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Editorial

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This issue consists of five articles. The first article by **Victoria M. Mutambara and Maheshvari Naidu** entitled “Probing the Context of Vulnerability: Zimbabwean Migrant Women’s Experiences of Accessing Public Health Care in South Africa”, employs a structural-violence analysis to probe the underlying factors that make it challenging for Zimbabwean migrant women to access public health-care services in South Africa. This research is based on a qualitative study and evokes an understanding of the context of the vulnerability of Zimbabwean migrant women when they are accessing the public health-care system in South Africa. The research argues that although there are singular events that display the specific poor treatment of migrant women when accessing public health care, it is important to highlight that some of the incidents might possibly be misconstrued as being unique to migrant women. The findings of this research highlight that the issues surrounding the access of public health care are constructed on the assumptions and perceptions held by migrant women themselves. The research concludes that any poor treatment experienced accessing health care can easily be associated with ‘medical xenophobia’.

The second article by **Ngwi Nnam Thecla Mulu and Katebesha Mbanza** is entitled “COVID-19 and its Effects on the Lives and Livelihoods of Congolese Female Asylum Seekers and Refugees in the City of Cape Town”. The research examines the effects of the pandemic on the lives and livelihoods of Congolese female migrants through a feminist intersectional lens. It is framed around the assumption that this group of women exists at the intersection of multiple forms of vulnerability by virtue of their migrant status, gender, race, and social class. Drawing on a feminist intersectional framework, the research found that containment measures imposed by the South African government to curb the spread of COVID-19 significantly increased the women’s care roles in homes, while rendering paid work more precarious. The study found that refugee and asylum-seeking women who were engaged in survivalist businesses were more vulnerable to extreme poverty and malnutrition, irrespective of their marital status, when compared to women who were employed in the formal economy. The outbreak of the COVID-19 pandemic has exposed fault-lines in the survivalist nature of entrepreneurship amongst female Congolese asylum seekers and refugees.

The third article by **Vivienne Lawack** is entitled “Towards a Legal and Regulatory Framework for South African Domestic Remittances: Some Considerations”. It is an exploratory study that examines the legal and regulatory

framework for domestic remittances within the South African legal context. The research provides consolidated information on existing national, regional and continental policy frameworks, in the context of domestic transaction channels, by indicating the existing research gaps in the legal and regulatory environment. The article further examined domestic remittances within the context of the regulatory framework of the NPS in South Africa, delineated the current regulatory gaps and made recommendations for inclusion in a regulatory framework and subsequent revision of the South African National Payment System (NPS). Based on a thorough literature review, the research goes even further to present an elucidation of the practices of the NPS. It highlights areas for improvement, and provides an in-depth analysis of the status quo of the legal and regulatory framework. Finally, the author offers suggestion for the amendment of the NPS Act.

The fourth article by **Precious Baison** is entitled “‘Recruitment’ and Job-Seeking Mechanisms for Zimbabwean Women Care Workers in the Domestic Services Sector in South Africa”. A qualitative research methodology and a feminist approach was adopted as it pays attention to the illumination of women’s lives, with a focus on the ‘open-ended’ investigation of women’s experiences. Overall, the research provides strong arguments and a coherent analysis of Zimbabwean Women Care Workers in the Domestic Services Sector. The findings of this research show that despite the significant presence of Zimbabwean women in the domestic services sector in South Africa, the majority of them are working without the proper documents, which has implications for how they secure employment and the conditions they work under thereafter.

The fifth article by **Richard Kwabena Owusu Kyei, Rafal Smoczynski and Mary Boatemaa Setrana** is entitled “Evidence of Spiritual Capital in the Schooling of Second-Generation Ghanaians in Amsterdam”. The article strongly argues that spiritual capital is a form of accrued investment in the practice of religiosity. It is the long-term accumulation of beliefs, skills, values, and attitudes that influence social, organizational, and interpersonal behavior. This article focuses on the resources inherent in religiosity as spiritual capital. Using the conceptual framework of spiritual capital in immigrant integration, the article discusses in detail the experiences of Ghanaian immigrants in the Netherlands. The article argues that through socialization in the host society, second-generation migrants are to abandon the religion of their parents and associate with the religion of the host nation. The research recommends the implementation of more robust and systematic religious programs that directly engage second-generation migrants at each stage of their education.

The authors have produced good research outputs, with competent presentations, good organisation and critical arguments. I am confident that African Human Mobility Review, Volume 7, Number 1, 2021 provides an invaluable resource for researchers, practitioners and students.

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Probing the Context of Vulnerability: Zimbabwean Migrant Women's Experiences of Accessing Public Health Care in South Africa

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South Africa has a professed inclusive health policy that articulates that everyone is entitled to have access to health-care services, regardless of nationality and citizenship. However, several challenges exist for migrant women in South Africa, in accessing this health care. This paper, based on the experiences of Zimbabwean migrant women residing in Durban, focuses on their experiences of seeking and accessing health-care services in South Africa. Using a qualitative study design, semi-structured interviews were conducted with 22 purposively sampled female participants aged 25–49 years. This paper employs a structural-violence analysis to probe the underlying factors that make it challenging for Zimbabwean migrant women to access public health-care services in South Africa. The findings of this paper highlight that the lack of valid immigration documentation, often makes it challenging for participants to access services from public hospitals and clinics. The findings also reveal that the state of the South African public health-care system predisposes migrant women to health risks.

Keywords: gender, migration, health access, violence, South Africa

INTRODUCTION

The economic meltdown and worsening levels of poverty in Zimbabwe led to a significant increase in the number of women migrating to South Africa from 2005 to 2010 (Crush et al., 2015: 367). A Southern African Migration Programme (SAMP) survey in 1997 found that 61% of Zimbabwean migrants were male and 39% were female (Crush et al., 2015: 367). This suggested that there was an increase in the number of women migrating to South Africa compared with other countries in Southern Africa. This gives us reason to 'speculate' that the numbers could have increased a decade later because of the economic crisis that resulted in large numbers of people migrating out of Zimbabwe. Most Zimbabwean women are now moving across borders independently of their spouses and partners in search of better and sustainable livelihoods (Dzingirai et al., 2015: 13; Mbiyozo, 2019). Whilst some have valid immigration documents, a large number of these women are undocumented, which heightens their vulnerability to various structures of violence (Bloch, 2010; Rutherford, 2020: 172). Their migration pathways and experiences are distinctive from those of the men as they are more vulnerable to gender(ed) inequalities and pervasive violations. Migrant women are at a heightened risk of multiple forms of violence that include sexual and gender-based violence, exploitation, forced labor, and health vulnerabilities (see Sigsworth et al., 2008; Fuller, 2010; Von Kitzing, 2017; Mutambara and Maheshvari, 2019; Rutherford, 2020).

In spite of South Africa's constitutional provisions that everyone has the right to access health care, migrants and refugees encounter multiple challenges (Munyewende et al., 2011; Crush and Tawodzera, 2014). This paper aims to contribute to existing contentions on the challenges that migrants and refugees experience when accessing health care in South Africa. It particularly examines the extent to which underlying social and institutional factors of vulnerability make it challenging for Zimbabwean migrant women to access public health care in South Africa. The paper argues that when accessing public health care, migrant and refugee women are predisposed to various structures of violence that can easily be misconstrued as challenges that uniquely affect migrants and refugees only. The negative experiences of migrant women in public hospitals and clinics cannot all be attributed to their identity as foreigners. Instead, migrant and refugee women are also adversely affected by the 'crisis of care' that affects any patient (citizen or foreigner) using the public health-care system in South Africa.

CONTEXTUAL BACKGROUND

Health security and legislature

South Africa is one of the countries in the world that has some of the most progressive laws and policies regarding migrants and refugees (see Queue, 2015). However, the implementation of these policies has not been seamless and straightforward, and the Immigration Act of 2002 (RSA, 2002) contradicts the other overarching laws

that note that health-care facilities can assist undocumented migrants and refugees requiring treatment. Under the ambit of the United Nations Charter (UN, 1945), the Universal Declaration of Human Rights was adopted as a resolution. This step strengthened the principle that every human being is entitled to inalienable rights and as such spoke to the questions of how states should treat their citizens as well as nationals from other countries (Bloch, 2010; Scheinin, 2016). Article 25 of the United Nations Universal Declaration of Human Rights posits that:

Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control (UN, 1948).

The experiences of migrant women in accessing health care in South Africa can be situated within the framework of the human security paradigm. The term 'human security' gained momentum in the 1990s at the end of the Cold War between Russia and the United States of America. It was officially coined in the 1994 United Nations Development Report and it proffered the definition which encapsulated the protection of all human beings from both physical and non-physical threats (UNDP, 1994). Emerging work on human security has broadened the definition of human security to encompass "securing people of their physical safety, their economic well-being, respect for their dignity and worth as human beings and the protection of their human rights and fundamental freedom" (Dzimiri and Runhare, 2012: 193). The concept of human security is based on human rights, and one of those rights is any individual's entitlement to proper health care or health security. Scholars like Isike and Owusu-Ampomah (2017: 3179) assert that health security ensures access to health-care systems and quality care; access to safe and affordable family planning; prevention of HIV and AIDS, poor hygiene, teenage pregnancy, substance abuse; and general well-being.

The 1996 South African Constitution was constructed around these principles and asserts that South Africa belongs to all who live in it despite their place of birth or citizenship and all are entitled to be treated with respect and dignity. This makes health a basic human right, as all persons in South Africa have the right to access health-care services (Mafuwa, 2015: 15). In other words, international human rights laws bind states to provide health-care benefits for any individual residing in that state's territory. This means that documented or undocumented migrants in South Africa have the right to proper health-care service on a non-discriminatory basis. There are three 'pieces' of the legislature that guide South Africans on matters relating to migrants and refugees. These comprise the National Health Act of 1998, the Immigration Act of 2002, and the Refugees Act of 1998. According to Alfaro-Velcamp (2017: 60) these laws are inconsistent and they contradict each other.

The National Health Act 61 of 2003, Chapter 1 (2)(c) (RSA, 2003) stipulates that the government will provide health care for the people of South Africa including vulnerable groups such as women, children, the elderly, and people with disabilities. However, the vulnerable do not include migrants and refugees, particularly those who are undocumented who should be considered vulnerable because of their illegal standing (McLaughlin and Alfaro-Velcamp, 2015: 32). The Refugees Act of 1998 (RSA, 1998) appears to be consistent with the National Health Act as it emphasizes that refugees are entitled to basic health services. Chapter 5, section 27 (g) states that, "a refugee is entitled to the same basic health services and basic primary education which the inhabitants of the Republic receive from time to time" (RSA, 1998: 20). However, the legislation does not refer to asylum seekers or other foreign nationals (Ramjathan-Keogh, 2017: 134). According to Alfaro-Velcamp (2017: 59), the Immigration Act of 2002 contradicts the preceding health laws, as it obliges health care providers to ascertain the legal status of patients before administering care. Section 44 of the Immigration Act states:

When possible, any organ of state shall endeavour to ascertain the status or citizenship of the persons receiving its services and shall report to the Director-General any illegal foreigner, or any person whose status or citizenship could not be ascertained, provided that such requirement shall not prevent the rendering of services to which illegal foreigners and foreigners are entitled under the Constitution or any law (RSA 2002 – Section 44 substituted by Section 42 of Act 19 of 2004: 51).

South Africa's health system

South Africa's health system is a two-tier health system where patients can either have access to the public or private health-care system, depending on an individual's ability to pay (Mahlati and Dlamini, 2015). Public health care is funded by taxpayers and the private sector provides services to those who can afford medical aid or pay privately for health care. According to government policy documents, approximately 84% of the South African population depends on the government's health sector (Naidoo, 2012). The public health sector is divided into primary, secondary and tertiary health services provided through various health facilities within different provincial departments (Mahlati and Dlamini, 2015: 3). The primary level hospitals include internal medicine, obstetrics and gynecology, pediatrics, general surgery, and general practice. They often offer limited services that require the use of the laboratory and patients do not need referrals to access services. Secondary level hospitals are recognized by their functionality and they usually have five to ten clinical specialties within them. Hence, when someone is referred for secondary care it means that they need a professional who has more specific expertise in whatever problem the patient is experiencing. For instance, a rehabilitation centre is an example of secondary level care. Tertiary level hospitals offer highly specialized equipment and expertise in

areas such as coronary artery bypass surgery, renal or hemodialysis, neurosurgeries, severe burn treatments, and other complex treatments and procedures. Patients are transferred to tertiary level hospitals when primary and secondary level care is not adequate for their condition (Young, 2016: 4). While primary care is free, secondary and tertiary care is subsidized and patients are charged according to a uniform patient fee schedule which determines the amount based on their income bracket and the number of children they have, regardless of their nationality (Expatica, 2020).

In sub-Saharan Africa, South Africa is considered as one of the countries that invests a lot of money in strengthening its public health-care system. However, the results are not equivalent to what is spent (Malakoane et al., 2020). The public health-care system serves a large proportion of the population and this adds pressure as the system battles many challenges. Hospitals are severely under-resourced and doctors and nurses are often demotivated because of the shortage of staff which consequently compromises the quality of patient-care (Maphumulo and Bhengu, 2019: 4). As a result, South African citizens who rely on the public health system experience health vulnerabilities, like prolonged hours waiting in queues, abusive attitudes by staff, and expensive treatment and care. Some hospital and clinic facilities are dilapidated and most people worry that they may contract secondary infections whilst they are seeking care in the public clinics and hospitals (Malakoane et al., 2020). These public hospitals are the same facilities that migrants and refugees use, and their experiences are worsened by several factors.

This paper employs the theoretical lenses of the structural violence theory. According to Samantroy (2010: 6), violence is not always conspicuous; instead, it is invisible and is always ubiquitous in social structures normalized by institutions or regular experiences. The theory is used to show the various forms of invisible violence that make it challenging for Zimbabwean migrant women to access public health-care services in South Africa. Migrant women face several health risks and barriers to accessing public health care which are exacerbated by multiple factors. These include legal restrictions on their status as migrants, poor accommodation facilities, language barriers, and the increasing manifestation of xenophobia which includes prejudice and negative attitudes from health-care workers (Freedman et al., 2020: 9). Migrant women who are unemployed or working in the informal sector are particularly vulnerable as they encounter economic insecurities that predispose them to high levels of poverty, living in unhealthy environments in the urban areas with poor ventilation and limited sanitation facilities, making them more vulnerable to being infected by communicable diseases (Freedman et al., 2020: 6). In instances when they need to seek health care, they usually cannot afford to pay for treatment. Another factor that makes it challenging for migrant women to access public health care, is legal immigration restrictions. Legal immigration documents play a substantial part in accessing public health care. It is important to note that a significant number of Zimbabwean migrants in South Africa are unskilled and undocumented because of the strict immigration requirements that do not allow

unskilled migrants to apply for temporary work permits (Landau et al., 2005; Mbiyozo, 2018; Hlatshwayo, 2019; Moyo, 2020). Moreover, they are also exposed to other structures of violence like “medical xenophobia” (Crush and Tawodzera, 2014: 659). The term xenophobia is defined as the “deep dislike of non-nationals, whatever their source of nationality” (Landau et al., 2005: 4). Kollapan (1999) argues that the term cannot merely be constructed and defined as attitudes; it must express action or practice. This contention implies that the definition of xenophobia should be constructed beyond dislike and fear; instead, it should include actions of violence that result in bodily harm and damage to property (Harris, 2002: 170).

According to Kange'the and Duma (2013: 160), xenophobic violence occurs in South African communities daily but many incidents go unreported. However, there have been significant nationwide violent attacks on foreigners which took place in April 2008 and October 2015. That violence was sparked by negative comments about foreigners by the Zulu monarch, King Goodwill Zwelithini (Tella, 2016: 2). The city of Johannesburg also recently – during March and October of 2019 – experienced xenophobic riots (Montle and Mogoboya, 2020). The violence is usually characterized by the sporadic looting of property and goods from foreign-owned shops or vending stalls (Cinini and Singh, 2019: 62). Beyond the visible violence carried out against foreigners, xenophobia can also be institutional or structural. It is manifested in South African practices through the exclusion of and discrimination against foreigners in spaces such as the education system, hospitals, banks, police services and the Department of Home Affairs. This concurs with the views of Schepers-Hughes (1995: 143), who contends that structural violence that is experienced every day can be defined as, “little routines and enactments of violence” that are practiced normatively in different administrative and bureaucratic spaces. In the public health care setting, these “little routines” can be considered as the status quo, even though for migrant and refugee patients it is experienced as an assault on their dignity and integrity (see Price, 2012). This implies that xenophobia may be rendered normal, as invisible enactments of violence. As coined by Crush and Tawodzera (2014) these invisible enactments of violence can be termed “medical xenophobia” to encapsulate the argument that some public health-care practitioners discriminate against and express negative attitudes towards foreigners. In the same vein, Adjai and Lazaridis (2013) further strengthen this argument and assert that in institutions, xenophobia can be used to exclude foreigners by practice and not by the design of the policies. Similar to the latter views, Crush and Tawodzera (2014) agree that other practitioners, in the absence of official directives (or not), have the power to withhold services and certainly play a pivotal role in how these services are delivered to foreigners.

However, several studies have provided a counter-narrative to the ‘single story’ of medical xenophobia and migrants ‘perceptions’ on accessing health care in South Africa. A recent study by Vearey et al. (2018: 96) reveals that despite the immigration status and the length of stay in South Africa, non-nationals have access to public health-care facilities, particularly clinics. They reported that their choice

was mostly influenced by the fact that most of the “staff was nice”, showing that the attitude of health-care providers is an important factor when it comes to migrant women accessing services. Vanyoro (2019: 9) also puts forward the argument that the experiences of non-nationals in the South African public health-care system are complex and equivocal. Vanyoro’s study reveals that in Musina, a small border town between Zimbabwe and South Africa, there was no adequate evidence to show that non-nationals were discriminated against or denied treatment because of their nationality, immigration status, and language. Vanyoro (2019) argues that past work on medical xenophobia negates the idea that differences and outsiders are subjectively and socially constructed and negotiated. This is critical to how xenophobic discrimination is experienced (or not) by locals, migrants and refugees across different spaces. This, therefore, shows that in order to access health care for migrant women in South Africa, it is complex and equivocal and there is a wide range of possible experiences.

