

# Veiled, voluminous, and devalued: Narrative stories about low-income women from Brazil, Egypt, and Colombia

The first purpose of this article is to argue the significance of using international and culturally diverse exemplars in developing nursing knowledge. The second is to identify some urgent priorities in the development of nursing knowledge, particularly as related to women's health. The lived experiences of three women from Brazil, Egypt, and Colombia who are in low-income, devalued, but important jobs are presented through their voices. These storied accounts highlight nursing's mission in dealing with the marginalized client as a human being whose context is historical and sociocultural. The implications for knowledge development as driven by international exemplars, diverse experiences, and narration of stories are discussed. Key words: *international health, knowledge development, marginalization, roles, women*

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We live in an era of globalization and diversity marked by dramatic geopolitical movements, advanced communications systems, economic disparities, and increasing commitments to maintain and value differences. Therefore, the processes, approaches, and questions that drive knowledge development must become more sensitized to the emerging focus on diversity and internationalization. While nurses as a work force have been clinically on the forefront of international health, international influence on knowledge development and nursing science has lagged behind. Extant nursing knowledge tends to reflect a more homogenized and less diverse set of premises and values. Consequently, knowledge that reflects the experiences and responses of diverse populations is limited. To have continued knowledge development reflective of globalization and diversity, it is necessary to expand the discipline's understanding of the human condition in diverse

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cultures and societies. Such progress is particularly urgent because nurses' power in effecting changes in health care is predicated on knowledge and sensitivity to the needs of human beings in different contexts. There is growing support for the urgency of developing a knowledgebase for nursing that focuses on the ways in which diverse populations experience and respond to health problems<sup>1</sup> and that responds to nurses' pressing questions internationally.<sup>2</sup>

Similarly, there have been numerous dialogues among nursing scholars about an epistemology that is more representative of the essence of the mission of nursing and its nature as a human science. Nursing's mission has been conceptualized in terms of developing an understanding of the processes of caring in the human health experience,<sup>3</sup> diagnosing and treating human responses to actual and potential health problems,<sup>4</sup> and facilitating the human experience of transitions.<sup>5</sup> The essence of this mission calls for uncovering the life processes and patterns of human responses to health and illness by inviting diverse populations to speak about the experiences they encounter and the conditions that facilitate and hinder their health care.<sup>6</sup> It is the authors' premise that descriptions of experiences of marginal populations in different countries will help elucidate the variability inherent in populations within countries. In addition, descriptions and explanations of the experiences of marginalized populations internationally may highlight the situation and the context of the health care experiences of marginalized populations in the United States.

Understanding life processes and patterns of responses within a context is predicated on uncovering the everyday lived experiences of human beings that can only be fully

understood within the context of their history, sociocultural environment, and daily life responsibilities. To prompt individuals to speak about their experiences requires innovative rather than traditional methodologies and designs.<sup>7</sup> Conventional methodologies and models for reporting data are particularly constraining to the development of knowledge related to populations marginalized and at risk for health problems due to sociocultural conditions.<sup>6</sup> Voices of such groups are often not heard or listened to when traditional approaches to knowledge development are employed. Reports of people's daily lived experiences within the context of their history and environment have been sparse, particularly for women who are in low-income occupations and low-value jobs.<sup>8,9</sup> Examples of such occupations are clerical, domestic, and farm work. Yet worldwide, these are precisely the occupations that have a predominance of women in them. To gain insight into the situation of women with low income internationally, research must focus on women's daily lived experiences as described and narrated by the women themselves.

Several issues must be confronted if nurses are committed to uncovering and listening to the voices of marginalized populations. Illustrative and illuminating approaches must be found for sharing the experiences of women from different countries without losing the richness of their lives. Women whose voices have been silenced by oppression and power need venues through which to tell their stories and reach out and be listened to. Only then can their experiences contribute to knowledge development.

The authors propose to address such issues by considering the three roles that

women tend to share internationally: (1) maternal, (2) spousal, and (3) work roles. This article shares the results of research about the everyday life experiences of women who work in devalued occupations in Brazil, Egypt, and Colombia. Participants' stories of their maternal, spousal, and occupational roles formed the basis for the data analysis and results reported here. These stories depict the integration of their roles and represent the totality of their lives.

