

# UNDERSTANDING THE IMPLICATIONS OF THE CLOSURE OF REFUGEE RECEPTION OFFICES FOR THE LIVES OF WOMEN ASYLUM SEEKERS: 3 CASE STUDIES



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JUNE 2019



My sister, we pray to God so that he can open the door for us to a better future, especially for our kids, and the government of South Africa to fix our problems at the Home Affairs offices so that we can be able to get our papers on time.



ANGELINA [PSEUDONYM], MARCH 2019

By Thulisile Zikhali, PhD Student and Life in the City Research Fellow  
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# 1. INTRODUCTION AND BACKGROUND

The United Nations High Commissioner for Refugees estimates that the number of displaced persons across the world increased by 2,9 million in 2017 and by the end of the same year 68,5 million people were involuntarily displaced due to violence and conflict (United Nations High Commissioner for Refugees, 2017). Since the 1990s, the number of international migrants in South Africa, including refugees, has been increasing (Rogerson & Posel, 2003). Political unrest in parts of Africa, notably the Democratic Republic of Congo, Somalia, Burundi and Zimbabwe has displaced many from their homes due to persecution and violence.

Unlike other refugee receiving countries in the continent, which confine displaced people in refugee camps, for example Burundian refugees in Tanzania see (Malkki, 1996), South Africa does not have designated refugee camps (Rugunanan & Smit, 2011). To facilitate integration in local communities, refugees and asylum seekers are encouraged to self-settle (Gordon, 2016; Rugunanan & Smit, 2011; Landau, Ramjathan & Singh, 2005). As such, refugees and asylum seekers tend to settle mainly in South Africa's urban areas (Landau et al., 2005; Amisi & Ballard, 2005; Landau & Jacobsen, 2004). This is partly due to the need to access Refugee Reception Offices (RROs), which are found in the country's major cities (Landau et al., 2005), due to the need to find employment. At these RROs, refugees and asylum seekers apply for asylum and process their identity documents.

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These RROs offer various administrative functions and serve as the main contact point between asylum seekers and the state.

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To ensure that the rights of refugees and asylum seekers are upheld in the country, South Africa is signatory to the 1951 United Nations Convention on the Status of Refugees (United Nations, 1951) and the 1969 Organisation of African Union Convention Governing the Specific Aspects of the Refugee Problem in Africa (Polzer, 2007). On domestic policies, the government is guided by the Constitution, the 1998 Refugees Act and the Immigration Act of 2002. These pieces of legislation are concerned with the rights of asylum seekers and refugees, ensuring that displaced people can utilise their rights in terms of access to public services such as health and education. Yet, progressive migration policies on paper are not implemented as intended in different pieces of legislation (Polzer, 2007; Landau et al., 2005). For instance, when the Department of Home Affairs (DHA) decided to close the RRO in Cape Town in 2012, asylum seekers could not lodge new applications for asylum and only asylum seekers and refugees who had previously applied at the Cape Town RRO prior to June 2012 were able to renew their permits there. The year 2011 also saw the same happening at the Port Elizabeth<sup>1</sup> and Johannesburg RROs (Carciotto, Gastrow & Johnson, 2018). The closure of these offices has implications for the lives of asylum seekers who in many cases must stay in limbo as they await the adjudication of their cases and this has attracted much criticism from a number of civil society organisations. Consequently, these closures have resulted in the creation of undocumented asylum seekers or many having expired documents (Carciotto et al., 2018). Some have sought legal action through various organisations and the judgements passed by the courts have supported their rights to access facilities in the country (Carciotto et al., 2018).

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<sup>1</sup> Following a lengthy legal battle, the Supreme Court of Appeals (SCA) ordered the DHA to reopen the PE RRO to new asylum applicants by June 2015. They failed to do so and the office was only reopened on 31 October 2018. Reports, however, indicate that many applicants are incorrectly given appointment slips (which have no legal merit and cannot be used in any official capacity) up to 3-6 months in the future, with many returning on that date to receive yet another appointment slip for another arbitrary date set in the future.



When applying for refugee status, asylum seeker temporary permits and renewing of permits, asylum seekers must report directly to the Department of Home Affairs, through one of the RROs (Landau, 2006). These RROs offer various administrative functions and serve as the main contact point between asylum seekers and the state (Carciotto et al., 2018). Without access to these offices, asylum seekers face challenges regularising their stay. Polzer (2007) notes that permits are imperative to the enjoyment of other rights that refugees are entitled to, for example, the right to employment. Furthermore, permits can facilitate integration into society and also protect asylum seekers from arbitrary deportation and arrests (Landau et al., 2005). However, it is noteworthy to point out that documentation is not an end in itself, as it does not necessarily entail access to legal entitlements (Gordon, 2016; Handmaker, 2011). Research on international migrants has documented a number of challenges that cross-border migrants face in South Africa, for example, issues of xenophobic violence, harassment from police officers, language barriers, and difficulties in accessing public health services and employment to name a few – for both documented and undocumented persons (Landau, 2006; Landau et al., 2005; Crush, 2000). Much remains to be known about the consequences of the closure of the RROs on the everyday experiences of women asylum seekers.

Against this background, this report documents the experiences of five individual refugee women affected by the closure of the RROs. Three living and working in Johannesburg and two who are unemployed and living in Cape Town. The next section of this report is the literature review on refugee policy and legislation in South Africa. This is followed by a discussion on some of the challenges faced by asylum seekers in general and those that are specific to women. After this, a brief section outlines the methodology adopted for this research. This is then followed by three Case Studies, each of which provides a literature review on the specific theme and an analysis and discussion of the data obtained from the individual interviews. Each Case Study covers a theme, namely: Motherhood, Health and Wellbeing, and Access to Services. The last section concludes the report.

## 2. DEFINITIONS

The report uses the term **Refugee** as enshrined in the 1998 Refugees Act. 130 as follows:

A **refugee** is someone who:

*Owing to a well-founded fear of being persecuted by reason of his or her race, tribe, religion, nationality, political opinion or membership of a particular social group, is outside the country of his or her nationality and is unable or unwilling to avail himself or herself of the protection of that country, or not having a nationality and being outside the country of his or her former habitual residence is unable, owing to such fear, unwilling to return to it.*

An **asylum seeker** is an individual who seeks to be recognised as a refugee (The Republic of South Africa, 1998).

### 3. REFUGEE POLICY AND LEGISLATION CONTEXT

To ensure the welfare of asylum seekers, South Africa is governed by various international and regional conventions (Handmaker, 2011; Crush, 2000; de la Hunt, 1998). To translate these conventions and protocols into domestic laws and legislation, the country has put in place different legal instruments to ensure that the rights of non-citizens are upheld. South Africa is signatory to the 1951 United Nations Refugee Convention (United Nations, 1951) and the 1969 Organisation of African Union (OAU) Convention Governing the Specific Aspects of the Refugee Problem in the Continent (Polzer, 2007). The country is also governed by the International Covenant on Civil and Political Rights (ICCPR) (Landau et al., 2005). The denial of the rights of non-citizens to access documentation is in direct conflict with articles 27 and 28 of the United Nations Convention on Refugees (United Nations, 1951).

South Africa has been applauded across the world for having a progressive constitution (Crush, 2000; Simeon, 1998). The Constitution clearly recognises that South Africa is home to everyone living within its borders and makes no explicit reference to nationality, citizenship status or country of birth (Landau et al., 2005). The Bill of Rights also assures everyone inside the country's boundaries unprecedented socio-economic, cultural and political rights regardless of citizenship (Landau et al., 2005; Crush, 2000). For example, Article 1 of Section 27 of the Constitution recognises that everyone living within the boundaries of the nation-state has a right to access primary healthcare including reproductive health care (The Republic of South Africa, 1996). Article 3 of Section 27 recognises that no one may be denied access to emergency medical treatment regardless of their citizenship or residential status, including refugees and asylum seekers (The Republic of South Africa, 1996).

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In 1998, South Africa passed its first Refugee Act as a way of implementing the guidelines enshrined in the Constitution (Crush, 2000). The Act highlights that refugees and asylum seekers have the same rights as South Africans in terms of accessing public health care, while other non-citizens, for example, those on temporary visas and those with study permits, should be charged a certain fee. It also indicates that except for the right to vote, refugees are entitled to the same rights as South African citizens (The Republic of South Africa, 1998). It is noteworthy to point out that a person is only regarded as a refugee after the Department of Home Affairs has declared them so (Rugunanan & Smit, 2011; Landau et al., 2005).

When displaced persons enter the country, their first port of call is the RROs. This is where the Department of Home Affairs initiates the process of acquiring identity papers. While displaced persons wait for their refugee status, they are given temporary Section 22 Permits that enable them to reside, work and study in the country legally (Rugunanan & Smit, 2011; Dalton-Greyling, 2008). However, it is not always the case that asylum would be granted – sometimes asylum applications are rejected (Landau et al., 2005). According to the 1998 Refugee Act, the process of determining whether someone qualifies for Refugee Status should take six months. In reality, the adjudication process usually takes longer than six months – often up to many years (Landau et al., 2005). During that time, they are recognised as asylum seekers in possession of



the Section 22 permits, which should be renewed regularly at the RROs (Landau et al., 2005). If the holder of the Section 22 permit fails to show up at the appointed times to renew their permit, they can have the permit withdrawn and may face detention (Landau et al., 2005). However, asylum seekers are not always at fault for not keeping appointments with the Department of Home Affairs. Weak institutions and large volumes of applications have resulted in backlogs in terms of the determination process (Gordon, 2016). Given these backlogs<sup>2</sup> and barriers within the asylum system, including poor decision-making, results in many asylum seekers waiting years before their claim is finalised. Civil society organisations have been advocating for the government to attend to the backlog by organising access to the refugee determination process (Handmaker, 2011).

The 2002 Immigration Act provides guidelines on the control of non-citizens in South Africa. However, some of the provisions of the Act are punitive, for example, Section 32 points out that any 'illegal foreigner' should leave the country unless permitted by the Department of Home Affairs to remain in the country (The Republic of South Africa, 2002). This implies that many undocumented migrants, through no fault of their own or for lack of trying, may be subjected to detention or deportation, on the grounds that they are illegal migrants (Landau et al., 2005).

Despite the progressive pieces of legislation in relation to migrants, there are some obstacles to ensuring that they are implemented as intended. Polzer (2007) and Landau (2006) argue that there is a disjuncture between the stipulations of legislation and the real experiences of refugees. The rights that are enshrined in the Constitution and the Refugees Act, in many cases are not recognised by bureaucrats in the public sector, for example, at public hospitals and at the Department of Home Affairs. This is compounded by the fact that some service providers are not conversant with the various identity documents that non-citizens may have, for example, asylum seekers and refugees (Vearey, 2010; Vearey, 2012). Regional migrants continue to face challenges when attempting to access public healthcare due to inconsistencies in policy implementation (Vearey, 2010; CoRMSA, 2009; Pursell, 2004). The inconsistencies in the law and how it is implemented in relation to migrants may be due to the lack of political will on immigration matters from government (Mattes et al., 2000).

