

## **Integration into Host Society & Family Wellbeing: Refugees in South Africa**

The United Nations Higher Commission on Refugees 2011 report indicated that for three consecutive years South Africa has been the largest recipient of applications for asylum status world-wide – accounting for one fifth of all claims globally in 2010 (UNHCR, 2011). Refugee families, who have fled to South Africa, have not only been exposed to severe adversity in their countries of origin, such as war and persecution, but may also be confronted with chronic adverse social circumstances in South Africa, such as unemployment and xenophobic attacks (cf. Landau & Jacobsen, 2004; Dalton-Greyling, 2008; Amit et al., 2009). In light of the high numbers of refugees residing in South Africa, it remains important to gain a better understanding of the impact significant risk, associated with forced migration, may have on the health and wellbeing of families and what kinds of protective processes (if any) families are employing in the attempt to combat negative outcomes.

### **Aims**

The proposed paper will draw on some of the findings of an on-going study with the aim to investigate the perceptions and experiences of female refugees with regard to (a) their daily life experiences and survival strategies, (b) their sense of emotional well-being, and (c) their family life. The research population in this study constitutes refugees from the conflict ridden countries of Burundi, the DRC and Zimbabwe who reside in the inner-city areas of Pretoria and Johannesburg. In this paper the attention will fall on the wellbeing of refugee families in terms of how successful families are in integrating into the host society. Ager and Strang's (2008) conceptual framework, which uses indicators of integration experiences, was used as tool of analysis.

### **Methodology**

A qualitative approach was considered most appropriate in developing a better understanding of the participants' subjective life experiences and perceptions of family life through thick descriptions. In addition to three focus group discussions, thirty semi-

structured in-depth interviews were conducted with Burundian, Congolese and Zimbabwean female refugees who have children.

### **Analysis and Preliminary Findings**

In analysing the data, an ideographic approach was used to uncover themes in each of the interviews/focus group discussions. From there the analytical approach became more nomothetic insofar as clustering relevant themes together. This was augmented by Glaser and Strauss' constant comparative method (cf. Babbie, 2007).

The findings show that the perceived wellbeing of refugee families can be linked to their integration experiences in their host country. Using Ager and Strang's (2008) work as analytical lens, it is clear, based on the accounts of the Zimbabwean women that their families may have been relatively more successful in the process of integrating into the South African society than the case may have been for the Burundian and Congolese families. When contemplating the *processes of social connection* it is evident that the Zimbabwean respondents have more pronounced 'social bonds' in terms of having a number of kin-members who have also settled in South Africa and whom forms part of their support network. In contrast, none, but for one, of the Congolese and Burundian respondents had relatives in South Africa. However, a number of respondents, regardless of their countries of origin mentioned having non-kin ties with other members of the refugee community who are similar to them in terms of culture and ethnic background. Despite xenophobic attitudes on the part of some South Africans, the Zimbabwean respondents seem to have more interaction with members of the host society and thus have established 'social bridges'. Being able to speak English helps, to some extent, to bridge the divide between refugees and the local population. Not having a common language made it difficult for Congolese and Burundian refugee families to become more familiar with the way of life in South Africa. As a result many of these refugees relied on their own communities and interacted mostly with those who could speak their own languages.

From the data it is clear that four *markers and means of achievement and integration*, i.e. employment, housing, education and health care services have been highlighted by most respondents as key aspects. Due to having at least one adult in the family earning an

income, the families of the Zimbabwean refugees, at least for this sample, were slightly better off than most of the Burundian and Congolese families. Yet, all respondents, regardless of which country they originally came from, lived in overcrowded run-down buildings in areas mostly populated by foreign migrants and refugees. Not only did this hamper integration but it also impacted negatively on the family's quality of life. In addition, all respondents highlighted the importance of their children's education and health and that they would do anything in their power to ensure access to quality education and good health for their offspring. Moreover, not being in possession of legal documents hindered many refugees' rights to access primary health care. Some respondents recalled incidences of ill-treatment by hospital staff because they were not in possession of the "so-called right document they wanted".

Focussing on the third set of integration indicators, i.e. *facilitators of integration*, the importance of being able to communicate with the members of the host society using a common language was apparent. In contrast to the Congolese and Burundian respondents, not only could all the Zimbabwean women in the study speak English, but most of the Ndebele-speaking Zimbabweans could also speak some Zulu - a language spoken by a large number of South Africans. This made it easier for Zimbabweans to get acquainted with the local South African culture. Furthermore, for many respondents, especially those from the DRC and Burundi, the lack of security and feeling unsafe were overriding concerns for them. This emphasises once again how important safety and security are as facilitators of both integration and a sense of wellbeing.

### **Some Implications**

The findings emphasise the importance of taking a holistic approach in assisting refugees in successfully integrating into the South African society. It is crucial that the South African government ensures the protection of refugees' rights to social services such as health care, education and law enforcement protection. In addition, it is important for the wellbeing of refugees that they are allowed to celebrate their cultural heritage whilst given the opportunities to embrace their new environment. Relevant NGOs can, for example, assist in providing language programs to facilitate the establishment of 'social bridges' with the host community.

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