PROJECT OF PREQUALIFICATION FOR MIGRANTS WOMEN IN THE AREA OF
THE HEALTH
REPORT OF SPAIN INVESTIGATION. IEPALA

Investigators:

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INTRODUCTION

The present report gives account of the results of the investigation made in Madrid Spain, within the framework of the Project of precualification For Migrants Women in the Sector Health, of the Leonardo Program of the European Union.

The investigation had a qualitative approach, using like methodological tools the interviews in depth, made to immigrants women and institutions that are somehow related to the area of the health and the care.

The general mission of the investigation was to collect pertinent to illuminate innovating an educative proposal that it tries to develop to a training program for immigrants women in the area of the health and the care.

The present document that gathers the main findings of the investigation. Structure in four chapters. The first chapter gives account of the context of the area of the health in Spain. In the second chapter the methodological design is described, the approach, and the techniques used in the harvesting of the information. Third, it is the analysis of the three resulting categories of the investigation: a) A present glance on the Health and the Care and its relation with the labor insertion of immigration in Spain, b) present Realities: The women immigrants in the area of the health and the care in Spain, c) the proposal formation: from the theoretician to the methodological thing. The fourth chapter gathers the main conclusions of the investigation.
1. The Spanish Infirmary: Including/understanding Its Social Meaning.

In the XIX century, the reformist movement influenced significantly in the Spanish infirmary, through the incorporation of the woman in the labor scope and the educative system. Conception Arenal, exponent that this movement, gathers the five principles demonstrated "paradomestical imprint", that at least in its origin, had the activity of the infirmary in Spain: Taken care of the Attendance, Knowledge On the Feeding, Honesty, Cleanliness and Order.

It was in 1945 when the functions were specified for the first time and it was defined to each one of the professionals of the health: Medical instructors, matrons and nurses; being these last clearly subordinate ones of the doctor, without faculties to make decisions from independent form. In 1954 these three areas under the denomination of Technical Sanitary Assistant were already unified (TSA).

Although "theoretically the profession was united, which really was made, was to increase to the inequalities between the masculine and feminine professionals and these and the rest of the professionals of the developed world. The TSA feminine practically all had the boarding school like obligatory, from which the men were excluded who were not put under requisite saying nor control, since these boarding schools were destined, not to cover problems with residence, but to assure the ordered and almost clerical life the students infirmary. The differences in formation also were evident, since the objectives of first were fundamentally: "submission, obedience, self-denial and altruism... in addition to the study and the theoretical, practical and technical deepening; in the curricula home lessons had a denominated subject ", while the masculine students studied "doctor-legal autopsy". The co validation of the old titles was made for the men but the possibility did not occur to the women of confirming until the end of the stage ". (Garci'a-Banon, A; Sainz Otero, A and Botella Rodriguez (2004).

1977, the studies from infirmary enter the University, marked by an egalitarian character, since the different based plans on the sort disappeared. Gradually, then, we see as throughout XX century it is become the perception of the infirmary, that, although maintains a character of attendance to the doctor and the fulfillment of delegated functions, it recognizes an own contribution and already it makes specific from this profession without a sort discrimination.

Nevertheless, García-Banon, A; Sainz Otero, A and Botella Rodriguez (2004), indicates the permanent restrictions to the power of the infirmary in the present sanitary system, when they makes reference To a real access to the positions of true being able, closing the passage to the nurses through the simple mechanism to establish a degree level that exceeds to his. Meanwhile they deny the degree to the group. The other tie is what we have denominated is the contributed devaluation of the ideas and solutions, as a result of little prestige that have the nurses in the Sanitary System ".

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This "little prestige" can be explained then, on the one hand, by the conception of the infirmary like a focused more to the care and attendance and for that reason conceived activity like "merely feminine", as far as the traditional social roll of the woman who adapts to these characteristics; and on the other hand, to a no recognition at the moment in Spain of the degree, that does not allow one more a formation specialized nor an access to the circles of being able on the part of the nurses.

In this sense with respect to the area of the infirmary two fundamental and revolutionary changes score: on the one hand, the conversion of the graduate in degree and on the other hand, the modification of the curricula that will add to the two present specialties of Obstetric-Gynecology (matron) and Attention to the Mental Health; other four: Geriatric infirmary and Socio-Sanitaria, Infirmary of the Work and Labor Health, Clinical Outpost and Communitarian Infirmary.

On the matter the Minister of Health affirmed that "the LOPS (Law of Arrangement of the Sanitary Professionals) incorporates numerous improvements for the infirmary, a law that sanctions and recognizes the work of those professionals it more jeopardize to improve the welfare quality. The infirmary is a profession with increasing prestige. It is also an emergent profession, of future. (the Voice of Galicia, 2004).

Towards future, a clear "specialization" of the infirmary could be intuited then, that will hit of positive way its prestige and will mark its independence like profession. The necessity is evident to elevate the level of formation of the professionals of the health through the specialized and permanent education, not only like answer to the aging of the Spanish population, but like an exigency of the European Economic Community (Treated about Bologna, Plan of European Convergence).
2. Methodological Design Of The Investigation

The methodological boarding of the investigation was made from a qualitative approach through as it was tried to as much include/understand the formative experience and in the labor scope of some immigrant women Spain in the sector of the health and the care, as of the institutional frame in the subject.

Part of the real events, in this case the experience of the immigrant women in the sector of the health, gathers the opinions and images, the facts and the actions from the perspective of the people which in their daily life experience, in a process "to see through the eyes of the people that we are studying", which means "to work with empathy with those who are being studied, but also implies a capacity to penetrate the contexts of meaning with which they operates" (Notch 1998, p. 8), giving to protagonism and voice as much to the women, as to other key actors for the understanding of the social phenomenon: lending institutions of services, designers of policies, institutions in the academic scope and of formal and no formal education, among others.

The Qualitative Investigation does not have the objective to produce generalization, in as much settles down that it is necessary to understand the events and conducts of holistic but framed way within a context, is to say that, "whatever it is the sphere where the data are collected, single we can understand the events if they are located in a social and historical context" (Mella 1998, p. 10). For such reason, the investigation specifically talks about to the immigrant populatuion and the institutional context in Madrid-Spain.

2.1 The harvesting recollection of the information

Starting off of the qualitative approach of the previously mentioned social investigation, I consider for the harvesting recollection of the diverse data strategies that is to know:

Conceiving like primary sources that make reference to the speeches of the film stars, gathered through Interviews in depth. Others understood like secondary sources that Spain and its relation with the area of the health and the care, collections through bibliographical bottoms and existing documentation of the subject allowed a general approach to the reality of present immigration in.

The qualitative techniques

The qualitative technical interviews as allow to create an expensive conversational situation face to face and personnel. The interviewed subject presented/displayed their opinion about their motivation with respect to the area of the health and the care, the formation courses in which there are been participating (like students or professors), their methodologies, the difficulties found, the causes of the desertion, among others.

About the design of the interviews

In order to define the subjects to interview aspects were considered like: previous experience in the scope of the health (as much of the institutions as of the women), or
desire on the part of the women to participate in projects in the area of the health and the care.

The scripts of the interviews were previously provided by the responsible institution of this project.

The distribution of the interviews accords to the scopes, key actors, the number of subjects, the profile of each one of them.

It is necessary to clarify, that the "selected sample" for the application of the interviews does not respond to statistical criteria, nor looks for a representativeness sample. A deliberate sample was constituted, where it was to represent certain social subjects that by its condition, experience and positions could give to account through their speeches of the experience of the immigrant women in the area of the health and the care, and approach key aspects to outline the courses of objective formation of the project.