METHODOLOGY

The findings of this paper are based on a qualitative study with Zimbabwean migrant women in Durban, South Africa. Twenty-two Zimbabwean female migrants were interviewed. An overview of the demography of the women who were part of the study is provided in Table 1.

Table 1: Demography of female participants

Participant	Age	Migration to SA	Occupation	Marital Status
1	39	2008	Tailor	Married
2	32	2012	Hairdresser	Married
3	30	2012	Hairdresser	Divorced
4	37	2008	Hairdresser	Married
5	30	2010	Hairdresser	Married
6	36	2007	Hairdresser	Married
7	49	2009	Maid/Hairdresser	Widow
8	29	2008	Manicurist	Married
9	28	2013	Hairdresser	Single
10	26	2011	Hairdresser	Married
11	30	2013	Street vendor	Single
12	37	1999	Home-based crèche	Married
13	35	2009	Tailor	Divorced
14	41	2007	Street vendor	Divorced

15	40	2010	Home-based crèche	Married
16	30	2011	Street vendor	Divorced
17	27	2008	Street vendor	Divorced
18	33	2010	Street vendor	Single
19	35	2009	Street vendor	Married
20	45	2007	Internet café	Widow
21	25	2016	Maid	Married
22	29	2010	Maid	Single

Participants were aged between 25 and 49 years and self-employed in the informal sector as hairdressers, street vendors, and informal tailors; home-based crèche owners; and internet café attendants. Snowball and purposive sampling techniques were used to recruit the participants. The study did not use the help of a specific organization with the recruitment of participants, hence a key informant who was a Zimbabwean woman was recruited to help identify possible participants in her community. Semi-structured interviews were conducted in Shona since all the interviewed women were Shona-speaking and the interviews were approximately 30–45 minutes long, depending on how the conversations unfolded. With the permission of the participants, the interviews were recorded using a tape recorder. Participant observation was also used as a data collection method. Interactions that were less formal such as ‘hanging out’ at hair salons and sometimes at the informal stalls set up in the streets, turned out to be a rewarding way of collecting relevant data.

Data gathered through participant observation was recorded by note-taking of all the distinctive behaviors and attitudes from the participants’ everyday lives. The interviews were translated and transcribed into English, and thematic analysis was conducted. This involved coding all the data before identifying and reviewing key themes. Each theme was examined to gain an understanding of participants’ perceptions and motivations. To ensure that the research was ethical, potential participants were informed beforehand of the nature and the purpose of the research, and why they were being interviewed. They were informed that they could stop the interview when they felt uncomfortable, and they would not be forced to say anything they did not agree to say. Participants were assured of their confidentiality and their real names were not used in the study. Ethical approval was obtained from the University of KwaZulu-Natal Human and Social Sciences Research Ethics Committee (HSS/2112/016 D).

FINDINGS

The findings of the study showed that there were interconnected challenges to accessing health-care services by Zimbabwean migrant women. These included the

need for legal immigration documents, xenophobia and discrimination, as well as language and cultural barriers.

The need for legal immigration documents

The participants revealed that as foreigners they needed to have legal immigration documents to access health-care services. They indicated that when they visited a hospital, they were expected to have valid passports and temporary or permanent permits. Hospital administrators often required their identification documents for verifying their legal status and their eligibility for treatment. One of the participants revealed that it was onerous to try and get treatment without producing documents such as passports and proof of address:

For a person like me who does not even have a permit or even a passport, it is very difficult to go to the clinic because they always need those things and your proof of where you are staying [Participant 10].

For undocumented migrants, it is impossible to open up bank accounts or be engaged in any activities that require paperwork. That means that they will likely not have any definitive proof of residence required at the public clinics and hospitals (Crush and Tawodzera, 2014: 660) One of the participants recounted the story of another Zimbabwean woman she met at a local ante-natal clinic. She mentioned that the woman was coming to the clinic for the first time to register for her ante-natal appointments. However, the clinic clerk refused to assist her because she did not have a valid or legal permit. Although the woman tried to give the clerk her husband's asylum permit, the clerk said, "We do not want your husband's permit, we want yours". The need for legal immigration forms of identification by health professionals affected the women's access to essential health care. The systematic need for documentation from migrant women in the clinics restricted them from accessing public health care and it influenced some of the women to avoid going to the clinic. Some of the participants noted that it was challenging to get treatment at public clinics and hospitals if they did not present documents showing that they were residing in South Africa legally. Hence, some of the participants opted to use private health-care services, as they were more concerned about the patient's ability to pay, rather than legal immigration documents. Two of the women said:

Because of the stories I have heard of bad treatment in the hospitals, I normally try not to go there; I would rather go to the pharmacy and get some pills. If it is that serious, I am left with no option but to go to private doctors who are very expensive. But they are better because they do not ask a lot of questions about your passport and permit [Participant 1].

When you don't have a permit, you are always worried about being caught by

the police. And sometimes going to places where they need your passport and permit, it's like exposing yourself and you already know that you will not get any assistance [Participant 9].

Some of the participants viewed public hospitals and clinics as 'places of fear'. It is important to note that this study revealed what the participants perceived their access to health-care services to be based on their own experiences and in some instances on what they heard other people in their migrant community sharing regarding their own experiences accessing care at public hospitals. Based on some of these shared negative perceptions, some of the participants said that they feared being denied treatment or their lack of legal immigration documents possibly attracting attention from Home Affairs officials and in turn being detained. This left them with no option but to seek private health care or opting to use self-medication or over-the-counter medication.

While most of the participants were self-employed, they worked in the informal sector, living 'from hand to mouth' and were in no position to afford medical aid and the exorbitant fees required at private health facilities. To avoid these high fees and being asked for legal documentation at public health-care facilities, several of the participants shared that they used over-the-counter medicine. Two of the women said:

When I am sick, I usually go and buy medication at the pharmacy [Participant 9].

I have heard so many stories about hospitals in South Africa, such that I go to the pharmacy. I am lucky that I have never been seriously ill ever since I came to South Africa [Participant 2].

However, this increased their health risks as it involved self-diagnosis, even in instances where some of the conditions possibly required treatment by a medical practitioner. These findings resonate with Crush and Tawodzera (2014: 661), who articulate that it is potentially dangerous for anyone, but in particular for undocumented migrants, to continuously use over-the-counter medicine without seeking professional treatment at a hospital, as they could be exposed to inappropriate medicine.

Communication

Several of the participants indicated that when they visited a clinic, some of the nurses communicated with them in the local Isizulu language. The women recounted that they were expected to know and understand the language. However, the reality was that they could only understand the basic elements of the language, like greetings. Beyond that, they were only able to communicate in English. However, communicating in English and being unable to fully express themselves in a local

language, was a visible and audible marker of difference that led to some of the participants experiencing discrimination and xenophobic attitudes from some of the health-care workers. Some of the participants said:

When I gave birth, the nurse said something that I did not understand. I responded in English and the nurse said she was irritated by people who speak English. She then left the room and I was later assisted by another nurse who was in the same ward [Participant 10].

I still remember at the hospital, I saw the experience of another woman; she was not from Zimbabwe, but she was from Mozambique. It was not quite pleasing, the way they were talking to her and the way they were handling her. I felt like language was a huge barrier and she could not communicate well [Participant 3].

The participants revealed that not being able to communicate in the local language, heightened their vulnerability as some of the health-care providers used that to scold the women and to show them that they did not belong. In instances where one cannot speak the local language fluently, the only solution would be for the patient and the health-care provider to communicate in the language used most frequently in business and commerce in South Africa, which is English. However, the use of English by the Zimbabwean migrant women often led to hostility and accelerated the nurses' negative attitudes towards them. The language barrier resulted in poor communication and in most cases, it created fear and anxiety in the women when they visited public health-care institutions.

Some of the participants also indicated that their identity as migrants who spoke a different language subjected them to poor treatment even though they had legal status. They felt that they were not cared for as people who needed health care. Instead, their identity as being foreign, subjected them to poor treatment and judgment from some of the health professionals. The participants regarded those actions as xenophobic as they experienced discrimination from some health-care providers who blatantly pointed out that they were not happy with migrants and refugees using the same health-care system as South Africans. Some of the interviewed participants revealed that the resentment that some health care professionals displayed towards them was deeply entrenched in hatred and disdain for foreigners. This was revealed in what some of them said:

I gave birth in 2016, and there was an older midwife who told me that I should stop giving birth because the population in South Africa is increasing and they did not need more foreigners. She told me that I was supposed to find other means of not giving birth as this was not my country (Participant 9).

Especially at the hospital, if they see that you are a “kwere kwere” they will not treat you well. I know of my neighbor who suffered terribly during birth in hospital and the nurses would come and say, “is it you removed Mugabe, why is it you are still here in South Africa?” (Participant 12).

Some of the participants also said that they had been denied treatment in hospitals and they were told to go to other facilities:

Sometimes you go to the hospital and you expect that they will at least check you and tell you what's wrong. But you know they can give you excuses and tell you that you were not supposed to come to the hospital and you should go to the clinic. Is it I am here now and I need assistance? Why can't they just assist me? What if it's a serious problem and they are busy telling me to go from one place to another? [Participant 18].

One of the primary challenges in assessing the reasons why the participants faced difficulties when they tried to access public health care is the assumption (often held by the Zimbabwean migrant women themselves) that when they received poor medical treatment from health-care workers, it was driven by the health-care workers' xenophobic attitudes. However, a study conducted by Shaeffer (2009) argues that it is imperative to acknowledge that not all instances of poor treatment can be labeled 'medical xenophobia'. Instead, the language barrier and the lack of understanding of South Africa's health-care system often ended in many migrants and refugees seeking care at the wrong facilities. According to Mojaki et al. (2011) the South African health-care system follows a hierarchical referral system where health care providers at the lower level of the health system seek the assistance of providers who have more resources and capacity. Based on the latter narrative, it is possible that when some of the participants were referred to other facilities, they possibly misconstrued it as denial and 'medical xenophobia'. Based on the definition of xenophobia (see Landau et al., 2005), for it to be considered 'medical xenophobia', medical treatment has to be wrongfully denied to migrants and refugees on the grounds of their nationality or their legal right to live in South Africa. However, other reasons might lead to medical care being wrongly denied. South Africa's health-care system is regarded as being in a state of disrepair and experiencing various challenges (see Maphumulo and Bhengu, 2019). Among the various challenges is the shortage of staff, which implies that public health-care workers often work long-hour shifts and they are likely to be exhausted. In some instances, the exhaustion and fatigue they experience possibly influence their negative attitudes and behavior towards local and foreign patients (Crush and Tawodzera, 2014: 666).

Challenges in accessing sexual and reproductive health care

Several of the participants also indicated that they had challenges accessing sexual and

reproductive health-care services. They revealed that they did not feel secure about the way they accessed contraceptives from public-health institutions, particularly after giving birth. This was recounted by one of the women:

I told the midwife that I was comfortable using birth control pills but, just after giving birth, I remember I was injected twice and thought these were anesthetic injections. Two months after giving birth, I was still experiencing problems with bleeding. When I went to the local clinic, that was when I was told that this was normal as I had been given the injection for birth control [Participant 20].

In most cases, as the participants revealed, the women unknowingly started using two birth control methods at the same time, which usually had negative effects. The above narrative shows how some of the participants were unaware of the type of contraceptives they were taking. This resonates with the findings of Munyaneza and Mhlongo (2019: 11) that migrant and refugee women are often not asked for their consent when they are administered contraceptives by injection. It is important to note that failure to obtain informed consent from patients before administering contraceptives is not something that only happens to migrant women. According to Lince-Deroche et al. (2016: 101) local South African women usually use or continue using contraceptives they did not consent to after intentional or unintentional rushed and substandard counseling with nurses. However, the findings of this study revealed that there are some instances unique to migrant women that adequately capture the existence of 'medical xenophobia'. One of the participants said:

The nurses came, and they did not even ask me, they just told me to roll up my nightdress sleeve and I assumed they wanted to put me on the drip. When I saw her take out the implant package, I immediately told her that I didn't want an implant. But she just continued, and she told me that the implant was for five years and it was going to keep me from giving birth in a country that was not mine. I later went to see a private doctor after a month for it to be removed as it had a lot of side effects (Participant 4).

It is important to note that women's bodies are at the center of sexual and reproductive health rights, yet, in most instances, they do not have power over the decisions made about their bodies and sexuality. Significantly, for migrant women, this study revealed that violations of their sexual and reproductive health rights were often worsened by different structures of insecurities like xenophobic attitudes. From the latter narrative, the nurse mentioned that using a contraceptive that lasted for 5 years would prevent the participant from giving birth in a foreign land, and this is indicative of some of the xenophobic undertones that migrant women encounter when they access public health-care facilities. The ill-treatment that the participants received, constructed

their identity as second-class citizens who do not quite belong or fit into South African society. The attitudes and sentiments from health-care professionals cause the women to feel unwanted in a foreign land where they hoped to find security and better livelihoods. Despite the negative experiences from some of the participants, it is also important to note that two of the women had positive experiences and they felt that they were treated well when they accessed public health-care facilities. The women recounted:

When I gave birth to Sunshine at Addington Hospital, I do not want to lie, I received the best treatment [Participant 8].

The health system here in South Africa is much better than the one that we have back home, where there are no doctors and the nurses are always on strike. If you send someone to the hospital, it's like you are giving up on them and sending them off to die. Here, it is better. I have never faced any challenges when I usually go to collect my pills for blood pressure and diabetes [Participant 22].

DISCUSSION

It is clear from the narratives that several factors exacerbate the health risks of Zimbabwean migrant women. South Africa is an inherently violent country and migrants are particular targets of violence and they are often exposed to xenophobic violence (Crush et al., 2017; Munyaneza and Mhlongo, 2019). It is also a society that suffers from high levels of rape and sexual gender-based violence and migrant women are not an exception. They live precariously and their lives are at constant risk, both during their journey to this country, and during their residence in South Africa (Von Kitzing, 2017; Hlatshwayo, 2019).

Even though undocumented migrant and refugee women are entitled to their universal human health rights, the inconsistencies in the policies and legislature regarding the health care of migrants and refugees, subject them to various health risks and vulnerabilities that make it difficult to access public health care. The legal authority has been misplaced onto hospital administrators who do not have the authority to decide people's legal immigration standing (Alfaro-Velcamp, 2019: 64). The most serious barriers and obstacles to their health, regardless of the Zimbabwean migrant women being documented or undocumented, are their experiences of discrimination and negative attitudes on the part of individual care providers. Shaeffer (2009: 8) observes that, "the health rights that are afforded to migrants on paper are belied by the harassment and denial they face in clinics and hospitals".

The lack of documentation or identifying as foreign, exposed the women to health risks. More than anything, the narratives show the power dynamics between health-care providers and migrant women. In as much as health-care providers are constitutionally obliged to serve every patient with dignity and respect regardless of

their nationality, they have a powerful position in the execution of their duties. In some instances, that power was abused, making it difficult for the migrant women to access proper health-care services. The women revealed that they experienced fears of being reprimanded, being shouted at and their concerns being ignored.

It is important to note that the language barrier between the migrant women and some of the health-care providers influenced the negative and discriminatory attitudes. The inability to fully express themselves in English or the local language, coupled with negative discriminatory attitudes towards foreigners by locals, made it challenging for the migrant women to access quality health-care services in South Africa.

The belief that the presence of foreigners in South Africa means that the country's population will grow, is deeply rooted in discriminatory and xenophobic sentiments. The widespread negative beliefs and knowledge about migrants amongst local South Africans influence individual health-care providers' perceptions that if foreign women gave birth in South Africa, they would be straining the country's resources and worsening South Africa's structural, social and economic problems (Crush and Tawodzera, 2014: 663).

More often, the health rights of migrant women are overlooked and infringed because of the strong negative beliefs towards foreigners. As cited in Crush et al. (2013), Benatar (2004: 81) asserted that most South Africans are not content with the quality of the health-care system in public institutions. This is attributed to staff shortages and increased workloads. However, some of the South Africans, including the health-care providers, are of the view that the poor service delivery is caused by an influx of foreigners, who they perceive as bringing infectious diseases and socio-economic problems to the South African health-care system. Walls et al. (2016: 14) articulated that although there is a clear indication of the increased number of people moving into South Africa, the impact of migration on the health-care system is debatable, with the assumptions and beliefs often driving responses instead of data and evidence. The perceptions and views of the health-care providers can be considered as being xenophobic, as they influence their thoughts, responses, and behavior towards migrant women. Writing in the 1990s, a study conducted by Jewkes et al. (1998) provides a counter-narrative to the latter view. It established that both local and migrant patients suffered due to the poor health-care system, which currently continues to deteriorate daily. Scholars like Crush and Tawodzera (2014: 9) observe that the public health-care system in South Africa is heavily overburdened and most public facilities struggle to provide sustainable quality health care. Hence, in some instances, Zimbabwean migrant women might associate any kind of ill-treatment in hospitals with xenophobia.

CONCLUSION

This paper evokes an understanding of the context of the vulnerability of Zimbabwean migrant women when they are accessing the public health-care system in South

Africa. Although there are singular events that display the specific poor treatment of migrant women when accessing public health care, it is important to highlight that some of the incidents might possibly be misconstrued as being unique to migrant women. The findings of this paper highlight that the issues surrounding the access of public health care are constructed on the assumptions and perceptions held by migrant women themselves. Hence, it is possible that any poor treatment experienced accessing health care can easily be associated with 'medical xenophobia.' The term 'medical xenophobia' has been used several times in the literature, referring to the negative attitudes and experiences that migrants encounter when accessing health care (Crush and Tawodzera, 2014; Zihindula et al., 2015; Munyaneza and Mhlongo, 2019).

