reflected tensions about the rising costs of quality care in Lebanon. When asked, most employers did agree that workers with professional training certificates, for example a CPR training certificate, could use these trainings to secure better salaries. These higher salaries, of course, would limit the number of households who could afford to hire these workers.

Second, the ambiguous response of Lebanese employers to trained workers reflects the ideological and material preference for “docile” and “cheap” workers. As feminists have noted in productive and reproductive economic sectors around the world, women have been routinely “cheapened” as laborers because of how they are constructed according to a set of “‘natural’ (read: gendered) attributes” that mark them as “unskilled, docile and secondary (and therefore disposable) labor,” in comparison to men, who perform valuable, formal labor (Kusakabe & Pearson, 2010, p. 19). These “natural” attributes are (re)produced vis-à-vis structural pressures that keep women siloed into informal, low-paid, and highly exploitative labor sectors; this reinforces women as docile and weak workers in the eyes of their employers. When in fact, women are not weak, but are actively weakened and exploited by a labor system that actively seeks to make them a source of cheap labor.

The case of migrant domestic workers in Lebanon reflects these patterns. Migrant women workers are continuously funneled into the extremely low-paid and highly exploitative sector of domestic work, where they are without legal recourse. Moreover, the dominant narratives of migrant domestic workers as trafficking victims in the Middle East exacerbates their subject positioning as “docile” or “weak” women in need of protection, rather than women whose agency has been forcibly removed by a legal and socioeconomic system that leaves them trapped within a violent and exploitative employer-employee relationship (de Regt, 2010). In Lebanon, the application of the *kafala* (visa) sponsorship system ensures that employers have nearly total “legal ownership” over their employees, as the worker is dependent on their employer for both their residency permit and their work permit (Human Rights Watch, 2010; Shahinian, 2012). Further, because of their exclusion from the Lebanese Labor Law, the only legal document that “protects” migrant domestic workers in Lebanon is the 2009 version of the Standard Unified Contract which, as discussed earlier, hardly affords migrant workers any real protections like access to social security, a minimum wage, or even maternity protections (Amnesty International, 2019b). To have skilled workers, therefore, would challenge this system and, relatedly, would challenge the hegemonic control that employers, emboldened by the *kafala* system, exert over migrant domestic workers. For Lebanese employers, the idea of working with a trained or highly skilled migrant domestic worker subconsciously challenges these underlying constructions of domestic workers as cheap, “docile,” and weak labor.

Unsurprisingly, workers expressed strong opinions in favor of skills trainings. Most workers noted that trainings are key for those workers who will be performing specialized care for older persons. “Learning to give medicine,” “how to handle emergency cases,” “how to call the ambulance,” and even a full “Red Cross training” were all mentioned as important skills that migrant domestic workers need if they are working with older persons. Many workers expressed interest in learning about diabetes and blood pressure, including how to measure these issues to better protect their employers. Others mentioned “first aid” more broadly, as a training that would be helpful given their work with elderly patients. Some workers were excited when asked about potential trainings for migrant domestic workers. As one worker, an Ethiopian community leader, told me, “we are young. We want to learn! Many of us stopped our education to come here. To have courses or trainings would be so helpful for the girls [workers], to give them

something to look forward to.” When probed about the types of courses she and the members of her community might be interested in, she said,

“Anything! Courses about computers, basic language skills, English, Arabic...start with small things and grow your knowledge. We need a special place for the migrant workers to go to, [where they can] have different courses like how to do this and that, to learn first aid or to read English.”

Another community leader recalled a six-month long training course that she and several of her friends, who were also migrant domestic workers, took under the guidance of a medical doctor at the American University of Beirut.¹³ Every Sunday, which is the generally the only day off for migrant domestic workers each week, the workers would meet with this doctor at various hospitals in Beirut and outside of Beirut to learn special healthcare skills, including how to perform CPR and how to read a blood pressure cuff. While she and her friends were thrilled to have received this training, they had several complaints, most notably that the training was not internationally recognized, which meant that their efforts here in Lebanon would not translate to a better salary should they migrate to another country to perform in-home care. Second, workers were frustrated that they were forced to give up their only day off each week for a training; “this was a lot of work for six months,” noted this community leader, “and many girls couldn’t join us because they could not take off on Sundays.”