7 individual interviews to the key actors were made in the city of Madrid:
### Immigrant Women Profiles:

<table>
<thead>
<tr>
<th>Immigrant Women</th>
<th>Characteristics</th>
<th>Nationality</th>
<th>Dwell time in Spain</th>
</tr>
</thead>
<tbody>
<tr>
<td>EM1</td>
<td>Welfare nurse in Urgencies</td>
<td>Peruvian</td>
<td>15 years old</td>
</tr>
<tr>
<td>EM2</td>
<td>Health has participated in courses of formation in the sector. At the moment it works in a company like helping and nursemaid of old patients. Deserted of the courses.</td>
<td>Colombian</td>
<td>5 years old</td>
</tr>
<tr>
<td>EM3</td>
<td>It has participated in a course To help of infirmary. It works at the moment in a geriatrician residence.</td>
<td>Peruan</td>
<td>9 years old</td>
</tr>
</tbody>
</table>

### Profiles Institutions:

<table>
<thead>
<tr>
<th>Key Actors</th>
<th>Institution</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>EI1</td>
<td>School of Infirmary Complutensian University of Madrid</td>
<td>Profesor - Educational</td>
</tr>
<tr>
<td>EI2</td>
<td>Doctors of the World</td>
<td>Person in charge of the Area of Formation</td>
</tr>
<tr>
<td>EI4</td>
<td>IEPALA</td>
<td>Coordinator and responsible from this project</td>
</tr>
</tbody>
</table>
2.2 The analysis of the data

The process of analysis of the qualitative data has implied a continuous one to ask itself in a search of answers, recognizing that the migratory phenomenon is a changing and interconnected social fact. It consisted then of analyzing the data time and time again, finding relations, to make visible what it seems obvious and to construct and to reconstruct the categories, within an opened, creative glance and with questions, verifications, corrections and modifications.

Then part of the "methodology theoretically based". Within this exposition the central aspect is the empirical data defined like the events and incidents that arise and have direct relation with daily social occurring; the method is the comparative analysis that settles down between the data and the theory. (Mella 1998). Thus, the process began with the obtaining of the data through the implementation of qualitative techniques. Analyzed the empirical material, the speeches of the subjects were constructed to categories as much from the material gathered - as from the frame design of the investigation.
3. Analyzing The Information

3.1 A present glance on the Health and the Care and its relation with the labor insertion of immigration in Spain:

The studies of the migrations from a sort perspective show the new dimensions that lately arise from the prevalence and generalization of the feminine migrations. This way, it does not mean that the feminine migrations are a recent fact, but if, that raise new implications of the women like fundamental actors in the present societies.

The participation of the women in the international migrations to Spain has had a significant increase. According to the Ministry of Work and Social Subjects to 31 of December of 2004 there was 1,977,291 foreigners with card or authorization of residence in vigor, where the 32.85% (649,122) of the total are Latin American, mainly women. According to sex, of the total, the 54.07% were men and the 45.93% women. Nevertheless by nationalities they were majority women in the case of Brazil, Russia, Dominican Republic, Venezuela, Colombia, the Philippines, Cuba, Sweden, Bolivia, Peru, Belgium, France, Germany, Argentina and the Ukraine.

The presence of the immigrant woman is reflected in many of the speeches of the interviewed women, when they indicate the nationalities of his fellow workers in the area of the health: "Almost all the women who work in XXX are Spanish. Women more or less with low preparation. There is a very great group of Ecuadorian women, I do not know myself to say how many, but very many. There also are Moroccan, Peruvian, Colombian, of the Salvador, Dominican Republic and of Morocco ". (EM2).

This feminizations from the migration to Spain, takes to the necessarily recognition of the variable of sort in the analyses of the migratory projects, in the design of formation programs and in the labor insertion of and the immigrants. That is to say, it means that we must advance on the generic one of "immigrant", towards the recognition of the diversity of those thousands of women and men who have arrived here, it stops in many cases of remaining. In this sense the diversity of the women is because of the national, ethnic, racial particularities, of class, age, of health, nuns, policies, ideological, educative and cultural.

On the matter it affirms educational of infirmary of the UCM, doing a reference to the differences in the formation level of the immigrants nurses who: "I believe that it is not possible to be generalized, I would clarify according to the countries. For example the Colombian infirmary is best, higher perhaps than the Spanish, as far as the academic preparation and professional... According to the origin country the level is very short, even of girls, and I say girls because they all almost are womens, those that come. Girls who even come with a hospitable experience of perhaps two or three years, suddenly here notice that them lack knowledge. I believe that that depends on the country (EI1).
From this glance one affirms that the boarding of the social situation of the immigrants women must be made from a multidimensional perspective. A complex and rich approach of its real situation must include factors differentials like the National State of origin, the social class, the ethnic group and the culture of origin. (Collective IOE, 2000), offering resistance to the negation of the diversity, like one of the basic axes of the present discrimination.

Discrimination expressed in the generalization of imaginary on the immigrant woman like: poor man, nonqualified, not formed, and therefore in the establishment of contingents or labor contingents that suppose the granting of leave of restricted residence and work to certain sectors no covered by the local manual labor. This places both (feminine and masculine) immigrants workers in a limited number of activities: domestic service servant, agriculture, construction, and hostelería. Locations within the labor market that end up creating images with which associate to them and stigmatize, of such way, that it seems that they do not serve to carry out others. Or worse still, the other labor fields, to which they accede, they end up weakening to the light of the prejudices, being reduced the work like "old nursemaids of" or "aids of infirmary" to "employees domestic servants".

On the matter it affirms to a immigrant woman who works in a company of aids for attention to old, that:

"All appears (the companies of well-taken care of and attention to old) with that so pretty name: "Attention to the greater people". And I imagine, that in the projects that present/display the city council to him, I believe that they say many things to them and they put many adornments to them on the attention to the greater people. But the attention is reduced to clean, to the personal cleanliness and to clean... why do You say that XXX are a company of attention to the greater people? That is not truth. They say then: "XXX, Company of Cleaning". That they come here to contract for the cleaning, but they do not say that it is attention to greater people ". (EM2)

At the moment the aging of the Spanish population and the increase of the life expectancy, are influencing among other aspects, in a mean fully increase of the demand in the labor market of people in the area of the care and the health; thus, like in the necessity to elevate the formation and qualification of the professionals in this area, for the treatment of new and diverse pathologies. Of a total of 6.9 million people of 65 years and more, there are approximately million old ones that cannot be worth by themselves, around 400 thousand patients of Alzheimer and other 400 thousands with other type of craziness dementias and neurological diseases ". (Daily Galicia Opinion, 2002).

This demographic revolution, also is hitting the sanitary system, as far as its
infrastructure, its level of consumption, and the necessity of coordination between sanitary and social departments: "Spain has one of the worse urban and social sanitary structures welfare, to welcome with professionalism, means and humanity to the old patients... to take care of 6.9 old million of greater of 65, only has near 200 thousand seats for residences of old, the private majority". (Daily Galicia Opinion, 2002).

Before this panorama and the impossibility of many families to pay a deprived residence, is generated an increase of the hiring of women who attend the addresses to take care of the old ones. Attention that goes from the support, the personal cleanliness or of the house, until a specialized attention, fortifying an alternative labor market, that in many cases is covered by the immigrants women, with a irregular high percentage of, without labor contract, nor social benefits.

"At the present time one of the occupations less appraised by the Spaniards, as soon as it implies instability and lack of social consideration, is the care of old. This work is practically being into the hands of foreign immigrants by economic reasons, specially women in irregular situation. The last data of the Social Security base in near 100,000 the discharges in this type of occupation between the immigrants, to whom it is possible to be added other so many irregular ones to them. They are the South Americans, specially Dominican and the Moroccans who take care of those old ones which one lives single in there houses ". (Newspaper of N18 Anthropology.).

The double discrimination is reflected then, in as much immigrant woman, dedicated to a work, that as it were described previously has had a good social valuation in Spain. Thus it express an educational interviewed person: "It is that in addition they come to a profession, if they are immigrants, who of entrance or have a series of stigmas or connotations... that can feel the more uncertain or in disadvantage. And above, they come to a profession, the infirmary, that also socially is considered like of an inferior level. That it is a dependent profession of the medicine. It is a profession that does not have good stigma either social. Then sure it is that everything is joined. (EI1)

Under this mantle of stigmatizations, the perception of the work of "caretaker or aid for the care of old" is degraded more and more, creating a vicious circle, where it also diminishes the qualification required for this work and therefore the academic and technical level of some of the formation courses which they are made at the moment in the area.