It is imperative to note that emerging research should not only focus on the single story of migrant women being treated badly in hospitals, but it should also consider the existence of other invisible structures of violence like language barriers and the women's lack of understanding of the state of the South African public health-care system as reasons for some of the poor treatment they receive. We cannot dismiss the fact that there is a thin line between 'medical xenophobia' and a deteriorating South African public health-care system, which invariably leads to vulnerability when accessing quality care and services, for both local and migrant women.

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COVID-19 and its Effects on the Lives and Livelihoods of Congolese Female Asylum Seekers and Refugees in the City of Cape Town

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This paper explores the socio-economic effects of the COVID-19 pandemic on the lives and livelihoods of Congolese female asylum seekers and refugees living in Cape Town. It is framed around the assumption that this group of women exist at the intersection of multiple forms of vulnerability by virtue of their migrant status, gender, race, and social class. The study adopted a qualitative approach to data collection and analysis. One-on-one in-depth interviews were conducted with seven female asylum seekers and refugees from the Democratic Republic of Congo, using a semi-structured interview guide. Drawing on a feminist intersectional framework, the findings revealed that containment measures imposed by the South African government to curb the spread of COVID-19 significantly increased asylum-seeking and refugee women's care roles in homes, while rendering paid work more precarious. We argue that resilience strategies adopted by these women during the pandemic varied, depending on their demographic and socio-economic status, educational level, nature of employment or entrepreneurial activity and their residency status in South Africa. This article concludes that the COVID-19 pandemic has amplified existing inequalities experienced by female Congolese asylum seekers and refugees and created new ones, with long-term implications for their lives and livelihoods.

Keywords: intersectionality, gender, asylum seekers, refugees, vulnerabilities, resilience

INTRODUCTION

The COVID-19 pandemic has unleashed a global health crisis with significant implications for the lives and livelihoods of the world's poorest populations. In an effort to protect lives, the South African government's responses to the pandemic have inadvertently exacerbated existing vulnerabilities of poor black women, young people, undocumented migrants, asylum seekers, and refugees (Mukumbang et al., 2020; Zanker and Moyo, 2020). On 23 March 2020, South Africa embarked on a 21-day national lockdown, which restricted the movement of people and suspended all social and economic activities, except for essential services. It is important to note that what is considered an essential service varies from one context to another. At the onset of the pandemic in South Africa, essential services were categorized with a focus on paid work in the formal sector, such as: financial services, transport services, healthcare services, journalism and media services, emergency services, security, defence and safety services, etc. (Stevano et al., 2020: 2). Such a narrow focus excludes women's care roles in homes and ignores the fact that a vast majority of the working population in South Africa, particularly women and migrants, engage in multiple activities in the informal economy for their livelihoods (Tawodzera et al., 2015). The lockdown was extended in a phased-out manner between alert levels one and five. Strict regulations during alert levels three, four and five lockdown dealt a severe blow to the livelihoods of poor black women in South Africa because social distancing measures impacted mostly sectors with high rates of female employment, like informal trading, hairdressing and domestic work (Ramparsad, 2020). Also, the closure of schools and childcare centers during that period increased the burden of care on working mothers (Alon et al., 2020). While the South African government implemented a variety of short-term financial relief packages for businesses and unemployed citizens, vulnerable migrant populations, particularly female asylum seekers, irregular and undocumented migrants engaged in the informal economy were excluded from these initiatives, rendering them destitute (Mukumbang et al., 2020).

African female migrants in South Africa comprise of the following categories: women with permanent residency status, work visas, spousal visas, study visas; refugees, asylum seekers, and irregular and undocumented migrants (Ncube, 2017). A refugee is defined as "... someone who has been forced to flee his or her country because of persecution, war or violence" (Mbiyozo, 2018: 4). In order to be recognized as a refugee in South Africa, a person is expected to apply for asylum and demonstrate that his/her fear of persecution on the basis of ethnicity, religion, political opinion or membership of a particular social group is well founded (UNHCR, 2021). According to UNHCR (2018), refugees and asylum seekers from the Democratic Republic of Congo (DRC) are the third largest displaced people in the world and a minimum of 25,000 Congolese refugees have lived in South Africa for at least five or more consecutive years. Armed conflict in the eastern provinces of the DRC have forcibly displaced over 5.1 million people and women and children continue to bear the brunt

of human rights violations (Schockaert et al., 2020: 33). In this context, the paper explores the socio-economic effects of the COVID-19 pandemic on the lives and livelihoods of Congolese female asylum seekers and refugees living in Cape Town. It is framed around the assumption that this group of women exist at the intersection of multiple forms of vulnerability by virtue of their migrant status, gender, race, and social class. Drawing on a feminist intersectional framework, the research found that containment measures imposed by the South African government to curb the spread of COVID-19 significantly increased the women's care role in homes, while rendering paid work more precarious. The findings of the study indicate that the level of resilience demonstrated by these women during the pandemic varied, depending on their demographic and socio-economic status, educational level, nature of employment or entrepreneurial activity and their residency status in South Africa. Consequently, the COVID-19 pandemic has amplified existing inequalities experienced by female Congolese asylum seekers and refugees and created new ones. Given the above, the main aim of this paper is to examine the effects of the pandemic on the lives and livelihoods of Congolese female migrants through a feminist intersectional lens.

This paper is structured as follows: first it provides an overview of patterns of female migration to South Africa, with a focus on opportunities and challenges experienced by female asylum seekers and refugees. Second, it discusses intersectionality and its operationalization in migration studies. Third, it presents a brief description of the methodology used. Furthermore, it presents and discusses key findings of the study. Finally, the conclusion summarizes key findings in relation to understanding the experiences of female Congolese refugees and asylum seekers during the COVID-19 pandemic, through a feminist intersectional lens.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Although Africa is often depicted as a continent of mass migration to the northern hemisphere that is driven by civil wars, environmental disasters and underdevelopment, empirical research on trends, patterns and determinants of migration in Africa indicate that these perceptions are largely based on stereotypes (Flahaux and De Haas, 2016). Data from cross-country migration matrix and household surveys from several African countries indicate that Africa has one of the lowest rates of immigration when compared with other continents and the majority of Africans migrate within the continent (Shimeles, 2010). Contrary to popular interpretations of trends of African migration, empirical research shows that migration out of Africa is characterized by the movement of high-skilled individuals, motivated to improve their livelihoods in more advanced economies (Flahaux and De Haas, 2016). However, African migration is mainly characterized by intra-regional movements of highly-skilled workers, irregular migrants and refugees driven by worsening socio-economic and political conditions in countries of origin (Adepoju, 2002, 2006; Shimeles, 2010; Pineteh and Mulu, 2020). This signifies the importance

of research with a focus on South-South migration.

Moreover, Southern Africa has a history of migration dating back to the nineteenth century, with entrenched patterns of mobility focused on the movement of cheap male labor in the mining and agricultural industries (Crush et al., 2005). Consequently, studies on the dynamics of African migration to South Africa have been mostly gender neutral and this has led to the formulation of migration policies that are largely geared towards the experiences of men (Dodson and Crush, 2004; Palmary et al., 2010). Structural determinants like the end of apartheid and South Africa's integration into the global economy, civil wars, ethnic conflicts, natural disasters and economic crises across the African continent have created new patterns of human mobility (Landau, 2006; Pineteh, 2010). An important aspect of these changes has been an increase in the movement of African female migrants to South Africa (Ojong, 2012; Isike, 2017; Ncube, 2017; Ncube and Mkwanzani, 2020). This section of the paper provides a brief review of the literature on the dynamics of African female migration to South Africa and examines recent studies on the socio-economic effects of COVID-19 on female migrants globally.

Patterns of female migration to South Africa: Opportunities and challenges

In spite of its socio-economic challenges, South Africa remains the most popular destination for economic and forced migrants from across the African continent (Crush et al., 2005; Pineteh, 2010). Like their male counterparts, African women migrate to South Africa in pursuit of better economic opportunities and/or are fleeing political violence, community conflicts or natural disasters (Mbiyozo, 2018; Farley, 2019). Recent trends in migration research indicate an increasing recognition that women's experiences throughout the migration journey and in the host country are shaped by their gender, with positive and negative outcomes (Isike, 2016, 2017). Recent studies on female African migrants in South Africa have revealed that a significant number of women travelled to South Africa independently and were living in South Africa without spouses or partners (Farley, 2019; Ncube and Mkwanzani, 2020). This trend, which is referred to as the feminization of migration is expected to continue growing globally, as well as in the African context (Pillinger, 2007; Piper, 2008; Mbiyozo, 2018). It is therefore important to understand the experiences of migrants from a gendered perspective, particularly during times of crisis like the current COVID-19 pandemic that is wreaking havoc on vulnerable populations. The following section examines diversity in the experiences of African female migrants in South Africa.

§ African female migration to South Africa as positive and empowering

Migration can be a positive experience for African migrant women, enabling them to have access to further education, participate in the labor market as skilled professionals and contribute to their host communities and countries of origin

through remittances (Dodson et al., 2008). A study of African professional women from Cameroon, Zambia, Nigeria, Kenya, Malawi, Tanzania, Uganda and Congo found a positive relationship between migration to South Africa and an increase in socio-economic empowerment opportunities (Ojong and Muthuki, 2010). For independent African professional women who came to South Africa in pursuit of tertiary education and employment opportunities, migration has enabled experiences that have challenged gender norms based on patriarchy and religion (Ojong, 2012). Adepoju (2006) argues that migration has become a family survival strategy and has redefined the role of women in the family in positive ways. Outcomes of access to skilled employment as a result of education and entrepreneurial opportunities have positively influenced adaptation and coping strategies for African female migrants in South Africa (Ncube, 2017; Ncube and Mkwanzani, 2020). Therefore, increasing autonomy and independence amongst African migrant professional women enables them to forge new gender roles in relationships, which position them as agents of socio-cultural and economic change (Pillinger, 2007). These changes affect power relations in the family, creating contestations between traditional gender roles and the new identities that migrant women forge in their public and private lives.

In an analysis of the coping and adaptation strategies employed by African migrant women in South Africa, Ncube et al. (2019) argue that migrant women need human, physical, social, cultural, economic and political capital in order to adapt well in a host community. Positive adjustment by female African migrants in South Africa was influenced by their educational level, language aptitude and residency status (Ncube, 2017). That is, women with higher levels of education, proficiency in English language and access to pathways for legal residency status in South Africa find it easier to adapt and cope than those with little or no formal education, inability to communicate in English and residing in the country as asylum seekers, irregular or undocumented migrants (Rugunanan and Smit, 2011; Smit and Rugunanan, 2014). Asylum-seeking and refugee women from conflict regions like the DRC are more likely to find themselves as part of the latter than the former category. Most of these women have developed survival strategies; the most significant of these is their participation in the informal economy (Nkomo, 2019). However, migrant women's experiences in the informal economy are diverse. For instance, on the one hand, Ojong (2017) contends that cultural identity increases the propensity of Ghanaian female migrants in South Africa to succeed in the beauty industry as hairdressers. On the other hand, precarious work, like domestic and sex work, constitutes an important livelihood strategy for low-skilled African female asylum seekers and refugees (Richter et al., 2014; Walker and Oliveira, 2015). In this context, domestic workers from neighboring countries like Lesotho and refugee and asylum-seeking women who sell sex in South Africa's urban areas experience multiple forms of vulnerabilities such as, violence at the hands of intimate partners, employers/clients; police harassment; as well as barriers to accessing social and healthcare services (Griffin, 2011; Walker and Oliveira, 2015). This supports findings from other

contexts indicating that marginalized entrepreneurs are likely to experience extreme precarity during COVID-19 and should be targeted by responses from the state and civil society organizations (Martinez Dy and Jayawarna, 2020). Female refugees and asylum seekers make up a significant share of participants in the informal economy of South Africa's inner cities like Cape Town and Johannesburg and experience many challenges in an effort to eke out a living for themselves and their families.

§ Challenges experienced by African refugee and asylum-seeking women in South Africa

The dynamics of displacement affect asylum-seeking and refugee women in South Africa in different ways. While migration can empower these women by improving their socio-economic potential, it can reinforce traditional gender roles and expose women to a variety of new challenges in the host community (Adepoju, 2006). Refugee and asylum-seeking women in South Africa experience gender-based violence, Afrophobia and racial discrimination in their daily lives as they navigate to integrate into host communities and participate in the labor market. South Africa's labor market is characterized by gender and racial inequalities (Ramparsad, 2020: 135-136). Landau (2006) argues that while South Africa's refugee policy enables temporary integration of asylum seekers and refugees into the community, with the legal rights to work and study, refugees and asylum seekers are unable to translate these rights into socio-economic protection. Institutional failures in determining refugee status timeously and offering social protection for asylum seekers negatively affect women more as they are less likely to have access to information in comparison to men (Mbiyozo, 2018).

Violence is a widespread challenge experienced by asylum-seeking and refugee women in South Africa. This ranges from political violence to gender-based violence such as rape (Isike, 2017). Displaced Congolese women journeying to South Africa by bus, boat and trucks across multiple countries are vulnerable to exploitation through extortion, rape and sex trafficking (Amisi, 2005; Schockaert et al., 2020). Factors such as the absence of kinship support, unemployment, a hostile environment, conflict between patriarchal gender norms and women's economic empowerment, contribute to domestic violence among asylum-seeking and refugee women in South Africa (Hiralal, 2017). This is particularly relevant in circumstances where displaced women depend on their spouses for their refugee status or asylum-seeking permits. It is extremely difficult for displaced women to escape situations of domestic abuse in this context. Female refugees and asylum seekers from war-torn regions like the Eastern region of the DRC, Burundi and Somalia have reported experiencing rape, beatings, threats, arson, killings and disappearance of family members in their countries of origin and in transit (Mbiyozo, 2018:14). These women were motivated by social networks, prospects of economic opportunities and the respect of human rights to migrate to South Africa. However, they are often confronted with gendered forms of violence throughout the migration journey, as well as at the hands of their

spouses in host communities.

Furthermore, African asylum-seeking and refugee women make up a significant number of participants in low-skilled and undervalued work in South Africa (Farley, 2019). South Africa's migration policy framework does not offer any legal pathway for low-skilled employment; so many female asylum seekers and refugees find employment in the informal economy as self-employed hairdressers, tailors, petty traders, domestic workers, sex workers and seasonal farm workers (Halkias and Anast, 2009; Griffin, 2011; Richter et al., 2014; Walker and Oliveira, 2015; Ojong, 2017). In this context, women with formal qualifications are willing to take up unskilled labor in order to provide for their livelihoods and send remittances home. Ncube (2017) refers to this as a process of deskilling. Furthermore, asylum-seeking and refugee women experience more challenges than their male counterparts in finding employment and this exposes them to precarious working conditions, unstable living conditions and little or no legal protection (Farley, 2019). This disparity can be attributed to gender inequality in accessing educational and other socio-economic opportunities in migrants' country of origin, as well as gender and racialized disparities in South Africa's immigration and labor market policies (Dodson; 2001; Dodson and Crush, 2004). Importantly, Dodson (2001) contends that gender blindness in the formulation and implementation of migration policy has negative implications for migrant women's rights, as well for a socially-just and economically-viable migration policy framework for South Africa. The following section examines the relevance of intersectionality in framing inequality among Congolese female migrants.

Intersectionality and migration

Studies on the gendered experiences of African migrants in South Africa have employed a variety of theoretical and analytical frames, such as: gendered geographies of power, livelihoods and capabilities approaches (Isike, 2017; Ncube, 2017, Ncube et al., 2019; Ncube and Mkwanzani, 2020). This paper explores the lived experiences of Congolese female refugees and asylum seekers using intersectionality as an analytical framework. Intersectionality as an analytical tool emerged within feminist and anti-racist scholarship in North America in the 1980s (Cho et al., 2013: 786). It interrogated and brought to the fore multiple, complex and distinct forms of oppression experienced by black women, indigenous women and other women of color in the United States (Crenshaw, 1991). Intersectionality was particularly useful in drawing attention to the interconnections and interdependence of categories of disadvantage, such as class, race and ethnicity, which were hitherto, operationalized as separate categories (Collins, 2009). In the 2000s, academic and public debates on immigration in Europe increasingly adopted notions of intersectionality as important (Yuval-Davis, 2006; Bürkner, 2012: 181). This shift was motivated by the need to respond effectively to increasing socio-cultural diversity related to the presence of

ethnic minorities and immigration.

Although the concept of intersectionality was originally conceived in Gender Studies in the global North, migration scholars have adopted its analytical approach to empirical research on Malawian migrant nurses in the United States, skilled migrant job seekers in Australia, as well as in understanding the challenges and constraints faced by female migrants in South Africa (Hiralal, 2017; Ressia et al., 2017; Semu, 2020). An intersectional approach to migration studies has the potential to address some weaknesses in migration research. By disaggregate analytical categories, intersectionality as an analytical frame is important in revealing intra-group differences. It provides a conceptual lens that uncovers the complexity in the lived experiences of this group of female refugees and asylum seekers, during a time of crisis.

The application of intersectionality as an analytical framework has been criticized for treating categories of disadvantage such as race, gender and class as additive (different forms of oppression adding onto each other), while ignoring structural factors that create inequality (Yuval-Davis, 2007). This critique misses the essence of intersectionality by assuming that discussions on oppression amalgamate problems under one umbrella, when in fact, it is a number of intersecting problems that oppress persons in the world. Intersectionality is therefore particularly important in understanding the gendered experiences of Congolese female migrants in South Africa during COVID-19 because migrant women's issues are often glossed over to the detriment of women (or womxn) in public policy and academic debates on migration in South Africa (Dodson, 2001; Dodson and Crush, 2004). The strength of an intersectional analytical approach lies in its ability to deepen our understanding of the differentiated social positions that this group of female refugees and asylum seekers occupy and how this affected their ability to cope and adapt during the pandemic.