The stories described here are part of a larger multinational study that has looked at the stresses and satisfactions women experience in each of these roles and the coping strategies they use to deal with multiple role stress. It is not the intent to describe the methodology or the details of the results related to the major questions of the study, as these can be found in other sources.<sup>10,11</sup> However, it is the intent to provide the reader with a storied context to illuminate the nature of the daily trials and tribulations in the lives of these women and the ways they manage to make sense of their situation despite all the constraints and the limited resources.

The purpose of constructing composite narratives is to provide a sense of the whole that is not reduced to fragments of stories. Although fragments have been useful in conveying parts of the stories, the whole gives a better context to the findings, and the narratives lend themselves to a different type of knowledgebase that provides in-depth insight into the lives of these women.<sup>12</sup>

## DESCRIPTION OF THE STUDIES

In the Brazilian study, the authors used a computer listing of female clerical workers

in a large university to obtain participants for the study. The names of 462 women were then used as the basis for a proportional stratification within each job category. The 60 women selected for the study were then approached and invited to participate in a self-administered questionnaire in Portuguese. Participants in this study were urban and more educated than participants in the Egyptian and Colombian studies.<sup>13</sup> They were given a questionnaire that was based on a structured interview guide developed to generate data and stories about key roles in women's lives. The Women's Role Interview Protocol (WRIP) includes closed- and open-ended questions related to stressful and satisfying aspects of each one of the roles that women have in their repertoire.<sup>10,14</sup>

In the Egyptian study, one of the authors lived in a small farming village while collecting data for this study. The sample consisted of 27 randomly selected households (containing 386 individuals). Household observations were supplemented with in-depth interviews in Arabic focusing on the activities related to being a mother, a spouse, and a worker (homemakers as well as farm workers). The interviews were related to their perception of what the challenges in their daily lives were, what satisfied them, and how they coped with each of these daily responsibilities, stresses, and demands on their time and self.<sup>15</sup>

A third study focused on women who were *per diem* (*por día*) domestic workers in a large city in Colombia. A cross-sectional sample consisting of 60 *per diem* female domestic workers participated in the study. These low-income women worked for family units that were considered upper middle class. For the purposes of the study, three designated urban districts were se-

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lected. Family units were chosen randomly from each of the districts, and a random table was used to select participants from each family unit.<sup>16,17</sup> The participants were interviewed in central and convenient places, and a Spanish-translated WRIP was used as the basis of the interview.

In each study, a different set of additional interviews and questions were added to reflect the situation of the participants and the culture. Data were analyzed using content analyses, constant comparative analyses, regression analyses for the quantitative data, and narrative analyses. The Ethnograph computer program was used to facilitate the organization and the processing of data analyses.<sup>18,19</sup>

Each interview text was treated as a narrative of the women's stories of how they viewed their life situation and how they integrated their roles as workers, spouses, and mothers. The specific analytic strategies and processes were based on Polanyi's<sup>20</sup> approach to narrative analyses. For each participant, "adequate paraphrases" were constructed.

Patterns of responses were grouped together, and the patterns were translated into composite narratives.<sup>21,22</sup> These narratives are not case studies, nor are they representative of one participant.<sup>12</sup> They are combined patterns characterizing participants in each study. To develop the patterns, first code

mapping was done,<sup>23</sup> generating a code book based on the conceptual framework of the studies. Then one composite narrative was created for each study in a systematic way to unfold the story and uncover the voice of the participant. These narratives included the women's stories as they described the nuances of their roles and the daily experiences related to these roles.

## RESULTS

The composite stories of three women representing the three studies are presented here. The three women share their involvement in women's work but differ in the type and nature of such work. Their voices reflect different sociocultural and economic contexts. Therefore, there are linguistic, stylistic, and conceptual differences in their stories. The title of each story is based on a unifying concept emerging from each narrative. This uniting concept is a metaphor for how the women in each of these occupations tended to be viewed by others and how they came to perceive their own situations within the context of a devaluing and oppressive environment in the kind of occupations they occupy.

### **You can't count on them**

The first is a Brazilian woman in a clerical job. The phrase "You can't count on them" is an expression used by employers to describe how little credence and trust they give to women in clerical occupations.

My name is Rosana. I am 31 years old. I was born and raised in a small town. I moved to the city to go to college. After finishing 1 year of college, I interrupted my studies to get married. Shortly afterwards, I had two children, now ages 3 and 5. I live in a three-

bedroom house with my husband, his mother, and our two children. We also have a maid who lives with us. She used to live in "Morro da Caixa," so I worry about the values she gives our kids. But we are lucky to have her because maids are getting more and more scarce.