The next section is a discussion of the challenges that asylum seekers often face in South Africa. It is important to point out that this discussion does not seek to homogenise the experiences of asylum seekers because as individuals they experience these precarities differently. The discussion is meant to give a background to the issues that will be discussed later in the case studies.

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<sup>2</sup>Current Refugee Appeal Board backlogs are unknown, with some reports estimating these are approximately 140,000 and others estimating 190,000. Postman, Z. (2018). Home Affairs has backlog of 140,000 refugee status appeals. Groundup, 9 February 2018: <https://www.groundup.org.za/article/home-affairs-has-backlog-140000-refugee-status-appeals/>.

# 4. CHALLENGES FACED BY REFUGEES AND ASYLUM SEEKERS

Scholars and civil society organisations have documented several challenges that refugees, and asylum seekers often face in South Africa. Dodson (2002) notes that upholding a rights-based migration policy in South Africa is a formidable task because the country is a highly xenophobic society that trivialises the rights of non-citizens. Indeed, widespread xenophobic sentiments in the public can be noted even in the attitudes of government officials (Landau et al., 2005). Even though the 1998 Refugee Act is said to be progressive and ensures that the rights of refugees are upheld, refugees are still subjected to arbitrary arrests, deportation and discrimination (CoRMSA, 2009; Landau & Jacobsen, 2004; Madsen, 2004). Research done by the South African Human Rights Commission (SAHRC) highlights that the deportation system is fraught with corruption (South African Human Rights Commission, 2000). In addition, studies have shown that police officers elicit bribes from migrants deemed illegal and at times destroy or fail to recognise identity papers belonging to asylum seekers (Landau, 2008; Landau, 2010).

The cumbersome process of obtaining identity documents leaves many refugees without any form of documentation. Without any form of documentation, life becomes a struggle due to the challenges in accessing essential services, such as healthcare and education. Employers in the formal sector are also reluctant to employ non-nationals who do not have the required documentation (Landau et al., 2005). In some cases, even though refugees might have the required documentation, employers fail to recognise their papers or are convinced that non-nationals have no right to work in South Africa (Landau et al., 2005). Furthermore, without documentation, refugees cannot open a bank account or receive any other banking services such as obtaining credit (Landau et al., 2005; Jacobsen & Bailey, 2004). This means that they often must walk around with money in their pockets and consequently become targeted by criminals (Landau, 2006).

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In their study on refugee women living in the inner-city in Pretoria, Rugunanan and Smit (2011) found that these women felt that engaging with Home Affairs officers was very difficult and remaining in the country without documentation leaves them susceptible to corruption and intimidation. For asylum seekers to file an application at the RRO, studies have shown that they must often pay bribes to security guards to gain access to the building (Segale, 2004). When they are inside the offices they must still pay for the services of clerks or interpreters – services which are supposed to be rendered for free (Landau et al., 2005).

Studies have also noted that some healthcare professionals have devised their own policies which tend to contradict national policies, for example, by demanding identity documents from non-nationals seeking healthcare (CoRMSA, 2009; Vearey, 2008). Moreover, it is common for non-nationals to be ill-treated by nurses and to struggle to communicate with healthcare service providers due to absence of interpreters (Vearey, 2010). Refugees also struggle to gain access to educational services, which they are entitled to (Stone & Winterstein, 2003). Research also suggests that many refugees face challenges with accommodation, with many renting a single room at high rentals, which they often share with other families (Belvedere et al., 2003; Rugunanan & Smit, 2011).

The following section is a discussion on the specific challenges that women migrants often face. Again, the aim of the section is not to generalise on the experiences of women, but to give a background to the case studies of this report.





## 4.1 Challenges Faced by Women Migrants

With the increasing participation of women in migration, it is imperative to conduct studies that attempt to understand the experiences of these women. However, despite the long history of migration into South Africa, studies that capture the experiences of women migrants are scarce (Lefko-Everett, 2007). International literature on gender and migration notes that women and children feel a greater impact when it comes to challenges and experiences of migration, and that there is a gendered dimension to accessing services, with a greater burden on women, in particular when accessing services such as healthcare and education. The impact the closure of the RROs has had, coupled with the increase in female cross-border migrants, means that there is also an increase in the number of undocumented female asylum seekers. This presents additional challenges for women who are the primary caregivers and their children, including, but not limited to, a lack of accessing services contingent on having documentation, such as healthcare, registration of birth, access to education for children, banking, and accessing employment. This results in a greater vulnerability to violence and exploitation.

### — 4.1.1 Accessing Healthcare

Additionally, research conducted by the Southern African Migration Project (SAMP) in 2004 and 2005, illustrates that in South Africa, migrant women face multiple challenges that reflect an interplay of discrimination along race, citizenship, ethnicity and being a woman (Lefko-Everett, 2007). This discrimination is more pronounced in public hospitals and clinics when women seek medical care. As Lefko-Everett (2007: 53) points out:

“Migrant women also frequently received poor treatment from staff at clinics, hospitals, and other health facilities. Women stated that they were often met with xenophobic attitudes, received substandard medical treatment, were overcharged for services, or were directly turned away from hospitals and clinics. A number of women viewed city hospitals in Johannesburg as the least likely to offer treatment to migrants.

Such treatment at public hospitals not only has an impact on the psychological wellbeing of women, but also on their general wellbeing, because under such circumstances, migrants would prefer to get self-medication from pharmacies without proper medical diagnosis. In the event of children falling sick, migrants would first seek alternative ways of healing before resorting to public health facilities. This has a detrimental effect on their health, as treatable diseases can fester if medical help is not sought early. Some studies have documented that migrant mothers, particularly those who are pregnant and in need of maternal healthcare have experienced challenges in accessing services from public health facilities.

# CHALLENGES FACED BY REFUGEES AND ASYLUM SEEKERS

## — 4.1.2 Accessing Employment

In his study on Zimbabwean migrant women in Johannesburg, Makandwa (2014) notes that these challenges in accessing maternal care from public facilities are exacerbated by migrants' socio-economic status in Johannesburg. Often migrants, especially irregular (e.g. undocumented) migrants, have difficulty finding formal employment with benefits such as maternity leave and medical aid. They are self-employed – involved in small-scale businesses, such as buying and selling goods in the street. At times women often attend to their livelihood activities first before attending to their medical needs on time (Makandwa & Vearey, 2017). Caught up between earning a living and attending antenatal healthcare services, most women would put away visiting a healthcare facility for a while, so that they can manage to survive the harsh economic conditions in Johannesburg. Kihato (2013) points out the precarious nature of migrant women's economic endeavours in Johannesburg, with many having to work in the informal sector due to lack of documentation and the non-recognition of their foreign qualifications. Lefko-Everett (2007) points out that encountering challenges such as neglect and maltreatment in public hospitals and clinics was very common for women who are admitted at maternity wards.

## — 4.1.3 Language Barriers

Failure to communicate in one of the local languages attracts harassment from public health service providers (Makandwa, 2014). Studies have documented how the use of the English language as a means of communication between service providers and women migrants at public hospitals is met with hostility from service providers. A participant in a focus group discussion, in a study conducted by the Southern African Migration Project, highlighted how she was refused access to services because she communicated in English. She was only attended to after all South Africans were served first, even though she was there before them (Lefko-Everett, 2007). Such experiences render migrant women powerless as their decisions about health and help seeking behaviour is greatly altered by a consideration of what they may encounter, whether real or imagined. Some migrant mothers thus opt to use alternative healthcare or rely on religious associations for help. As Makandwa (2014) notes, the fear of harassment at public hospitals and clinics, both perceived and real, were the main concerns of his study. This negatively impacts on their wellbeing, as the mere thought of going to a hospital or clinic evokes feelings of fear of abuse. Accessing maternal, reproductive healthcare and childcare becomes difficult for both mothers and their children. As Lefko-Everett (2007: 56) explains, 'women migrants are unable to qualify for low-cost medical treatment or meet prohibitive costs of private clinics, and therefore often go without basic healthcare'. This can be detrimental to women's health and wellbeing, especially those who are pregnant and in need of antenatal and postnatal care.

## — 4.1.4 Xenophobia

Anti-foreigner sentiments also militate against the wellbeing of migrant women, especially those living with their children. The constant stress and reminders that they do not belong to South Africa has a negative effect on their psychological wellbeing. Even though they might devise ways to deal with xenophobia, their children may be exposed to xenophobic sentiments or even violence in the spaces they find themselves in, for instance at public schools. Participants in a study conducted by Southern Africa Migration Project, described that their experiences with xenophobia were mostly through their interactions with service providers at clinics and hospitals and with the police (Lefko-Everett, 2007). The very institutions that have the capacity to protect them and ensure access to health services for women migrants are the ones that women perceive as xenophobic. This has implications for their general wellbeing as they are left with no choice but to find alternative ways of accessing these services. Moreover, those who are perceived as foreigners are often victims of xenophobic attacks as they are often blamed for crime in the country.

This is not supported by evidence. The former Minister of Justice and Correctional Services, Michael Masutha, told Parliament that foreign prisoners comprised less than 8% of the total prison population in July 2017.<sup>3</sup> This constant fear of violence against non-national is a reality that contributes towards their negative psychological wellbeing. This is further exacerbated by the fact that some healthcare providers have incorrect perceptions that non-nationals flood the healthcare system as they come to benefit from the South African government (Makandwa & Vearey, 2017). Again, these claims are baseless, and are merely a scapegoating tactic to divert the blame from broader systemic problems.<sup>4</sup>

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**The constant stress and reminders that they do not belong to South Africa has a negative effect on their psychological wellbeing.**

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#### — 4.1.5 Harassment and Violence

Harassment from the police is one of the concerns that scholars have documented concerning migrant women in South Africa. In a study conducted by Lefko-Everett (2007) participants suffered at the hands of police officers, these officers asked for bribes, sex and verbally abused women. This can also be expanded to officials at borders, or even those who transport from country of origin to South Africa, who might expect bribes along the way. With the closure of the Cape Town RRO, women have to travel long distances to Pretoria, Durban or Musina to apply for asylum, and also to renew their permits every one to six months. In order to achieve this, they may be subjected to bribes for transport, bribes at the RROs, or they may face physical and/or sexual violence along the way. Kihato (2013) notes that migrant women traders in the city of Johannesburg would rather not seek the services of policemen at all because an encounter with the police can be so unpredictable it can even lead to deportation. All of these factors can result in severe negative impacts on the psychological wellbeing of migrant women.

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<sup>3</sup><http://www.prisonstudies.org/country/south-africa>

<sup>4</sup><https://africacheck.org/2019/01/29/analysis-are-south-africas-public-hospitals-overburdened-by-foreign-patients/>

## 5. METHODOLOGY

This report is based on desktop research and five semi-structured individual interviews with women asylum seekers in Johannesburg and Cape Town. The desktop research included an analysis of academic literature on the experiences of refugees and asylum seekers in South Africa. Reports and policy documents on refugee policy in the country were also consulted, as well as literature on the closure of the RROs in Johannesburg, Cape Town and Port Elizabeth. Sections 1-4 of this report provided an overview of this literature.