METHODOLOGY

The study adopted a qualitative research methodology. Data was collected with the use of in-depth one-on-one interviews. Seven participants were selected with the use of purposive and snowball sampling techniques. COVID-19 protocols such as maintaining physical distance between interviewers and interviewees, sanitizing hands and wearing masks were observed throughout the data collection process. A semi-structured interview guide with a list of 10 open-ended questions was used as a data collection tool. Female asylum seekers and refugees from the DRC were purposively selected to include married and single participants, women with and without children, women from diverse age groups and longevity in South Africa. Interviews were tape-recorded and analyzed using thematic analysis. Each interview lasted approximately 60 minutes. With regards to ethical considerations, all interviews were conducted in a safe space, away from participants' homes and places of employment. All participants signed participant information forms, which

outlined the purpose of the study and consent forms stipulating their voluntary participation in the study. Prior to each interview, participants were reminded of their right to withdraw from the interview process at any stage. Participants' names were not recorded on research instruments for purposes of anonymity. Participants experiencing specific challenges were referred to civil society organizations (CSOs) and faith-based organizations (FBOs) in Cape Town that offer support to asylum seekers and refugees.

PRESENTATION AND DISCUSSION OF FINDINGS

Cape Town is home to many Congolese asylum seekers and refugees. These include individuals with refugee status (Section 24), asylum-seeker permits (Section 22) and permanent residents (Section 27 (D)). In addition, there are Congolese in Cape Town who are awaiting appeal hearings and others waiting to be deported back to the DRC. There is no specific figure for Congolese migrants living in Cape Town because the majority of asylum seekers and refugees received asylum permits from different Refugee Reception Offices (RROs) in the country. Although most Congolese migrants in Cape Town are engaged in casual labor or are self-employed in the informal economy, there are also Congolese women who were engaged in formal employment as essential service and frontline workers during the COVID-19 pandemic. Prior to the outbreak of COVID-19, Congolese refugees and asylum seekers were confronted with issues of subsistence like shelter, food, protection from eviction and xenophobia (Rugunanan and Smit, 2011). The following section discusses findings related to how COVID-19 has affected the lives and livelihoods of female refugees and asylum seekers from the DRC through a feminist intersectional lens.

Health and psycho-social effects of COVID-19 on female Congolese refugees and asylum seekers

During COVID-19, service and healthcare workers have been particularly at risk of infection by continuing to provide care for the sick and rendering services to the public. In South Africa like elsewhere, data on COVID-19 infections among healthcare workers does not account for intersecting issues like occupation, nationality and race (Lokot and Bhatia, 2020). Taking into consideration the psychosocial effects and health risks involved in working at the front-line during the pandemic, the experiences of Congolese female essential workers were further exacerbated by increased childcare needs as a result of school closures and the absence of additional compensation for childcare and services rendered during a time of crisis.

For instance, a 41-year-old mother of two from the DRC who has been living in South Africa for 23 years and was working at a popular chain supermarket in Cape Town, described her experiences as follows:

This thing of social distancing, how to protect yourself and your kids, it was

not easy for me. I tried to protect myself and my kids from COVID because I used to go to work, since the place where I work was not closed. They said it was essential service. I used to wear my masks and gloves at work and removed all my clothes when I got home before greeting my kids. I sanitize my hands first before going to the bathroom. After having a bath, I had to wash the clothes that I was wearing at work. Then, from there I had to change again. Each and every day it used to take a lot of energy. At work, all the time I had to sanitize for not getting infected with COVID from the customers. Also, all the time, we were exchanging products that we sell by giving items to customers, all those kinds of movements. Now, I had to deal with it, it was not easy for me. I had to protect myself by wearing a mask and gloves, sanitizing and social distancing. And even my kids at home had to wear their masks as well, and each one of us had three masks to change when one is dirty. After wearing a mask for a particular period, you have to remove and wash it, you cannot rely on one mask. My kids were not going outside but I was telling them to wear a mask in the house in case of unknown [effects of the] pandemic (Participant 6, refugee).

This excerpt indicates that the participant experienced significant psycho-social effects as a result of working at a busy supermarket and caring for her children during the peak of the pandemic. This supports the contention by Foley and Piper (2020) that the outbreak of COVID-19 has exposed the front-line nature of much of the work carried out by asylum-seeking and refugee women, as well as the socio-economic and structural inequalities in the labor market that render them vulnerable to infection during pandemics. The participant's anxieties around trying to prevent infection with the virus were compounded by anxieties around simultaneously infecting her children because of the nature of her job. Although her children were not allowed to play outdoors, they still wore masks in order to prevent infection from their mother. This must have been very emotionally taxing on them. The term 'emotional geographies of COVID' has been used to describe multiple factors that intersect to render vulnerable women more anxious about getting infected with COVID-19 as a result of their socio-economic circumstances (Azeez et al., 2021). Fears about getting infected at work and infecting one's family also had a positive effect as the participant was diligent in observing COVID-19 protocols. However, the psycho-social effects of COVID-19 experienced by the participant were exacerbated by her increased burden of care at home as a mother and her socio-economic status, as depicted by the front-line nature of her work. These factors intersect, thereby facilitating emotional geographies of COVID that are often overlooked among Congolese asylum-seeking and refugee women.

Congolese refugees and asylum seekers in the healthcare sector were particularly vulnerable during COVID-19 by virtue of their precarious working conditions while caring for the sick. A 48-year-old nurse who has been living in

South Africa for the last 20 years described her experience of getting infected with COVID-19 as follows:

I am a nurse but I can't find a permanent job at the hospital or clinic because of my refugee papers, so I work for an agency that finds work for me at different hospitals. I dealt with a lot of people at the hospitals; that is how I got infected. Due to my age, I had all the signs of COVID-19, like the fever, body tiredness, loss of smell and appetite. I was really sick, but they told me to self-isolate because that time the hospitals were full and there was a shortage of ventilator machines. How can I self-isolate when I live in a small flat? What pains me the most is that I infected my 2 children. I thank God because their symptoms were not too serious. My husband died in 2005, so I am just grateful that I can still work and support my children (Participant 5, refugee).

This excerpt captures the health and psycho-social effects of COVID-19 on the participant. The precarious nature of her work in the healthcare sector intersects with her refugee status to render her vulnerable to exploitation by labor brokers in the healthcare industry. Nursing agencies act as labor brokers between employees and employers in the sector, leading to the casualization of skilled labor in a sector that is considered as an essential service during COVID-19 (Van Eck, 2010; Olojede and Rispe, 2015; Stevano et al., 2020: 2). In this context, the participant was vulnerable to exploitation as employers do not have any legal obligation and offered no social protection to her during her illness. This reveals how intersections of refugee status, race and gender collide in South Africa's healthcare sector, exacerbating the vulnerabilities experienced by Congolese female refugees. To put this into context, since 1994 globalization has created opportunities for white nurses in South Africa to emigrate to the UK, Australia or the US as a form of upward social mobility, while leading to the casualization of refugee and asylum-seeking women's roles in the sector through the use of labor brokers (Hull, 2010; Olojede and Rispe, 2015).

The excerpt above also raises important questions around the implementation of non-pharmaceutical measures such as self-isolation as an effective strategy to prevent the spread of COVID-19 among asylum seekers and refugees. Female Congolese asylum seekers and refugees live in cramped spaces, with several families sharing the same apartment in the inner-city. This is an adaptation strategy to cope with the rising cost of rentals in South Africa's urban areas (Amisi, 2005; Rugunanan and Smit, 2011). This excerpt reveals the contradiction of being an essential worker and being engaged in labor that is undervalued, as depicted by low wages, that are not sufficient to provide for decent housing in the city of Cape Town. Therefore, the findings indicate that gender, age, refugee status, healthcare role, casual working conditions and cramped living conditions intersect to render female Congolese asylum seekers in the health- and social care sectors vulnerable in unique ways during the COVID-19 pandemic.

Socio-economic effects of COVID-19 on female Congolese asylum seekers and refugees

Several authors have argued that Congolese asylum seekers and refugees experience a myriad of challenges in an effort to eke out a living in South Africa (Amisi, 2005; Smit and Rugunan, 2014; Schockaert et al., 2020). As a result of protracted asylum processes, lack of aptitude in the English language and the necessity to earn a living while taking care of children, female Congolese asylum seekers often set up survivalist businesses. These include both legal and illegal economic activities, such as hairdressing, sewing clothes, petty trading and sex work (Mitchell, 2004). The outbreak of COVID-19 has exposed fault-lines in the survivalist nature of entrepreneurship amongst female Congolese asylum seekers and refugees. Factors such as lack of start-up capital, the burden of childcare and low levels of education and training have limited their ventures into entrepreneurship to survivalist businesses that could not withstand the socio-economic challenges imposed by COVID-19.

For instance, a 28-year-old self-employed asylum seeker described the impact of COVID-19 on her source of livelihood as follows:

I am a beauty therapist and I sell my homemade organic products. Lockdown affected my business a lot because the sales became very low. People who were buying from me were working on a budget due to COVID-19. Also, the courier company that was assisting to send my products to the customers in Johannesburg, was closed; even my products were closed inside their stores for many days (Participant 7, asylum seeker).

Prior to the outbreak of COVID-19, the beauty industry in general and hairdressing in particular were considered as lucrative sectors for the establishment of survivalist businesses amongst female refugees and asylum seekers from the DRC. Ojong (2017) posits that with the fall of apartheid, hair has become an important indicator of modernity among black South African women. Congolese refugees and asylum seekers are major role players in this sector as it offers them flexibility to earn an income, while caring for their children and engaging in other clandestine economic activities like sex work (Walker and Oliveira, 2015). However, the beauty industry is one of the sectors of the South African economy that was hardest hit by COVID-19 regulations around social distancing (Ramparsad, 2020). This is a sector of migrant entrepreneurship that has traditionally provided a source livelihood to a large share of female refugees and asylum seekers from the DRC. Unlike spaza shops, beauty salons were shut down and the purchase of luxury beauty items was no longer a priority, as households battled to cope with the economic effects of COVID-19.

Furthermore, two self-employed participants involved in the sale of indigenous foodstuff imported from the DRC to the Congolese community in Cape Town experienced disruptions to their survivalist businesses during lockdown. Both participants were married and they became completely dependent on their husbands for survival. They related their experiences thus:

I was running a small business before the lockdown; now I am unable to do it because all borders are closed. We are trying to cut down our cost of living. We have to manage the little food we can afford for the family. I would be very happy if the government assisted everybody with low income in this chaos, but personally I didn't receive anything from them, things are tough (Participant 1, refugee).

I was affected by the lockdown because I could not buy the food from outside the country since the borders are closed. COVID-19 has affected my income because I had to stop selling food and there is no income. I am not getting any support from the government except from that child grant support which I receive from the South African government (Participant 2, permanent resident).

These participants relied on the cross-border movement of goods and people to run their businesses successfully and provide for the needs of their families such as paying for rent, food and healthcare. The informal economy in Southern Africa is dominated by transnational networks of small businesses engaged in economic exchanges (Nshimbi and Moyo, 2017). Within this network of exporters, importers and truck drivers, Congolese female asylum seekers and refugees are among the most vulnerable groups because they are involved in petty trading. With limited capital, they can purchase only small quantities of indigenous foodstuff for retail. COVID-19 disrupted the flow of goods through informal networks, thereby disrupting their businesses, with negative implications for their livelihoods. The effects of these disruptions on their livelihoods compelled the participants to make compromises in different areas of their lives to make ends meet.

Although both women experienced economic distress as a result of loss of livelihood, by virtue of her permanent residency status, Participant 2 received the child support grant from the South African Department of Social Development. This safety net was important in subsidizing her livelihood. Without any social protection, Participant 1, who is a refugee, reported that she made adjustments to the quality and quantity of food in her household in response to the limited resources at her disposal. Although both women experienced disruptions to their petty trading businesses, Participant 1's compromise bears evidence of the added vulnerability of the lack of a safety net. This corresponds with findings from a recent study that highlights food security among black African asylum seekers and refugees as a serious problem in South Africa (Napier et al., 2018). In our study, gender, refugee status, social class and race intersected to create conditions of vulnerability that negatively impacted the nutritional status of Participant 1's family during the pandemic. It is evident that food insecurity could have negative implications for the health status of her family during and after the pandemic.

Coping and adaptation strategies adopted by female Congolese asylum seekers and refugees during the COVID-19 pandemic

Apart from the health, psychological and economic constraints that were exacerbated by COVID-19 protocols and lockdown regulations, anxieties related to the possibility of getting infected with COVID-19 was a common theme that emerged from findings of this study. This section discusses how intersections of migrant status, social class, gender, ethnicity, and religion enabled this group of women to survive during the lockdown. All participants were concerned about the risk of getting infected with COVID-19 and demonstrated sufficient knowledge of COVID-19 prevention protocols. How they dealt with actually getting infected with COVID-19, revealed intersections of refugee status, gender, ethnicity and religion. Previous research highlighting inequities in access to healthcare indicates that there are political, legal and economic determinants of vulnerabilities experienced by asylum-seeking and refugee women in South Africa (Freedman et al., 2020). However, a focus on structural factors that drive inequalities in access to healthcare fails to take into consideration the agency of Congolese asylum seekers and refugees in choosing alternative forms of treatment over hospitalization, based on intersections of refugee status, ethnicity, gender and religion.

Participant 6 described her anxieties with accessing healthcare during the pandemic as follows:

There was a time when I lost my appetite and smell and I was very weak. I came to notice that I had COVID-19. I thought if I go to the clinic or the hospital, I will die and leave my kids. I used to hear that when people go to hospital, they were not coming back home again. That fear was in me by refusing to die. For me to protect my kids, I used to prepare for them ginger, lemon, and garlic. I mixed them, and cooked them by boiling them. Also, I can give it to my kids to drink or we can use its steam by covering ourselves with a blanket, and when you sweat you can definitely feel all right (Participant 6, refugee).

This participant demonstrated a high level of awareness about the transmission and prevention of COVID-19. However, this knowledge fueled her anxieties of potentially dying from the infection and leaving her children motherless. Consequently, she did not test when she suspected that she had contracted the virus and rather resorted to using traditional home remedies that have been used by Congolese women for decades to treat common ailments. This demonstrates intersections of motherhood and ethnicity as important factors in coping with the health challenges unleashed by COVID-19.

Another participant, who was able to confirm through a test that she was in fact infected with COVID-19, also adopted the same cultural practice of steaming to ameliorate symptoms associated with the virus. In response to a question about how she recovered, she elaborated:

How we recovered? [Laughs]. In Congo as a mother, you have to know how to use [natural remedies] and treat certain diseases by using natural herbs. For us to get cured, my mother prepared or boiled particular herbs. Then, one at the time, we had to cover ourselves with the blanket; then the vapor or steam from the cooked herbs comes up to your nose and eyes while covered with the blanket. After a certain period of going through this specific experience, we all recovered from COVID-19 and here I am as a living testimony (Participant 4, asylum seeker).

The excerpt above indicates that intersections of motherhood and ethnicity are important in understanding health-seeking behaviors among asylum-seeking and refugee women from the DRC. While previous research has argued that there are structural inequalities in access to healthcare, it is also important to highlight gendered and cultural factors that have shaped this group of women's health-seeking behaviour during the COVID-19 pandemic in South Africa.

Findings from this study also revealed that civil society organizations with a focus on refugees, social networks and religion were important in helping this group of female asylum-seeking and refugee women cope during the COVID-19 pandemic. These experiences are captured in the following quotes:

I got support from an NGO called Adonis Mossati and they supported me for a period of three months. They gave me food and R700 (Participant 7, asylum seeker).

Sometimes we used to share things that we had. For example, if you see that a particular person does not have [essentials], we used to assist her. On my side, when I was going to Pick 'n Pay to work, on my way back, I used to buy bread and veggies to give to my neighbors who were struggling because I knew they were not going to work because of the pandemic (Participant 6, refugee).

Oh yes, I was praying and God was listening to me in that difficult time. Praying was making my mind relax and comfortable because I knew that God was on my side. Churches were closed but I knew if I communicate with God through prayer, he will listen to me (Participant 4, asylum seeker).

The excerpts above highlight the fact that non-governmental organizations (NGOs) play an important role in providing social protection to vulnerable refugees and asylum seekers in Cape Town, particularly in times of crisis. Family and friendship ties were important in providing social support during the COVID-19 pandemic. Despite her low wages, Participant 6 provided basic food items to other women within her social network who were destitute as a result of the pandemic. The findings of this study corroborate evidence from prior research that there is a strong sense of

solidarity amongst Congolese migrants in South Africa (Amisi, 2005; Rugunanan and Smit, 2011). Social networks of friends, family, religious groups, ethnic groups, and NGOs provided social protection for vulnerable female Congolese refugees and asylum seekers during the first three months of lockdown. Religion was also a commonly-utilized source of coping among this group of women. Participant 4 described how she placed her faith in God as a way of dealing with the socio-economic and psychological challenges that come with living as an unemployed black woman and asylum seeker during a pandemic.

Although there are similarities in the experiences of vulnerability and resilience among this group of Congolese asylum seekers and refugees, it is important to note that these experiences are not universal. Two female Congolese asylum seekers in their twenties who were both single and had no children described their experiences of living and working in Cape Town during the pandemic, as follows:

I am lucky that I was able to work from home but we had salary cuts because there was not enough demand in the industry and some investors pulled out of the market. I tried to stay motivated by up-skilling myself with online learning but it was very challenging financially. I hope things will get better soon (Participant 3, asylum seeker).

In the period of lockdown, I developed other skills, for instance, learning how to sell online rather than meeting clients face-to-face. For real, I tried to improvise that way (Participant 7, asylum seeker).