Dynamic happiness is expressed by the one in charge of the formation area of a NGO (Non Governmental Organization): "They are markets, already of in case very complex markets for the woman with all its rights. That is to say, those are submerged markets... the operation to the woman at labor level is a fact, is a fact at the moment. With which, the schedules, the prices that are paid, the hours that there are to do are
very long. If in addition they do it with more or less irregular people, still the operation is
greater. Then, sure is that those are companies that contract qualified personnel for
that activity... is It in these companies in what we are going to deposit the formation of
them? In the aspects that we have aimed, of rights, I don’t know. That is a lie. That is to
request something to him that does not happen and that is not going to happen. That is
to say, the company contracts by the services, the other has to be the institutions or the
Administration. (EI2)

The present situation of the immigrant woman in Spain creates imaginary on "the
others" that do not have anything to do with their way to confront the world. Rather they
are the result of the confrontation to an adverse context that discriminates, stigmatize
and infravalues. The supposed "submission" of the Latin American immigrant woman,
has to do but with the pressure of the familiar surroundings which they left in his
countries of origin, the demand of remittances and a clear strategy of survival, in a
context that by adverse does not allow them to position itself of proactive way. Thus it
express a immigrant woman:

"Perhaps because, we, the South Americans held of all ,no? You put to a mortgage,
you are with debts or you are helping the family there, then because you commit
yourself behind to keep on in your job... your had left always your family. Somebody
that you want to help there. That it moved you to leave there, to work here. So you
must conserve your work ". (EM1)

As Laura Agustín affirms it (2001), in fact the subjects of the emigration are not the
individuals but the families, in whose frame of necessities and expectations is the
generally located decision as much to migrate as the one to take care in any type of
work. More than two thirds of the workers of the Third World are married and 59 %
have children... what frequently gives rise to mono parentless families in whom the
mother is the only head of household.

In this line the discrimination and imaginary social on the immigrant woman and the
workers of the health in Spain, produce a lamentable result at the time of thinking about
their social labored insertion. In spite of its formation and its possibilities of making
works of certain degree of qualification, they end up acceding to the lowest layers of
the labor scale. The case of the work of the immigrant women overflows the technical
category of use and their trajectories of labor insertion cannot be explained only from
the strict scope of the economy, without considering the set of social relations which
they comprise. (Aparicio, R; Winches, A. 2004)

A Peruvian woman who works in a health center affirms:

"salary improvements are needed. For example, I have my sister who works cleaning
and ironed, and perhaps she wins more than a nurse in a job that does not have
responsibility. And you go to a residence of greater and they are 600 paying to you, 700? for a professional. It is a shame, pay for a professional who has studied and who values itself professionally. But as people do what wants there is no a unification of wage here ". (EM1)

To thus trajectories and labor conditions that turns on the necessities of the market and the discrimination by sort, of which the women had been traditionally a object, maintaining them in the invisibility, led domestic works or within the submerged economy are marked. One considers them generally like workers of low cost, docile and flexible. Characteristics that define them in several studies like "the comparative advantage of the disadvantage of the women".

The inferiority attributed (even by other women) to the immigrants women, being based on the docile, submissive representations and stereotypes of ", docile and without education", makes us be considered ignorant perpetual, because our knowledge’s are not recognized in quality of knowledge and cultural capital.

"Soon the people, according to which countries, are very diminished, that we say in Spain. Like afraid, they come with fear. Soon it is truth, that it is people with a way of being much more delicate, in its personal relation is very respectful, thing that the Spaniards, because sometimes we are grosser. As she is people who are very respectful, very delicate in the treatment, and in addition that component to fear and insecurity or to feel in disadvantage. I do not know what happens, that that believes in other then, the corresponding treatment. I mean, that you cause a little that deal with to you the form that you go ". (E11)
3.2 Present realities: The immigrants women in the area of the health and the care in Spain

3.2.1 In the scope of the Infirmary:

The Public University formation in infirmary, is defined within the General Plan regulated by the Ministry of Spanish Education, like a unique program of formation of predegree with duration of three years. With respect to this program and according to the institutional position of some interviewed people in the investigation, it is considered that the people graduated in infirmary in Spain have a fit formation to the requirements of the labor market, Spanish as much European. One affirms that, and the Spanish nurses in this sense, have a good capacity of adaptation, with very good results, in the different labor scopes.

Thus, the nurse to it of Public Health of the National School of Health indicates it: "the curriculum of infirmary, I thing that at this moment it is enough good adapted in Spain. Speaking of the university graduates in infirmary, with time whom they have of formation, it seems to me that is enough, she is fit to the necessities ". (EI3).

Nevertheless, the interviewed people also show deficiencies in the formation, with respect to the lack of practices that students allow to take experience in the field, as well as to the predominance of a biologic approach, leaving of side the communitarian health. Two excellent aspects to obtain one better quality in the attention. On the matter one affirms that: "That person indeed, who is just graduated, logically until it really dominates, needs a experience time, like everybody. And above, it touches a unit to him like these: imagine an operating room, a UVI, an urgency. Sure I think that there are many good results that she has for the situation that occurs. Truly you say, how it is possible that there are not more deaths in urgencies, or more complications, or more problems considering the personnel whom there is ". (EI1)

For example in this point it is necessary to rescue the affirmed thing by an educational one of the UCM, as far as the level of formed experience of some nurses that to the being in countries like Colombia, has greater qualification practices, since within the academic programs a social year on watch when finishing is obligatory the studies like requirement to obtain its degree. We could think about that the high levels of qualification of some immigrants in the area of the health and the care, as it is reported by the actors of the investigation, it could be a strength for the access to the labor market.

Nevertheless, this strength is limited by three particularly aspects in the Spanish context: a) the impossibility to specialize in its formation; b) the homologation of the I title, that automatically translates its degree of lawyers to a degree of graduates; c) the invisibility of its qualification, from the point of view of the recognition of the status and
their corresponding labor remuneration.

An educational of the School of Infirmary of the Complutensian University of Madrid account this situation: "(the formation) it is not worth to him for anything, is not worth to him in the academic sense. Professionally everything is worth to him. For example, I say it by the lawyers in infirmary. There is Latin American lawyers in infirmary and people who have made masters that come here and at the time of working, as nothing else does not exist than the infirmary graduate... nurses are called and they although are licensed or have a masters to be considered and paid like a graduate ". (EI1)

Also a immigrant woman declares to it in the field of the infirmary, that demands postured courses of, due to her high qualification: "the specialties of infirmary and the degree would have to already arrive here. Here there is no degree, single it exists a graduate and in our countries it exists until a Masters, and a Doctorate in Mexico. They take saying that they are going to remove it and I already take here 15 years and they do not remove it ". (EM1)

It is important to consider, that the immigrants people licensed in infirmary in its countries of origin, must make a homologation process to exert its profession. As much for the nurses as for the institutions in a relatively easy process, that last it has to do with the high labor demand of the professions in the area of the health. In some cases it has been made from its country of origin, as it reports a Peruvian woman: "the Spanish homologation became in six or seven months from Peru. At that time there was much shortage of workers. I directly entered to work (for 15 years)"). (EM1)

For the nurse of the National School of Health: "a person who he has a college title student of infirmary in Latin America, for example, does not have no problem to confirm them, jhust in time to justify the papers" (EI3). Nevertheless the homologation of I title, does not mean a direct access to the labor market, nor an ascent in the labor status of the immigrants, because it is important and distinctive for the labor insertion in Spain.

As a result of this phenomenon, people who have an important formation, are themselves forced to dedicate itself to work on things that do not correspond with their formation, failing to take advantage of themselves therefore an important human capital for the Spanish society. As a representative of Institutions of Formation mentions: "Within the nurses, we could think that they are those that give food to the patients, or put injections. But I know about operating room nurses. And you must have fought and have studied much to arrive there. And now they are working in houses ". (EI4).

According to the study of the human capital of immigration (Aparicio, R; Tornos, A, 2004), the immigrants arrive at Spain with a certain academic baggage that can be of utility for the development of the labor market, although not always can accede to a job adapted to their formation. It is shown that the level of formation of the immigrants people is similar to the one of the Spanish population.

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In the case of the Latin American women, one is that 64,9 % have at least finished secondary education, arriving at 15,2 % those that have finished university studies, a
proportion not too different from that we have in Spain. (Aparicio, R; 2003).

**Access to the Formation**

Within the access to the university formation for and the immigrants it is necessary to emphasize the possibilities that exist in the Educative System Spanish publish, who seems to be invisible in some cases by the lack of information, that they have nonsingular the groups of immigrants, but the institutions that supply this formation. They exist varied forms from access to the public university, that stops the case of the infirmary, it will be the three last ones, by the deficiency of post degrees in this area, indicated previously:

- In case the person has an licensed title, she can be confirmed to accede to specialization courses and thus to continue its formation.
- In case she has initiated, more not concluded her studies in the origin country, the person can ask for a “partial co validation of studies” that recognizes the matters that already have attended, making its level previous formation to the Spanish curriculum.