“I saw that she didn’t love old people that much.”

If employers were ambiguous about the specialized skills of in-home care workers, they were quite clear about what makes a “good” worker. Employers emphatically noted that in-home care workers need to function as “companions” for the older people they are working with; they needed to be “patient” and “caring.” Many employers stated that they expected their workers to “love working with older people” and to “enjoy” working with the elderly, “someone who likes older persons and who actually listens.” As one elderly Lebanese woman, who employed a domestic worker to support her to live independently, noted, “having a companion and trusting her to care for me is my main priority. Celia has become a friend, and that is what I want.” Another Lebanese woman, who employed a domestic worker to take care of her ailing elderly father, noted that “love,” and the relationship between the worker and the older person, was key to a successful employer-employee relationship. She describes this exact relationship regarding her father: “We loved her [the worker], and we knew my father loved her.” This “love,” in her opinion, is the key component often missing from the relationship between employers and migrant domestic workers. Without it, the situation can never work because, as she explains, “you leave your [ageing] parents at home, alone. You need to be able to trust the person who’s there, taking care of them.” In her opinion, it is “love” that defines this level of trust and comfort that is needed between not only the migrant domestic worker and the older person they are caring for, but also between the worker and their employer, to ensure that the older person is receiving the care that they need.

In contrast, Leila, a Lebanese woman who employed a live-in domestic worker to care for her elderly mother, knew that the first worker she had hired “wasn’t going to work” because, as

¹³ When asked to provide more information about this doctor, the worker unfortunately did not remember his last name. She pointed out that the training had taken place more than 10 years ago, after she had first arrived in Lebanon; she has no more contact with this doctor today.

she puts it, she “saw that she [the worker] didn’t love old people that much.” When asked to explain this a bit more, she recalled:

“She [the worker] was doing her job [at that time] with the nurse. But when I came [to check up on my mother] I saw that al-bint¹⁴ wasn’t okay, I realized that she didn’t have the required criteria [to work with older persons] and that she didn’t love old people that much. She never said this out loud but apparently, she would go to her friends’ [houses] every week...She was the type of person who cares about how she dresses and stuff...I felt my mother was afraid [and] uncomfortable...This girl [worker] wasn’t suitable for my mother at all.”

Several things stand out in this case, notably that Leila is unable to clearly define how she knew that this worker “didn’t love old people that much.” Instead, Leila relies on broadly stereotypical depictions of domestic workers as “bad workers,” which claim that workers are not really there to work but instead, are in Lebanon to “have fun” (“she would go to her friends’ houses every week”) and were superficial (“she was the type of person who cares about how she dresses and stuff”). Thus, it seems that Leila’s definition of “love” is, more accurately, a definition that pertains to the amount of control she was able to exert over the domestic worker caring for her mother. More evidence of this slippage between “love” and control comes from employers’ responses regarding what characteristics or issues would make them unequivocally fire a worker. Almost all the employers and older persons interviewed for this report mentioned the importance of personal hygiene and cleanliness; several employers mentioned that a worker who smokes is unacceptable. “Laziness” and “someone who is unkind” were both listed as responses by several of the employers. In one instance, Sami, a Lebanese man who had employed a domestic worker to care for his elderly parents, reported hiring a domestic worker who “used to sit all day long and watch TV and play on his mobile.” He immediately fired the worker. Many employers also highlighted worker availability as a key issue: “If she [the worker] is difficult to reach, this is a no-no for me.” In other words, employers expected workers to be available to them at all hours of the day, especially those who had at some point hired a part-time, live-out domestic worker. For this reason, among others, all the employers and elderly care recipients we spoke to preferred to hire a full-time, live-in worker, if they could afford it.

What such stories suggest is that employers are more concerned with certain intangible characteristics required of care workers, such as compassion, trust, empathy, and various other attributes, than they are with hard or specialized skills. In identifying these skills in particular, it becomes clear that employers’ expectations regarding worker skillsets are inextricably linked to a worker’s personal behavior and, subsequently, the employer’s ability to control how a worker behaves within their household. Further, employers’ expectations mirrored global trends that recreate and reproduce women workers, and migrant women workers in particular, as docile and weak.