I am a clerical worker, a wife, a mother, a daughter, and a daughter-in-law, and I am a person, too. Each of these responsibilities carries with it some stress and some pleasures, too. As a secretary, my job includes a lot of typing and telephone answering. It is a boring job, but it has to be done by somebody. Very rarely do I get any real intellectual challenge. I do not feel it uses my intellectual abilities. I am interrupted often by the public, boss, coworkers, and sometimes by my children. All these interruptions make it impossible for me to meet some deadlines. I report directly to one boss, but I work for 10 people who also give me orders, and it is not easy to satisfy all of them. There are several things that I dislike about my work. I dislike the bureaucracy, the lack of flexibility in work hours, and the routine, and I dislike it when I have to work alone. Although I like the social environment in my office, I certainly dislike the gossip, the bad humor, and the arguments that often occur.

However, I do like the social environment in my work; I like the contact with other coworkers and the team spirit that prevails, and I like feeling needed, being useful, and being able to help others. I like it also when on rare occasions I get an opportunity to participate in decisions that are related to my work. I then feel valued, and I feel like a human being; this also makes me feel that my boss acknowledges that the work I do is essential to the productivity of my organization. I have some flexibility and understanding from my boss whenever my child is ill and needs me at home. I work 8 hours a day, and I get a 2-hour interval to go home for lunch. It is not

really a rest time for me, but I appreciate the opportunity I have to see my family and to take care of some of my responsibilities as a wife and a mother. I enjoy my work better in the summer because then I work one shift of 6 hours.

There are some aspects of my job that are highly stressful. With so many bosses, there are a lot of conflicting rules that really attack my nerves and affect my health. I feel powerless, and I feel that my work is devalued. I also feel I am watched over very carefully. My true potential is not well used on this job, and yet sometimes I am given jobs for which I have no personal or structural resources.

I am also stressed by the work hazards to which I am exposed. I work in a crowded environment that is poorly ventilated and is hot in the summer and cold in the winter. The office is dirty, dusty, and noisy with people talking and typewriters. The chairs are inappropriate for typing. Because of all that, I get headaches and backaches, and I am often depressed. I also have other symptoms that are very stressful for me. I often feel dizzy, I have skin problems, and my energy is sapped most of the time. I feel overloaded all the time, and I get very nervous when I am unable to meet the deadlines. Transportation is also a major stressor; although we have public transportation, buses are always crowded, not on schedule, and slow.

Let me tell you about the rest of my life. I like being married because I like the companionship of my husband. He agrees that I should be working because of my personal satisfaction and the extra money I bring to my family. He is respectful to me and he values me. I do enjoy seeing my husband's approval of my cooking and house management. However, my husband is very demanding of my time and energy, and he needs far more attention than I can give him. I just do not have the energy and the time to do it all, and it is difficult to say how much I can count on him

for help because of his own schedule and interest.

I like being a mother, being involved in my children's lives. I like caring for them, the energy that I get from having them, seeing them grow, and the sense that we have been responsible for a new life. I dislike it that sometimes I feel completely fatigued and that I am constantly having a sense of being overloaded. But the stressful aspect of my mother role is my constant worry about them. I am worried about their future in this country with all the economic problems and about illnesses, accidents, and their future education. But I am really stressed about the lack of reasonable child care facilities. They go to a child care center that is not adequate in resources and closes in the summer. In the summer, my mother-in-law takes care of them. Since she has poor health, when my children are sick, I become very stressed because I have to figure out a way to take them to the doctor, take care of them, and attend to my other responsibilities.

I am also a person and I am a member of a family and a group of friends. As a person, it is very important to me to have some challenge, some new experiences, to feel fulfilled, and to be accepted. This sense of who I am is achieved because of all my roles. I need all of them, and I particularly need my work to give me that sense of purpose and sense of fulfillment. I am overloaded, however. I feel there are very limited resources to support me in my attempt to be my own person. This overload also makes me feel tired and with low energy. I tend to blame myself a lot. I blame myself for not being everything to everybody, for not having enough time for my husband, for not doing the job perfectly well, and for not asking for help from my husband.