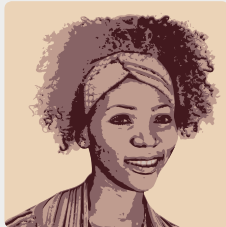
Interviews were conducted to understand the experiences of the women following the closure of the RROs in Johannesburg and Cape Town. A phenomenological approach was adopted to understand the experiences of the women from their own perspective (Cresswell, 2003). The experiences of the women were explored along three themes namely: Motherhood (Case Study 1), Health and Wellbeing (Case Study 2), and Access to Services (Case Study 3). Three interviews were carried out in Johannesburg. Two of the women were from Zimbabwe and one from the Democratic Republic of Congo. Two interviews were conducted in Cape Town with two women, one from the Democratic Republic of Congo and the other one from Burundi. Before the interviews, formal informed consent was sought for the interviews to be conducted and tape recorded. Two of the interviews were done in English and there was no need for an interpreter because the women were fluent in English. One interview was conducted in both English and isiNdebele – languages the interviewer spoke fluently herself. The interview was translated and transcribed into English. The two interviews in Cape Town were done with the aid of an interpreter as both interviewees spoke French, which the interviewer was not familiar with. All the transcriptions from the five interviews were done in English. To ensure anonymity and confidentiality, pseudonyms are used.



## 5.1 Profiles of Interviewees\*



**Angelina** is 34 years old and an asylum seeker from the Democratic Republic of Congo (DRC), living in Yeoville, Johannesburg. She works as a cleaner at a local pharmacy. She is married and has two children – a boy who is nine years old and a girl who is five years old. She is in possession of the Section 22 asylum seeker permit, which she obtained in 2007, and has the obligation of renewing the permit from time to time until the adjudication of her case is finalised.



**Miriam** is 32 and an asylum seeker from Zimbabwe, living in Johannesburg. She is a single mother of one child and works as a hairdresser in a salon in downtown Johannesburg. Her Section 22 asylum seeker permit expired in September 2013 and she has been trying to find money to travel to Pretoria to renew her permit, as well as pay the fine for her expired permit – the latter is R1500.



**Belinda** is 36 years old and an asylum seeker from Zimbabwe, living in Johannesburg. She possesses a Section 22 asylum seeker permit, which she renews every 6 months in Pretoria. Belinda is married and has three children. She works as an office assistant in Braamfontein.



**Ruth** is 33 years old and an asylum seeker from the Democratic Republic of Congo, living in Cape Town. She is a widow with three children. She is undocumented and unemployed. She has sought shelter at a local church where the pastors pay for her children's school fees and uniforms. She is unable to raise money to travel to Musina to apply for asylum.



**Anna** is from Burundi and arrived in South Africa in 2016, living in Cape Town. She has a husband and one child. She tried to apply for asylum at the Cape Town RRO, but was told she had to go to Musina. Due to a lack of funds, she has been unable to do so, and has been undocumented since arriving in the country.

The following section is an analysis and discussion of the data collected for the three case studies. Particular focus is paid to the challenges these women asylum seekers face.

\*These are not actual images of the women interviewed, but were created and included for creative purposes

# CASE STUDY 1: MOTHERHOOD

## BROAD QUESTION GUIDING THE CASE STUDY

**What are the mothering experiences of asylum seekers who have been affected by the closure of RROs in Johannesburg and Cape Town?**

### **1** Literature Review

Migration literature has long recognised that migration is gendered, affecting men and women differently (Millman, 2013; Gunewardena & Kindslover, 2007). This gendered nature of migration is more pronounced when those who migrate are mothers - who leave their children behind or are living with their children in the host country. This signifies a potential change in family care structures, as women who historically migrated for purposes of family reunification are now moving to look for work independently in other countries (Hochschild, 2002). As such, women who often assume the role of nurturing and taking care of children in the home may become breadwinners in the context of migration. Migration thus has implications on societal norms, values and gender roles (Parrenas, 2010; Millman, 2013).

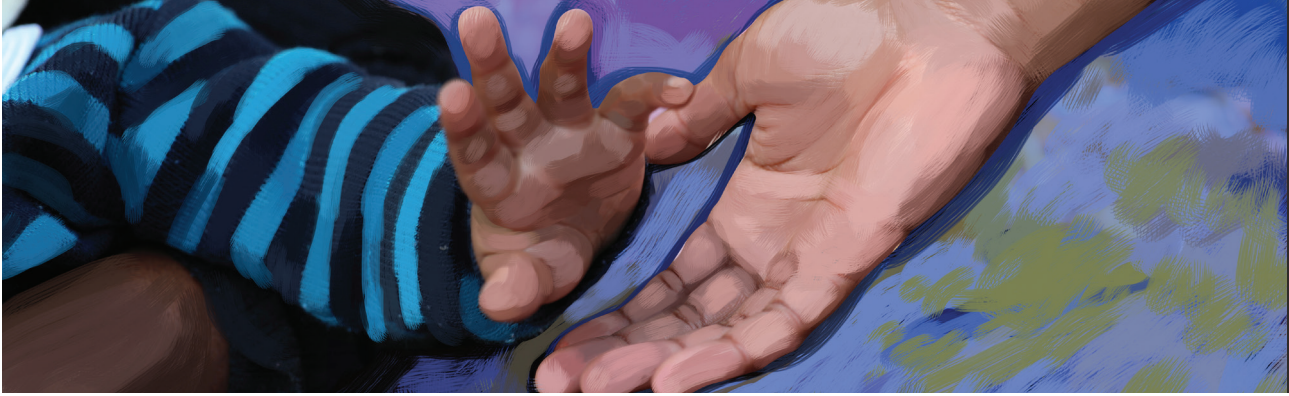
Despite the long history of migration in the Southern African region and the feminisation of migration, work that focuses on migrant mothers and their lives is relatively scarce. Frizelle and Kell (2010) note that even though motherhood is powerful in shaping women's experiences, it is a topic that is under-researched in South Africa.

#### **1.1 Understanding Motherhood**

Motherhood and mothering are quite ambiguous concepts often lacking a precise definition. As social and historical concepts, their interpretation depends on the history and social location of those who mother (Johnston & Swanson, 2003; Arendell, 2000; Glenn, 1994). Definitions of motherhood are influenced by childhood experiences and cultural understandings of child rearing. Mothers are often associated with caring, socialising and nurturing dependent children (Glenn et al., 1994). In many societies they are expected to be givers of care both materially and emotionally (Parrenas, 2001).

Therefore, motherhood is subject to many interpretations. It is a relational concept that is contingent not only upon social, cultural, and personal perceptions, but also adaptable: it expands, and transforms based on situations (Millman, 2010). As such, motherhood is experienced differently by women depending on their circumstances - in fact, some mothers do not mother at all. Indeed, motherhood is not tantamount to womanhood: just because someone is a woman does not necessarily mean that they can mother (Arendell, 2000). Nonetheless, Phoenix and Wollet (1991) contend that, the mothering role is considered by many women to be a central part of their identity and therefore it is an important area for research.

Representations of motherhood in African literature both as an experience and practice tend to emphasise notions of self-sacrifice and unconditional giving (Akujobi, 2011). Mothers are expected to provide care to children and members of the extended family often at the expense of meeting their own needs. They are also expected to socialise and teach children the mores and values of the society that they are born



into (Mazuru & Nyambi, 2012; Akujobi, 2011; Mangena, 2009). While fathers in certain societies and circumstances may do the work of child care, current literature points to the fact that mothering is still associated with women, particularly in heterosexual relationships (Arendell, 2000).

Existing literature on motherhood recognises that motherhood is fraught with contradicting feelings. While it can be understood as a source of empowerment to women, it can also be a source of stress to those who mother in difficult circumstances (Walker, 1995). Even though motherhood can lead to feelings of fulfilment, societal expectations of what mothers should do and gender norms may militate against mothering choices (Arendell, 2000). For instance, the role of the media and popular culture cannot be undermined in perpetuating ideals around motherhood and reinforcing normative ways of mothering (Johnston & Swanson, 2003). Thus, mothers may attempt to live up to stereotypical constructions of what makes a good mother and, in the process, incur negative emotional wellbeing such as feelings of worry, anxiety and compromised mental health (Uzogara, 2015; Sutherland, 2010; Vincent et al., 2004). This is further compounded by the structural context where mothers are located, for example, migrant mothers seeking asylum often have to deal with structural barriers, such as difficulties when accessing basic public services such as health and education. It is noteworthy to mention that the strategies that mothers employ in terms of mothering cannot be understood solely on the physical skills, but also include emotional care as well as moral obligations towards the care of dependent children (Arendell, 2000).

While motherhood can be easily understood from an individual perspective, it is inevitably shaped by prevailing social, cultural, economic and political circumstances. For instance, motherhood is institutionalised in such instruments such as social policies and works of literature and art (Hirsh, 1994; Kaplan, 1992). Therefore, acts of mothering, can either be curtailed or facilitated by prevailing social policies. In the context of migration, immigration policies that undermine family reunion tend to force mothers to live separately from their children. As such, the experience and perceptions of motherhood and mothering are mediated by the context in which mothers are located. Indeed, mothering strategies are enacted in the context of 'specific historical contexts framed by interlocking structures of race, class, and gender' (Collins, 1994: 56). These categories affect how mothers view themselves as mothers in different socio-political positions. For instance, being a woman, being a migrant (e.g. an asylum seeker or refugee), and working in the informal sector where job security is not guaranteed, has an impact on the caring strategies that such mothers put in place for their children. Women's mothering roles are compromised by having to raise children in unstable environments with limited social support (Sideris, 2003). For example, women asylum seekers who are in the process of obtaining identity papers for themselves and their children. Indeed, local and regional socio-political and economic conditions intersect with class, culture and ethnicity in shaping the ways that mothering is done and the ways that mothering is expected to look like (Lamphere et al., 1993).

In cases where mothers migrate to different countries in search of work and leave their children behind, mothers enact what Hondagneu-Sotelo and Avila have termed 'transnational motherhood' (1997: 598). They argue that transnational mothering refers to the organisational reconstitution of motherhood that accommodates the temporal and spatial separations forced by migration, as mothers continue to care for children across borders (Hondagneu-Sotelo & Avila, 1997). For transnational mothers, socio-cultural and personal understandings of motherhood are transformed by the way preservation, nurturance and training of children are understood during these spatial and temporal separations (Millman, 2013).