In spite of the economic and psycho-social effects of living during a pandemic, Participant 3's experiences as an educated and skilled professional in the IT industry meant that she was able to work from the safety of her home with minimal risk of infection. She was able to continue earning a living while up-skilling herself through online learning. Participant 7 also adapted by using online platforms such as social media to run her business during the pandemic. In this instance, intersections of Participant 3's professional identity as a Junior Software Developer, her age, gendered identity as a single woman, unencumbered by the burden of childcare and her socio-economic status which allowed her to work from home during the pandemic, were important factors that explain her resilience.

CONCLUSION AND RECOMMENDATIONS

While there has been considerable interest in the feminization of migration in scholarly literature in the field of migration and development, there is still limited application of intersectionality in the analysis of social inequalities among female asylum seekers and refugees in the South African context (Palmary et al., 2010; Isike, 2017; Mbiyozo, 2018; Farley, 2019). Consequently, research on gender and migration often presents experiences of vulnerability or resilience amongst asylum-seeking and refugee women as homogenous. The aim of this paper was to explore the impact of COVID-19 on the lives and livelihoods of female Congolese asylum seekers and refugees through an intersectional framework. The findings indicate that complex intersections of gender, refugee status, social class, ethnicity and religion interact to produce different experiences of vulnerability and resilience within this small group of women during the COVID-19 pandemic.

Congolese female refugees and asylum seekers in South Africa often reside in urban areas and have developed survivalist approaches to entrepreneurship in order to provide for their needs. By exploring the intersections between gender and socio-economic status during COVID-19, the study found that refugee and asylum-seeking women who were engaged in survivalist businesses were more vulnerable to extreme poverty and malnutrition, irrespective of their marital status, when compared to women who were employed in the formal economy. The outbreak of the COVID-19 pandemic has exposed fault-lines in the survivalist nature of entrepreneurship amongst female Congolese asylum seekers and refugees.

In addition, social protection from NGOs, churches, social networks and the South African Department of Social Development in the form of the child support grant provided a safety net for some Congolese women, depending on their refugee status, gender and social class. With regards to access to healthcare as a coping strategy, the data revealed that an overwhelming focus on structural factors that drive inequalities in access to healthcare for female African asylum seekers and refugees in South Africa fails to take into consideration their agency in choosing alternative forms of treatment based on intersections of ethnicity, gender and religion.

In terms of recommendations, it is important that the Department of Health prioritizes refugees and asylum seekers in its efforts to effectively combat the COVID-19 pandemic in South Africa. This is because intersections of gender, social class, religion, refugee status and ethnicity render refugees and asylum seekers vulnerable to infection and the findings of this study indicate that they are less likely to seek medical attention in case of infection. Failure by the state to target this vulnerable group in its COVID-19 vaccination information campaigns now, will undermine government efforts later to effectively combat the pandemic by implementing an inclusive and socially-just vaccination plan for all.

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Towards a Legal and Regulatory Framework for South African Domestic Remittances: Some Considerations

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This paper is an exploratory study that examines the legal and regulatory framework for domestic remittances within the South African legal context. The author makes some proposals for consideration in the review of the National Payment System Act No 78 of 1998 (NPS Act) with regards to domestic remittances as a retail, low-value payment service. To this end, the paper provides an understanding of domestic remittances, the transaction, process and channels used. It also contextualizes domestic remittances within the South African National Payment System (NPS) and finally examines the current gaps that can be remedied through the review of the NPS Act. The author argues that if financial inclusion is to be promoted, the regulatory framework pertaining to domestic remittances should enable, rather than inhibit the use of domestic remittances as a payment service.

Keywords: domestic remittances, migration, national payment system, payment service(s), financial inclusion

INTRODUCTION

In the global economy, regardless of the legality of work, migrants experience the need to send money to families they have left in their countries of origin. The same applies at the domestic level, where workers often work in other provinces and need to send money home to support their families. It is interesting to note that in a 2016 report of Technoserve, South Africa's domestic remittance market was estimated to include between US\$11 billion and US\$13 billion in annual transactions at an average of US\$60 per transaction. This was the equivalent of four percent of the South African gross domestic product (GDP). This is more than six times as large as international remittances outflows of South Africa, driven by a far higher number of domestic over international migrants within the country. In 2016, South Africa had approximately 24,3 million domestic remittance users (Technoserve, 2016). Much has been written on the economic and development aspects of remittances, but less so on the legal and regulatory framework pertaining to remittances (Abida and Sghaier, 2014; Beyene, 2014; Adarkwa, 2015; Matuzeviciute and Butkus, 2016; Maviza et al., 2019).

In previous articles, the author dealt with international remittances and the regulatory obstacles pertaining to international remittances and implications for migrant workers and asylum seekers (Lawack, 2013, 2014). This paper is an exploratory study that aims to examine the legal and regulatory framework for domestic remittances, in order to make some proposals for consideration in the review of the National Payment System Act No 78 of 1998 (NPS Act) (RSA, 1998) with regards to domestic remittances as a retail, low-value payment service. The author uses a legal desktop analysis methodology. To this end, the paper provides an understanding of domestic remittances, the transaction, process and channels used. It also contextualizes domestic remittances within the National Payment System (NPS) and finally examines the current regulatory gaps that can be remedied through the review of the NPS Act. The author argues that if financial inclusion is to be promoted, the regulatory framework pertaining to domestic remittances should enable, rather than inhibit the use of domestic remittances as a payment service.

BACKGROUND AND MEANING OF DOMESTIC REMITTANCES

Remittances can be both domestic and international in nature. The term 'international remittance' (Lawack, 2013) does not have a solid universal definition. Different authors have assigned varying definitions to the term. The Bank for International Settlements (BIS) and the World Bank define international remittances as, "cross-border person-to-person payments of relatively low value" (CPSS and World Bank, 2007: 4). Bester et al. (2010: 2) define them as, "non-reciprocal transfers from one person to another across a distance", while Abdul Azeez and Begum (2009: 300) define them as, "that portion of migrants' earnings sent from the migration destination to the place of origin".

The latter definition is deemed more suitable for the purposes of this paper,

which looks at the context of the labor migrants who send funds back to families in their countries of origin. According to statistics presented by Genesis Analytics, amounts sent by such migrants within the Southern African Development Community (SADC) region are of relatively low value (Genesis Analytics, 2005).

From the varying definitions mentioned above, two common features of international remittances can be identified, namely that (a) remittances are unrequited person-to-person payments – not made in exchange for goods or services and do not involve receipts and invoices – of relatively low value; and (b) there is a considerable geographical distance between the sender and the recipient. The same definition can be applied to domestic remittances, except that the remittances take place within the borders of a country.

Remittance transactions can be categorized as credit transfers, as payment is typically initiated when the sender instructs a remittance service provider to send funds (CPSS and World Bank, 2007). Remittance transactions are typically recurrent payments made via individual transfers as opposed to being made by standing order. The latter pre-authorizes an institution, typically a bank, to make regular payments to a specified individual or entity. Remittances may be done either in the form of cash transfers, or goods such as groceries (Dodson, 2008). However, this paper focuses on remittances of a monetary type and not those made in the form of goods.

THE REMITTANCE TRANSACTION

Participants

The key participants in a typical remittance transaction are the sender, the recipient, the capturing remittance service provider (RSP) and the disbursing remittance service provider. The sender, in the context of this paper, refers to the migrant worker seeking to send funds to their home of origin. The recipient is the person to whom the migrant seeks to send funds to. Often, but not necessarily, the person is a family member of the migrant such as a spouse, sibling or parent. A remittance service provider facilitates the transfer of funds from the sender to the recipient in exchange for a fee, which is usually a percentage of the amount being sent (World Bank, 2015). Different types of remittance service providers exist within the South African remittance industry. The nature of these RSPs differs depending on the type of remittance channel that is utilized. The ‘capturing RSP’ is the RSP to whom the sender hands over the funds to be sent to the recipient. The ‘disbursing RSP’, on the other hand, is the RSP that pays out the funds to the recipient. Depending on the type of remittance network in place, the capturing and disbursing RSP may be one and the same entity or, alternatively, agents of a single RSP, albeit located in different countries.

Regardless of whether or not a remittance is channeled via formal or informal means, some form of network needs to be in place in order for the service to function. Access points at which consumers can hand over funds and conversely receive

funds need to be in place and interlinked (Biller, 2007). In regard to the nature of a remittance network, four types can be distinguished, namely unilateral, franchised, negotiated and open networks.

Unilateral remittance networks involve a single RSP and do not utilize the services of any other entities for the purpose of capturing and disbursement. Such networks can only be implemented if the RSP has physical access points in both the sending and recipient countries or if the network is a virtual one. Access points are not physical agents but electronic devices such as computers or mobile phones (see CPSS, 2005:9; Biller, 2007). Unilateral remittance networks are rare due to scarcity of physical access points and lack of access to electronic communications and banking in general.

In a franchised remittance network, an RSP creates a remittance network without owning any of the physical access points. The RSP provides the infrastructure for the messaging and settlement aspects of the remittance transaction and acquires physical access points by inviting institutions in both the sending and recipient countries to offer services as agents of the RSP on standardized terms (CPSS, 2005: 9). This type of network is typically associated with global money transfer organizations (MTOs) such as Western Union which utilize, inter alia, banks and post offices as agents (IMF, 2009: 9).

In a negotiated remittance service network, an RSP negotiates and establishes a network with an institution or institutions, or even individuals, in other countries and by doing so creates an adequate network of access points (CPSS and World Bank, 2007). It is typical for funds to be paid out to the recipient before the disbursing RSP actually receives funds from the capturing RSP with no guarantee of payment aside from the expectation that the capturing agent will settle the amount in future (Biller, 2007).

In an open remittance network, an RSP is able to offer remittance services to customers without owning any access points in the recipient country. It obtains access points by using an open network which any RSP can access (CPSS and World Bank, 2007). These networks are not pre-negotiated and usually, as a consequence, the messaging and settlement aspects of a transaction occur simultaneously. RSPs that are not banks can access the network via banks that they hold accounts with.

The remittance process

A variety of activities transpire within the process of making a remittance transaction. Of these activities, the capturing and disbursement aspects are the most visible to the end user. Messaging and settlement, which transpire between capturing and disbursement, are not as apparent.

Capturing involves the sender paying funds to be sent, as well as the applicable transaction fees, to the RSP or its agent. Payment can be effected by any means acceptable to the sender and RSP and may be done via cash, cheque or account transfer. The mode of payment may be influenced by the nature of the RSP. For

instance, if the RSP is a bank, payment is more likely to be effected via an account transfer. Transactions are typically carried out at a physical location such as a bank branch, post office and so forth. However, with technological advancements it is now possible for transactions to be concluded in a virtual location by means of a computer or mobile phone (CPSS, 2005: 40). In South Africa such practice is possible through, for instance, ABSA Bank and Western Union's internet and mobile remittance services. It is usually necessary for the sender to identify themselves and to verify such identity using documents that are prescribed by regulatory authorities. In contrast, minimal information in regard to the identity of the recipient is usually required, with specification of their name being the basic minimum requirement.

Messaging encompasses the sending of information in regard to the transaction from the capturing RSP to the disbursing RSP (Biller, 2007) and is predominantly carried out through the message transmission of the Society for Worldwide Interbank Financial Telecommunication (SWIFT) (BIS, 1999: 158). SWIFT acts as a carrier of financial messages between financial institutions. Depending on the nature of the remittance service, for instance whether it is an open or franchised service, funds and information in regard to the transaction can be sent either simultaneously or independently. In an open service remittance network, funds are usually sent simultaneously with information about the transaction, whereas in other networks, funds are sent separately from the information pertaining to the transaction (CPSS, 2005: 41).

Settlement provides for the actual movement of funds between the capturing RSP and the disbursing RSP (Biller, 2007). The settlement process, depending on the arrangements in place, can be of varying speed and complexity (CPSS and World Bank, 2007). Settlement usually occurs in a 'settlement chain' – a series of separate payments each of which can be made differently – by way of a credit transfer from the payer to the payee's bank. In South Africa, this takes place through the usual process of settlement of obligations between the banks as settlement system participants. In South Africa, RSPs that are not banks cannot directly access the settlement system. They can only access the settlement system indirectly via the banks that they hold accounts with. Unlike payments between end users and agents, which are paid on an individual basis, payments between the agents and RSPs can be batched and possibly netted (CPSS, 2005: 41). In order for netting arrangements to function, it is necessary for a fairly even two-way flow of remittances between the sender and recipient to be in place (CPSS and World Bank, 2007).

Despite the fact that settlement occurs in a chain, it is not always necessary for the disbursing agent to wait for the actual receipt of funds that have been sent in order to pay the recipient. It is possible for liquidity arrangements to be in place, allowing for the disbursing RSP to pay the recipient before actual receipt of funds from the capturing RSP (CPSS, 2005: 41). Liquidity arrangements are more commonplace within franchised networks provided by global MTOs such as Western Union, whereby the recipient may collect funds from anywhere and the RSP will

not be aware of which disbursing agent to pay until the funds are actually collected. Liquidity arrangements entail a greater credit risk on the part of the RSP and make it necessary for the disbursing agent to retain greater liquidity. Provision of greater liquidity coupled with the increased credit risk that the RSP is exposed to, are likely to raise the overall transaction costs (CPSS, 2005: 41).

Disbursement entails the payment of funds by the disbursing agent to the recipient. As with capturing, payment can occur via any means acceptable to the recipient and the disbursing agent. Where money is sent via an MTO, the sender is typically required to provide a Multi Transfer Control Number (MTCN) and answer a test question set by the sender. Failure to provide the correct MTCN or answer the set question correctly, prevents the recipient from obtaining the funds from the disbursing agent.

REMITTANCE CHANNELS

When migrants decide to send funds beyond the host country's borders, they have the option of channeling such funds through either formal or informal mechanisms.

Formal channels

In formulating a description of formal channels, reference can be made to the financial department of the International Monetary Fund (IMF), which defines a formal RSP as, "a provider that is regulated and overseen by competent government agencies for its remittance services" (IMF, 2005: 10). Based on this definition, formal remittance channels can be described as being those that are operated within the legal and regulatory framework and that are subject to the supervision of a superior regulatory authority. In the case of South Africa, the South African Reserve Bank (SARB) is the latter authority.

Banks are traditionally an important means of effecting remittance transactions, which can be attributed to their extensive networks in the country and their participation in the National Payment System (NPS). Banks also offer internet as well as mobile transfer services. Previously, in South Africa such services were only available for domestic transfers. All major banks have now introduced such services to their internet and cell phone banking clients, allowing them to send as well as receive remittances electronically (TechCentral, n.d.).

Mobile payments (m-payments) can be described as transactions whereby customers are able to give payment instructions by means of their cell phones, to either a merchant, payment service provider, or, as in the case of South Africa, a bank. Upon being given the instruction, the institution proceeds to pay the specified amount towards the beneficiary (Bester et al., 2010: 6). Transactions, reportedly, take between 2-3 minutes to execute (Rasool, 2010), thereby offering much convenience and appeal.

Migrants who are unbanked have the option of engaging the services of money

transfer operators. MTOs are financial companies that provide services in regard to cross-border transfer of funds using either their own internal network or another cross-border banking network (IMF, 2009: 9) The services of Money Gram and Western Union are currently available in South Africa. According to Bradford (2008: 2) these MTOs are two of the worldwide leaders in this field of the formal remittance market.

As an alternative to banks and MTOs, remitters have the option of engaging the services of the post office, which is empowered to remit funds within South Africa, in accordance with Section 46 of the Post Office Act 44 of 1958 (RSA, 1958). In comparison to other formal RSPs, post offices have been identified as having the largest outreach network (IMF, 2009: 9), which encompass remote locations and can prove useful within developing countries that lack adequate financial infrastructure. Post offices either provide their own services for international money transfers or may act as agents of other money transfer agents. They provide remittance products in the form of ordinary money orders and telegraphic money orders, the latter being speedier than ordinary money orders (Genesis Analytics, 2003).

The post office's position within the remittance market is unique in that, unlike its counterparts, it is not subject to the Exchange Control Regulations. This anomaly is attributed to the fact that its services were initiated prior to the passage of the Exchange Control laws (Bester et al., 2010). It is able to offer its services at a much cheaper price, which is partially a circumstance of the fact that it faces no regulatory compliance costs. The post office, despite its unique situation, is not immune from deficiencies. For instance, transactions via the post office take a longer time period and, unlike the services of MTOs such as Money Gram, receipt of funds is not immediate.

In April 2006, Shoprite launched a money transfer service at its money market counters. This transformed the domestic remittance market and set the scene for innovation in the sector. On the retail side, the post office (Post Bank), Shoprite Money Market, Spar Instant Money Pep (various partnerships) and Pick 'n Pay Money Transfer and Mobile Money partnership are amongst the most-used remittance channels. All four big banks have domestic remittance products as well, such as ABSA CashSend, FNB eWallet, Standard Bank Instant Money and Nedbank Send-iMali. Digital or mobile money products include Vodacom M-Pesa, MTN Mobile Money, WeChat Wallet, MobiCash and even Facebook Messenger. Interestingly enough, the Technoserve Report (2016) indicates that approximately 50 percent of all domestic remittance transfers are initiated through bank services, while at least 25 percent of transfers are still cash-based.

Informal remittance channels

The IMF (2005: 10) defines an informal RSP as, "a provider functioning without regulation or oversight of financial supervisors for its remittance services". Taking into account this definition, informal remittance channels can be described as those

that are operated outside the legal and regulatory framework. Such remittance channels are often, but not necessarily, illegal (IMF, 2009: 7).