As a member of a family and a social network of friends, I am provided with the needed balance in my life. The social aspects

of rest, relaxation, leisure activities, television, friends, and family are what help balance my life. I take care of myself by having a Pap smear every 3 years. To tell you the truth, I know how important it is to do a breast self-examination, but I do not really know how to do it, nor have I gotten into the routine of doing it. My doctor hardly mentions it. I go to the doctor for backaches and arthritis. Other than that, it is always for my kids and my mother-in-law that I go to the doctor.

If you ask me what could make my life easier, it would be the following: give me more financial security; decrease my working hours and improve the pay; give me more flexible hours that fit better with my other role needs; give me a clinic that is sensitive to all my other commitments and time limitations; teach me how to do breast exams, how to prevent cancer of the cervix, and how to take care of backaches and other symptoms I mentioned; give me a more healthy environment in which to work and teach me how to cope with the noise; give me day care centers that I can trust; and develop some system to help me cope with my children's sicknesses. Most of all, acknowledge that it is okay for me to be a mother, a worker, a wife, and a caretaker of my mother-in-law, and give me support to do these things adequately. Teach me how to live a low-stress and less overloaded life style.

### **De sit bit bas**

The second composite is an Egyptian housewife-farmer. The title means "she is *just* a housewife," which is how their spouses and community view and think of them. Being "*just* a housewife" is not totally devalued in many countries, including Egypt. However, often this expression is used to denote rationale for oppression and lack of entitlement to certain rights and powers. It is an expression that does not ac-

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***“I grew up seeing my mother and the rest of the women in the family do a lot of work from sunrise to sunset!”***

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knowledge the complexity of the daily lives of these women, their economic contributions, their extensive time commitments, and the stress they experience in their lives.

My name is Fatma and I am 23 years old. I have been married for 7 years to my cousin, who is a farmer. I have five children, and I live in Gamalya, a village that is a 3-hour drive from Alexandria, Egypt. I was born right here, and I am lucky to be alive. The *daya* (the lay midwife) who delivered me used a kitchen knife to cut my cord; she picked up the knife from the dirt floor, where she had laid it while she was attending to the delivery. She did the same thing when she was helping my mother in delivering my brother and sister. My sister died before turning 2 weeks, and I was told that she had trembling limbs and a stiff-grimaced smile [the hallmarks of neonatal tetanus]—in Gamalya, 188 babies die for every 1,000 live births as compared to the figure in Egypt in general, which is 43 per 1,000].

I learned early on in my life that I have to have many children because a good number of them die. Praise God that I am alive myself for other reasons, too. Getting health care is a major problem due to distance, transportation, length of wait, availability of personnel, the cost of medicine, the cost of transportation, and the many responsibilities that my mother had. Therefore, whenever one of us got sick, my mother or grandmother waited until it was a matter of life or death to take us to the health center. When she did, she tended to take my brothers to get that care. I guess I understand her reasons for doing

that. A son gave her security in the marriage, and he was going to be a man and a breadwinner. Men are the backbones of the family; they are the ones who give it its support, protect it, and attend to its needs. Sometimes I question that, though not too often. Could that really be true? I grew up seeing my mother and the rest of the women in the family do a lot of work from sunrise to sunset! Maybe I just do not understand how *el donya* [the universe] works. But maybe someday others will also understand how much hard work women do.

In any case, I am happy to be alive, and I am happy I am not too sick. There have been many reasons for me to get sick; I could have been trampled by a donkey, drowned in the canal, got *bilharziasis* [schistosomiasis] for walking barefooted or for washing clothes or bathing in the canal, or I could have fallen from the second story of our house while hanging the family's wash to dry because there are no railings.

Praise God that I have survived some of these accidents and I am alive, so I want to tell you about my life. I have been working in our house ever since I can remember, maybe since I was 5 years old. It was about that time that I was given the chore of helping my mother clean the animal's dung with my bare hands. I helped my mother make some 10 to 20 trips to carry the manure out of the barns. We used to carry very heavy pans on our heads. I had to lug it outside in containers [*offa*, or pans] on my head to be dried for cooking fuel. Then, of course, we had to carry other sacks of dry dirt back to cover the depression in the room caused by the cleaning process. It is not only manure we have to carry. With my sisters and my mother, we carried the water jugs on our heads to fill them from the drinking water tap from the next village, and if our hamlet gets fresh water taps, we will have to carry the water jugs from the center of the village to our

home. I used also to carry all the dirty dishes to the canal where I washed them and then carried them on my head back to our home.