### 2 Data Analysis and Discussion

The closure of RROs across the country have had significant impacts on mothering roles for Angelina, Belinda, Ruth, Miriam and Anna. Following the closure of the Johannesburg RRO, Angelina must travel to Pretoria to renew her permit. The closure of the Johannesburg office has meant that she has to budget transport money for the taxi to Pretoria, as well as ask for some time off work from her boss as it takes a long time to have the permit renewed. For both Angelina and Belinda, the RRO is a nightmare, as they explain below:



*...what is bothering us from the time that we came here is the paper...we are suffering in this country...they do not consider us like we are human beings the way they are treating us is not nice at all...like at the offices of Home Affairs...when we are there it's like you can sit for like 5 hours... those officers will be busy shouting at us...the way they treat us is so bad... they will be slapping people...imagine you wake up 4 o'clock or 3 o'clock because to reach that side in Pretoria it's far...sometimes you go like that and they do not serve you and they will tell you go you will come tomorrow you know it's very sad.*

ANGELINA, 25 MARCH 2019



*I got the asylum permit in Rosettenville...there used to be an office there it wasn't easy to get it... the queues were very long sometimes I had to sleep in the queue many people spent weeks there...so I had to sleep there and be patient so that I can at least get a date...what I did was to pay someone to queue for me so that when I get there I will just join the queue as if I was there.*

BELINDA, 29 MARCH 2019



As reported in studies that have been done on asylum seekers in South Africa (see for example Gordon, 2016), RROs have been noted to be hostile facilities rendering poor service delivery to migrants. Studies have highlighted the ill treatment that asylum seekers get from officers who verbally abuse them. It is not something new that asylum seekers spend very long hours in the queue outside RROs where some officers are reluctant to offer their services. As Angelina explains, she spends five hours on average waiting to be served. She details that at times when she goes to renew her permit she is told to come the following day after spending almost the whole day in the queue. This is what Angelina had to say with regards to the Pretoria office,





“

*...in Pretoria at Marabastad...it is always a stress you will stand outside the offices for a very long time before being attended to...imagine you will be standing in the sun...sometimes they would come outside and give one (1) day on your paper and tell you to come tomorrow but these days it's better even though we still have to wait patiently for about 3 to 4 hours until they renew our papers.*

ANGELINA, 25 MARCH 2019

”

The poor treatment of asylum seekers at the RROs plays a significant role in whether they report to these offices or not. For Ruth, who is undocumented, she never personally went to the Cape Town RRO. Instead she relied on the information that she got from other asylum seekers. She heard that if you report to the RRO you will be arrested or face detention for being in the country illegally. This validates the fact that the RROs are generally perceived to be unreceptive to asylum seekers by the migrant community and the fear created by personal experiences of hostility (or worse, arrest and deportation), filters through the community, creating further barriers to accessing documentation. When asked why she did not go to the Cape Town RRO as soon as she was in South Africa, Ruth had this to say:



“

*...I was afraid because the people who live here told me that if I go to Home Affairs they can deport me...*

RUTH, 11 JUNE 2019

”

The injustice within the asylum system is more visible in the number of years that asylum seekers have been with the temporary permits. Ideally, and according to the Refugee Act of 1998, the process of adjudication should take six months; however, this can take a very long time and many years (Landau et al., 2005). For instance, Angelina has been in possession of the temporary asylum permit since 2007 and must renew this every three to six months at the office of initial application.

The issue of documentation is crucial to the participants' children, and in turn their experiences of motherhood. This is shown in the narratives below:



“

*I am also concerned about my son as well because if I do not have papers my son cannot have papers too...I am worried he cannot write matric.*

MIRIAM, 27 MARCH 2019

”

## CASE STUDY 1: MOTHERHOOD

Recently, Angelina said there was a parents' meeting at her child's school and they were told that their children need to have identity papers or else they will not be able to continue with their education. This is how she puts it,



“

*They said if your child does not have proper papers he may not be able to continue with school because they do not consider that document you are given at the hospital anymore. I mean the birth record that they give us at the hospital they don't like it at school any more like a child has to have a paper I mean the asylum paper and if a child does not have the paper then he cannot attend the school.*

ANGELINA, 25 MARCH 2019

”

Ruth also echoed the same sentiments in Cape Town. She is worried that the issue of documentation is also affecting her children, especially those who are going to school. She has been summoned three times to a meeting at school to discuss the issue of documentation for her two children who are attending primary school. This is how she explains this,



“

*...but now it has become stressful for me because the school is putting pressure on me because of this issue of papers they want me to bring permits for these children...they called me for a meeting three times asking for a permit for my children and I went there they told me...I have to go to the Department of Education for my children.*

RUTH, 11 JUNE 2019

”

The challenge of documentation affecting school enrolment is further exacerbated by the lack of access to birth registration for children born to non-national parents in South Africa (Mbiyozo, 2018). The Regulations of the Births and Deaths Registration Act<sup>5</sup> require both parents to hold valid passports and permits (visa) or a valid asylum or refugee document. This means that the registration of birth of children born to one or both parents who do not hold current legal status in South Africa is impossible.<sup>6</sup> This also affects South Africans who do not hold an ID book. In 2018, the Department of Home Affairs published its proposed new regulations<sup>7</sup> to the Births and Deaths Registration Act, lowering the standard further by removing birth registration for foreign children entirely. Instead they propose that children born to non-national parents are issued with a mere “confirmation of birth” which is not a “birth certificate”. This brings into question the child's access to their basic rights. Angelina describes this as a further barrier to enrolling her children in school. She notes:

<sup>5</sup>[https://www.gov.za/sites/default/files/gcis\\_document/201409/37373rg10135gon128.pdf](https://www.gov.za/sites/default/files/gcis_document/201409/37373rg10135gon128.pdf)

<sup>6</sup><https://genderjustice.org.za/card/birth-registration-of-non-national-children-in-south-africa-explained/>

<sup>7</sup><https://pmg.org.za/call-for-comment/753/>



“ *When a child is born, like when they have foreign parents, then the child is considered a foreigner. It doesn't matter that the child was born here and has never travelled anywhere...the child who was born here must have an asylum seeker permit like their parents...and now they are telling us that those birth certificates that they give you at the hospital they are no longer considering them at school. Your child must now have a permit.*

”  
ANGELINA, 25 MARCH 2019

This was echoed by Ruth and Anna, who state:



“ *...the baby does not have a birth certificate so at the clinic they gave me a paper to take to Home Affairs so that the child can get a birth certificate, but the challenge now is that myself I am not documented so which means he is also undocumented the baby does not have any papers only the card from the clinic...*

”  
RUTH, 11 JUNE 2019



“ *...even my baby does not have a birth certificate because of that [her undocumented status]. If I had a job I would love to put him to creche but then even at creche they ask to see the birth certificate.*

”  
ANNA, 11 JUNE 2019

This is stressful to Angelina, Ruth and Anna's mothering roles. They are proud to be mothers, but their mothering roles are greatly affected by their stressful circumstances. Literature recognises that the mothering role is not without contradictions, it can be both fulfilling and at the same time be very stressful especially to those who mother in difficult circumstances (Walker, 1995). Due to the issue of documentation, Angelina feels that her children will also face the same challenges that she has faced because they will also be asylum seekers even though they were born in South Africa. She goes on to explain that being a non-national in South Africa has its own challenges, but this is worse when one is a parent who has children attending school in the country. As she explains,



“ *...but us foreigner parents we are in stress in this country...when it comes to school for our children this is a stress these days even when you are going to the hospital it's the same things they do not treat us nice at all in this country.*

”  
ANGELINA, 25 MARCH 2019

## CASE STUDY 1: MOTHERHOOD

Mothering in the context of the challenges that asylum seekers often face in South Africa is a challenging experience because having children exacerbates the challenges that women face. As Angelina notes that,



*...to be a mother is stressful what I can say is stressful is that to keep your home safe is not easy because sometimes you find yourself in challenges that are great, and you feel like maybe it's better if I leave these children and just run away...*

ANGELINA, 25 MARCH 2019



For Ruth being a mother in the context of migration is stressful because she feels like she is failing her children. The fact that her children cannot have identity papers makes her feel less of a mother and incapacitated. As she explains below,



*...to be a mother to me is to overcome shock...which I seem to be failing to do... sometimes I will be down, and I just cry but then I remind myself that I have to be there for my children and I want them to have education.*

RUTH, 11 JUNE 2019



In a similar vein, Anna narrates that being a mother in her situation is equally challenging:



*...I feel so bad about it and so stressed sometimes if I think about it I just cry, and I cannot sleep and that is the reason why I cannot even think of having another child because if I have another child which means he will not have any papers too...*

ANNA, 11 JUNE 2019



When asked what she thought the role of the mother was in the family, Angelina was quick to point out that as a mother one has to have the ability to carry one's family's problems. She feels she is expected to care for the whole family whether in bad times or good times. Her circumstances in Johannesburg make it very hard for her to fulfil her ideal mothering role. Given the challenges that she is facing with accessing identity documents, her mothering role is threatened. These expectations that she imposes on herself can be stressful and impossible to fulfil due to her situation. This can be detrimental to her wellbeing. As she explains here,



“

*...to be a mother you have to have a big heart, you must have patience, you must have love, above all you must have a big heart one which is able to sustain the family in good times and bad times. The mother should carry all the burden of the family you must have a heart that carries all the challenges of the family and know how to protect the family...*

---

ANGELINA, 25 MARCH 2019

”

The closure of the RRO in Johannesburg has meant that asylum seekers living in Johannesburg will now have to travel to Pretoria for administrative assistance with regards to the processing of their documents. The main challenge that Angelina identified was lack of money to travel to Pretoria. This is how she explains it,



“

*...the main challenge there is about the money to travel. It's very expensive for me to travel - it's about R100 something for us to go there and renew the paper and it's so sad because sometimes you spend about R120 to R130 only to get there and they do not renew for you and then you have to come back and then go back again. Yes, sometimes it can happen like that...sometimes they will tell you to go back you are late we cannot serve you today.*

---

ANGELINA, 25 MARCH 2019

”

To cut transport expenses required when going to renew their documents, Angelina said that they sometimes organise themselves (with other Congolese nationals) and look for a taxi to take them there and wait for them to finish their business and take them back again. This is meant to reduce the risks involved when you travel alone, such as getting mugged. She explains this as follows:



“

*...sometimes you know we organise ourselves when we want to go there like you look for one driver and talk to him and then you ask people around and find out those that have the same date with you...collect transport money from them and then you give him the money...we will then tell him the date and then he can take us there and also wait for us until we finish and then take us back to Joburg...*

---

ANGELINA, 25 MARCH 2019

”

## CASE STUDY 1: MOTHERHOOD

The process to renew a temporary asylum permit can be very unpredictable – they can be told to come back on a later date or wait for almost the whole day to have their permits renewed. This can be anxiety provoking and stressful on the part of asylum seekers. Below Angelina explains how she feels when her asylum permit is due for renewal,



“

*...you can go today for example, only to be given an appointment to say come back at a later date... this is what happens there at Home Affairs people have stress about papers in this country you cannot imagine... imagine when you are left with only one week for your paper to expire my sister you cannot even sleep you will be so stressed... you will be just thinking I have to wake up again at 3 o'clock in the morning.*

ANGELINA, 25 MARCH 2019

”

The other challenge that Angelina worries about is that having to travel to Pretoria means that she has to take some time off work, something that her employer might not agree with. The issue is that at the RRO, one can never be sure how long they are going to spend there. She finds it stressful that the number of days that she is supposed to take off work to have her permit renewed in Pretoria may jeopardise her relationship with her employer. As she says below:



“

*I am a cleaner at this pharmacy, so it becomes difficult for me to continuously take days off just to go and renew my papers. I don't know if my boss will allow us because he only gives us one day to go to Marabastad because it's stressful...you can go today for example, only to be given an appointment to say come back at a later date...*

ANGELINA, 25 MARCH 2019

”

Besides not having enough time to travel to the nearest RRO, it was clear from their reports that they were the primary caregivers to their children. They lamented how in South Africa they can hardly rely on anyone in terms of childcare. For Anna she does not have any friends or relatives to help her with childcare. She explains this situation in a way that shows how a lack of social support in South Africa can be a challenge in terms of mothering. This is how she explains this,



“

*...it's difficult because you do not have any help here but in Burundi when you are a mother you can always find someone to help you with the children and you have the chance to do something with your life, but here in South Africa when you are a mother you do everything by yourself like you have to work you have to cook...*

ANNA, 11 JUNE 2019

”

The findings of this case study reinforce those of the literature review outlined above. Being a woman, being a mother, being a cross-border migrant in often-precarious positions due to ones status, and working in the informal sector where job security is not guaranteed, has an impact on the caring strategies that such mothers put in place for their children and increase the complexity of the burden of care. Women's mothering roles are compromised by having to raise children in unstable environments with limited social support (Sideris, 2003). This is further compounded by the structural context where mothers are located, for example, migrant mothers seeking asylum often have to deal with structural barriers, such as difficulties when accessing basic public services such as health and education (Arendell, 2000) – both of which will be explored further in case studies 2 and 3 below respectively.

# CASE STUDY 2: HEALTH AND WELLBEING

## BROAD QUESTION GUIDING THE CASE STUDY

**What are the implications of the closure of the RROs on the health and wellbeing of women asylum seekers?**

### 1 Literature Review

Migration literature recognises that the link between migration and health is complex (Vearey, 2010). Research has shown that migration is a determinant of health (Vearey, 2010; Anarfi, 2005). While all migrants require access to health services, women have special health needs (Manyewende et al., 2011; United Nations Population Fund, 2010). This is more so in the case of refugees and asylum seekers who have been forcibly removed from their home countries due to war, violence or persecution. For some refugee women this may include gender-based violence (GBV) such as rape or physical abuse. In the context of war, rape, mutilation and murder happen on a massive scale, as these forms of violence become weapons of intimidation and war (Sideris, 2003; United Nations High Commission for Refugees, 1995). Homes are destroyed, and community life is disrupted. Indeed, Wambugu (2003) notes that most of today's wars do not take place on formal battlefields, but are fought in agricultural fields and homes of civilians.

For the purposes of this case study, wellbeing will be conceptualised from a holistic perspective, as put forward by the International Organization of Migration (IOM), as encompassing:

“Community and social wellbeing (including safety satisfaction with public services and social connections), physical wellbeing and access to healthcare, career wellbeing (including unemployment and underemployment) and financial wellbeing.”

INTERNATIONAL ORGANIZATION  
OF MIGRATION, 2013: 6

In the case of refugee women, they may experience a change in traditional gender roles, in the case where a spouse is killed during the war (Wambugu, 2003). These women may struggle to reconcile reproductive roles and productive roles, as they have to work and provide for their families. The various demands on female heads of households may be detrimental to their emotional and physical wellbeing (Wambugu, 2003). This has a bearing on their health and wellbeing when they feel that they cannot meet the demands of such roles. In a study exploring the experiences of Rwandan refugees in South Africa, Wambugu (2003) notes that the disruption of a traditional family life and the separation from families was stressful to the women and compromised their self-esteem such that they were unable to live their lives fully.





Without family support networks and state social services, women are more vulnerable to GBV, notably from male partners (DeWolf, 1995; MacCallin, 1991). These challenges clearly have a bearing on their physical, social and psychological wellbeing. Moreover, when they arrive in countries where they seek asylum, their wellbeing is further compromised by the structural context in which they find themselves in. For instance, in the case of South Africa, legalising their stay in terms of obtaining identity documents can be a cumbersome process. With the closure of the RROs in Cape Town, Port Elizabeth and Johannesburg to new asylum applicants, it is expensive for some women to travel to another distant city (i.e. Durban, Pretoria or Musina) to have their documents renewed or to apply for asylum.

Literature on refugees has shown that loss is a central theme in the experiences of refugees. They report loss in different aspects of their lives, for example, loss of familiar environment, loss of family relations, loss of social norms and values, self-identity, as well as loss of respect (Sideris, 2003; Van der Veer, 1995; Eisenbruch, 1991). In their study of Somali refugees Robertson et al. (2006) found that high levels of trauma amongst participants is associated with, among other factors, language barriers, less educational qualifications, and caring for the children alone.

In a study of Mozambican refugee women in South Africa, Sideris (2003) found that the women lamented that the war deprived them of social rules and obligations which gave them a sense of identity, dignity and purpose. In a study with Somali women in Johannesburg, Jinnah and Lowe (2015) note that women perceived their gender roles within clan networks as very important – roles such as being a wife, mother and grandmother. This means that threats to these identities can be detrimental to their wellbeing. Due to the precarious nature of many refugees' lives in South Africa, these roles and identities may be difficult to protect.

In accessing healthcare, this is exacerbated by the fact that some healthcare providers have incorrect perceptions that non-nationals flood the health care system as they come to benefit from the South African healthcare system (Makandwa & Vearey, 2017). Consequently, many would prefer to endure symptoms of disease rather than seek medical attention on time (Wambugu, 2003). Indeed, xenophobic sentiments and social exclusion prevent migrant women from seeking medical help (Bandeira et al., 2010; Munyewende et al., 2011).

Moreover, without any form of documentation or with the failure of some police officers to recognise their identity papers, they are often subjected to the possibility of deportation and police officers soliciting for bribes (Kihato, 2011). Harassment from the police is one of the concerns that scholars have documented concerning migrant women in South Africa. In a study conducted by Lefko-Everett (2007), participants suffered in the hands of police officers, where these officers asked for bribes and sex, and verbally abused women. Kihato (2013) notes that migrant women traders in the city of Johannesburg would rather not seek the services of policemen at all because an encounter with policemen can lead to deportation. In their study, Munyewende et al. (2011) note that most the participants were concerned about safety in Johannesburg around issues of rape, crime and violence. However, migrant womens' vulnerability is not in the streets only, but also in the home when they enter into abusive relationships for survival and to gain access to financial resources (Kihato, 2007). Such relationships tend to increase their vulnerability to sexually transmitted diseases such as HIV/AIDS.

### 2 Data Analysis and Discussion

The poor service delivery at the RROs has been a subject of contention in the migration literature. Gordon (2016) notes that weak institutions at the Department of Home Affairs is partly the cause of large volumes of unprocessed applications. For Belinda, who notes that *“sometimes I had to sleep in the queue, many people spent weeks there...so I had to sleep there and be patient so that I can at least get a date...”*, it was a struggle to get the asylum permit. Sleeping in the queue is a dangerous endeavour for a woman given the issue of criminality in Johannesburg, such as rape and robbery, and can thus be detrimental to her physical, psychological and emotional health. This highlights some of the risks that cross-border migrants make in trying to access documentation in South Africa.

A major challenge that Belinda notes with regards to the service at the RRO in Pretoria is that the officers do not realise that women and men have different needs. She feels that some women have special needs and cannot be in the queue for long hours, for example, pregnant women. This is what she says,

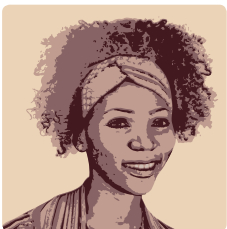


*...I think the problem is that they do not care whether you are a woman or man they treat everyone in the same manner whether you are nursing a baby they just don't care...*

BELINDA, 29 MARCH 2019



When asked what the main challenge was in getting her permit renewed, Miriam had this to say:



*... it's the money to travel to Pretoria because here the rent is too high both were I stay and here at the saloon... the income that I get is just too little it's not easy to have some more expenses like saving up transport money to go to Pretoria...*

MIRIAM, 27 MARCH 2019



For Miriam the expenses to be incurred when travelling to Pretoria are prohibitively high. As a single mother who is trying to make ends meet, immediate survival needs are more important for now. She is concerned about high rentals at her workplace as well as where she stays with her son. She works at a salon in downtown Johannesburg where she rents a space to attend to her clients. The closure of the RRO in Johannesburg has put a strain on her financial resources. Given the challenges that being undocumented can pose on asylum seekers, such as deportation or detention (Landau, 2006), this compromises her emotional wellbeing as she lives in perpetual fear because of being undocumented. As Belinda narrates what used to happen to her before she got the asylum permit:



“

*...back then I used to work as a waitress and I would knock off from work very late and anytime the police would stop taxis and ask everyone to produce their identity documents...there was a time when we were stopped and then taken to the police station... the policemen would say that for them to release me I would have to give them some money... sometimes I had tips and then I will show the police...they will take whatever I have and go and drop me at home because usually it would be around 2am*

”  
BELINDA, 27 MARCH 2019

Such treatment from police officers who should be protecting them, instils fear and is detrimental to the psychological, and potentially physical, wellbeing of cross-border migrant women. Literature has shown that these officers elicit bribes and sex from migrant women (see for example Lefko-Everett, 2007 and Kihato, 2009).

Xenophobic treatment from public officials is not isolated to police officers. The harassment of non-nationals in public clinics and hospitals is well documented in the literature on migration and health in South Africa (see for example Makandwa, 2014 and Makandwa & Vearey, 2017). Crush and Tawodzera defined the term “medical xenophobia” as ‘the negative attitudes and practices of health sector professionals and employees towards migrants and refugees on the job’ (2011: 1).

Angelina notes that the xenophobic attitudes of RRO officers she has experienced is similar to that which she has experienced in hospitals.