While employers frequently discussed certain skills as somehow innate to a worker’s personality, workers took a more pragmatic approach to these skills, arguing that a person could learn to be patient with an older person. In effect, workers argued that through the skills trainings discussed in the previous section, workers could effectively learn appropriate strategies and

¹⁴ The term *bint* in Arabic translates to “daughter” or “girl” in English. In colloquial Arabic, the word *bint* is used as a term for a domestic worker. The term has a pejorative connotation, playing on the gendered constructions of daughters and girls as young and inexperienced, oftentimes silly. The term ideologically reinforces the dependent nature of the worker on the employer, and the employer’s role as the “adult” in the relationship, meant to discipline and teach the worker how to behave appropriately. See Jureidini (2009) and Moukarbel (2009), for more details.

techniques for dealing with difficult elderly charges or complicated care situations. In other words, workers did not see the qualities as somehow innate or “natural” to a worker; rather, they understood that these skills, just like the technical skills of CPR or reading a blood pressure test, could be honed, and further developed in the right environment.

5. Analysis

5.1 “I Do Everything”: The Impossible Conditions of Elderly Care in Lebanon

“No, I do everything. If she [employer] wants something from the supermarket, I go alone. If she needs medicine from the pharmacy, I go grab it for her.”

Limited State Support and a Damaged Welfare System

Without question, workers who participated in this study were overwhelmed with the amount of responsibility they had in relation to their elderly charges and the domestic chores of the household. The refrain “I do everything” was heard during every interview; workers stressed that their responsibilities extended far beyond the limits of what a “domestic worker” should be expected to do, in their view. Workers reported struggling to balance everyday tasks like cleaning and cooking, with the more demanding tasks of specialized elderly care, including providing medicines on-time, helping their charges with daily hygiene routines, and in some cases, providing care throughout the night. Particularly after the onset of the economic crisis, when families could no longer afford to hire specialized nursing or other healthcare services in the home, migrant domestic workers have taken on the brunt of this specialized work. As one worker noted, “So I do everything, my madam broke her hip and went to the hospital, so I even went with her and now I give her the medicine, the food, the shower...I do everything all around the clock.”

To provide this specialized care, workers learn from various people around them, including their employers, the adult children of their charges, doctors and other healthcare staff supporting their charges, and each other. As one Filipina community leader noted, “we are here for each other when we need. If she [another worker] has a question [about caring for someone] we try to tell her what we know and what she can do.” While a handful of workers were able to receive some type of specialized training, such as CPR or first aid training, many others were forced to rely on themselves and their own knowledge to provide specialized care. Without access to subsidized training courses and healthcare professionals, migrant domestic workers will have to continue learning about specialized care by themselves and through those around them.

What such findings ultimately suggest is that migrant domestic workers are filling a gap in older person care for middle- and upper-middle income households in the face of limited state services and a weakened welfare system. This is not a new trend but was evident before the 2019 economic crisis and later, following the onset COVID-19 and the explosion at the Port of Beirut. As the International Labour Organization (ILO) and the American University of Beirut (AUB) reported, out of 1,200 surveyed employers of migrant domestic workers, approximately one-fifth hired these workers to support an elderly household member (Abdulrahim, 2016). Migrant domestic workers have been a key buttress for elderly Lebanese that are living alone, which has become more frequent every year as large numbers of young Lebanese choose to emigrate (Abdulrahim et al., 2015; Doumit, 2015). The affordability of migrant domestic workers is especially important for elderly Lebanese living alone, considering the limited coverage of the

country's social security system (SOLIDAR, 2015). As Maya Abi Chahine, a professor at the AUB and an advocate for elderly issues, noted during her interview, the NSSF is severely flawed and operates differently in different sectors. In the private sector, for example, the NSSF operates an end-of-service (EOS) one-time payment, which a retiree receives upon their immediate exit from the labor force. Abi Chahine also commented that this lack of social security makes it nearly impossible for many older persons in Lebanon to provide for themselves the necessary care that they need. Historically, family living abroad or even in Lebanon have been a source of financial support for older persons (Abdo, 2019); in light of the current economic crisis, however, these sources of support have run dry, and many older persons have been forced to diminish or altogether cut their domestic workers' salaries in order to survive.