I used to do all that as a daughter, and now I do it as a mother. I think of myself as a good mother. After all, I have taken care of my brothers and sisters since they were born. I carried them, I bathed them, I fed them, and I played with them. Soon, God willing, I will delegate these responsibilities to my daughter, who is just about 5 years old.

I am busy from sunrise to very late at night. Every day I bake mounds of bread. I have to clean rice, peel and chop vegetables, and cook three meals per day. Then I milk the cow and take care of the animals. I raise the goats, sheep, and fowl for home consumption and for sale. You should see me when I squeeze the milk from the distended udders; I am flushed and sweating. Of course this is invariably when I get sick. I go out in the cold to take lunch to the men in the farm, and I get sick. I have other chores yet. I take all the beddings to the roof to be aired, I scrub all the clothes by hand, I sweep the room every day. With my children, I harvest huge piles of *berseem* [Egyptian clover] and carry it to feed the animals. I fatten the pigeons, ducks, and geese by pushing dried, hardened kernels of corn off the cobs and putting them into the gullets of the birds. Oh, how my fingers hurt; maybe that is why we get rheumatism. From the milk of the cows and water buffaloes, I prepare cream, *samne* [unchurned butter fat], and *gibna arish* [white cheese]. These are the things that my family eats. I take the rest of the eggs, cheese, pigeons, and chickens to the weekly market to sell. With that money, I buy what the family needs, things that I do not have the time to make. I use the money also to buy some school things for my children. My husband's money goes to buying land or for house payments. He, of course, is the breadwinner in the family, and he is our sole support.

After all, I am just a housewife.

Every 2 days, I walk 4 kilometers to the next hamlet with my donkey to bring piped drinking water. Because I have children, they can now make seven trips to the canal to haul water for everything else. I used to make all these trips myself. Thanks to God, I have children now to help me. I, however, have to clean the latrine and discard my husband's prayer water. At harvest time, I help my husband pick cotton off the plants. I sew all my children's clothes, and I sell some of the things I make.

I have a good husband; he also works very hard from sunrise to sunset. He is loyal and good to his mother, the way I want my children to be some day. He wanted to have sons, and I knew when I got them that I would be secure in my marriage. That fear of having no sons is behind me now. I do worry about his frequent bursts of anger, because he feels he works too hard. I grew up seeing men beat their wives, brothers beat their sisters—of course, some of them deserve it! I have learned how to protect myself. I first get my mother-in-law to side with me; therefore, I have to take good care of her. Second, I knew as soon as I got a son I would have more say in how things are managed in the house and the farm; that is why these family planning programs do not work. Third, I know as soon as my sons grow, they will be able to stand against my husband and protect me. Fourth, I live close to at least one member of my family, my brother, so that he can intervene when things get close to divorce. Fifth, I try to do everything right for my husband, to obey him and avoid his anger as I did to avoid my father's anger. I wish somebody would teach the men in the family not to beat the young women. But I must confess I do the same thing to my children because I want to discipline them and because I love them. I know that as I grow older, I will have more authority and more respect, just like my mother and my



mother-in-law have now. They are strong, they are powerful, they make all the decisions in their sons' lives, and they do not do any of the chores anymore. They are responsible for overseeing the household and controlling the children. They run the family now, and they run the men's lives, too.

I dream about taking some time out to rest. But I know I cannot do that. The only time I can do that is when I am really sick. Then I get headaches, backaches, diarrhea, and abdominal pain a lot, but I continue to work in spite of all that. I never can afford the time to lie down during the day for any of these illnesses. I have to be really, really sick to get any attention and to take some time out. This happens when I get severe pain or I am totally fatigued; I have to cry and get the help of other women, and together we are then able to convince the men to take us to the hospital. It is the power of a group of women, particularly older women, that makes the men listen.

After all, I am only a housewife.

The most important roles in my life are to be first, a good wife; second, a good housekeeper; and third, a good mother. So many people can also mother my kids. In fact, that is the job of my mother-in-law, and it is my job to take care of my husband. Maybe that is why my milk dried up. I just do not have the time or the energy to breastfeed my children.

I cannot think about my health without thinking of all these chores and these responsibilities. I could probably be healthier if I had another donkey, somebody to drive me and my children to the health center; if I did not have to worry about medication prices for my kids; if there were easier ways to clean the house, dishes, and clothes; if I did not have to sit in front of the hot stove and then have to go out in cold weather; if somebody could carry the things I make to the weekly market to sell for me; and if my children could have a better life than I have. But I guess I can dream as much as I want; the government does not

help the peasants, and I am a poor, nonworking person. *I am just a housewife.*

### **La sirvienta es un mal necesario**

The next voice we will hear is that of a woman who is working as a "por día" domestic worker (better known as a maid) in Colombia, South America. The title evolved from how the employers view them as indispensable, but at the same time, a constant cause of grief for the employers; it means "servants are a necessary evil."

