

It is Summer time and summer means going back to my second home Egypt. In the early years, it was all about having fun and going to beach resorts, lately my grandparents' health deteriorated, and that meant visits to clinics, and hospitals accompanying my mother. We would spend many hours either in waiting rooms or hospital hallways, somehow my mom would get into many conversations to pass those long waiting hours. It is amazing how much you get to know about the people of Egypt and their struggle with medical care from those side encounters. Besides those chit-chats, we would hear a lot of arguments mainly coming from women being denied care or overwhelmed by long waits and had to leave helplessly. At first, curiosity led me to the idea of wanting to know more and get deeper insights, especially from women's perspective as those had a higher level of complaints and I might be biased living in Egypt in a women's majority house except my grandfather. The only way to know more is through interviews with neighbors, friends of friends, voluntarily people in the streets, and the list goes on. Some of the interviews were easy and even in English but others were hard ones to get and after talking before recording they refused to record it and were skeptical of the reason behind it.

The research is based on conducting interviews with random people male and female. The criteria is not only based on gender but I made sure that people belong to different social class and different age range. Cairo is the most populated city in Egypt as well so it is easier to get the diversity needed for the interview sample. All of the interviews were conducted in Cairo, though in different areas, some in upper-scale cities like Heliopolis and Zamalek, and some in slum areas. Interviews were done in English for English-speaking Egyptians who felt more comfortable talking in English, while most of the interviews were done in Arabic- the main language in Egypt. Some of the Arabic replies were challenging to understand due to the difference in dialect, but thankfully I got help in translation from my bilingual cousins born and raised in Cairo.

56 interviews were conducted spanning different Summer vacations in Egypt. 23 men were interviewed versus 33 women were interviewed. The Interviewing process wasn't easy at first as Egyptians are skeptical when it comes to asking questions about the medical system, especially the one provided by the government. Some of the ones being interviewed suspected that this was a trap question and started praising the government-supplied health care. It took some pre-explanation and agreement to speak up. The level of confidence to speak up varies based on social background and education. Women and men were equally open about the issues. Women interviewed age wise range from college students to retired ones, spanning 19 till 70 years old. Although most women are in the 20-50 years range. On the other hand, men ranged from late 20's to 80 years old. As for backgrounds, diversity was the key to getting a clear understanding of their opinions. Women ranged from low-income households staying at home or working in jobs that provide minimum wage up to corporate women who are high on the job ladder. Sample of women professions; house porter, college student, nurse, HR manager, athletic trainer, marketing associate,

Main issues women discussed: Women's preventive health screening is not provided as an option in government insurance. If desired due to family history you would do it with your expenses. This results in women-related cancers like breast cancer and ovarian cancer going undetected till later stages and is considered one of the main death factors for Egyptian women. The other thing that is also seen as a low priority in the medical system in Egypt is postpartum depression for women. This is not acknowledged as a mental illness that requires treatment, but as hormonal changes that women should adapt to. The treatment is nice to have and a luxury for women. This issue is exaggerated in low-income women whose complaints are ultimately ignored by medical professionals. Women also discussed that steaming of their cultural and religious belief that they should only be seen by female doctors, limiting their options of qualified doctors, especially in certain specializations like gynecology. Most of the women's compliance comes from the treatment they receive from the government hospitals, some of them consider it inhumane and they are being treated without respect as if they don't deserve to be treated. Medical care in government hospitals is either free of charge or with a small copay. Hanan, an apartment building porter, waited for 4 hours to be seen by a doctor for her stomach pain to be turned away with painkillers and a promise to come back another day as the doctor's quota to see patients for the day is over. Yosra, an athletic trainer, has a different complaint about the physical well-being tests, and screening is prioritized for male athletes rather than female athletes. If needed it will be part of the expenses that female athlete has to worry about. For unemployed women who mainly depend on their male supporters like husbands or dads the medical service they receive is dependent on the household income thus as Hanan said you do not have the leverage to choose which hospital or doctors you want to see as each choice is cost dependent and this is controlled by household.

Main issues men discussed: Most men especially those married with children, are concerned about providing affordable health care for their kids. Abdallah a seasonal worker can't provide adequate health care or medication for his 13-year-old son who has a chronic condition. Ahmed too has trust issues sending his kids to government hospitals, the company is also about the treatment they get there. The feeling of being unrespected and not treated with dignity is common among all who have to resort to government hospitals for treatment. Men are perceived as the household that has to support their kids' need for medical services, and low-income families even the middle class fail to provide this level of care for their children. Emad originally from the countryside has to have frequent trips to Cairo the capital to get care for his kids but was only given 10-minute sessions with a doctor. On the other hand, men who work in cooperate setups like Kareem - a market researcher- are in much better shape as they have good medical insurance to provide quality health services for themselves and their kids.

Most cooperative positions in Cairo are occupied by men rather than women, so women in cooperative aren't given that privilege when it comes to medical insurance. Some of the men interviewed - low-income- groups identified that they often resort to NGOs to provide support for medical needs. The NGO depends mainly on donations from the upper class of Egypt but they require a lengthy process to analyze every case requesting help. This long process is not perceived as helpful, especially for patients with urgent needs. Men in the range of 30-40 years old don't see the necessity of screening tests or preventative health checks, they are more concerned about addressing symptoms and illness. Most of the interviewees didn't talk about mental health as an issue or even consider it as an actual illness that needs attention. What is also interesting about the interviews most of the men interviewed believed in the campaign idea to resolve an epidemic in Egypt like the Hepatitis C campaign led by the government, in their view those campaigns are much more important than breast cancer screening campaigns that are requested by women.

Egypt is a great country with over 6,000 years of history, I just hope the present and future will be as great as their past. Providing medical health equity for people regardless of their gender or social status is a universal demand in Egypt. Part of the issue is limited resources and limited budget given to medical systems in Egypt but another part might be for science to come up with innovative less expensive ways to provide care. Maybe cheaper diagnostic tests with higher precision, using technology to compensate for the absence of experienced doctors in some specializations or countryside areas away from Cairo. It is also education on the importance of women's health as women's role in and out of the house plays a crucial role, especially in Egypt. Women are the pillars of the Egyptian house and extend their role to the outside too, there are a lot of expectations when it comes to women here, so at least give women the means to be healthy and happy.