For older persons who need more intensive support and care, Lebanon is unable to offer substantive or expansive options of institutionalized care in the form of nursing homes. According to the Centre for Studies on Ageing (CSA) in Lebanon, in 2015 there was a total of 49 nursing homes across Lebanon, each ranging between 50 and 100 residents, with a ratio of one bed per 85 older persons (Adra et al., 2015, p. 307). Most of these nursing homes are private, and very understaffed. Further, nursing home admission requirements often vary greatly, making it difficult for families to register their members for care at these institutions. Additionally, the Ministry of Public Health offers varied financial support to both nursing homes and to patients accessing their services (El-Hayeck et al., 2016), making it difficult to ensure that can afford to remain in a nursing home as long as they need.

For families and households, therefore, migrant domestic workers become a crucial alternative source of affordable and quality in-home elderly care labor. Although Lebanon has produced an official National Strategy for Older persons (2020–2030) that outlines important goals like strengthening the state's welfare system, Abi Chahine argues that the limited political will in Lebanon today as result of political stalemate, corruption, and the concurrent economic and social crises plaguing the country, make it difficult to envision that these goals will be achieved any time soon. What this means in practice is that migrant domestic workers will continue to serve as a cheap alternative to elderly care. They are an especially viable option for older persons who have family that live outside of Lebanon and can send remittances to support this type of in-home care work, as well as for those who prefer to support their elderly family members' independence vis-à-vis an in-home care worker.

The Unrecognized Dimensions of Elderly Care Work

Findings from discussions with older people and employers of migrant domestic workers suggest that Lebanese view paid elderly care work as “just work,” rather than as a specific type of work that requires certain skills and a specific temperament. This stands in contrast to the ways that employers and older people define the types of skills and characteristics that they expect from the migrant domestic worker hired to perform this work. Even though employers and older persons often belittled the amount of work that migrant domestic workers do—“she doesn't have much work in the afternoon because she only sits with me” or as another employer noted, “her only responsibility is to help me when I need, this is not too much”—they simultaneously demanded that their employees were on-call around the clock, even on their guaranteed day off. Employers and older people overwhelmingly preferred full-time, live-in workers for this very reason: They preferred to have a worker who was available at all hours of the day for any number of tasks. They wanted workers to perform this labor without complaining, with “energy,” “compassion,” and “patience;” they wanted workers to “love” and

“like” working with older persons. Meanwhile, employers and older people were reluctant to acknowledge these things as hard skills. Instead, they understood these things as innate qualities that a domestic worker either did or did not have. Worse, if the worker did not possess the qualities expected by their employer, employers would often return workers to the recruitment agency to receive a replacement worker.

These findings support global feminist research documenting the ironic positioning of care work as both critical to the livelihoods of human beings and simultaneously, one of the most underpaid and exploitative jobs in the labor market (Ehrenreich & Hochschild, 2004; Nadasen, 2021; Parreñas, 2001). The social value attached to productive labor has meant a devaluation of reproductive, or care, labor and consequently, a devaluation of those workers who perform this labor (Katz, 2001; Lan, 2008; Sassen, 2000). While women were historically responsible for performing reproductive labor within the household, the latter half of the 20th century saw a redistribution of reproductive labor across racial and nation-state lines as well. Theorized as the global care chain, feminists have tracked the growing transfer of care work across nation-state boundaries, as migrant women primarily from the global South migrate to work as care workers in the global North (Ehrenreich & Hochschild, 2004; Hochschild, 2000). Driven by a care crisis in the global North caused by neoliberal austerity policies and the simultaneous movement of middle- and upper-class women into the workforce, global care chains “pull” immigrant women from the global South to fill this gap. Thus emerged what is known as an “international division of reproductive labor,” a framework that formulates the co-constitutive racial and gender dynamics that are affected by and affect care work globally (Parreñas, 2012, 2015). The experiences of migrant domestic workers in Lebanon, specifically their devaluation as care workers, is partially explained by the global care chain and the care gap that exists in the country. Migrant domestic workers are being “pulled” to Lebanon to fill a critical gap left by the Lebanese state, which has been both unwilling and unable to support elderly and other care needs in the country. Further, gendered expectations of Lebanese women to make household and other domestic tasks their primary priority (Joseph, 1993, 2005) have facilitated this “transfer” of care work onto migrant women, who subsequently enter Lebanese homes to perform this gendered care labor.