My name is Lucia, I am 34 years old, and I live in Siloe, Colombia. I lived with a man for 4 years (in common law), but he left me 5 years ago. I have three children whose ages are 5, 6, and 8. I support myself by being a "por día" maid. You ask me why I have become a maid. Let me tell you why. I used to live in San Jose, Cauca, Colombia, with both my father and mother. When I was 12 years old and it was *La Violencia* [revolution] time, my mother died while she was in labor with my sister. My father needed somebody to take care of my brothers and sisters, and he also needed some additional financial support. He took me out of school, out of my little town, and we traveled to Cali, and he found me a job as a live-in maid. How else could I have earned a living? What else could I have done? Cleaning and cooking are what I knew best, and many people needed that kind of service. So I only went to school for 2 years; I wished I could have been in school longer, but of course my father needed the money and the help. Although he also needed me to take care of my sisters and brothers, I could only do that whenever I went home for vacation.

I have been a maid ever since. However, I finally was able to get out of being a live-in, in-house maid, and now I am a *por día* maid. I work in two homes 5 days a week, and I go home to my own family every night. I make a

total of 18,800 pesos. Most of the salary that I earn goes to pay the rent for the room, and almost half goes for the food. I hardly have any money left for my children or myself. I live in one room in a brick boarding house where I share the bathroom and the kitchen with four other families, each living in one room. I sleep with my daughter in the same bed, and my sons sleep on the floor. I have electricity and running water; I have a stove; I have no TV, no refrigerator, and no phone.

I like my work, and I think those 2 years in school helped me in answering telephones and taking messages. I like to listen to music while I work, and *la patrona* [my employer, my boss] lets me do that. Music makes me happy and makes the work tolerable. *La patrona* treats me well and lets me have some independence in how to go about my day. She gives me time for my lunch, but usually I just eat fast and continue working so I can finish on time and go home to see my children. But *la patrona* is nice—sometimes she gives me some leftover food or clothes that she or her children do not use anymore.

There are some things I dislike about my job. I do not like to iron because I worry about getting hot and then getting wet or getting in a cold draft. These temperature changes make me sick. I dislike getting up early in the morning, and I dislike the struggle with transportation that I have to go through to get to my job. Buses always delay me and get me in trouble with my boss. By the time I get to my job, I am feeling very anxious and I am trembling inside. When I arrive late, she really gets very upset.

You ask what is stressful about my job? Well, I guess nobody ever bothered to ask me about that except my friends who are also maids. There are lots of things that are stressful about my job. Interruptions bother me a lot. I get interrupted quite often. They interrupt me to run errands, to answer the door, to answer the phone, or to serve *tinto* [dark

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***"I worry about what I did right or wrong, about having to get up early again the next morning to go to work, about the slow transportation, and always about money."***

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coffee]. These interruptions get me in real trouble. For one thing, they make me late in finishing my work, which makes my *patrona* angry. The interruptions also delay my going home to my kids. You see, I have to finish the work no matter what. But anyhow, even if I finish my work early, I have to stay there until it is the end of the work day.

I also get very stressed when my *patrona* does not pay me daily. I worry about expenses, and I have to borrow money to pay my daily debts. Work and money are two of my biggest problems in life, but they are not the only ones.

My life at my own home is busy, too. I go home and I start doing housework all over again. I continue to worry about my job, though. I worry about what I did right or wrong, about having to get up early again the next morning to go to work, about the slow transportation, and always about money.

My companion left me; he denied the birth of my last child and did not want to recognize him as his child. The separation has been hard and it affected me deeply. He left me and I have never heard from him again. So I have to be responsible for all the economic needs of myself and the children. What makes me really upset is that he left me for another woman who he got pregnant. I worry about my children, and that worry is with me all the time. I worry about drugs, bad behavior, and drinking; I worry that they will pick up dirty words; and I worry about their future. However, the one thing that gives me satisfaction is that I have not abandoned my children.