“

*Us foreigner parents we are in stress in this country...even when you are going to the hospital it's the same things. They do not treat us nice at all in this country.*

”  
ANGELINA, 25 MARCH 2019

Moreover, non-nationals who cannot communicate with the public health service providers in one of the local languages face difficulties in accessing services. Angelina, who is from the Democratic Republic of Congo and is not familiar with the local languages spoken in South Africa, notes:



“

*...I always feel discriminated upon like for example at the hospital when you are speaking in English they will not consider you... they will tell you that you are in South Africa you have to speak our languages and they will tell you to go and sit down.*

”  
ANGELINA, 25 MARCH 2019

## CASE STUDY 2: HEALTH AND WELLBEING

Belinda mentioned two specific incidents where she felt discriminated against because she is a non-national, and where she observed discriminatory behaviour against someone else based on her nationality. The first was when her son was mugged and stabbed and the second was when she was in hospital after giving birth prematurely:



*1) ...the challenge is with the nurses and the nursing assistants those ones are just like the Home Affairs people they are just so rough...you can queue for the whole day there they do not care whether your situation is an emergency or what...like last year in November my son was stabbed on his arm on his way back from school... the thieves wanted cell phones and money from the kids. So their father got a call from someone that we did not even know... he called an Uber we went there when we got to the clinic the nurses said that they are in a meeting...they did not attend to the situation as an emergency even though his hand was bleeding...we then decided to take him to Johannesburg Hospital where they attended to him quickly.*

*2) ...so when the sisters realised that I was not South African they started to speak badly about foreigners that affected me...I remember they were shouting at this Nigerian woman who had just given birth and saying that how can she come all the way from Nigeria to come and have babies here.*

BELINDA, 27 MARCH 2019



Similar to Belinda's account, Ruth also explains how she was treated when she went to seek medical attention at a local clinic,



*...they asked for permit and I did not have it, so they made me wait until everyone has been served so I was the last person to be served... even the language it was a barrier they just put me aside so when they finished with others it's when they asked...*

RUTH, 11 JUNE 2019



In addition to the xenophobia experienced from public officials, Belinda and Miriam must contend with xenophobic attitudes from their colleagues and customers at work. The issue of xenophobia is well documented in the migration literature in South Africa (see for example Gordon, 2016 and Lefko-Everett, 2007). Migrants face discrimination at work or when trying to access public services because of being foreign, which compromises their physical and emotional wellbeing by placing them in a near-constant state of fear. Belinda says that she has never felt any xenophobic sentiments from her employer but had from her colleagues. This is shown when she says,



“

*...my boss does not discriminate anyone I think he is a fair person he is not bothered by where you come from but then the problem is with the people that I work with they make you feel for sure that you do not belong here... the way they speak to you it's so degrading sometimes I even pray to God and ask him to find me another job...*

---

BELINDA, 29 MARCH 2019

”

Miriam also experiences xenophobic sentiments from her clients who refuse to pay her enough money because she is a non-national, and her colleagues also call her names for being foreign. This is how she narrated this,



“

*...here at my work place some people do not want to pay you enough money just because you are not South African some will just despise you and see you as if you are nothing...and also even some of my workmates here will speak in a certain way like give you names like Makwerekwere... go back to your country like for instance the other day another the guy I work with here opened my bag and took a wig that I was selling I was not there I had gone out of the salon and when I came back and started asking what happened to my wig he started calling me a Kwerekwere...*

---

MIRIAM, 27 MARCH 2019

”

Interviewees also reported experiencing xenophobic sentiments in the communities where they live. This has led to social exclusion in the communities in which they live. This also makes it difficult for them to integrate in local communities and thus negatively impacts their social wellbeing. For example, Anna says that:



“

*...they treat us very bad I think they do not love us and to make matters worse we do not know their language so that makes things a lot more difficult for us and they always call us kwerekwere...like let's say that you want to buy something when you don't know how to speak the Xhosa language then they will not serve you they will just ignore you I don't know maybe that's why they always rob us because they know we are foreigners...*

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ANNA, 11 JUNE 2019

”

## CASE STUDY 2: HEALTH AND WELLBEING

It is noteworthy to point out that the nature of the jobs of Miriam and Belinda also compromise their physical health and wellbeing. They work long hours and hardly have any time to rest. Due to this they report having health problems. Belinda has developed a backache due to the long hours that she spends standing at work, as shown when she says,



*...it's difficult we work very long hours here...and most of the work that I do here I do it while I am standing I have even developed a backache I have also developed veins on my legs as you can see [shows researcher the veins] something that I never had before I worked here...*

BELINDA, 29 MARCH 2019



For Miriam, her health is compromised by the fact that she was once hit by a bus and had to undergo surgery on her hip. Her work is stressful as she reveals below:



*...I once had an accident and I cannot stand up for a long time so most of the time I work whilst I am in pain and I also work for long hours... sometimes I can be here [salon] from 8 o'clock in the morning until 8 o'clock in the evening so I can work for about 13 hours it's so painful for me at least if I can get a decent job at least I can work for about 8 hours and be able to do other things...*

MIRIAM, 27 MARCH 2019




In addition to the challenges that these women asylum seekers face, it is important to understand that many of them may have experienced traumatic events prior to migration. As discussed in the literature above, during times of war, rape is often used as a weapon of war (Wambugu, 2003). Therefore, the challenges they face here in South Africa makes coping with their personal struggles extremely difficult. When asked the reasons why she fled from the Democratic Republic of Congo, Anna explained as follows:



*...there was someone who wanted to rape me... what do you call it like abduction like to take or marry someone by force and the person went on to kill my father and my brother in front of own eyes and he then took me to his house... then one day when he forgot to lock his house I ran away...*

ANNA, 11 JUNE 2019





In line with the literature, the experiences of the interviewees which show the intersection of migration (being asylum seekers), healthcare and wellbeing, point towards an increase in vulnerability. Documentation, or lack thereof, aside, their mere 'foreignness' immediately 'others' them and makes them targets for sub-standard care and harassment, creating overlapping elements of fear and thus negatively impacting their emotional, physical and psychological wellbeing – not to mention the precarious positions they have to put themselves in to access documentation.

# CASE STUDY 3: ACCESS TO BASIC SERVICES

## BROAD QUESTION GUIDING THE CASE STUDY

**What are the challenges that women asylum seekers face in terms of access to services as a result of the closure of RROs?**

### 1 Literature Review

Internationally and regionally, the rights of refugees and asylum seekers to access basic services in the host country are enshrined in the 1951 United Nations Refugee Convention, and the 1969 Organisation of African Union (OAU) Convention Governing the Specific Aspects of the Refugee Problem in the Continent. In South Africa, these rights are recognised and reinforced in the Constitution. However, despite these progressive policies, refugees and asylum seekers continue to face numerous barriers in accessing basic services such as health, education, employment and banking. Many refugees and asylum seekers receive very little socio-economic support from the state to facilitate their integration into South African society (Jinnah, 2013).

Legally recognised asylum seekers are issued with Section 22 permits while they wait for the determination of their refugee status. The waiting period should ideally take six months. In reality, this process takes longer than six months, usually lasting many years. After receiving temporary permits, asylum seekers will have to periodically (every one, three or six months) visit the RROs to have their Section 22 permits renewed. Wambugu (2003) notes that asylum seekers need a legal status, which will provide them with sufficient protection to utilise their socio-economic rights and access to basic services.

Although temporary asylum permits allow asylum seekers to work and study in the country, few public officials in banks and public hospitals, even landlords, recognise their identity papers as authentic (Kihato, 2011). This has implications for the kind of work they do and the type of accommodation they can access. Studies have shown that many asylum seekers fail to access the formal job market, mainly due to lack of documentation and access to banking services. In the formal sector, employers often require potential employees to have an account for payment purposes. Many asylum seekers who do not have a bank account are effectively excluded from being formally employed (Landau, 2006). As a result, many asylum seekers find work in the precarious informal sector (Kihato, 2007).

Many non-nationals gain access to accommodation through the private sector, where they often have to contend with xenophobic sentiments from landlords who fail to differentiate between documented and undocumented migrants (CoRMSA, 2008; Kihato, 2011). Research has shown that many migrants, particularly undocumented migrants, live in crowded conditions where a flat is shared by different families (Rugunanandan & Smit, 2011). In these crowded areas rentals are high, but the spaces are too small.

Refugees and asylum seekers often struggle to have their qualifications recognised by different educational institutions in South Africa. Even though they might have higher education qualifications, for instance, a diploma or a degree, many find work in the informal sector because potential employers fail to recognise their foreign qualifications (Landau, 2006). Many women asylum seekers are self-employed, engaged in petty trading and hawking in the streets, where they are constantly harassed by xenophobic public officials, such as the police and local authorities (Kihato, 2011; Wambugu, 2003). In a study exploring the





experiences of women refugees from Rwanda living in South Africa, Wambugu (2003) found that most of the participants had tertiary education, yet they struggled to find employment. Moreover, they also struggled to get their children into local schools because they could not afford to pay school fees.

## 2 Data Analysis and Discussion

Despite progressive policies and legislation, refugees and asylum seekers continue to face numerous barriers in accessing basic services such as health, education, employment and banking. In line with the literature, interviewees expressed difficulties in accessing these services – with or without documentation.

Given the challenges that asylum seekers face with regards to taking time away from work to travel to an RRO and saving up enough money for the trip, chances are very high that they might fail to keep their appointment dates for renewal. When asked what happens when one misses an appointment date, Belinda said that the officers would not listen to any explanation that you might have, as she narrates below:



“  
*...they stand by that date which they gave you because if you miss your date that's it - they will not take any explanations... you better be there on your appointment day because if they fail to serve all of you then they will know the problem is theirs and not yours but if the problem is coming from you then they will not tolerate that you need to make sure you do not miss your date...*

BELINDA, 29 MARCH 2019 ”

In many cases the documents will be renewed for a very short time, which means that they will have to come back again. Due to the nature of their work, time is a scarce commodity. As a result, Miriam's permit has expired. Finding decent work is a stress for her and without documentation she fears the future looks bleak. Even though she is currently studying, she is not hopeful that she will be gainfully employed as long as she is not documented. This is what she said,



“  
*...the most stressful thing is... for me is getting a proper job. It's really not easy to survive hand to mouth like this, that is why I am really trying to go to school...but even though I am going to school I am not sure what is going to happen because I do not have papers even if I finish my degree how am I going to work...*

MIRIAM, 27 MARCH 2019 ”

## CASE STUDY 3: ACCESS TO BASIC SERVICES

In the cases of Ruth and Anna who are undocumented, finding employment is a stress because potential employers insist on seeing their permits and identity documents. This has led to them being unemployed for a long time. This is how they explained their situations:



*...I wish the government can help me find an asylum seeker permit because if I find that one, then I can help myself in terms of finding a job because the paper is the barrier that I have...if I want to study they ask me for the paper if I want to work they ask me for that too... so you see I cannot do anything without that asylum seeker paper...*

ANNA, 11 JUNE 2019



*...I think the real issue here is not having papers because if you do not have a permit then you are limited you cannot do much...*

RUTH, 11 JUNE 2019



The lack of documentation is not the only barrier to becoming employed in the formal sector. While a Section 22 permit technically does allow an asylum seeker to work and study in South Africa, many employers are not aware of this and do not formally recognise the permit, making access to formal employment difficult. As Angelina, who is in possession of a Section 22 permit, notes:



*...but in this country when you are a foreigner you are very limited. You cannot do what you want to do even for a nice job you will go there but they will ask you for your ID... when you give that asylum paper you know some companies do not recognise that paper and they will ask you what is this? But they write there in the paper that you can study and you can work there are some companies that do not employ foreigners with asylum seeker permit.*

ANGELINA, 25 MARCH 2019



The fact that one has an asylum seeker permit is not an end in itself because it does not always mean that one is able to access services that they are legally entitled to (Polzer, 2007). Asylum seekers must contend with difficulties in finding employment because of the identity document that they hold. In some cases, public service providers do not recognise their documents (Landau, 2006), as noted by Angelina above. While she is grateful that she has an asylum permit, she worries that the document is a hindrance to getting a better job, because employers insist that they need a passport and a valid work permit. This is how she puts it:



“

*... we have a problem with accessing services such as jobs yes you can get jobs around here jobs that do not pay much but for you to get jobs in proper areas like Sandton with an asylum permit it's very difficult otherwise they ask you were is your passport and where is your I.D*

ANGELINA, 25 MARCH 2019

”

This frustration is further exacerbated by the education and tertiary qualifications many asylum seekers do have, but are not able to utilise, as Miriam explains,



“

*I did marketing, I can qualify to work... but because of papers I can't.*

MIRIAM, 27 MARCH 2019

”

Not only is using their tertiary education a challenge, so is furthering their education, as institutions insist on seeing their permits before enrolment. This is what Ruth and Anna had to say,



“

*...I wanted to do some courses for me to help my children, but I can't because without these papers I cannot do anything...*

RUTH, 11 JUNE 2019

”

“

*...there is a school that I wanted to go and study in but then they also asked for a permit and said that if I do not have a permit then I cannot learn with them... it's actually a good school because after training for one month or two months they can then look for a job for you... but then they didn't receive me because of that I am just stuck in everything because of the papers...*

ANNA, 11 JUNE 2019

”

Not only is accessing employment with or without documentation difficult, opening a bank account is near impossible unless you have permanent residency or are a citizen. While asylum papers used to be sufficient, this is no longer the case, as Belinda explains:



“

*I used the asylum paper I did not have any challenges I opened the account the same year that I got the asylum [in 2004]...I opened with FNB they used to allow us to use asylum papers to open the account... now they do not allow anyone to open an account using an asylum paper...*

BELINDA, 27 MARCH 2019

”

## CASE STUDY 3: ACCESS TO BASIC SERVICES

This was reinforced by Miriam's account:



*...they said that I cannot open an account with an asylum permit I needed to have a passport and a permit the one that they stick on the passport or ID [permanent residency] ...*

MIRIAM, 27 MARCH 2019



The lack of a bank account has further implications, as Miriam described:



*...the problem with my situation here is that I cannot get an apartment like deposit an apartment and, I cannot open a bank account... if you want to deposit an apartment first thing that they will ask you is your bank statement...*

MIRIAM, 27 MARCH 2019



For Anna not having a bank account has meant that she keeps all her savings at home. This is very risky given the high rates of crime in the country. For a long time, she says that she has been putting away money for her to travel to the Musina RRO, but then unfortunately the money was stolen when there was a robbery in the house. As she explains below:



*...I do not have the money to go to Musina... I once tried to save some money so that I can go to Musina but then we got robbed at the place where we stay, and they took all the money that we were saving...*

ANNA, 11 JUNE 2019



When asked why she does not have a bank account she said her efforts to get a bank account were futile because she does not have identity documents. This is what she said,



*...yes, I tried but then they asked for my passport which I do not have and also, they asked for an asylum seeker permit.*

ANNA, 11 JUNE 2019



Not having access to services creates additional stress for Miriam, given that she cannot provide her son with decent accommodation, she cannot get access to banking services such as obtaining loans, and she cannot access employment in the formal job market. Her ability to care for her son is greatly affected by these challenges, including paying for his schooling, as she explains:



“

*Now my son is at this school...it's a private school that caters for refugees. They take their children in and pay for their fees, but they said they were only going to pay for my child only up to Grade 3... it's very expensive it's about R4000 a month. ...[T]he programme will be over this year because this is the third year that my son has been enrolled at that school.*

MIRIAM, 27 MARCH 2019 ”

Her concern for her son's schooling is compounded by this lack of documentation (due to her own lack of documentation), as she will not be able to enrol him in a public - and therefore more affordable - school without the required permits. She explains it as follows:



“

*I am also concerned about my son as well because if I do not have papers my son cannot have papers too...I am worried he cannot write matric.*

MIRIAM, 27 MARCH 2019 ”

These experiences of the participants reinforce the literature outlined above. While temporary asylum permits should allow asylum seekers to work and study in the country, few public officials in banks, landlords, or potential employers recognise their identity papers as authentic (Kihato, 2011). This has implications for the type of accommodation they can access, as well as the kind of work they can engage in, with many asylum seekers failing to access the formal job market despite the necessary tertiary qualifications in some cases (Landau, 2006; Wambugu, 2003).

## CONCLUSION

The experiences outlined in the case studies correlate with the literature. Asylum seekers experience an array of barriers in accessing basic services, including employment, housing, banking and healthcare. The negative impacts thereof affect their overall emotional, psychological and physical wellbeing. Women and children feel a greater impact when it comes to challenges and experiences of migration. The gendered dimension to accessing services places a greater burden on women, particularly those who are primary caregivers, and their children, including, but not limited to, access to healthcare, birth certificates, education, banking services and employment in the formal job market, while also increasing their vulnerability to violence and exploitation. This is not only contingent on the lack of documentation. Reports, including those by the interviewees for the case studies, have shown that even with valid asylum seeker permits, the rights of asylum seekers and refugees are severely limited by a lack of understanding and implementation of legislation. An example thereof is employers' not recognising asylum permits as valid for offering employment. However, the lack of documentation exacerbates these barriers and can be directly traced to the closure of the RROs and the slow-moving, inefficient and ineffective process in which asylum claims are adjudicated, resulting in an enormous backlog. South Africa's broken asylum system has detrimental and dangerous repercussions for people seeking safety and directly violates their human rights. It is only with substantial interventions and an overhaul of the asylum system (keeping in line with national and international legal obligations) that the rights of asylum seekers and refugees in South Africa will be upheld.

# REFERENCES

- Akujobi, R. (2011). 'Motherhood in African Literature and Culture'. *Comparative Literature and Culture*, 13(1).
- Amisi, B. and Ballard, R. (2005). *In the absence of citizenship: Congolese refugee struggle and organisation in South African*. Research Centre for Civil Society and the School for Development Studies, University of Kwa-Zulu Natal, Durban.
- Anarfi, J. (2005). *Reversing the spread of HIV/AIDS: What role has migration? International Migration and the Millennium Development Goals*. Selected papers of UNFPA Expert Group Meeting, Marrakech, Morocco, 11-12 May 2005. UNFPA, New York.
- Arendell, T. (2000). "Conceiving and investigating motherhood: The decade's scholarship". *Journal of Marriage and Family*, 62(4), pp. 1192-1207.
- Bandeira, M., Higson-Smith, C., Bantjes, M., and Polatin, P. (2010). "The land of milk and honey: A picture of refugee torture survivors presenting for treatment in a South African trauma centre". *Torture Journal*, 20(2), pp. 92-103.
- Belvedere, F. et al. (2003). "National Baseline Survey: Final Report". Johannesburg: Community Agency for Social Enquiry (CASE), Japan International Cooperation, and United Nations Commissioner for Refugees.
- Carciotto, S., Gastrow, V. and Johnson, C. (2018). *Manufacturing Illegality: The impact of Curtailing Asylum Seekers' Right to Work in South Africa*. The Scalabrini Institute for Human Mobility in Africa (SIHMA), Cape Town.
- Consortium for Refugees and Migrants in South Africa (CoRMSA), (2009). "Protecting Refugees, Asylum Seekers and Immigrants in South Africa". *Protecting Non-Citizens in South Africa, June 2009*.
- Collins, P. H. (1994). "Shifting the center: Race, class, and feminist theorizing about motherhood". In D. Bassin, M. Honey, & M. M. Kaplan (Eds.), *Representations of Motherhood* (pp. 56-74). New Haven, CT: Yale University Press.
- Cresswell, J. W. (2003). *Research design: qualitative, quantitative and mixed methods approaches. 2<sup>nd</sup> edition*. London: Sage.
- Crush, J. (2000). "The Dark Side of Democracy: Migration, Xenophobia and Human Rights in South Africa". *International Migration*, 38(6), pp. 103-133.
- Crush, J. and Tawodzera, G. (2011). *Medical Xenophobia: Zimbabwean Access to Health Services in South Africa*. The Southern African Migration Programme, Migration Policy Series 54.
- Dalton-Greyling, T. (2008). *Urban refugees: Definitions, legal positions and wellbeing in South Africa*. Paper presented at the Annual Forum of the Trade and Industrial Policy Strategy, 4 October 2008, Cape Town, South Africa.
- De la Hunt, L. (1998). "Refugees and immigration law in South Africa". In J. Crush (Ed.) *Beyond Control. Immigration and Human Rights in a Democratic South Africa* (pp. 123-148). Institute for Democratic Alternatives in South Africa (Idasa), Cape Town.
- DeWolf, S. (1995). "The central role of Mozambican women in claiming recognition for the human rights of refugees: Observations from Tongogara Camp, Zimbabwe". *Refugee Participation Network*, 20. Refugee Studies Programme, Oxford, UK.
- Eisenbruch, M. (1991). "From post-traumatic stress disorder to cultural bereavement: Diagnosis of Southeast Asian refugees". *Social Science and Medicine*, 33, pp. 673-680.
- Gordon, S.L. (2016). "Welcoming Refugees in the rainbow nation: Contemporary attitudes towards refugees in South Africa". *African Geographical Review*, 35(1), pp. 1-7.
- Gunewardena, N. and Kingsolver A. (2007). 'Introduction'. In N. Gunewardena and A. Kingsolver (Eds.) *The Gender of Globalisation: Women Navigating Cultural and Economic Marginalisations* (pp. 3-22). Santa Fe: SAR Press.
- Glenn, E.N. (1994). "Social constructions of mothering: A thematic overview". In E. N. Glenn, G. Chang and L. R. Forcey (Eds.) *Mothering: Ideology, Experience, and Agency* (pp. 1-29). New York: Routledge.
- Handmaker, J. (2011). "Advancing for accountability: Civic-State Interactions to Protect Refugees in South Africa". Isentia, Netherlands.
- Hirsch, M. (1994). "Maternity and rememory: Toni Morrison's Beloved". In D. Bassin, M. Honey, & M. M. Kaplan (Eds.) *Representations of Motherhood* (pp. 92-110). New Haven, CT: Yale University Press.
- Hondagneu-Sotelo, P. and Avila, E. (1997). "I'm here, but there: The meanings of Latina transnational motherhood". *Gender and society*, (11), pp. 548-571.
- Hochschild, A. (2000). "Global care chains and emotional surplus value". In Hutton and Giddens (Eds.) *On The Edge: Living with Global Capitalism*. London: Jonathan Cape.
- International Organisation of Migration in South Africa (2013). *Health, Gender and Development*. Working Paper for the World Migration Report.
- Jacobsen, K. and Bailey, S.K. (2004). "Micro-Credit and Banking for Refugees in Johannesburg". In L.B Landau (Ed.) *Forced Migrants in New Johannesburg: Towards a Local Government Response*. Johannesburg: University of the Witwatersrand.
- Jinnah, Z. and Lowe, L. (2015). "Circumcising Circumcision: Renegotiating Beliefs and Practices among Somali Women in Johannesburg and Nairobi". *Medical Anthropology*, 34(4), pp. 371- 388.
- Jinnah, Z. (2013). "New Households, new rules? Examining the impact of migration on Somali family life in Johannesburg". *QScience Proceeding: Family, Migration & Dignity Special Issue*.
- Johnston, D.D. and Swanson, D.H. (2003). "Invisible Mothers: A content Analysis of Motherhood Ideologies and Myths in Magazines". *Sex Roles*, 49(1-2), pp. 21-33.
- Kaplan, E. A. (1992). *Motherhood and representation: The Mother in Popular Culture and Melodrama*. New York: Routledge.
- Kihato, C. W. (2013). *Migrant Women of Johannesburg: Life in an in-between city*. Johannesburg: Wits University Press.
- Kihato, C. W. (2011). "The city from its margins: rethinking urban governance through the everyday lives of migrant women in Johannesburg". *Social Dynamics*, 37(3), pp. 349-362.
- Kihato, C. W. (2007). "Invisible lives, inaudible voices? The social conditions of migrant women in Johannesburg". *African Identities*, 5(1), pp. 89-110.
- Landau, L. B. and Jacobsen, K. (2004). "Refugees in New Johannesburg". *Forced Migration Review*, 19, pp. 14- 6.
- Lefko-Everett, K. (2007). *Voices from the Margins: Migrant Women's Experiences in Southern Africa*. The Southern African Migration Programme, Migration Policy Series 46.
- Landau, L., Ramjathan-Keogh, K. and Singh, G. (2005). "Xenophobia in South Africa and Problems Related to it". *Forced Migration Working Paper Series #13*. Johannesburg: Forced Migration Studies Programme, University of the Witwatersrand:
- Landau, L. B. (2006). "Protection and dignity in Johannesburg: Shortcomings of South Africa's urban refugee policy". *Journal of Refugee Studies*, 19, pp. 308-327.
- Landau, L. B. (2008). "Regional Integration, Protection and Migration Policy Challenges in Southern Africa". In J. Handmaker, L. A. De la Hunt, and J. Klaaren (Eds.) *Advancing Refugee Protection in South Africa* (pp.27-47). Cape Town: Berghalun Books.
- Landau, L. B. (2010). "Loving the Alien? Citizenship, Law and the Future in South Africa's Demonic Society". *African Affairs*, 109, pp. 213-230.
- Lamphere, L., Zavella, P., Gonzales, F. and Evans, P. B. (1993). *Sunbelt Working Mothers: Reconciling Family and Factory*. Ithaca, NY: Cornell University Press.