Meanwhile, domestic workers are expected to work around the clock with limited breaks. They have no access to legal recourse in instances of workplace abuse, nor are they guaranteed a minimum wage or other workplace protections. Instead, gendered expectations that women are “naturally” disposed to perform care work are intertwined with racial discourses that position certain workers as “better suited” to certain types of work than others. Racialization also produces certain workers as “good” or “bad” workers, “docile” or “stubborn,” and, relatedly, influences which workers are seen to “enjoy” their work with older persons, versus those who do not. Thus, employer preferences for workers are never neutral, but rather reflect these racialized and gendered expectations of docile care workers.

Under the broad umbrella of care work fall different tasks, many of which were highlighted in interviews done with employers and older persons for this report. Each of these tasks is coded by race and gender. Feminists in the U.S., for example, have shown how distinctions between “menial” and “non-menial work,” such as child rearing, were often racially explicit, with Black women historically affiliated with “menial work” such as cleaning, whereas white women domestic workers and servants were allowed to perform the “non-menial” work affiliated with childcare (Duffy, 2005; Glenn, 2010). Studies have reported similar findings among migrant domestic worker communities around the world (Anderson, 2015; Lan, 2003;

Marchetti, 2014). In Lebanon, such distinctions are coded in meritocratic language that labels certain domestic workers as “skilled” and therefore, better suited to performing certain household tasks like childcare and elderly care. As one Lebanese employer noted, while Ethiopian workers “aren’t bad, Filipina workers speak English and are educated, and this is what we want.” These preferences have real consequences, with non-Black migrant domestic workers in Lebanon being paid nearly four-times more than Black workers from Sudan or Ethiopia (Amnesty International, 2019b). In this way, the seemingly harmless “personal” preferences of employers and care recipients has a real-time effect on the ways that race and gender take shape alongside domestic labor and elderly care work in Lebanon.

5.2 Social Networks: The Chance to Strengthen and Empower Marginalized Workers

Employer and Care Recipient Perceptions of Social Networks

When asked about the usefulness of social networks for finding elderly care workers, Lebanese employers and older people were not convinced that social networks would have a positive impact on them. However, when pushed further, some employers reported that having an “easy site that someone can go on, like my daughters or grandchildren, to find me a domestic worker in the future” would be “good.” Others thought that such a platform could be particularly helpful as a way for migrant domestic workers to find them: “If, say, I have an older person who needs to be taken care of in this specific city or location,” noted one employer, “I think that [a website] would be very helpful” in facilitating connections between workers and employers. As Sophia Kagan, a key informant from the ILO in Lebanon, noted, the ILO itself has taken steps to developing a platform that can help put workers and employers in direct contact with each other. “Skills matching,” Kagan notes, has played an important factor in the development process of the application, to help elderly employers and care recipients find workers who possess the specific skills that they need.

Although employers and care recipients were unsure of the benefits of social networks, the findings of this report clearly indicate that social networks can play an important role in empowering elderly care recipients to find care workers who can provide the exact types of specialized care that they need. Although employers and care recipients reported a preference for recruitment agencies, social networks can serve as an important “backup plan” for those in need of specialized care. Additionally, empowering employers and care recipients to negotiate directly with care workers can have positive effects on both workers and employers. Specifically, direct negotiations will create a more transparent, and therefore more equitable, work environment for the workers. As well, it can give employers and care recipients the opportunity to clearly explain to workers what is expected of them, and the types of labor that they will need to perform. As Abi Chahine noted, putting elderly care recipients and care workers in “direct contact [can] help to build trust” between the two parties, which is a “key issue” in elderly care. Further, she highlighted that social networks could create a space for elderly care recipients to speak with each other, as well as with potential care workers. Facilitating this dialogue could have important benefits for older persons; they might learn from other people different strategies or even advice concerning hiring an in-home care worker.