One of my problems is finding the right care for my children when I am working. I had to leave them locked in our room for several months until I found day care for the youngest and a place in the school for the other two children. Some other friends who are also maids have to send their children to live with their relatives, but since my mother had died and my sisters were living in the city, I didn't have anybody to help me. When one of them gets sick, it becomes a big problem for me. I have to get special permission from *la patrona* to take my child to the health center and to take care of him until he gets well. Most of the time I do not get paid for that day. I worry about my child and his sickness, and I worry more about the lack of pay.

I worry a lot, nobody really knows how much I worry. I literally feel sick sometimes because of the worry I carry with me. I find that I cry a lot. I take *Dolex* [an analgesic], and I try to sleep when I feel depressed and overwhelmed. I try not to get sick by avoiding ironing and getting wet. If I get sick, I use home remedies. For example, when I have a cold, a headache, or diarrhea, I drink *agua de panela* with lemon or herbs. [*Panela* is an inexpensive, unrefined sugar. The *panela* is broken into pieces and dissolved in boiled water, becoming like tea.] Also, I go to the pharmacy, where I buy a medicine that a friend recommends because she got better with it. Sometimes I go to the health care center near my house, but I have to spend a lot of time there to be seen. I used to go there a lot to take care of my children and when I was pregnant. That is the center where I got most of my teeth extracted. It is less expensive than having them fixed. I did not lose all my teeth, but I do not know how I have avoided losing all of my teeth. Loss of all teeth is a way of life for all of us here. My children will also lose all their teeth.

I am working hard so that I can prevent my daughters from becoming maids too. I am

trying to give them the education that I could not get. I want them to have a better life than mine. This is a very hard life, and my work is not appreciated. I find that I always have to put my head down to everybody. People think I am ignorant, that I have no feelings because I am a maid.

What would make my life easier? Some things could help me. I want to be able to get health care at a convenient time for me that fits my schedule and not to pay fees that I do not have for that care. They say I do not have to pay if I do not have the money, but for some reason I always have to pay. It would be helpful if my boss paid me on time, if I got some economic security through the *prestaciones* [employee benefits]. I know the government created the *prestaciones* to protect workers, and some of them but not all for maids like myself, but where is the government when it is time to enforce these laws? *Prestaciones* would give me 1 month of salary per year extra and give me paid vacations and paid sick leave and social security for health. I want to get some security for the care of my children. I think if I could get a job as a janitor, I would be able to get all these benefits; I would even prefer to be a street merchant. These jobs would make me an *aseadora* [a woman who performs janitorial work] and not a *sirvienta* [a woman worker, treated with disrespect] that has to be serving everybody at all times because they think that is why I am here in the world. I want to be something else, maybe like my *patrona*. Maybe then I will not be one of the people they refer to by saying, "*La sirvienta es un mal necesario.*"

## DISCUSSION

Members of the discipline of nursing have a history of showing concern for, providing care to, and promoting healing among the impoverished, the rural, the homeless, and

the war victims, all of which are populations that have been marginalized from societal mainstreams. Nurses have reached out, voiced their concerns for voiceless populations, listened to those members of the society who have different communication patterns, and advocated for the silenced minorities. Scholars in nursing, however, have not demonstrated a firm, urgent, strongly voiced, and proactive support for a knowledge development mission that focuses on marginalized populations.

The stories of Rosana, Fatma, and Lucia make a plea for understanding the invisible and veiled responsibilities and contributions in their various roles. They demonstrated in their narratives that women are able to describe their needs through the dailiness of their lives. They also illustrate that women tend to consider the demands in their lives and the health care needs of themselves and their families within the context of those different demands on their lives.

The women whose stories are in this article are at the periphery of their societies because of the nature of their work and the multiple roles they usually play. They are overshadowed by those who are in more powerful and valued roles. The nature of their work is indispensable and invisible, and they feel disadvantaged because they are at or near the bottom of job and power hierarchies. They are burdened and constrained by the activities of their daily lives and further constrained by the unacknowledgment and invisibility of these activities. When their roles and activities are veiled, the resources to support their work are curtailed or nonexistent. As their stories illustrate, they are vulnerable to lower quality lives as well as to illnesses. This vulnerability increases with the lack of access to re-

sources for health care in general and preventive health care in particular. This cycle of burden, overload, invisibility, non-supportive environment, and limited resources renders them vulnerable to and unprotected from health-constraining or health-damaging environments.