In case the person has a secondary formation and he is not greater of 25 years, she must pass a Spanish selectivity, to initiate its studies of degree. In the case of being greater of 25 years, the person can present/display and approve the two prescribed tests (general and specific, in this case for the infirmary) and enter the university.

The possibility of acceding to the university formation on the part of the immigrants is indicated clearly by the educational one of the School of Infirmary of the UCM: "There are people who has finished her baccalaureate, from point the previous of view of studies shows that they are in equality of conditions, or some of them have done a first year in their country, a second year. And we entered several by the route of the greater ones of 25 years. There is all type of accesses and all type of casuistry and of course the answer is different. The greater ones of 25 must test general, that it is for all the faculties equal. And soon they have one second test that is specifies of each faculty. Then they can come without baccalaureate, so that nothing is requested, single to even be greater of 25 years. And by that route some come ". (E11).

**3.2.2 In the scope of Aids of Infirmary:**

For the infirmary aids, the supply of formation is much more ample and disperses. They exist diversity of courses and certifications, which prevents a regulation and rigorous control on the exigency requirements, the training program, the characteristics of the courses (costs, are present at or not of practices and courses by correspondence), and of course, the standards of quality in the formation that would assure an adapted attention in the health area.

As an educational of the UCM assures it: "There are many private centers that
certificate to the aids, even by correspondence. And soon there are aids formed by the FP system, then that system in a little more formal. There is much disparity in the formation of aids. There are people with a very good formation, that perhaps she has been 2 years. And soon there are people who nothing of anything, that learn it with practices. That is not very well regulated ". (EI1)

The previous thing shows the process of "unprofetionallity" that undergoes the formation of Helping of Infirmary, since as opposed to the high demand in the labor market in this area, centers have proliferated to give a no regulated formation by the pertinent instances. Nevertheless, this type of formation attracts the immigrant women, because they are perceived like a fast bridge to the labor market, and with a few requirements for the access. Thus falls in a vicious circle: few requirements - low formation - bad professionals who lower the standards of quality in the service.

**3.2.3 In the Scope of the "Attention to Dependent People"**

Within the scope of the labor insertion of the immigrants women like nursemaids of dependent people, and within this, the referring thing to the formation courses, one was that most of the courses are distributed by the Social Services (Community of Madrid, INEM, among others), or private companies that are contracted by these.

The courses that are distributed for example from the INEM are directed to unemployed people, who not necessarily are immigrants. For the previous thing, these courses are responsible to the special characteristics of the population object of this investigation, neither in their design, nor in its curriculum, nor in the way to distribute them. On the matter the representative of a ONG affirms:

"It will have of everything. What they usually are, very specialized courses in the insertion only. They play with a very similarity format, already note it before, to a previous format to ours. That is to say, Spanish people were courses of formation to be inserted. Young courses to be inserted. Sure but the problematic of the young person, is a problematic one of youth, is not a problematic one of immigration... some how that must stay in the courses, right.

On the other hand the companies or NGO that distribute the formation for nursemaids of old, describes that their courses are also focused to the labor insertion of these women, as much to work in geriatric residences like serving at home. In this frame, some of the organizations, within the design of their programs, affirms not to include thematic modules or that prohang by the cultural and social integration of their educated, as much is understood that if these women are there it is solely by its necessity to be labouredly inserted , not knowing again their particular characteristics.

"Yes, the subject of the intercultural and multicultural,. The subject in Spain, this not. A
course will be taught. The doll with that they work is the doll and point. The bed that
is taught to him to them is the hospital bed and point... Is a thing that can enrich to
them and that it interests them because they can see the difference. But in the
dynamics of a course it doesn’t have sense. (EI4)

That’s how, the contents that included some courses of formation go directed to the
care of old, how moving them, medication, types of food, Symptomatology which they
could present/display, first aid for crisis situation, etc. Nevertheless from the
perspective of the interviewed women who work in the attention to dependent people,
the functions that make the service domestic servant come near more, than to a
specialized attention, for "which supposedly has been formed.

The previously described panorama, puts in evidence the incongruence between the
type of formation that assumes occurs them to the women in the area of the attention
to dependent people, and the workings who really end up carrying out in their work,
more focused to the cleaning that to the care and the attention in the health.

False expectations are generated then in the women, who enter looking for to increase
their formation or to obtain certifications that finally do not serve to them to make the
qualified works to which they are looking for to accede. This no single factor hits
negatively to the women, generating to them frustration and lack of motivation at the
time of carrying out its work, but that ends up repelling directly in the users of this type
of services, that do not find the specialized attention that they looking for.

This situation reiterates the interviewed Colombian,: "You you say that XXX are a
company of Attention to the greater people. That is not truth. Then they say "XXX, is a
Company of cleaning". That they come here to contract for the cleaning, but they do
not say that it is attention to greater people. Because what you give is not attention to
greater people. I was struggling to give attention to greater people, but if you want them
to clean them, I will clean them." (EM2).

The confusion that is between the functions of the nursemaids of dependent people
and workers of the domestic service servant, becomes evident in the conditions of
hiring by means of which they tie to the service. This can be observed in the interview
of the nurse of the National School of Health: "These people has contracts on watch
servant domestic, in which one regulation you know is discriminatory in relation to any
other contract of labor type. The regulation of the contract of the service domestic
servant has characteristics discriminatory in general in Spain, in relation to another
type of labor contract of wage-earning person. To begin, that would be necessary to
comment it well, the regime of the service servant domestic" (EI3).

Respect to the required prerequirements to accede to the courses, can be affirmed that
they are basic: they oscillate between fulfilling conditions of administrative simply type
(enrolled in the INEM), happening through knowing how to read and to write, or to have
basic abilities in the care. As the woman of an Institution of formation corroborate it

"She must know how to read and to write, to have some type of ability in cares. I
believe that immigrant people do not consider they like a work or no. He must do it, he
has mades that possibility and point. That can be asked to him a professional of elite. But no worker or worker with an average qualification can consider: I like or I do not like the work. It is possible to be raised if he has economic conditions to the margin of that work that allows him not to receive at the end of the month." (EI4).

Previous reflected the direct association that becomes between immigrant woman, needed and poor, without different motivations from the economic ones. Economic necessities that they are the simultaneously one of the greater causes of desertion of the reported courses by the institutions and the women, like the schedules in which the courses are distributed the antipedagogical methodology used in some of them.

"But the problem is that I do not know how to be able to eat today. That is my real problem. There it would be necessary to handle some type of scholarships, some type of aids. I know that they exist. There already are some scholars, they are small amounts, but that helps. Mainly because you are analyzing the characteristics of the population. And soon, there will be people who leave it because she will have found a job. And there will be another people who leave it because they contentiously know that they don't mean it seriously with them ". (EI2)
3.3 The Formation Offer: From the Theoretician to the Methodological thing

The present project of investigation, framed within the expositions of "pedagogical Liberating" of P. Freire, raises like one of its objectives, to identify the particular characteristics of the educated subjects, its potentialities and necessities, as well as the contexts of partner-labor integration in which they register, to obtain a agreed with it, in this case, to define the most suitable formation in the area of the health and the care.

Para la pedagogía "liberadora", el individuo, se concibe con capacidad para transformar su entorno socio-cultural a partir de un proceso de "concienciación" (desde la formación), que a través de un conocimiento critico le permite descubrirse así mismo y a su entorno.

It is evident, that it is being so varied because of the group of immigrants women, object of this study, with respect to their nationality, age, social class and psicoadfective characteristics, it does not only exist a different type of academically qualification for them, but, in addition a sociocultural baggage and own forms of relation of its surroundings of origin. All these, are considered then like fundamental conditions to have in consideration at the time of formulating an advanced training course, if we followed the expositions of Freire (Requejo, A; 2003) where one is due to start off of the reality of the subject to relate it from the surroundings of social, political and economic. conditions.

It is important to emphasize that immigrants women, arrives at Spain with different levels from qualification that they have acquired in its countries of origin; from a basic-primary education, to a high level of specialization in its professions. This point is distinctive, as soon as it would imply the necessity to define different agreed levels of formation with the "conditions of entrance" more or less described, for the formation objective at which it is tried to arrive. The characterization of these conditions, will avoid by a side to generate false expectations in educating on which they can get to learn and simultaneously it will avoid the frustration that can get to have some women, with little preparation, before one on exigency, or in the women who before one on qualification, must attend courses that are not of their level. This congruence between previous qualification and training program, will diminish the rank of desertion of the courses, having maintained the motivation of the educated in its formative process.