5.3 Social Networks: The Foundations of Migrant Domestic Worker Organizing and Survival

In contrast, workers were emphatic about the important benefits of having social networks in place in Lebanon. Lebanon itself has a long history of migrant domestic worker organizing, beginning as early as the 1990s, with faith-based organizations (FBO) providing humanitarian aid to migrant women workers in need (Abu-Habib, 1998; Young, 1999). At the same time, migrant worker-led initiatives like the Sri Lankan Welfare Association were also developing; while these groups first met informally as support groups, many eventually became fully fledged organizations that attracted international and local donor support to provide services to high-risk migrant workers in the country (Tayah, 2012). Today, worker-led organizations, such as the Alliance for Migrant Domestic Workers, continue to provide both humanitarian aid to workers in need, as well as support to workers with legal issues pertaining to their residency or work permits (Issa, 2021). At the core of these organizations are the strong social networks cultivated by this long history of domestic worker organizing in Lebanon. As one worker put it:

If a friend doesn't have an employer, or the employer is away on travel, we negotiate, 'can you take this woman until I can take her to the embassy?' We pass this worker to whoever is available; we hide her out of sight from the employer [because] the employer will go to the police and report that she ran away. We also used boarding houses [that we rented by the day], and so we organized to let her stay there until we could take her to the embassy. (Issa, 2021, p. 17)

The workers interviewed for this study reported using similar strategies. They depended heavily on their social networks to leverage better socioeconomic and legal positions for workers in need. As one Sri Lankan community leader pointed out during her interview, "I am happy that we have a community. We help each other out." "Together," contributed another domestic worker during one focus group discussion, "we are more powerful. We can talk to each other and learn from each other. We don't need to feel scared and alone." Members of the Alliance for Migrant Domestic Workers who participated in this study reflected on the eight years of work that the Alliance has done in support of migrant domestic workers in Lebanon. Today, they have forged strong connections to various local organizations and even international ones, such as the International Domestic Workers Federation (IDWF), which all help them to support the many workers financially and emotionally in need in Lebanon. Members of the Alliance also spoke about its utility for finding unemployed workers new jobs with "trusted" employers. As one member noted, "we can help her [the worker] find a job with someone who is good, because we know them, or one of our friends knows them." This aspect of workers' social networks was particularly important, especially now, as the economic crisis continues to push Lebanon's economy into even further demise. As another member of the Alliance noted during a focus group discussion, "It's a pleasure for us to do this work...in six months [we] want to help 200 domestic workers who lost their jobs find jobs." She says that while Lebanese employers and recruitment agencies have pushed unemployed domestic workers toward part-time work, something she calls "shameful" in the face of the current economic crisis, the Alliance is working hard to find unemployed workers jobs.

Workers social networks are also crucial for workers in remote or hard-to-reach areas of the country, such as North and South Lebanon, and for ensuring that migrant workers are aware

of their rights. “We empower girls [workers], so now they know what they have,” notes one migrant worker community leader. As many workers expressed during their interviews, knowing each other is important to protecting themselves while they are in Lebanon. Even without a formal workers union¹⁵, migrant domestic workers have continued to organize vis-à-vis these social networks, which sit at the core of various migrant worker organizations like the Alliance and Egna Legna, an Ethiopian domestic worker-led organization. In fact, these social networks have become the main route through which humanitarian aid and political support reach high-risk workers. Therefore, strengthening these networks, whether through funding or training campaigns, remains a crucial strategy for supporting migrant domestic workers in Lebanon.

6. Conclusion

6.1 Interventions to Improve both Women Migrants’ and Elder Employers’ Outcomes in the Context of an Economic Crisis

Several recommendations can be made concerning possible interventions that can improve both migrant domestic workers’ and elderly care recipients’ and employers’ experiences of care in the context of Lebanon’s severe economic crisis.