However, these women are both vulnerable and resilient.<sup>24</sup> Their resilience is manifested in their empowerment. They are empowered by the centrality of the family in their lives, by their perception of the significance of their contributions, and by the quality of their work and its perceived influence on others in their lives.

The stories of these three women reflect other themes that could be the impetus for knowledge developing in nursing. Their work is multidimensional and complex and goes beyond employment. Therefore, understanding what helps or hinders women's health care activities is not uncovered and enriched only by findings about their work roles. Research interview questions or clinical assessment questions related to occupations do not allow the richness, the depth, the diversity of their roles and their daily involvements to be uncovered. Therefore, the area of marginalized women's daily roles, work, and health should receive primacy for progress in the development of knowledge in nursing.

Another theme is related to patterns of integration of women's lives. Although the women's stories here represent different socioeconomic strata, different potential earning powers, and different sociocultural backgrounds, they all present a pattern of constructing and dealing with their multiple roles. Uncovering, understanding, and utilizing these patterns that are historically constructed and set in a social context are

essential in a human science. The stories of these three women highlight how women integrate their various roles, how they ground their roles in the family context, and how they manage or do not manage their different roles. Some women tend to manage their multiple roles by compartmentalizing each set of roles and set of demands; others link roles.<sup>21</sup> These patterns and styles could be used in dealing with illness and health roles and merit attention in knowledge development. The stories also help in questioning the myths surrounding women's lack of economic contributions and the myth of dichotomizing and separating women's work inside and outside the home.<sup>25</sup>

Another theme is access and quality of resources. Rosana, Fatma, and Lucia experienced many barriers to health care. Some of these barriers are related to the demands imposed by their various roles. Resources that are driven by women's real-life activities and that are friendly to women's needs are another priority in the discipline of nursing.

These themes reflect goals for knowledge development related to women's health. They also reflect and highlight the primacy of knowledge development that examines marginalization and diversity in society. Theory development for nursing in general and for women's health in particular cannot reflect diversity without including the situation of women from different cultures. Articulating and sharing women's stories from different subcultures within the United States as well as from other countries highlight shared experiences as well as culture-specific conditions that shape and drive their responses to health and illness.

Finally, these stories support a particular methodologic approach. Although there are

a number of approaches to gathering and presenting data about women's lives, narrative storytelling brings out women's views from their own perspectives. Women's health is shaped by experiences that represent a larger story that includes limited options within the sociohistorical matrix of their lives. A story becomes a joint synergy between a person and the environment.<sup>26</sup> Narratives and constructed composites are means that may allow researchers to capture the contextuality of women's situations within the larger sociohistorical framework. Narratives also provide a strategy for participants and readers to revisit the past, to understand it, and to begin a process of constructing a self-directed future that becomes more authentic with each telling.<sup>27</sup> Telling stories allows the narrator and listener to look for continuities and closures and to search for what may fit and what may not fit in their life situations.<sup>28</sup> Narratives also allow the teller and the listener to develop a trusting relationship that in turn may help in increasing the authenticity in listening and in hearing their true voices and the true constructed meaning. What could be more germane to one's sense of well-being, one's fit as a person within a social, historical context, than one's story, its value, and its implied tales?

Narratives allow researchers to identify patterns,<sup>29</sup> and patterns of responses are central to knowledge development in nursing.<sup>3</sup> Everyday stories illustrate illness, healing, transitional processes, and health, among others. Models of nursing therapeutics that empower could then be developed to include increased understanding of the person's situation, realization of patterns, participation in considering the person's environment, the context of health and illness,

and development of social health resources to support the person's various roles.<sup>30</sup>

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The stories shared here are only three voices representing rural and urban women in three developing countries; they do not represent all women in any of these countries. Similar voices can be heard not only in other developing countries but also in developed countries. To understand women's situations holistically and to develop programs to meet these needs, models should be constructed to capture the diversity of women's voices, the context of the totality of women's life situations, and their daily life experiences as they themselves see

them. Models also need to be developed to guide the development of appropriate methodologies to uncover their voices, particularly those who may appear voiceless. Appropriate and congruent nursing therapeutics to empower women can be driven by knowledge representing the nature of their experience. Capturing women's lives, focusing on marginalized groups, maintaining a vigilant quest for diversity, and highlighting international similarities and differences are essential for knowledge development in a human science. By attempting to bring these women's voices to the eyes and ears of health care providers, resources and interactions may be more targeted and more congruent with women's contexts and life situations.

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