Informal transfers are based on informal relationships and involve a high level of trust between the sender and the RSP. These channels entail a high level of risk, on the part of the sender, as there is no guarantee of delivery and the sender has no legal recourse should the RSP fail to deliver. In the South African remittance market, common providers of informal remittance services are long distance taxi drivers and friends (Genesis Analytics, 2003). When sending funds via taxi drivers, the procedure appears to vary dependent on whether the remitter is a friend or stranger to the taxi driver (Genesis Analytics, 2005). If the remitter is familiar with the driver, transaction costs are lower or even foregone. No record of the transaction is maintained, making trust an essential component. Unlike with a familiar remitter, if the remitter is a stranger, the procedure is more formalized. The sender approaches a taxi association office and together with the driver, who will be entrusted with the funds, counts the amount to be sent. The value of the amount entrusted to the driver is recorded in a book kept at the office specifically for such purposes. The recipient collects the funds from the taxi association office in the destination city or country and is required to know the number-plate of the taxi as well as the name of the driver who delivered the money. Senders are often not insured against losses incurred due to theft or accidents. Taxi drivers, on the other hand, are at times insured against such losses, more specifically in cases where transactions have been recorded in books at the taxi association office (Genesis Analytics, 2005).

Remittances via friends or family are similar to those channeled via taxi drivers and are also highly trust-based. Remittances via these people are favorable as they allow for funds to be sent to recipients located in remote areas where infrastructural facilities may be inadequate or non-existent. Furthermore, transaction costs are low or may be foregone where the relationship between the sender and person entrusted with the funds is close (Genesis Analytics, 2005).

It is submitted that from a risk perspective, on the part of the consumer, formal channels are a safer remittance channel in terms of guaranteeing the delivery of funds to the recipient. Despite this, informal channels, which commonly do not offer a consumer any form of recourse in the event of non-delivery, are sometimes the preferred means of sending remittances. In this regard, one also has to be mindful of the challenges that the remittance payment system encounters as it operates within the National Payment System (NPS). In addition, when formal channels are used, a key consideration should be how financial inclusion can be improved, whilst ensuring that financial integrity is maintained.

DOMESTIC REMITTANCES AND THE SOUTH AFRICAN NATIONAL PAYMENT SYSTEM (NPS)

Background on the NPS

A national payment system (NPS), as defined by the BIS, encompasses a set of instruments, banking procedures, and typically a funds transfer system that allows for the circulation of funds (CPSS, 2005). Aside from the payments between banks, a payment system includes the entire payment process, systems, mechanisms, institutions, agreements as well as laws that are in place and have an impact upon the movement of funds (SARB, 2008).

Before the National Payment System Act 78 of 1998 (RSA, 1998) came into effect, there was no legislation that specifically governed the NPS. The NPS was established, regulated by either common law or in terms of certain provisions contained in selected South African legislation (Lawack-Davids, 2008). The NPS Act, which came into effect on 28 October 2008, is currently the principal piece of legislation that regulates the NPS.

Over the past years, the South African NPS has developed into a complex environment which, for clarity, can be broken down into various inter-linking payment networks. These networks are:

- the customer network;
- the payment network;
- the clearing network;
- the settlement network; and
- the continuous linked settlement network (SARB, 2008).

The customer network encompasses the payment networks that have been put in place by business customers of commercial banks such as supermarkets and public utilities (SARB, 2008). The customer network allows these businesses to partake in the payment system and provide payment services to their clients. The business customers of banks cannot, however, directly access the settlement network and must therefore use the payment networks of participating banks.

The payment network consists of the systems and communications mechanisms put in place by commercial banks in order to provide their customers with facilities and channels to effect payments (SARB, 2008). It encompasses bank-owned automated teller machines (ATMs), internet banking services, branch networks and payment instruments such as cheques, debit cards, credit cards and so forth.

Clearing refers to the exchange of payment instructions, in line with Section 1(iv) of the NPS Act (RSA, 1998). The clearing network provides a forum for payment system participants to exchange payment instructions. Previously only banking institutions were granted access to the clearing network. As the payment system evolved, more non-banking institutions began to participate in the payment

system. The Reserve Bank decided to re-evaluate the criteria for participation in the clearing network and as a consequence, non-banking institutions are now able to access the network and clear in their own name (SARB, 2008).

Payment clearing house (PCH) system operators are other participants of the clearing network. These are also referred to as “clearing houses”. The NPS Act defines a PCH system operator as, “a person authorised by the payment system management body to provide clearing processing services on behalf of two or more system participants or a payment clearing house – as per Section 1(xx) (RSA, 1998). In South Africa, one such PCH system operator is Bankserv. Bankserv, which is owned by the South African clearing and settlement banks, is responsible for clearing and determining interbank obligations stemming from the retail payments environment.

A settlement system is defined by the NPS Act as, “a system established and operated by the Reserve Bank for the discharge of payment and settlement obligations between system participants” As per Section 1(xvii) (RSA, 1998). The core of South Africa’s payment system is the South African Multiple Option Settlement (SAMOS) system, which is owned and operated by the South African Reserve Bank. The SAMOS is a real-time gross settlement (RTGS) system and enables settlement participants to settle their interbank payment obligations finally and irrevocably. RTGS systems allow for funds as well as securities transfers to be continuously settled in ‘real time’. Transfers are settled individually at the time that they are received as opposed to them being settled collectively with other transfers at a later stage (see CPSS definition of ‘real time’ and ‘RTGS systems’ in CPSS, 2005: 40-41. Only banking institutions and designated settlement operators have access to the settlement system (see Sections 3 and 4 of the NPS Act, 1998).

The continuous linked settlement (CLS) system interlinks with the SAMOS for purposes of settling the rand leg of high-value cross-border foreign exchange transactions (Lawack-Davids, 2008). Low-value payments such as remittances are not settled within the CLS system. Such cross-border transactions are settled through cross-border banking relationships. (BIS, 1999: 147, 158).

Oversight of the National Payment System (NPS)

The South African Reserve Bank describes the function of overseeing the national payment system as being inclusive of the entire process that is initiated when an end-user issues a payment instruction to pay another person or business, up until the point when the beneficiary receives the payment (SARB, 2006: 11). It covers all the arrangements and procedures that exist to cater for clearing as well as settlement of the payment instruction, and payment towards the intended beneficiary (SARB, 2006).

The efficiency, as well as safety, of an NPS plays a crucial part in ensuring overall stability of the country’s financial sector (SARB, 2008). It is therefore necessary for some form of oversight to be put in place. In South Africa, the South African Reserve Bank Act (SARB, 1989) provides for such oversight. This Act was

amended in 1996 in order to clarify the role of the SARB in regard to the national payment system. Section 10(1)(c) of the Act expressly empowers the SARB to, inter alia, perform functions that allow it to regulate as well as oversee the payment system. In turn, the SARB has established a National Payment System Department which bears the responsibility of overseeing the NPS. The BIS has defined the function of overseeing the NPS as being:

[A] central bank task, principally intended to protect the smooth functioning of a payment system and to protect the financial system from possible 'domino effects' which may occur when one or more participants in the payment system incur credit risk or liquidity risk (BIS, 1999: 37).

The BIS definition of 'oversight' gives a notion of why it is necessary for an NPS to be overseen. Payment systems are subject to a number of risks. These include: credit risks – when a participant will not be able to fully meet its financial obligations within the system; liquidity risks – when a participant within the system will have insufficient funds to fulfil financial obligations within the system as, and when, they become due; legal risks – when a poor legal framework will cause or exacerbate credit or liquidity risks; and operational risks – when operational factors such as technical malfunctions or operational mistakes will cause or exacerbate credit or liquidity risks. A participant who incurs either credit or liquidity risks, may compromise other system participants' capacity, or financial institutions in other parts of the financial system, to fulfil their financial obligations as they become due; hence the need for oversight to prevent this potential 'domino effect'. The risk of detrimental effects being imposed on other participants due to, amongst others, credit or liquidity problems faced by another participant in the system, is known as systemic risk, as outlined in Section 12(1) of the NPS Act (see RSA, 1998, and also CPSS, 2005: 48). It is submitted that the potential threat of systemic failure makes it necessary to control access to the NPS, as well as to monitor the activities of participants.

Remittances, as stated by Bester et al. (2010: 2), are a payment system phenomenon. Providers of remittance services fall within the payment system, albeit at a lower level of the entire system or the 'outer layer', as the author previously described the layers of the NPS (Lawack-Davids, 2008). Remittance transactions can be categorized within the retail payment system of the NPS. The latter systems primarily deal with consumer payments of relatively low value and, in contrast to systematically important payment systems, are generally not viewed as being a threat to systemic stability. These systematically important payment systems service participants with high value transactions and can, in the event of risk exposure, trigger systematic disruptions amongst other system participants or financial institutions in other financial areas (see CPSS, 2005: 5; CPSS, 2003: 48; Competition Commission, 2006). The BIS and World Bank have stated that, taking into account that remittances are low value payments, credit or liquidity failure by an RSP is unlikely to cause

systemic risk in the NPS (CPSS, 2005: 18).

The SARB has, however, stated that retail payment systems can collectively form a systematically important payment system (SARB, 2008: 15). Taking the latter into account, this paper maintains that it is necessary for retail payment systems to be overseen. This oversight is also necessary taking into account that these systems facilitate day-to-day consumer transactions and can, in the event of inefficiency and failure, compromise public confidence in, as well as the integrity of, the NPS (Competition Commission, 2006; SARB, 2006: 11).

Given the above, if the SARB oversees formal, as opposed to informal remittances, it would be preferred that formal remittance channels be used. As seen above, it is clear that the preference is for informal remittance channels. One therefore needs to understand the factors that influence the use of informal remittance channels.

The legal and regulatory environment

Like most financial services, remittance services are subject to legislation governing anti-money laundering and combating financing of terrorism. These laws impose obligations to know the customer or customer due diligence, that require financial institutions to gather, what at times can be extensive, information from their clients as well as to report on suspicious transactions (CPSS, 2005: 16). These regulatory requisites may impose compliance costs which can have an impact upon remittance transaction fees.

Regulatory requirements can also bear significant implications for the competition within the remittance industry, especially in circumstances where RSPs are required to be in possession of a license or registered to provide remittance services. A potential effect of the latter would be the limitation of competition within the remittance market by excluding potential RSPs from entering into the remittance industry. That would be the more so, if the fees for licensing and registration are expensive (CPSS, 2005: 17) or where only certain financial institutions are awarded such licenses or are entitled to registration. Economic theory suggests that the less competitive a market is, the higher the price of products and services in the market will be (Neuhoff et al., 2006: 46).

The regulatory environment also potentially constrains competition in circumstances where licensing is a pre-requisite for an individual or institution to deal in foreign currency. Such pre-requisites can compromise a potential RSP's ability to enter into a remittance market.

In providing remittance services, RSPs face a variety of financial, legal, operational, fraud and reputational risks (CPSS, 2005: 18). A mutual concern for all participants in a remittance transaction is the risk that funds will be lost whilst in transition. The question of who bears the risk depends on the nature of the remittance service (CPSS, 2005: 18). In regard to unilateral and franchised networks, the RSP usually bears the risk (CPSS, 2005: 18). This paper argues that the exposure

to such risk is inevitably taken into account when providing remittance services and plays a role in determining the costs of a transaction.

Whilst the discussion above gives an insight into the factors that contribute towards the preference for informal remittance channels, it is evident that the government needs to strengthen the risk-based approach with an explicit framework for oversight of international remittances, as the benefits of international remittances for the poor cannot be under-estimated. This can only be achieved if the conditions are conducive and the legal and regulatory framework is sufficiently robust and sound to enable the increased use of formal remittance channels. A stratified approach could be used; that means that the particular payment system should be overseen bearing in mind the risks posed by the product and not only the institution which provides the payment system.

Regulatory gaps and recommendations

The National Payment System Department of the SARB issued a Review of the NPS Act Report (SARB, 2018) which has various objectives, of which strengthening the regulatory framework for domestic remittances is but one. Amongst other things, the review seeks to align the South African Mobile Framework with the Mobile Money Guidelines and the General Principles for International Remittances issued by the World Bank (SARB, 2018). A comprehensive review of the South African remittance market was conducted by the World Bank and finalized in August 2015. The report identified key actions that could lead to enhanced safety and efficiency of remittance transactions within South Africa. This includes the development of a consumer protection framework, financial literacy strategies, the development of governance and risk management frameworks, promotion of competition, interoperability and access in the remittance market (World Bank, 2015). There has been an increased focus on retail payment systems, increased financial inclusion through access to the payment system and coupled with the competition issues, necessitated a review of the NPS Act in alignment with the General Principles for International Remittance Services. With the Financial Surveillance Department of the SARB having made Exchange Control Rulings to enable alignment in respect of international remittances, some regulatory gaps still remain in respect of domestic remittances. Most noteworthy, is that domestic remittances are essentially low-value retail payment services. However, in terms of Section 7 of the NPS Act, these payment services cannot fall within the ambit of payments to third parties, as the payments are 'not due' to the beneficiary. Consequently, the SARB does not have the necessary regulatory authority to address remittances as services to third parties. The SARB has developed a payment services engagement paper in consultation with the Financial Sector Conduct Authority (FSCA), established in terms of the Financial Sector Regulation (FSR) Act of the South African Reserve Bank (SARB, 2016).

The aim of this paper is to review the current payment services landscape and to present possible regulatory options. The first option is to issue an exemption in

terms of the Banks Act in relation to the definition of deposit-taking or the business of a bank for pooling of funds for purposes of providing domestic remittances. The second option is the development of a regulatory framework for domestic remittances activities and for all domestic MTOs. This should enable MTOs to operate independently from banks. The third option is for Section 7 of the NPS Act to be amended to include payment services where money is 'not due' to a recipient. The enabling provision will be included in the NPS Act to allow for the provision of domestic remittances by non-banks independently of banks.

In the author's view, the combination of a detailed framework for domestic remittances, coupled with an amendment of Section 7 of the NPS Act to cater for the oversight of payment services that are 'not due', would be better. The framework could provide the key policy drivers, such as financial inclusion and financial integrity, the risk-based approach which could be stratified, as well as standards for the provision of domestic remittances. This paper proposes that the amendment of Section 7 of the NPS Act should include the deletion of "to whom payment is due" and the following insertion in Section 7:

A person may, as a regular feature of that person's business, accept money or payment instructions from any other person for purposes of making payment on behalf of that person to a third person.

In addition, some of the standards for domestic remittances could be included as part of the detailed domestic remittances framework or as directives issued in terms of the NPS Act, as is the case for the practice of third-party payment service providers where payments are due. Furthermore, requirements for licensing of payment services can be provided in the amendment of the Act and a new definition of payment services could be inserted that would make it clear that these would fall under the SARB and offer the necessary protection to the front-end customers of payment service providers, as is currently the case with back-end wholesale customers. This should be aligned with the framework issued by the Financial Surveillance Department with regard to cross-border money remittances, as well as the Payment Aspects of Financial Inclusion (PAFI) Report, issued by the World Bank and the Payment and Financial Market Infrastructure Committee of the Bank for International Settlements (BIS and World Bank, 2016).

The regulatory framework should provide a clear description of payment services, a threshold in respect of low-value transactions, the consumer protection of the funds, capital/prudential requirements, how the system would operate timeously, interoperability, interest accrued, clearing and settlement of transactions, provisions for anti-money laundering and combatting financing of terrorism, supervision, amongst other things.

The opportunity exists to more fully capture the use of remittances as a channel for financial inclusion. This can be done if market participants build more seamless

connections between remittance transfer products and other financial services. This could include:

- evolving offerings for interoperability;
- increasing flexible send-options (whether mobile, retail, ATM/bank branch);
- enabling choice of most convenient and comfortable channels and receipt options to make digital payments using remittances received, etc.

If providers of remittance services were to partner with merchant payment solutions on merchant networks, opportunities exist for remittance beneficiaries to make electronic payments directly with money transfers, rather than simply cashing out. Currently, since non-bank providers have to partner with banks, these opportunities cannot be leveraged. This paper proposes that the NPS Act should be amended to allow non-banks to settle transactions in SAMOS, subject to applicable requirements, particularly risk mitigation measures, capital, liquidity, collateral or pre-funding requirements, and so on. In this regard, the NPS Act should have an enabling provision in order to designate non-banks as settlement system participants.

CONCLUSION

This paper has presented an exposition of the various arrangements commonly put in place by RSPs to allow for funds to be transferred from a sender to a recipient across the country, outlining the payment system aspects of the domestic remittance industry. In doing so, it described the various RSPs as well the different channels through which remittances are sent. The paper further examined domestic remittances within the context of the regulatory framework of the NPS in South Africa, delineated the current regulatory gaps and made recommendations for inclusion in a regulatory framework and subsequent revision of the NPS Act. These recommendations pertain to the inadequacy of Section 7 of the NPS Act and put forward suggestions relating to the licensing of remittance services as payment services. Once the amendment to Section 7 is effected, the SARB would be able to license and lay down standards for the prudential and market conduct of the remittance service operators and subject remittances to oversight. This paper should broaden the understanding of the regulatory gaps in the regulation of the South African remittance industry, for those operating in this industry as well as the regulators.

The author argues that unless the risk-based approach is complemented by a framework for the oversight of international remittances, a proper balance between the priorities of financial inclusion and financial integrity will not be reached. The government appears to be serious about promoting financial inclusion as one of its key priorities. Domestic remittances can be a contributor towards this priority if the obstacles highlighted in this paper can be overcome.

In conclusion, it is worth noting Guiding Principle 2 of the Payment Aspects of Financial Inclusion (PAFI) Report as follows:

The legal and regulatory framework underpins financial inclusion by effectively addressing all relevant risks and by protecting consumers, while at the same time fostering innovation and competition (BIS and World Bank, 2016: 60).