1. **Invest in trainings for care workers.** As articulated by the workers interviewed for this research piece, trainings can play a key role in empowering women migrant domestic workers on issues ranging from their legal rights in Lebanon to supporting them to provide high-quality specialized health care, like administering a blood pressure test or managing a person’s diabetes.
2. **Promote policy research on strengthening and expanding the social welfare system in Lebanon.** As discussed earlier, there are certain structural barriers that negatively affect the ability of older persons in Lebanon to access high-quality care. Among these barriers are the country’s weak and inefficient social welfare system and an uneven pension system (NSSF) that does not financially support older persons living independently. With the publication of the country’s National Strategy for Older persons (2020–2030) report, new research should be commissioned that examines the specific aspects of social welfare that affect older persons in Lebanon. Such research should work to include migrant domestic workers and the critical role that these workers play in filling the care gap left by the state’s weak and ineffective social welfare policies.
3. **Raise awareness about existing feminist frameworks about care work for better, more holistic analyses.** Feminist research on the dimensions of care work that make it both critical to human life and simultaneously one of the most exploitative and undervalued fields of labor should be at the center of initiatives aiming to support care workers and care recipients. In Lebanon, this means acknowledging the ways that elderly

¹⁵ In 2015, with the support of various United Nations organizations and with particular support from the ILO, the first migrant domestic workers union was created in Lebanon. However, this union was under the control of FENASOL, the National Federation of Workers and Employer Trade Unions; this contributed to high levels of opacity in administrative operations and often resulted in the marginalization of migrant workers themselves. The Alliance for Migrant Domestic Workers was created in part as a response to the difficulties many workers faced in their dealings with the migrant domestic workers union under FENASOL. For a more detailed history of the Migrant Domestic Workers Union in Lebanon, see Kobaissy, 2016.

work, as well as other forms of reproductive labor and care work. has historically been relegated to the family and women therein. In the absence of these women—whether this is because they have chosen to enter the formal labor force or because they are unable to provide this labor for free anymore—migrant women have come to temporarily “replace” them. In so doing, care work is perpetuated as “women’s work” and is devalued as a result. Putting these insights at the center of future initiatives and research will create programming that is holistic in nature, and therefore better able to tackle the complicated issues of care work and elderly care in Lebanon.

4. **Support migrant domestic worker social networks.** Migrant domestic workers interviewed for this research piece stressed the critical role that their communities’ social networks play in supporting them emotionally and financially. Without these networks, many workers would remain unemployed and homeless, without any access to legal recourse. To ensure that workers can continue mobilizing vis-à-vis these social networks, it is important to invest directly in these networks and other worker-led initiatives. This will ensure not only that workers’ social networks remain intact, but that workers themselves can lead and direct where funding from donors is going. Further, international and local donor funding and support of migrant worker social networks can lend legitimacy to these networks and organizations; this can empower these organizations to participate directly and more frequently in state-level negotiations about workers’ rights. At the micro level, support for migrant domestic workers’ social networks might include providing technology, such as cell phones or cell phone data packages, to migrant workers to ensure that they can continue developing such social networks. As one member of the Alliance for Migrant Domestic Workers mentioned, such support could help them to extend their reach beyond the confines of Beirut into the more rural and remote areas of Lebanon, where they know migrant domestic workers are living in even harsher conditions and without support.
5. **Create spaces for migrant domestic workers who provide elderly care and elderly care recipients to speak directly with each other.** A key intervention to support better outcomes for migrant care providers and elderly care recipients and employers includes creating space, either physical or digital, for care workers and care recipients to speak directly to each other. As various interviewees, both care workers and care recipients, noted, direct contact with each other would help to create a more equitable employer-employee relationship. Such direct contact would also create more transparency surrounding the worker’s obligations and, further, would empower the care recipient as an active participant in the process of hiring and training a care worker.