- Madsen, M. (2004). *A Walk Through Thick Bushes: An ethnographic Account of Undocumented Migrants in Johannesburg*. Masters Thesis, Institute of Anthropology: University of Copenhagen.
- Makandwa, T. (2014). *Giving birth in a foreign land: Maternal health-care experiences among Zimbabwean migrant women living in Johannesburg, South Africa*. Masters thesis, Witwatersrand University, Johannesburg.
- Makandwa, T and Vearey, J. (2017). "Giving Birth in a Foreign Land: Exploring the Maternal Healthcare Experiences of Zimbabwean Migrant Women Living in Johannesburg, South Africa". *Urban Forum*, 28(1), pp. 75-90.
- Mazuru, M. and Nyambi, O. (2012). "Celebrating Africana Motherhood: the Shona Proverbs and the Familial and Social Roles of Mothers as First Teachers, Cultural Bearers and Co-Partners". *Journal of Asian Social Science*, 2(5), pp. 596-601.
- Mattes, R., Crush, J. and Richmond, W. (2000). "The Brain Gain and Legal Migration to Post-Apartheid South Africa. *Africa Insight*, 30(2), pp. 21-30.
- Malkki, L. (1996). "Speechless Emissaries, Refugees, Humanitarianism, and Dehistoricisation". *Cultural Anthropology*, 11(3), pp. 377-404.
- Mangena, F. (2009). "The search for an African Feminist Ethic: a Zimbabwean Perspective". *Journal of International Women's Studies*, 11(2), pp. 18-30.
- Madziva, R. and Zontini, E. (2012). "Transnational Mothering and Forced Migration: Understanding the Experiences of Zimbabwean Mothers in the UK". *European Journal of Women's Studies*, 19, pp. 428-443.
- Mbiyozo, A. (2018). *Gender and migration in South Africa: Talking to women migrants*. Institute for Security Studies, Southern Africa Report 16.
- McCallum, H. (1991). "From destruction to recovery". In M. Ramphale & C. McDowell (Eds.) *Restoring the Land: Environment and Change in Post-Apartheid South Africa*. London: Panos Institute.
- Millman, H. L. (2013). "Mothering from afar: Conceptualizing transnational motherhood". *Totem: The University of Western Ontario Journal of Anthropology*, 21(1), pp. 72-82.
- Munyewende, P., Rispel, L. C., Harris, B. and Chersich, M. (2011). "Exploring perceptions of HIV risk and health service access among Zimbabwean women in Johannesburg: A gap in health policy in South Africa?" *Journal of Public Health Policy*, 32, pp. S152-61.
- Parrenas, R. S. (2001). "Mothering from a Distance: Emotions, Gender and Intergenerational Relations in Filipino Transnational Families". *Feminist studies*, 27(2), pp. 361-390.
- Parrenas, R. S. (2010). "Transnational Mothering: A source of Gender Conflicts in the Family". *North Carolina Law Review*, 88, pp. 1825-1856.
- Polzer, T. (2007). "Adapting to Changing Legal Frameworks: Mozambican Refugees in South Africa". *International Journal of Refugee Law*, 19(1), pp. 22-50.
- Pursell, R. (2004). "Accessing Health Services at Johannesburg's Clinics and Hospitals". In L. Landau (Ed.) *Forced Migrants in the New Johannesburg: Towards a Local Government Response* (pp. 93-98). Johannesburg: Foundation for Human Rights.
- Phophiwa, N. (2009). *Healthy Migrants or Health Migrants? Accounting for Healthcare Utilisation Patterns of Zimbabwean Migrants Living in South Africa*. Masters Thesis, University of the Witwatersrand, Johannesburg.
- Phoenix, A. and Woollet, A. (1991). "Motherhood: Social Constructions, Politics and Psychology". In A. Phoenix, A. Wollet and E. Lyod (Eds.) *Motherhood: Meanings, Practices and Ideologies*. London: SAGE publications.
- Rugunan, P. and Smit, R. (2011). "Seeking Refuge in South Africa: Challenges Facing a Group of Congolese and Burundian Refugees". *Development Southern Africa*, 28(5), pp. 705-718.
- Robertson, C. L., Halcon, L., Savik, K., Johnson, D., Spring, M., Butcher, J., Westermeyer, J. and Jaranson, J. (2006). "Somali and Oromo refugee women: Trauma and associated factors". *Journal of Advanced Nursing*, 56(6), pp. 577-587.
- Simeon, R. (1998). *Consideration on the Design of Federations: The South African Constitution in Comparative Perspective*. Institute of Intergovernmental Relations, Queens University, Kingston.
- Sideris, T (2003). "War, Gender and Culture: Mozambican Women Refugees". *Social Sciences and Medicine*, 56, pp. 713-724.
- South African Human Right Commission. (2000). *Lindela at the Crossroads for Detention and Deportation: An assessment of the conditions of Detention*. Report by the South African Human Rights Commission: Johannesburg.
- Sutherland, J. A. (2010). "Mothering, Guilt and Shame". *Sociology Compass*, 4(5), pp. 310-321.
- Stone, L. and Winterstein, S. (2003). *A Right or a Privilege? Access to Basic Education for Refugee and Asylum Seeker Children in South Africa*. National Consortium of Refugees Affairs: Pretoria.
- Segale, T. (2004). "Forced Migrants and Social Exclusion in Johannesburg". In L. B. Landau (Ed.) *Forced Migrants in the New Johannesburg: Towards a Local Government Response*. Johannesburg: University of the Witwatersrand.
- The Republic of South Africa (1996). *The Constitution of the Republic of South Africa. The Constitution of the Republic of South Africa, No. 108 of 1996*. Available at: <https://www.gov.za/sites/default/files/images/a108-96.pdf> [Last accessed 21 June 2019].
- The Republic of South Africa (1998). *Refugee Act No. 130 of 1998*. Available at: [https://www.gov.za/sites/default/files/gcis\\_document/201409/a130-980.pdf](https://www.gov.za/sites/default/files/gcis_document/201409/a130-980.pdf) [Last accessed 21 June 2019].
- The Republic of South Africa (2002). *Immigration Act No. 13 of 2002*. Available at: [http://www.dha.gov.za/IMMIGRATION\\_ACT\\_2002\\_MAY2014.pdf](http://www.dha.gov.za/IMMIGRATION_ACT_2002_MAY2014.pdf) [Last accessed 21 June 2019].
- The Republic of South Africa (2003). *National Health Act No. 61 of 2003*. Available at: [https://www.gov.za/sites/default/files/gcis\\_document/201409/a61-03.pdf](https://www.gov.za/sites/default/files/gcis_document/201409/a61-03.pdf) [Last accessed 21 June 2019].
- Uzogara, E. E. (2015). "Perceptions of Motherhood: Differences Among Racial Majority and Minority Women". *International Journal of Culture and History*, 1(1).
- United Nations (1951). *The 1951 Refugee Convention*. United Nations: Geneva.
- United Nations High Commission for Refugees. (1995). *The State of the World's Refugees: In Search of Solutions*. Oxford: Oxford University Press.
- United Nations Population Fund. (2010). *State of the World Population: From Conflict and Crisis to Renewal: Generations of Change*. New York: United Nations Population Fund.
- Van der Veer, G. (1995). *Psychotherapy with victims of violence and torture: A symptom-oriented, developmental approach*. Paper presented at the VII International Symposium: Caring for Survivors of Torture. Challenges for the Medical and Health Professions, Cape Town, 15-17 November.
- Vearey, J. (2008). "Migration, access to ART, and survivalist livelihoods strategies in Johannesburg". *African Journal of AIDS Research (AJAR)*, 7(3), pp. 361-374.
- Vearey, J. (2012). "Learning from HIV: Exploring migration and health in South Africa". *Global Public Health*, 7(1), pp. 58-70.
- Vearey, J. (2010). *Migration and Health Delivery Systems in Southern Africa*. Open Society Initiative for Southern Africa.
- Vincent, C., Ball, S. J. and Pietikainen, S. (2004). "Metropolitan Mothers: Mothers, Mothering and Paid Work". *Women's Studies International Forum*, 27, pp. 571-87.
- Walker, C. (1995). "Conceptualising motherhood in twentieth century South Africa". *Journal of Southern African Studies*, 21(3), pp. 417-437.
- Wambugu, L. (2003). "Searching for Sanctuary: Refugee Women in South Africa". *Agenda: Empowering Women for Gender Equity*, 55. *Women. The Invisible Refugees*, pp. 27-35.

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