On the matter the coordinator of the courses of formation of a ONG that works with immigrants affirms:

"No, I believe that the courses are those that they have to have the special characteristics, Not they! That is to say, you asking these to him a right lawyer that she has to take care of or to clean, etc.... But the courses must consider that, because in addition you are going them to insert. You are giving a course to be inserted in a labor market that is not seen, it will going to follow in irregular situation. That is to say, it is
necessary to handle that you are giving a formation to develop an activity, but we cannot very well forget that she is a person. It is not a cheap manual labor. She is a person. That she has an enormous complexity by its situation, and this would have to enter these courses. (EI2).

Next we will indicate the contents of the training program, the methodology and the characteristics of the courses of formation for immigrants women in the area of the health and the care, with a view to its insertion in the labor market; cradles in the speeches of the different educative actors (institutions, hacedores of policies and immigrants women).

The made arise proposals from the analysis of the deficiencies and the good ones you practice reported within the formation that at the moment is distributed from the public and deprived organizations, with a view to obtaining that the projection of this innovating proposal of formation, diminishes the rank of desertion of the women in the attendance to these courses, increases the interest by the entrance and facilitates its entrance to the labor market in answer to the present demand in Spain.

3.3.1. On the curriculum

3.3.1.1 Preparatory contents for the incorporation to the labor market

These contents aim at the necessity to know the context in which the women are going to develop their works. Knowledge that will allow to be subject of rights and duties, to empower itself before a different reality, demanding of her a worthy and egalitarian treatment. Single through a critical knowledge on the surroundings it is possible to be left dynamic oppressors that maintains a submerged labor market, in that the women do not know his rights. As she indicates Freire (1986)"In the formation I do not separate the techno-scientist qualification of educating, of the necessary knowledge for the exercise of its citizenship".

The Spanish cultural model in the area of the health

Within the reference speeches to a cultural model became, as much of formation, as of the relations that settle down within the labor scopes of the infirmary and the health in Spain. The existence of a "hidden curriculum" stands out, of a way to be particular related and specific of the Spanish culture, that would have to be to include itself within a formation course.

"And then, we say that we have a cultural model of formation, that has rooted here in the Spanish context. Who comes from outside, she is from where she is, must know that context. I believe that there is a cultural model of infirmary. There is a form to work. A form to be related to the patients and their family, to be related between the companions and to be related to other professionals: the doctors. That is an own model. (EI1)
In this sense the necessity considers to make induction processes where it is sensitized to the women on the different guidelines from behavior, the linguistic codes, and the dynamic ones of relation as much with his companions, as with the people to whom they served. The knowledge of this reality could allow that in the women the impact caused by the shock between "the ways diminishes to make and be", at the moment for being inserted in a new labor scope.

"We do not have the same character, only the tone whereupon you can say it that he offends you and its intention is not the one to offend, but its form to be. We are (the Latin Americans) more sensible, expressive. Perhaps but my companions who I have here, say things to me, and I do not take it to badly because I know how they are. I already understand them. But to arrive at that point you must pass much, to get to understand them "(EM3)

**Knowledge on the different routes of labor access from the Spanish Sanitary System**

Throughout the interviews a deficiency as far as the knowledge of the women is demonstrated and in many cases the no clarity on the part of the institutions, on the required profiles to be inserted in a level or another one of the Spanish Sanitary System, and as well then, at the levels of necessary formation to accede to him.

So it is the case of a Peruvian woman that when making a course of 8 months in "Helping of Infirmary", obtained a certification that Public school did not correspond with his expectation of entrance to the Sanitary System (they dit not published it) . Its expectation went in against via a which the course allowed him at the moment for acceding to the labor market. Thus she relates it:

" I already put my complaint in all sides: that the certificate does not serve to work (in public organizations). But good we already made a formation, who I believe that it is worth to us to work... I cannot say to you that you are not apt to work here. To see if they do case to us ". (EM3)

To intention a nurse of the School of Public Health talks about the necessity to professionalism any type of formation in the area of the health and the care, with a view to which the women prepared in them, can enter the circuit regulated by the Spanish System of Public Health, where the expectations of the women are agreed with their real possibility.

"I personally agreement is to make that qualification, but in the professional formation that is regularized, and to which they would have it prepared to choose the professional formation of sanitary branch. Where they are all the different variations that there are, no? There are infirmary aid, there are technicians of laboratory, radiology, nutrition etc. The serious ideal to see these courses, that they are possible to be organized... How to establish the minimum requirements so that they can choose later to which it is regulated, since that is the interesting thing, so that they had the Spanish degrees and..."
requirements. Because the insertion is getting much more complicated. Nevertheless, I believe that if that it seems very important to me to try from the organizations, good, because for supplying diverse possibilities to them. But always thinking about the professional formation so that they can put in that circuit. I do not know if the professional formation requires that they have Spanish nationality or no. But it would be necessary to work these subjects because it is a formation like another anyone. It would be necessary to watch that."

**Effective Labor legislation in Spain**

The referenced institutional speeches throughout the interviews, made emphasis in the necessity to include an modulate on the Spanish labor legislation, in order that the women know their rights and duties in the different types from contracts, through which one is tied to the labor market. It is not new for the analyses of the migrations in Spain, the existence of dynamic operation and infravaluation of the people immigrants, coverall the women, at the time of carrying out his works, that in many occasions demand extensive labor days to them, low remuneration, among others, like the indicated thing at the beginning of the report. "the courses must go with all a legislation, all a information on the present effective legislation, in subjects of works in Spain. But if you are going to me to insert in work, without knowing my rights and duties, you are to me at a cheap manual labor, without knowledge of the labor market. - If you have dents this. - Your obligation to quote is by this. - With you this obtain all this. You have a right and duties. And that, here, does not handle so much in the formation courses." (EI2).

**3.3.1.2 Psycho-social Contents**

It is demonstrated in the educative actors interviewed, the necessity of an integral education, that not gives an solely related answer to the theoretical-empirical knowledge on the health and the care, but which also bets by the construction of spaces where the women, in as much their condition of immigrants, can express and process the own psycho-affective design migratory loads.

**Self-esteem**

In some cases, the immigrants women see themselves in the develop obligation works that are very below their academic qualification and of its experience. Works that sometimes are to them degrading and that never thought to have to make in their countries of origin.

This situation can hit of negative form in its self-valuation, maintaining them in a disadvantage situation, in which they even can get to be convinced that they are not enabled to make more qualified works. Becoming the low self-esteem generated by these dynamic ones one of the reasons to stay immersed in secreted and atomized labor niches, which they have entered by necessity, not by free election, and of which it
is to them difficult to leave: "One of each five has obtained it, but the majority remains in him, against their aspirations". (Social Ministry of Work and Subjects, 2001)

A Peruvian woman raises: "for example, that teaches self-esteem to you. I have seen very many women, including me, that we are with a very low self-esteem. That yes that I would like have the suitable place to express on my self. Do you understand me? Not with my fellow worker, that I do not know how he is going to take it, but a specify place, a professional for that ". (EM3)

The low self-esteem directly is related in the speeches of the women and the institutions, with the false expectations that bring the women at the moment for making the courses, as we indicated it previously. Factor related as well to the previous level of qualification of educated, in contrast to the type of work that ends up developing, or to the contents of the courses.

An institutional representative, indicates: "It is very important to work in these courses the subject of the self-esteem. Where they are going away to find, where they are going to work. That is to say, we cannot create false expectations ". (EI2)

Elaboration of the migratory duel

In some interviews, the duel processes demonstrated that the immigrant women must assume, the pain to leave their country, their family, her language and its customs. Process which a factor of vulnerability at the time of work in the area of the health can become, where the work focuses towards the care of, in the responsibility of making position of "others" when "yours" you have had them to leave.

As it indicates to the one in charge of the courses of formation for immigrant women to it of a ONG: "For example, in the care to children, when perhaps, they are developing women to it who have left their children there, with which, an abandonment subject takes place very, very hard. It can produce true imbalances to them to its caretakers ". (EI2).