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‘Recruitment’ and Job-Seeking Mechanisms for Zimbabwean Women Care Workers in the Domestic Services Sector in South Africa

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This article explores the migration of Zimbabwean women to South Africa to undertake various types of care work within the broader domestic work sector. Studies on care migration have largely discussed South to North migration flows. This is despite evidence showing that there are significant flows of migrants within countries in the Global South. This article seeks to understand the recruitment and job-seeking strategies employed by women in this South-South migration flow in light of their migrant status and processes related to their migration. It is based on a qualitative study and utilizes data collected through semi-structured interviews conducted with key informants from four domestic worker recruitment agencies and 23 care workers in two cities – Johannesburg and Pretoria. The leading findings were that Zimbabwean migrant care workers in South Africa faced exploitative working conditions as the majority of them were undocumented or irregular. They faced challenges in obtaining valid work visas and therefore, migrant care workers could not seek employment through formal channels such as recruitment agencies. They used informal channels such as social networks and the ‘market’. The article discusses the implications of using such strategies with regards to the subsequent working conditions and the protection of care workers’ rights.

Keywords: female migrants, care work, domestic work, migrant status, job search, social networks, recruitment agencies

INTRODUCTION

Domestic work forms a significant part of jobs in the care industry and is a major source of employment for migrant workers. According to the International Labour Organization (ILO), in 2018 there were about 70.1 million domestic workers making up 18% of the global care work force, with women constituting 70.2% (ILO, 2018). The ILO also reported that there were an estimated 11.5 million migrant domestic workers globally, representing about 17.2% of the total share of domestic workers in 2013 (ILO, 2015). In South Africa, the domestic services sector plays a significant role. Statistics South Africa (StatsSA, 2019) shows that just over one million of the country's 52 million people were employed as domestic workers in the third quarter of 2019; this represents about 6% of all employed people in South Africa. It is to this end that South Africa has been cited as having the highest number of domestic workers in the southern African region (Hengeveld, 2015). Whilst this sector is dominated by local black women, who include internal migrants, available evidence shows regional migrants as part of the work force (Griffin, 2010; Kiwanuka et al., 2015; Zack et al., 2019; Jinnah, 2020). Using evidence from the 2011 Census, Statistics South Africa (2015) reported that with regards to employment, 62.6% of the international migrants were employed in the formal sector, 17.7% in the informal sector and 17.1% in private households. The report stated that almost three-quarters (73.3%) of migrants working in private households are from the Southern African Development Community (SADC) region, with other African countries making up 8.1%.

Domestic workers are employed in private households and their duties involve caring for some members of their families; thus, research has pointed to an overlap between care work and domestic work. The International Labour Organization (2018: 6) defines care work as “consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied”. The situation in many migrant destination areas is that care workers and domestic workers are essentially carrying out ‘housework and care’. That is, in addition to doing housekeeping, they provide care for children, the elderly and other vulnerable people within private homes, for some form of remuneration (Cox, 2016; WHO, 2017; ILO, 2018).

The employment of migrant workers in the domestic and care worker sector has been analyzed through the concept of global care chains. The concept relates to how women from developing countries migrate to take up employment, caring for children and others in families located in wealthier neighboring, regional or international countries, while they seek help from their extended families to take over their own care-giving responsibilities (Yeates, 2005). While much of the available literature on global care chains emanates from studies based on migration flows from South to North, increasing care demands propelled by social and demographic transformations in many countries of the Global South make the concept relevant to the South-South context. The transformations include greater numbers of women

entering the labor market, increased migration, and the rise in the aging population. This article is based on a study that explored the experiences of Zimbabwean women who migrated to South Africa to undertake various types of care work within the broader domestic work sector. It seeks to contribute to knowledge on the work experiences of care workers in the South-South migration, by documenting the different strategies used by Zimbabwean migrant women to find employment in the domestic sector. It also highlights how the migrant status (legality) shapes these recruitment and job-seeking mechanisms.

CONTEXTUALIZATION: MIGRANT STATUS AND RECRUITMENT PROCESSES FOR DOMESTIC WORKERS

The recruitment and employment of migrant domestic workers is governed by the immigration and labor policies of the destination countries. Scholars have argued that the migrant domestic workers have been incorporated into the host countries through policies that limit their full participation in the labor market as well as protection of their labor rights (Parreñas, 2017; Romero, 2018). Migration and employment of care workers typically involve recruitment agencies and other intermediaries, sponsorship visas that tie workers to their employers as well as specific migrant recruitment programs for domestic workers, such as the Canadian Caregiver Program (CCP). Considered 'best practice', the CCP was put in place to cover a shortage of caregivers willing to live-in with employers and to provide care to members of households. (Fudge, 2011; King-Dejarddin, 2019). By the same token, domestic workers migrating to Middle Eastern countries such as the United Arab Emirates are employed under the Kafala sponsorship system, which also ties the migrant to the employer (Parreñas, 2017; Romero, 2018). While the involvement of recruitment agencies in this process ensures that migrant domestic workers have employment contracts and are legally resident in the destination countries, concerns have been raised that sponsored visas often have stringent conditions that, for example, make it difficult to change employers if the migrant worker is unhappy about the employment conditions. Romero (2018) argues that migrant domestic workers first encounter abuse through contact with recruiters and other intermediaries that facilitate their migration and employment in destination countries. Challenges of using recruitment agencies that have been highlighted in the literature, include that they may charge exorbitant fees to assist migrant workers in finding employment and in acquiring travel documents (Anderson, 2000; WHO, 2017; Romero, 2018). Recruitment agencies can confiscate migrants' passports, and deduct travel costs and other expenses from their salaries (WHO, 2017; Romero, 2018). Further, it has been reported that recruitment agencies may offer misleading contracts in which terms of employment are not explicitly defined in relation to the position they are employed, working hours and remuneration (De Regt, 2010; Ghaddar et al., 2018; Laiboni, 2020).

Isike (2017) has shown that migration into South Africa after apartheid has

shifted from being solely male-dominated to include women and children. With particular reference to the Zimbabwe-South Africa migration corridor, Crush et al. (2017) argue that following the Zimbabwean political and economic deterioration, from the 2000s, outmigration increased and became mixed in character comprising both sexes, all age groups – from young children to seniors – as well as skilled, semi-skilled, and unskilled migrants. Studies focusing on skilled migration have focused on doctors, nurses and teachers (see for example, Weda and De Villiers, 2019).

The employment of migrant workers in South Africa is governed by the country's Immigration Act 13 of 2002 (amended in 2014) (RSA, 2002), which requires migrants who intend to live or work in this country to obtain a temporary or permanent residence permit. However, low-skilled migrants often face challenges in acquiring this as they cannot meet the requirements (Fish, 2013; Thebe, 2017). According to Fish, applicants have to undergo a "rigorous screening process that systematically disadvantages 'unskilled' migrants" (Fish, 2013: 236). She further points out that applicants have to show proof that they have sufficient financial means to survive in South Africa, which is a significant hurdle to overcome. Thus, they resort to entering the country and working without proper documentation, which leaves them without legal protection and vulnerable (Fish, 2013; Mbiyozo, 2018; Vanyoro, 2019a). It can thus be argued that South Africa's immigration laws are favorable to professional migrants with 'scarce skills' as potential employers are required to prove that they have not been able to find an equally qualified South African national, in order for an applicant to obtain a work permit (Fish, 2013).

While other routes, which include the asylum and refugee process under the Refugees Act 130 of 1998 (RSA, 1998) and the regularizations schemes have been available, they do not fully cover migrant domestic workers. The Refugees Act of 1998 provides for asylum to anyone who can show that they have reasonable fear of persecution that precludes return to their home country. Fish (2013) explains that this Act offers protection only to registered refugees and asylum seekers, thus leaving out a large number of migrants who decide to migrate and cannot establish refugee status. The effect is that migrants seeking domestic work in South Africa face obstacles to acquiring the legal authority to work (Fish, 2013; Vanyoro, 2019b).

Another way in which migrants have managed to stay and work in South Africa is through regularization schemes. The South African government introduced the Dispensation of Zimbabweans Project (DZP) which sought to legalize the stay of Zimbabweans in South Africa (Mbiyozo, 2018; Vanyoro, 2019b). The initial permits were valid for four years (2010–2014) and were replaced by Zimbabwe Special Permit (ZSP) in 2014. Again, these permits were replaced by the Zimbabwe Exemption Permit (ZEP) in 2017, valid for four years until 2021. Vanyoro (2019b) observes that while this process has been commended for regularizing the stay of Zimbabweans in South Africa, these permits have conditions attached to them – they are non-renewable and permit holders do not qualify for permanent residence based on their temporary residence under these permits. Vanyoro (2019b) further points out that

these permits were successfully accessed by only a small number of people, leaving many undocumented.

THEORETICAL FRAMEWORK: SOCIAL REPRODUCTION AND TRANSNATIONAL MIGRATION

The movement of women to take up employment in the domestic sector and more broadly in the service sectors across the world, highlights the interconnection between migration and social reproduction. Hester and Srnicek (2018: 335) describe social reproduction or reproductive labor as:

... activities that nurture future workers, regenerate the current work force, and maintain those who cannot work – that is, the set of tasks that together maintain and reproduce life, both daily and generationally. Social reproduction consists, broadly speaking, of caring directly for oneself and others (childcare, elder care, healthcare), maintaining physical spaces and organizing resources as part of an indirect process of care for oneself and others (cleaning, shopping, repairing), and species reproduction (bearing children) ... As a theoretical framework, the analysis of social reproduction insists upon the intricate and intimate ways in which historically gendered caring activities are tied to the imperatives of capitalism.

The scope of social reproduction and care has expanded from the site of the family to the global scene with the incorporation of migrant domestic workers (Parreñas, 2000; Kofman, 2012; Kofman and Raghuram, 2015). Parreñas (2000) explains how reproductive labor on an international level has been affected by processes of globalization, commodification and the increased feminization of migration from the Global South to the Global North. Using a case study of Filipino domestic workers in the US and Italy, she refers to a three-tier transfer of reproductive labor among women in receiving and sending countries. That is, middle-class women in developed countries who employ migrant Filipino domestic workers and Filipino domestic workers in the Philippines who lack resources to migrate (employed in migrant domestic workers' families). She argues that this transfer of reproductive labor is a structural relationship among women in a global market, highlighting inequalities based on class, race, gender, and citizenship. Parreñas further asserts that this division of labor is shaped by global capitalism and gender inequalities in both the sending and receiving countries. Thus, gender is a key factor in migration as the employment of migrant women enables women in the destination countries to 'ease their gender constraints' while migrant women relegate their gender roles to other women left behind.

Fudge (2014) also draws linkages between migration and care work in her conceptualization of social reproduction. Fudge argues that immigration, which is controlled by the state, is an important element in social reproduction as it is a

source of labor and regulates the labor market. Fudge notes that in line with the gender division of labor in receiving countries, women migrants are often restricted to traditional occupations, such as domestic and care work, that are precarious – “unstable, marked by low wages, absence of social services and poor working conditions” (Fudge, 2014: 9).

Another concept significant to this study is “transnationalism”, which according to Schiller et al. (1992: ix), refers to the “social process in which migrants establish social fields that cross geographical, cultural, and political fields”. It involves sustained relations that migrants are involved in, both in the countries of origin and settlement. Migration from a transnational perspective places emphasis on the ways in which migrants “construct and reconstitute simultaneous embeddedness in more than one society” (Schiller et al., 1995: 48). Key characteristics identified in the literature in relation to transnationalism include emphasis on connectedness across the borders through high intensity of exchanges, transactions and activities; social networks and linkages across the border which facilitate migration; hybrid identities as migrants take on multiple identities that combine the sending and destination countries and that transnational activities are linked to globalization (modern communication and transport technologies which enable migrants to maintain social ties) as well as being part of a global capitalist system characterized by inequalities (Crush and McDonald, 2000; Tedeschi et al., 2020).

The concept of transnationalism has been used to understand transformations in the family and household brought about by migration (Boccagni, 2012; Nguyen, 2020). To the extent that transnational migration entails the movement of family members across borders, contemporary migration studies have focused on the formation of transnational families, which Bryceson and Vuorela (2002: 3) describe as “families that live for some time or most of the time separated from each other yet hold together and create ... a feeling of collective welfare and unity, namely ‘familyhood’ even across the borders”. Migrant domestic workers are part of transnational families with caring responsibilities in their country of origin and maintain close relations with their families through constant communication and remittances. Studies on transnational families also highlight the changes in how care is defined and provided (Baldassar et al., 2007). The migration of women has brought a focus on gender relations, with scholars such as Salih (2000: 87) arguing that transnationalism is not a “uniform process” but a “complex and varied terrain experienced differently according to gender and class and to their interplay with normative constraints”.

RESEARCH SETTING AND METHODOLOGY

This article utilizes data collected from a qualitative study undertaken in 2018. Data was collected during two periods, from December 2017 to February 2018 for the pilot study while the rest of the data was collected from June to November 2018. A qualitative research design was deemed the most appropriate for addressing the research objectives as it places emphasis on context and lived experiences. A feminist

approach to methodology was adopted as it pays attention to the illumination of women's lives and a focus on the 'open-ended' investigation of women's experiences (DeVault, 1996; Maynard and Purvis, 2013).

Participants in this study were selected in two South African cities – Johannesburg and Pretoria. As urban areas, Pretoria and Johannesburg tend to be favored destinations for internal and foreign migrants who are drawn to these cities in anticipation of employment and economic opportunities. The 2011 census results showed that migrant inflows from outside South Africa were the highest in Gauteng (StatsSA, 2014).

This article draws on data collected from in-depth interviews with two categories of participants: four key informants and 23 care workers. The key informants were owners or managers of domestic worker recruitment agencies in Pretoria and Johannesburg. Such agencies play the role of being the point of contact for both employers who seek domestic help or home-based care services as well as the domestic or care workers seeking placement. Four recruitment agencies were selected through purposive sampling, which is used when selecting cases "with a specific purpose in mind", and is appropriate for specialized populations (Neuman, 2011: 268). The key informants were identified through an online search of domestic worker agency websites. Three were privately-owned businesses while one was a faith-based informal agency. Two of the privately-owned businesses were located in Johannesburg while one was in Pretoria with the faith-based agency being in Johannesburg.

With regards to the care workers, snowball sampling was used to select participants for the study. Snowball sampling was deemed the most appropriate in accessing "concealed" participants (Atkinson and Flint, 2001; Berg, 2009). Migrant care workers in private households represent a "hidden" population that is invisible to the public. Data was collected through semi-structured in-depth interviews. Interview guides were designed for both categories of the participants.

Care workers selected to participate in the study were working in private households where their responsibilities included providing care for young children up to school-going age or members of the family needing care, such as older people, the frail or the sick. The ages of the participants ranged from 20 to 50 years. The majority of the participants (21) worked as full-time employees and 18 lived in the employer's household. Two were part-time employees. Fifteen respondents were single, separated or divorced, five were married and three were widowed.

Interviews were conducted mostly during weekends when participants were off-duty and in a range of venues which included parks, food outlets and their places of accommodation, often located in the townships. For the key informants, interviews were held at the agencies' offices. In order to ensure anonymity, pseudonyms were used in the write-up and analysis of findings.

RESEARCH FINDINGS

The migration journey

Women interviewed in this study described the various push and pull factors which motivated their migration. The pull factors were mainly economic, specifically the prospect for jobs in South Africa that could offer better remuneration and hence enhance the women's ability to support their children and other family members back in Zimbabwe. The deterioration in the political and economic situation in Zimbabwe emerged as the major push factor. Reasons highlighted as driving their decision to migrate included lack of jobs and the declining economic situation in Zimbabwe, poor working conditions in the domestic services sector for those who were employed in this sector prior to their migration, as well as caring responsibilities. According to one respondent,

Here in South Africa, it is easy to get jobs, like domestic work jobs are easy to find. It is not as difficult as in other countries like Namibia ... Moreover, in South Africa, the amount of money that we get paid is a bit better. It depends on your employer, but if you look at it, the salaries that we get paid here in South Africa, are generally better. You are able to support your family in Zimbabwe (Chido, Pretoria).

Discussing the respondents' migration journey was a sensitive topic as some respondents were afraid to expose the ways in which they had come into South Africa. It emerged that the migration or documentation status of the respondents changed over the course of their stay in South Africa. Most of the respondents indicated that on their first entry into South Africa they had used passports or emergency travel documents. At the time of the interviews, the documentation status of the respondents was as follows:

- One participant indicated she had acquired permanent residency.
- Five had acquired work visas through the Dispensation of Zimbabwe project, with one highlighting that the permit had expired and she was yet to renew it.
- Three had obtained asylum seekers' permits.
- Fourteen indicated that they were making use of visitors' visas, and 'overstaying'.

Participants highlighted challenges they faced in obtaining the required travel documents, especially in Zimbabwe because of the economic challenges the country faced and also in South Africa. For example, the following quote highlights the transitions that the respondents went through during their stay in South Africa:

Ratidzo: When I first came, I used an ETD (emergency travel document)

because at that time, it was very difficult to obtain a passport and the visas. I had acquired a (visitors') visa when I came.

Interviewer: What about now? ... What about a permit?

Ratidzo: Yes, I do ... I applied in 2010 and got it in 2011 ... At the moment, some of us went to renew [the permits] but they are still being processed. So, we don't know the outcome, whether we will get them or not (Ratidzo, Johannesburg).

Another participant, Tanyaradzwa, recounted her job history in South Africa and she noted that,

I have just been doing domestic work. There are no other jobs that you will find in South Africa other than domestic work. To find jobs in South Africa, you have to have a work permit; they require a lot of documents. We don't have adequate documents (Tanyaradzwa, Johannesburg).

While respondents and key informants suggested that the asylum permit was often disliked and avoided, it remained one of the preferred ways of maintaining one's stay in South Africa as it permits holders to work and study. It is a way of securing long-term employment. However, respondents raised certain challenges to acquiring this type of permit that discouraged other migrants from considering it, including long queues at the Department of Home Affairs offices. Furthermore, asylum permits are renewable every three to six months, which means holders must endure this process often.