6.2 Beyond a Siloed Approach

The findings of this report support a collaborative approach to issues affiliated with elderly care in Lebanon. Overall, programmatic and research interventions on older people and on migrant domestic workers can no longer afford to remain siloed in their own sectors and areas of expertise. As this report demonstrates, the lives of migrant domestic workers and elderly persons in Lebanon, as well as the family members who employ domestic workers to support older people, are intimately related. While the experiences of these social groups vary, the structural issues contributing to their marginalization run parallel to each other. Broadly, the weak and uneven social welfare and pension system in Lebanon, coupled with limited political will to support care-focused policies and care workers, punish and harm the elderly people who need strong care policies and the migrant domestic workers that need better labor protections and

access to human rights. Although such a macrolevel approach to research and programmatic work in Lebanon might be overwhelming, and in some cases impractical, it is key that this theoretical knowledge sits at the core of future work so that we do not lose sight of how these issues are interconnected. By remaining in separate siloes—one dedicated to older persons, the other to migrant domestic workers—advocates and supporters risks offering only piecemeal solutions, rather than addressing the larger system and challenging its undergirding logic.

Additionally, the findings of this report suggest that bottom-up, or grassroots, strategies and solutions beginning with migrant domestic workers and elderly are recipients are the key to future success. After speaking with migrant domestic workers for this report, it became clear that workers were already aware of the importance of social networks, and what social networks could help them achieve in such a hostile host country. Similarly, older people and employers equally appreciated the potential of social networks to help them find care workers and to speak with other older persons in need of care. Bringing these communities together to discuss the current situation and their experiences can produce stronger and more efficient programming and strategies for future mobilizations.

As concurrent economic, political, and health crises continue to plague Lebanon, we can expect that the situation facing migrant domestic workers and older persons will continue to deteriorate. With that in mind, it is integral to continue documenting the changing effects of these various crises on these two marginalized populations with the aim to strengthen and support their communities. Ideally, immediate support to social networks and migrant worker-led organizations can serve as a powerful first step in bettering the livelihoods of migrant workers. Similarly, empowering local NGOs that are currently working in the elder care sector can help to provide immediate relief to older households in need of support. Over the long term, programmatic interventions must include policy research and lobbying efforts to raise awareness about the care crisis in Lebanon, with a particular emphasis on how it is affecting care workers and care recipients. Long-term goals should include strengthening Lebanon's social welfare system with the aim to shift from a pension system to a social pension system that supports all people, irrespective of their participation in the formal labor force. Finally, reforms should also focus on repealing and ultimately abolishing the exploitative *kafala* system that controls migrant workers in Lebanon, in hopes of establishing a legislative framework that foregrounds migrant workers' human rights. This report serves as an initial look into the current situation of migrant domestic workers and older persons, and the relationships between these two marginalized communities. Ultimately, much more research is necessary to produce more insight into how migrant domestic workers have come to represent one of the most vital sources of care work and support for older persons in Beirut and in Lebanon more broadly.

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Appendix A – Research Codes

Name	Description	Frequency
Care Recipient Demographics	Age, physical and mental capacity, illnesses, etc.	17
Employer Experiences		18
Direct Cases	Specific stories/narratives	3
Employer Expectations	What employers want from workers, including personality and workload expectations. “Trust” key subtheme	24
Employers Do Not Want		6
Employer preferences	Demographic preferences or socioeconomic preferences (education level, training, etc.)	20
Workload - Employer View	Workload as described by employer	6
Employers - Use of Social Networks	Benefits? Previous experiences? Ideas for the future?	2
Migrant Worker Social Networks	Benefits? Previous experiences? Ideas for the future?	8
Salary (Workers & Employers)		9
Salary Expectations + Demands	Salary expectations	19
Salary shifts	Shifts in salary (focus on role of crises in these shifts)	5
Worker Benefits	Healthcare provisions/insurance payments	6
Worker Demographics		3
Country of Origin	Nationality	10
Years in Lebanon	Length of time has been working in Lebanon	11
Worker Experiences (Broad)		17
Experiences of Elderly Care	How does the worker feel about the work they are doing? What types of work have they done for older persons in Lebanon? Do they like this work?	32
Learning Tasks	How do workers learn to perform specialized care tasks (e.g., giving medication)	4

Name	Description	Frequency
Past Experiences of Elderly Care		8
Worker + Employer Relations	How are relations between workers and their employers?	13
Worker Expectations	What do workers like in an employer? What do they not like? Trust a major sub-theme here	14
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