On which stops it the immigrant women implies to leave its mother country a Colombian woman, she refers: "Because we do not say lies, but it is that in this story of immigration also it is necessary to elaborate that duel to leave the mother country. And we all have our sadness and that bitterness to have left our earth. Nor yet the process that you live, that you begin to feel citizen of the world. But in a little corner it is that pain not being there to continue constructing dreams... Then, it would be interesting that the immigrant women, had that space, that became another course, like so that was a space where the process could coming. Being here ". (EM2)

3.3.1.3 Contents on occupational health

In the same line of integral education, one considers in addition to the importance of
the psycho-affective scope, the importance of the occupational health for the people who work in the area of the health. Factors like stress, the positions at the time of making its work, the norms of security, etc.

The representative of a NGO affirms on the matter: "and taken care of the caretaker. That is to say, also there is a section there that is of education for the health. We cannot forget in works of caretakers, the care of these caretakers. We think that that is super important, because normally in many cases limits work in situations: 24 hours, of Monday to Sunday, with which, how you do not handle that... for example, well-taken care of to children ". (EI2).

One sets out then for the formation of modulate courses in which the optimal forms are developed to make a work, in which the physical exigency is very high, with the purpose of avoiding labor accidents, as much of the women as of the patients. This type of modules the reference a Colombian woman who works in a lending company of services: "and that, XXX is forbidden, that somebody works of knees, that is prohibited. There are many parameters to work. The stairs are necessary to raise it until certain point not more, because if it falls then there is a very serious accident. Bent works, nothing. To take weight, nothing. To lower windows, nothing ". (EM1).

### 3.3.1.4 Contents in new sanitary technologies and of the information

The inclusion of this type of contents, obeys to the necessity to make level or to fit the previous knowledge of and the immigrants, to learn to handle of suitable form used specific apparatuses in the medical centers or of Attention in Spain. Many women can even arrive with a high knowledge in the theoretician in the practitioner, but not in the technical aspects of the health.

On the matter, the educational one of the UCM, indicates: "the contents would have to be adapted to which they already know, which has lived. I see that there is a very basic thing, quite common, is the handling (sic), of new technologies. (EI1)

On the use of the new technologies for the development of the formation courses, a contradiction in the preferences of the women appears on the different used methodologies. Thus they prefer the courses online, where the use would be needed these new technologies unquestionably. Others prefer the percentiles courses.

It could be this interpreted from the different levels from formation of the interviewed women, where the one whom its preference by the courses affirms online, it has a greater level of qualification, as well as a possibility of acceding to computers, Internet, etc.

One does not mean with that it is not important and necessary that the women become qualified in the use of the new technologies, coverall when we are in a dynamics of quick production of the knowledge, in a globalize world where the information circulates.
of vertiginous way. What it is fundamental to consider, are the limitations that have some women to acces to the new technologies, aspect that the formation course would have to replace.

The representative of the National School of Health affirms: "No, no, no, in in situ, situ. Because at a distance, the people who are in that get more complicated, because they will not have computer, even mail ". (EI3)

3.3.1.5 Leveling of languages

With a view to enabling to the women for the labor opinions insertion, opposed in the interviewed people with respect to the difficulty are demonstrated, or no, that it has not to know the Spanish language. In consonance the same contradiction at the time of including in the courses is observed I modulate of leveling of the language for the immigrants women who do not have it like maternal language.

It indicates a Colombian woman, talking about to its fellow workers: "But those of Morocco they are not much, by the difficulty in the language. This week I met two Polish girls who also work there. Of East Europe it seems to me that also it has, but they are not so much ". (EM2)

Nevertheless, the representative of an Institution of Formation does not see any problem as far as the language difference, emphasizing that before the necessity of a use and the high labor demand for the nursemaids of old women , the learning of the women is very fast: "Normally there is no as much limitation at the time of communicating in Castilian speaking of Moroccans, of Guinea and some of countries of the east. They are women who the necessity makes them learn the language of a vertiginous way. And at the time of finding a job I believe that it has not disabled to them. The residences of old demand, are welcoming many workers. (EI4).

She turns out interesting to resist the necessity of the qualification of the Castilian language, with the type of work that these women make, where seems that the fluid communication is not an ability that they must develop to carry out of suitable form their workings. That is to say, if it is perceived that the work is for the service domestic servant, because within the exigencies that become the women to not consider the dominion of the important language. This exigency is not demonstrated in the type of requirement that demand the women to them to accede to some basic courses.

"Not (there are Spanish courses), because to XXX what matters is that they clean. And for a Woman it is not necessary to speak Spanish, because she has only to clean. Simply I imagine that the ladies will do to them and they will begin to clean the house to them. There are no Spanish classes ". (EM2)
The contradictions show a prevailing status, where it maintains to the direct association between immigrant woman and domestic service servant. When we all know that the ignorance of the language in addition to being an obvious limit is in the formation processes, it is an absolute barrier to accede to any type of information by basic that this is, and for that reason one of the greatest obstacles for the partner-labor integration of the immigrants.

3.3.1.6 Referred contents to the necessities of the dependent people

In agreement with the high demand of the Spanish labor market for the care of old, and in as much, to the great possibility that see the immigrants women be inserted labor of fast form through the cap of these seats, the necessity was reported on the part of them to form in specific aspects of this population. To thus a Peruvian woman affirms it: "We saw many things, pathologies, childhood, diseases of the woman. We dedicated a time to the old ones, because the reality is that when you dedicate yourself to this you know that the exit right now is a geriatrician residence ". (EM3)

Next the most excellent aspects written down by the interviewed people were mentioned, to obtain a formation adapted to the demands that were done to them in the care of the Spanish old population.

Knowledge on the patients and their surroundings

The necessity was reported on the part of some institutions to include within the curriculums subjects that define a characterization of the population attention object, considering aspects of its surroundings, its daily vital spaces, among others, to try ones more life to them more amiable. It is emphasized in this sense that does not matter which is the population dependent object. The course must specify of entrance towards whom the attention will be directed: old, infants, and coherent with this, to raise a formation specialized for each case.

"Soon they would have to work on what they are the dependent people, what necessities have and how to approach to the dependent people in Spain. Which is the situation. Good then they are generally minor, small, or old people who have some type of disease, of incapacity. Then good, because it would already require how to help them to make the activities of the daily life. That is to say, those that any relative could do, without the necessity of a care more technician or professional, who already would be those that would define in this case the sanitary services. And soon because they would have to know a little because the ability , the house, how to organize the house so that outside a house or surroundings in which the dependent person could handle itself with a minimum of aid, with the aid necessary not to do it more dependent. (EI3).

Within the characterization of the Spanish old population, the importance stands out of
knowing history the context in which they grew, for this case, the Spanish civil war, thus including/understanding its psico-affective conditions, and the sequels that the processes military leave in the population.

On the matter, a Colombian woman thinks: "and what she said to them now, there are many women who have sequels because what she has suffered in his previous life. Duels are not elaborated, because they never ever had possibilities. Because the mental health is very deficient. Here there is no suitable psychological attention, they simply send them health to mental and they send them to the psychiatry that stuffs them of medicines and ready ". (EM2)

**Basic knowledge on mental health and associate pathologies**

The urgent necessity of this type of formation is stated in the statistics on the high percentage of people with Alzheimer or some other type of dementia within the population of old Spaniards. The knowledge reported by the women about this type of pathologies are very deficit, in as much indicate that before a case of dementia they do not know like handling it.

"Courses for example for the care of people with Alzheimer. In this (course), for example usually one works what is a old one. The care of the old one. What things are had to consider, what type of treatment, how there is to give the medication, etc.". (EI2)

Nevertheless from the institutions that they distribute the formation makes sure that contents exist that approach this problematic one. It would have to evaluate the level of depth and the preparation for "doing", because the women feel that the tools are not sufficient that they have to handle it.

"the courses that we have prepared here contemplate a little of everything. If the women go to a residence and must treat a patient who has Alzheimer it will be not an surprise of scare because that enters. The same if he is a old one which she has senile dementia and she gives him with aggressiveness, also enters within the content of the course ". (EI4).

A interdisciplinary approach at the moment sets out therefore for analyzing the problematic one for the design of the course. A Colombian woman indicates that she works at the moment in the care of old: "So that the different disciplines can contribute many elements, because the psychologists have much to say. From sociology also there would be much to say. Because he is not gratuitous that is so much here, so much, as much people suffering that disease. That I could not be gratuitous, I believe that this is necessary to put seriousness to him in the investigation. Not only the doctors have something to say there ". (EM2)

**3.3.1.8 First aid**
Another one I modulate proposed by the immigrant women is the one of the attention in first aid. They report that often by the lack of these basic knowledge, the patients with simple affections that they could control, end up worsening with complications that require an attention of "a true nurse".

"Because it watches, for example, first aid, but that is not basic, that is not simply to take pressure. That he is deep. Where the women can detect diseases further on... the ideal would be that knowledge of first aid were had, because I have been with so lamentable things, as, to arrive and to find to a gentleman with a wound that could not been able to avoid it... But not to have the sufficient, then knowledge victims becomes to be the greater people. For that reason, I am so critical with that of the attention. I continue putting it in inverted commas... But in what sense to take care of? To handle them, to move them. But the other, is that finally the nurses of the health centers, make those things (EM2)

3.3.1.9 Nutrition

It is indicated like an important element within the basic care of the dependent people, the knowledge on dietetic nutrition and, that point at healthy nutritional habits according to the age and conditions of health of the patient, as it indicates a interviewed immigrant woman: "the Another most important course would be the one of culinary. But not culinary it from the point of view to learn to make meals, but a culinary from the nutritious value of foods. To also prepare prescriptions, but knowing that those prescriptions are going away to do because there is a balanced diet ". (EM2).
3.3.2. Methodology of the Courses of Formation: Approach and strategies

The immigrants women immigrants in their basic formation, as much in the school as in their family, have developed a logic of particular thought, a "way to know and to learn", enrolled in socio-cultural codes that allow them to develop in the social scope in which they have grown. Nevertheless, it seemed that when arriving at Spain, this logic must "adapt" or "comply", in some cases until "replacing itself" (depending on the exigency of the surroundings), by the used one here. Situation that transgresses the possibility of a methodological exposition that it responds to his ways successfully to take control of the new world that surrounds them, and thus to be recognized like thinking, propensities and able subjects.

For that reason we considers that to achieve the success in the education processes - learning with immigrants women in the area of the health and the care in Spain, is fundamental to recognize its ways to take control of the knowledge, to generate key, agreed methodological strategies with these. So and as it affirms Freire to it (1989) within the exposition of " liberating pedagogy: "One must respect the understanding levels that have the educated of their own reality, to try to impose the own understanding to them for the sake of the liberation, implies to accept authoritarian solutions like ways towards the freedom".

Us one evidence from the educational of the School of Infirmary of the UCM, when one talks about the way in which some immigrants students learn:

"Sight, I have noticed a difficulty but I do not verified it. It seems to me, that its system of understanding sometimes is different. And then there are people who perhaps do not have a good academic yield. It is not because they does not have intellectual capacity, because they have this capacity . It is clearly to see. Or it is not because they do not have formation, I do not know if the baccalaureate can just have a little bit been more deficit, I do not know it. But suddenly, I notice that the understanding of questions, perhaps, more abstract... and soon another important thing, is that the verbal expression of those knowledge is a great limitation ". (EI1)

One is thus, a conscience from the institutions, of which the cultural differences imply a model of different learning. Even so, this aspect is considered neither in the model of education, nor in the form to evaluate. The homogenization "characteristic of the education distributed by the" dominant culture "stays therefore". A immigrant woman, who has participated in formation courses it express it:

"But they do it of a anti-pedagogical way. Here the method are more than all the memories. It is coverall to memorize, but it is not the critical sense of people. She is very different from the methodology that we have in that sense. Then they called me to that course, but I do not hold, who Saturday and Sunday had one seated lady to me listening to read her, listening her speaking to me. I died of the desire to say to her: -
He watches! That they pay to you, that pays you and I give east to attend you! Borrow me all that and I dictate it! I fell asleep. No, no, she was not horrible. To the other day I did not return, I did not return. I was not able, I was not able ". (EM2)

Within the framework of the previous thing some aspects considered on the part of the educative actors (Woman-Institutions), that could increase the access of the women to the formation courses, diminish the percentage of desertion and finish such successfully.

3.3.2.1 Presence of intercultural Mediators or even educative

The education of pairs, is a pedagogical strategy that facilitates the learning process, in as much recognizes the necessity of a mediation that integrates the "forms to know" educating, as well as its same codes of communication. They generate, in addition a dynamics to identification between the educative actors whom the education-learning process hits positively.

Part of the recognition of which the social mediating woman occupies a strategic place in the society that simultaneously allows them to receive information of scientific and institutional character, and to transmit them of comprehensible and effective form to social determined collective, that from another way or they would not receive the interventions or they could not assume them, to codify them and to use them. (Goma Domingo, 1989). Codifications, and understandings that become faster and easy from shared languages.

From a NGA (Non Governmental Association) reference to the becalmed importance of its experience with educative pairs: "and soon, normally if you had the possibility that was an even pair... that is a mediator, an equal one to them that it speaks his language and it has his customs, etc. That would be ideal, but he is very complicated. One part is that they can give it to a pair, a part, but there is another part that no. Because you handle sure some subjects, but it is necessary to be very conscientious that they although have the same nationality like you, who take to more time than you, this does not qualify to me... is some part that I do not know it. They must have a previous formation. I believe that that must already be made by the tandem. Neither to give all protagonist to this mediation, nor that is not. I believe that she must go on a par ". (EI2)

The formation of educative pairs presents a communicative saving to us. He is own of the groups to construct such languages, to fortify the bonds from the symbols on which networks are tided that give property, but also grant difference.

" In the courses of Moroccan women, if I do remember it well I do not believe that some measurement was taken. A mediator was used who helped in the translation ". (EI2).

3.3.2.2 On the Practices:
The practical ones are conceived as a form to apply the theoretical knowledge, to mainly acquire experience in the field and like a way to insert the women in possible labor scopes. Processes that require the Interinstitutional coordination and the construction of alliances that allow to guarantee these spaces of practices with a view to the labor entailment.

"They must make practices. Then, it practices it we tried, along with the person who takes a little the technical coordination of the course at level of contents, tried that you practice them are in places where can soon have an insertion ". (EI4).

### 3.3.2.3 Processes of Pursuit:

The processes of pursuit of the courses raise in two levels. First it makes reference wing quality of the formation, in as much is effective for a later entailment of the women to the labor scope. On the matter one affirms:

"They do not serve only courses as use but you have later bags of use, or if soon a pursuit of the courses. Or how the course has affected the insertion as much in visible the labor market like in the hair net. I believe that that pursuit to any course is due to do all of formation for the insertion ". (EI2)

The second level denotes the necessity of a support or authorization that gives support to the immigrants women, as much personal, as academically, in consonance with its particular characteristics group.

"Pursuit to the content. A course for immigrant women or immigrants without a pursuit and individualized authorization falls, because people as have much daily problems here as in the origin country, that can take to an underflow and to an economic necessity that the immigrant always has ". (EI4)

### 3.3.2.4 Percentile classes mainly

One of the interviewed women indicates that it is necessary that the courses are distributed of actual form, because "because what it enters you by the eyes it is what are going you to have left" (EM3).

The importance of the actual thematic class is related to the boarded one, that requires the attainment of specific abilities through "you practice", which they would not be possible to be obtained at a distance through a course. Thus, one affirms that the course must have a combination of pedagogical strategies: presential, by the indicated thing, and other previously Online with the purpose of promoting the permanent education and the constant update of the end knowledge.
One affirmation from an institution: "I believe that if. I create, the actual one in this Integra case more to the people because they share. But everything, ones it starts off must be actual. Always there is a non-actual part because you will always have to study. But I create, that like in addition, is oriented courses much to the practice, to the abilities, because then, must have a time, a space I practice. Where people can try, then all that you cannot do it to traverse in a computer. It has it to do with the presence in a work, doing you practice ". (EI3).

3.3.2.5 The schedules

Due to the long days of work of the women in the area of the health, as well as the condition of for example, in some cases, or their interest to take courses in different areas, to open other options in the labor field; the schedules of the formation courses must be programmed from their necessities. That is to say, the courses must be on the week ends or night, schedules which they could attend. As I am indicated within the present realities of the women in the formation courses, one of the reasons by which they leave them is because in the schedules in which they are dictated they do not agree with his availability.

"I have not had as much desertion in the courses for a simple reason: The courses we put or Saturday or Sunday, the whole day. And if it is day of week, the course are made from 6pm to 9 p.m., or from 9pm to 10 p.m. with which the person has time to look for their live". (EI4)

In the case of the women who already are working in the sector of the health, it is required that the courses within the labor day are dictated, with a recognition of complementary formation to the work. Thus it express it, a immigrant woman who works at the moment in a health center:

"If you work in the morning they force you to make courses in the evening, then you using these part of your time and you would have to be within the labor day. To have those free days to be able to attend those courses. In the community of Madrid they does that, in the private one not. You have to robe them you’re free time ". (EM1)

3.3.2.6 The conformation of the groups

The methodological proposal made by a NGA is rescue able, with respect to the criteria to consider in the conformation of the groups for the formation courses. Criteria consider generational ranks, places of origin and number of students by group.

"After which they are satisfied the groups obvious are taken into account the nationalities, the age average and on the basis of that an alternative program becomes
not but a complementary program of social abilities... Priorities, when people come to make a course, is not that 15 arrived already and those 15 people are those that do them. Normally and an open call is not made and on the basis of that call we make a selection. One to one is met before the course begins. It is tried to have a group medium, that goes between 25 and 35 if you put a 45 person of good. But if you put 5 of 45 and it has 10 of 25 or 30 you can have slight conflicts. A medium in level of study and individualized interviews considers the interest that they have ". (EI4)

3.3.2.7 The Financing: Gratitude and scholarships

A way to motivate the women so that they attend the formation courses is to give them the possibility of obtaining an entrance (it grants a scholarship) that allows to dedicate itself to the formation process. It has been previously indicated, that the precariousness of its economic conditions is one of the most recurrent nonsingular causes for the desertion, but even project to do them. Thus it is written down from a ONG:

"That is financed can help. That those courses are granted a scholarship, aid that the person aside from learning hairdressing salon... in addition with the hours that are there it removes six euros, that is nothing, but you pay the subway. (EI2)

Based on the previous thing he is unquestionable that the formation courses must be gratuitous. We cannot continue feeding the vicious circle: nonformation, nonaccess to the labor market. Nonaccess, nonentrance, nonformation.

"In Peru I did not do it, because I finished the secondary one and I came directly. In addition, because we were many brothers and we did not have economic means. But they dictate them here gratuitous. Then I did it ")(EM3)

3.3.2.8 Strategic alliances and social networks of support: a proposal of sustainability and good practices

The methodology must be accompanied by "a set of political components, that give an interinstitutional, ample character, and with possibility of using complex resources, located in different areas, that allow that the formation programs fulfill the objective to insert to the immigrants women within the labor market.

The association of the civil society, in special with governmental and nongovernmental organizations, who by their character play a strategic and decisive role, in the implementation and sustainability of this project is fundamental. That is to say, it is fundamental the Social entailment of the Ministries of Education, Health and Consumption, Economy and Use, Subjects; formal academic institutions, NGA that work in subjects of formation and immigration, and the immigrants women and
Spaniards who illuminate the processes with his knowledge’s

One considers then as a priority the constitution of a social network as a support form work that allows the fortification of the social weave, causing the mechanisms for the interchange and the encounter of knowledge’s between people and institutions, making possible the consensus and the commitment to advance joint operations, effective and of impact, within the framework of the co responsibility.

With respect to this pretension, the interest on the part of the interviewed women in being training of other women was identified and to participate in the project:

"If, it would enchant me to work with them to mainly transmit the importance to them of that work. Because I think that sometimes much is mechanized, and that simply goes away, it takes the broom, and already... Yes, yes it would enchant me to work with other women ". (EM2)

Some institutions are interested as well in collaborating from their competitions. For example, from the School of Infirmary of the Complutensian University of Madrid, one affirms:

"Sure we go, the Complutensian University. It would be the School of Infirmary. Which I am not the Director of the School, this must pass by other estates. (EI1).

From a NGA it is indicated:

"I believe that yes. It would be necessary to see but from the own individual interest that it could be as an institution. It would be necessary to ask the other institutions that comprise of the project if also they would be interested ". (EI4)
CONCLUSIONS

As next the founds most excellent aspects within the investigation will be enunciated, like a way to illuminate the way for the formulation of a Program of Pre-qualification for Immigrants Women in the Area of the Health.

- The feminization of the migrations, requires the recognition of the variable of sort in the analyses of the migratory projects, in the design of formation programs and in the labor insertion of and the immigrants.

An extended imaginary one in the Spanish society of the immigrant woman like: poor, nonqualified, not formed, places them in a situation of disadvantage for his insertion in the labor market, reducing his possibilities to works related to: "used domestic servants".

Another one of the imaginary ones talks about to the "submission" of the Latin American immigrant woman, who responds but to a mechanism to face the adverse present situation in Spain, that like an inherent characteristic to its way to be.

Present realities: The immigrants women in the area of the health and the care in Spain

In the scope of the Infirmary

- the immigrant people with high level of university qualification in infirmary in its countries of origin (degree, post degrees, doctorates) has the recognition of this formation, neither in its status, nor in their labor remuneration, because the infirmary in Spain has an graduate level. Also they cannot continue its formation of post degree, by the nonexistence of the specializations in the area.

- fails to take advantage of therefore an important human capital for the Spanish society.

- Like strength of some foreign lawyers, formed in its countries of origin, denotes a greater qualification practices, to a social obligatory year on watch.

In the scope of Aids of Infirmary

- It exist a process of "unprofessionally" in the formation of Helping of Infirmary in Spain, that obeys to the diversity and dispersion of the courses, that prevent a regulation and control of such.

In the Scope of the "Attention to Dependent People"

- the formation of assistants and nursemaids to dependent people also is very dispersed and depends on the social services or the companies that contract these
• the formation of assistants and nursemaids to dependent people has been developed in a confused frame between the own work of nursemaid and worker of the service domestic servant. Giving as result a enough formation specifies, without important considering subjects according to the incapacity of which it is being attended.

• the formation that is distributed from the institutions registers specifically within a program of labor insertion, without considering the migratory process that they are living and its associate conditions.

• Some of the organizations within the design of their programs, affirm not to include thematic modules by the cultural and social integration of their educated immigrants, in as much focus the courses to the labor insertion, not knowing the particular characteristics and conditions of the immigrant woman.

• Other factors related to the desertion are: the schedules in which the courses and the used anti pedagogical methodology in some of them are distributed.

On the curriculum:

• the curriculum and the methodology for a formation course like which it is tried to implement must be designed from the perspective of the immigrant woman whom it loves and it must be inserted in the Spanish labor market. Recognizing that the group has shared characteristics, associating its condition of immigrants. And on the other hand obvious existing differences as far as its academic qualification, its social cultural baggage and own forms to be related.

• The Curriculum of formation must include own contents designed in agreement with the condition of oriented immigrant woman and to the integral formation that to their development and integration like workers and citizens allow. It must also include contents that respond to the demand of the labor market, that in the case of Spain doubtlessly is centered in “the attention to the old ones”. Thus the raised program is:

1. Preparatory contents for the incorporation to the labor market

• The Spanish cultural model in the area of the health
Knowledge on the different routes from labor access in the Spanish Sanitary System
Effective Labor Legislation in Spain

2. Psycho-social Contents
• Self-esteem
Elaboration of the Migratory Duel

3. Contents on occupational health

4. Contents in new sanitary technologies and the information

5. Leveling of Languages

6. Referred contents to the necessities of the dependent people

• Knowledge on the patients and their surroundings
Basic Knowledge on mental health and associate pathologies

7. First aid

8. Nutrition

About the methodology

• the methodology of the Courses of Formation for immigrant women in the area of the health and the care in Spain must be focused to the ways to take control of the knowledge, which implies a model of different learning. Thus it is necessary to consider within the methodological approach the following aspects:

1. Presence of Mediators intercultural or even educative

2. Practices of field

3. Processes of Pursuit

4. Mainly Presentable classes

5. The Schedules fit to the possibilities of the immigrants women

6. The conformation of the groups

7. The Financing: Gratitude and scholarships

• the accomplishment and implementation of this project requires the development of
strategic alliances for the construction of a social network that of support and sustainability to the same one. The educative sectors and the health are due to involve, that guarantees a coherent formation with the necessities of the market, of a regulated form, that them of recognition like professionals of the sanitary system. This must be in coordination with the policies of Use and Social Subjects. Policies that must be designed from the information generated by the NGA which formation subjects and in immigration work and the representation of the immigrants women, who at last are the main actors of the civil society able to give felt the projects.
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