Thus, other migrants resorted to the method of sending their passports to be 'processed out'. This phenomenon entails the movement of travel documents, via a third party and at a cost, to have it stamped by a 'connected' border official, to show that the holder has officially left the country while they remain in the Republic (Thebe, 2017; Vanyoro, 2019b; Zack et al., 2019).

The job-seeking journey

The participants highlighted a number of ways in which they found employment, which included through agencies, the 'market' and social networks of relatives and friends who were already in South Africa.

§ Social networks

The most popular method of securing jobs for the respondents in this study was through their networks of relatives and friends who were already living in South Africa, aligning with Zack et al.'s (2019) study of female Zimbabwean migrants in the domestic sector. Employers also made use of these networks of Zimbabwean nationals in South Africa to solicit potential employees in Zimbabwe to come and

work in South Africa. For example, Sifiso from Johannesburg explained her decision to come to South Africa, which was influenced by her social networks, as follows:

I chose to come to South Africa because I had relatives living here already and I asked them to search for jobs for me ... in December 2012, my cousin told me about the job during the Christmas holidays and I got the contact details of the employer and I started communicating with her. I travelled after the 1st of January ... I went to my sister's place and I started work the next day.

De Regt (2010) and Awumbila et al. (2017) highlight several advantages of using social networks in the migration process. De Regt (2010) notes that migrants receive information through their networks, which is useful for helping them to prepare for the new environment and life. Further, she notes that relatives and friends in the destination country will assist new migrants with settling in and adjustment through providing accommodation and information on employment opportunities as well providing support in times of trouble, such as when a job is lost abruptly. Most respondents noted that the reason they chose to come South Africa was because their relatives or friends were already in the country. Many of the respondents noted that relatives and friends had notified them of the job openings while they were still in Zimbabwe. They therefore migrated to take up a position that was already available and did not have to spend any time searching for a job. Other respondents noted that they had asked their relatives residing in South Africa to search for jobs on their behalf, as indicated in Sifiso's quote above. The foregoing can be related to the theorists of transnational migration who highlight the idea of "simultaneous embeddedness" as migrants maintain social ties in the country of origin and destination.

A central issue in the use of social networks is trust. Both employers and employees prefer to use recommendations from within their social networks as a way of finding good employers or domestic workers they can trust, which is vital in care work. Employers leave their children with domestic workers while they are at work during the day. De Regt (2010) points out that for domestic workers, being employed by families recommended by social networks enhances the chances that they would be treated well.

Churches were also a significant element of the social networks, as both employers and job seekers used this channel as a way of advertising, in search of an employee or for a job. For example, one participant, Rufaro indicated that she found her current job through networks from the church that her sister attended. It was not only family and friends who assisted in the search for employment, but also being part of social media groups. Some participants explained that they were part of social media groups in which job openings could be advertised or posted. Thus, social networks were a resource for information on job openings.

§ The ‘market’

The other method of finding jobs was through the ‘market’, which the respondents explained as being areas where “people go and wait, so individuals looking for people to contract, just stop there and they choose the person they want, and then you discuss; if you agree and then you go ...’ (Chido, Pretoria).

The participants explained that there are designated areas where individuals in search of casual work or part-time jobs congregate, such as by the roadside, at major intersections, or at service stations. This method can be risky and dangerous especially in relation to human trafficking. For example, in an informal conversation after the interview in Johannesburg, Abigail referred to an incident in which two women had been picked up by the roadside while they were looking for a job; they disappeared and were later found dead in the area where she lived. This narrative reflects only one aspect of the many vulnerabilities associated with searching for casual jobs in the domestic sector. Another relates to the question of trust, where relying on the ‘market’ to find work posed a risk to employers who would be employing strangers without knowledge of their background or credentials. Respondents indicated that the ‘market’ was one way of securing part-time work as well as to find more than one employer to fill their working week. However, this method presented limited opportunities for negotiating working conditions and remuneration for the employees, as the employers had a wide range of workers to choose from.

§ Recruitment agencies

Only a small number of the participants (five) had made use of private recruitment agencies representing a formal channel of job seeking. Domestic worker recruitment agencies are considered as mediators between employers and domestic workers and often play the role of matching or pairing employers and workers according to specifications set by employers (Hondagneu-Sotelo, 2001; Tsikata, 2011). The agencies that participated in this study, referred to as P1, P2, and P3, were privately-owned businesses, while Agency F1 was a faith-based informal employment agency. There are advantages for both employer and employee to use recruitment agencies in contrast to the two methods discussed above. Employers have access to employees with experience and who have been vetted. The owner of Agency P3 in Johannesburg stated:

A lot of the people who hire domestics don't bother to check references and stuff, they just hire them off the street and that's the problem ... so we do all that – we do the reference checking, the interviewing, we do the preliminary work for the customers because they don't have time (or) they don't want to ... We can do police checks if they want (owner, Agency P3, Johannesburg).

The quote above gives a sense of the role of domestic worker agencies and the services

they provide, which are mainly to source the candidates according to the requirements of the employers, as well as to manage the screening process that candidates undertake before they register them. Services provided by private recruitment agencies included facilitating contractual agreements between employers and employees, which provide details on terms of employment as well as remuneration.

Data from the agency officials showed that in the sourcing of prospective candidates, there were variations in terms of the requirements needed for a job seeker to be registered. The key items were a reference letter and proof of identification, while others mentioned experience. For people coming from outside of South Africa, an additional requirement was proof of authorization to legally work in the country. For example, according to an agency owner:

They must have a valid ID or passport or work permit; we don't take asylum papers. So, passport, valid work permit or ID, reference letter – current references ... for at least three years ... (owner, Agency P3, Johannesburg).

Officials at the informal agency reported that they additionally accepted asylum documents for the registration process. Another difference noted in the services provided by the informal agency was that their role was to 'introduce' job seekers to the employers and check if the prospective employees had the required documents. However, they explained that they did not verify the references, a responsibility left to the employers. One of the reasons that could have contributed to this situation, was that the informal agency relied on volunteers in their operations and therefore did not have resources to invest in the process of vetting and verification checks. Some of the reasons cited by agency officials in the privately-owned agencies for not taking asylum papers into consideration, were that:

The problem if they have an asylum [permit], it's only valid for six months ... so they need to go and get it renewed and it gets refused, because it does happen. So, we want them to have a valid work permit and a lot of the residential estates do not take asylum papers ... There are massive penalties, massive, massive ... penalties for employing say for instance a Zimbabwean without a valid work permit ... (manager, Agency P1, Pretoria).

By drawing attention to the limitations of asylum permits, the manager at Agency P1 corroborated some of the challenges raised by the respondents pertaining to acquiring these documents highlighted in earlier sections. Furthermore, agency officials cited documentation issues as one of the major challenges faced by migrant care workers, as narrated by this respondent:

... so, getting all the documentation right is probably a challenge and you know, as we said, we are not prepared to register them if they don't have

permission to work here because the employers that come here expect them to have permission to work here. If not, they can get into trouble; so, I think the challenge of getting permission to work can be an issue. The special permits, like, expired in December last year, so they are busy issuing new ones. But they haven't issued them all, so some people are sitting in the middle with a receipt with no permit. It's difficult for us to register them because we have no way to check if receipts become permits. So, when you get your new permit, we will register you. But you know, sometimes they sit in no-man's land (manager, Agency F1, Johannesburg).

Evidence from the agency officials pointed to the strict requirements, which meant that only a few migrant workers could make use of their services, given that the majority of the care workers did not have the required documents and those with asylum documents were not guaranteed to receive assistance in this process. With regards to the reference letters, Tame (2018) contends that the requirement allows private recruitment agencies to play the role of a gate-keeper. She argues that in order to gain references indicating work experience, migrant women are often subject to exploitation, as they have to endure harsh working conditions before they can access this document. Thus, she argues that reference letters can “limit workers’ mobility in the labor market” (Tame, 2018: 104).

Documentation and access to jobs

The majority of workers pointed to the disadvantages of not having the required documents, particularly in salary negotiations. The extract below from a conversation with one of the respondents, Rufaro, and her sister, highlighted the challenges faced by migrant women in the course of seeking employment. Unlike Rufaro, her sister had managed to acquire the special permit. Rufaro's sister shared her experience:

It limits their opportunities because, for example with me, I have experience of working for different employers of different races. So, what employers do – for someone who does not have the work papers, it's a disadvantage, firstly, with regards to the salary. Because they know you don't have the papers and if they decide to pay you R2000 (US\$118), because you are desperate for the job, you will agree. I have a permit right now; I can negotiate with the employer. If they say, “I can pay you R250 or R300 (US\$15-18) per day”, I can negotiate for more money, you see. So, it's a disadvantage to them because they don't have the papers ... Also, [regarding] the areas where you find employment – there are areas where they refuse asylum papers; it's either a work permit or ID, you see, so it's a very big disadvantage.

As Rufaro's sister relates, women without the required work documents are disadvantaged in terms of job opportunities as well as salary negotiations because

of their status. The above excerpt highlights that a number of factors come into play, such as nationality, migrant status, race, class, and gender, which are interlinked with the disadvantage of the care worker. This further highlights their vulnerable positioning in the labor market.

Participants highlighted that without work visas, they found jobs that received very low remuneration. For instance, one participant, Vimbai, highlighted her frustration after she realized that without a work visa, she was securing only positions where she would be paid R1500 (US\$88). Under such circumstances, some migrant women might be pushed to take drastic measures such as using another person's documents to secure employment in the hope of increasing their chances of securing positions that offer higher remuneration and better working conditions. This increases their vulnerability as they risk losing the job, if their fraudulent actions were exposed. Thus, care workers would sometimes confide in their employers about their migrant status, depending on whether they had developed a relationship of trust. In consequence, migrant workers found themselves dependent on their employers in order to maintain their jobs as well as for protection. This emphasizes how the domestic sector is extremely privatized and informalized. It links to Griffin's (2011) study on Lesotho migrant workers in South Africa, as she notes that domestic workers were dependent on their employers to protect them from state officials as they feared deportation. Being dependent on their employers highlights their vulnerability to exploitation.

DISCUSSION AND CONCLUSION

The findings of this study highlight that despite the significant presence of Zimbabwean women in the domestic services sector in South Africa, the majority of them are working without the proper documents, which has implications for how they secure employment and the conditions they work under thereafter. In terms of migration processes, it emerged that most of the women entered the country legally using visitors' visas. Only a few managed to subsequently acquire work visas or asylum permits. The findings confirm Fish's (2013) observations that migrant domestic workers face barriers in terms of accessing the legal right to work and leave many of them with an undocumented status. They are exposed to conditions that infringe on their rights; they are at risk of exploitation and abuse as well as living in fear of deportation (Fish, 2013: 240). In addition, Fish assert that, because of their undocumented status, migrant domestic workers are afraid of approaching government institutions for the protection of their rights.

The findings also show that unlike in South-North global care chains where migration is facilitated either by the state through bilateral agreements or temporary labor migration programs as well as through recruitment agencies that facilitate the processing of work visas, employment contracts and travel fees, the migration of Zimbabwean women to South Africa is 'informalized' and not regulated. The women typically make their own plans to migrate (Zack et al., 2019) and, in line

with the concept of transnationalism, social networks play an important role in facilitating the process of migration. This is in contrast to other migration flows such as those from Africa to the Middle East where domestic workers rely on recruitment agencies and brokers, some operated under government-provided guidelines, to obtain employment (Laiboni, 2020). This ensures that the migration process is more formalized and potentially assists in protecting the rights of migrant care workers.

Without legal documentation, migrant care workers cannot seek employment through formal channels such as recruitment agencies; officials of such agencies indicated that they could only register migrant workers who had valid and legitimate work visas. For these 'overstayers' as well as for women still back in Zimbabwe, using social networks, as stated above, is the most common method of finding employment. As observed by Gurung (2009), domestic work falls within the informal labor market and hiring processes are usually through the employers' and employees' social networks and by word of mouth. She argues that in such cases, there is a power imbalance, as the employer has control over the hiring as well as the working conditions, adding that "employers can change their work policies and rules at any time without consultation with the workers" (Gurung, 2009: 385). When employers are aware of the migrant's illegal status, they often have more control and discretion in terms of employment conditions as well as remuneration. Thus, compared to those jobs secured through recruitment agencies, jobs acquired through social networks do not offer protection to care workers. Agencies, for example, insist upon a written contract, which is used to regulate the employment relationship. Formal contracts also facilitate salary negotiations and therefore play a key role in ensuring that care workers' rights are protected.

The overall migration between Zimbabwe and South Africa is guided by regional instruments such as the 2003 SADC Charter of the Fundamental Social Rights in SADC, which seeks to "promote labour policies, practices and measures which facilitate labour mobility" and "to promote the establishment and harmonization of social security systems". In 2013, the regional body launched the SADC Labour Migration Action Plan under which the SADC Labour Migration Policy Framework (2014) was developed. The main objective of this framework is to "promote the sound management of intra-regional labour migration for the benefit of both the sending and receiving country". Through the development of national labour migration policies, the SADC Labour Migration Policy Framework seeks to ensure that all types of migrant workers are protected against discrimination at the workplace and to promote the portability of social security benefits. To meet this requirement, the South African Department of Labour was, at the time of writing of this article, developing a Draft National Labour Migration Policy to be implemented in 2020.

This study has highlighted that South Africa's strict migration policy, which continues to focus on skilled labor, is not comprehensive enough to cover all types of labor migrants and that there is a need for policies tailored for different categories

of migrant workers. The study recommends the introduction of less stringent and affordable visa options for care workers, as proper documentation is important for the protection of the rights of the care workers.

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Evidence of Spiritual Capital in the Schooling of Second-Generation Ghanaians in Amsterdam

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This study investigates how spiritual capital accrued from religiosity influences the educational mobility of second-generation migrants in Amsterdam, the Netherlands. We propose that inherently, religiosity possesses resources that have consequences for the socio-economic and cultural life of the adherents. The study adopts ethnographic research methods including in-depth interviews, participant observation and informal interviews in the religious field of African Initiated Christian Churches (AICCs) in Amsterdam. Fifty second-generation migrants participated in the research out of which thirty-five were women and fifteen were men. Nine representatives of AICCs were interviewed. All the research participants were purposively selected. The study found that although educational attainment is not a driving force for the creation of AICCs, religiosity has consequential effects on the schooling of second-generation Ghanaians. The study also found that spiritual capital accumulated through prayers, reading of Holy Scriptures, participation in religious services and church commitment may facilitate or deter progress in the schooling of second-generation Ghanaians. The paper concludes that religiosity and schooling are not incompatible; rather, they are complementary in the integration of second-generation migrants in the Dutch society.

Keywords: spiritual capital, schooling, second-generation migrants, religiosity, African Initiated Christian Churches (AICCs)

INTRODUCTION

Studies on ethnic religious organizations (Alba, 2005; Alba et al., 2009) identify religion as a stepping stone in the process of immigrant integration. As a result, the long-term contribution of ethnic religious organizations to immigrants' lives in the host country is questioned (Warner, 2007; Ambrosini and Caneva, 2009; Baffoe, 2013). The premature forecast of secularization theorists a century ago on the demise of religion in public discourse influenced migration scholars to lessen the importance of religion (Berger, 1999; Bramadat, 2011) in the public sphere. The world has, however, witnessed religious revival in the 21st century and religion continues to be active in both the public and private spheres (Casanova, 1994; Kyei and Smoczynski, 2016; Levitt and Jaworsky, 2007). This work aims at contributing to the understanding of how the inherent resources in religiosity influence the schooling of second-generation Ghanaians in Amsterdam.

Immigrant churches have been identified as retarding immigrant integration into mainstream society of the host nation (Chang, 2006). Studies further argue that members of immigrant religious groups are less interested in integrating into the host nation, as members are offered a more familiar and comfortable environment (see for example, Chang, 2006; Tsang, 2015). This research, however, proposes that immigrant churches provide services that enhance immigrant integration in the host nation, which are often overlooked (Stepick et al., 2009). Several studies have established that ethnic religious organizations provide psychological and socio-cultural comfort to their members (Ebaugh and Chafetz, 2000; Hirschman, 2004; Edgell and Docka, 2007). This function of immigrant religious organizations can lead to latent conflict in secular nations like the Netherlands. Arguably, social capital obtained through religious involvement is a resource that generates networks, trust and norms facilitating the attainment of individual and collective goals (Kyei et al., 2019; Putnam, 2000). The religious social capital acquired in the religious field may enhance the skills and know-how of the members (Kyei and Smoczynski, 2016).

Following this line of inquiry, the study conceptualizes the resources inherent in religiosity as spiritual capital. Religiosity provides meaning to the day-to-day academic and cultural lifestyle of communities in spite of the disenchantment that is bred in contemporary European societies, especially in the Netherlands (Bernts et al., 2007). This research investigates the various religiously-oriented strategies that Ghanaian second-generation migrants in Amsterdam employ in schooling. The paper also questions how African Initiated Christian Churches (AICCs) influence the schooling of second-generation Ghanaians in Amsterdam.

BACKGROUND: GHANAIAN IMMIGRANTS IN THE NETHERLANDS

Ghanaian immigrants settled primarily in the Bijlmer district of Amsterdam and to a lesser extent in The Hague in the late 1980s and early 1990s (Dietz et al., 2011). Ghanaians are visible in the Netherlands through their churches, shops (food,

clothing), media (television and radio broadcasting) and magazines (Ter Haar, 1998). In spite of the relatively medium education level of Ghanaians in the Netherlands, they are employed in mainly semi-skilled and unskilled jobs due to low proficiency in the Dutch language, discrimination in the labor market, and the cumbersome process of foreign diploma recognition by the Dutch government (Choenni, 2002).

The literature is not clear on the definition of 'second generation' but the migrants' age at the time of arrival is crucial in the process of integration of immigrant children (Portes and Zhou, 1993; Alba and Nee, 1997). This article takes into account the migrants' age at the time of arrival in the definition of second-generation migrants. A second-generation Ghanaian is therefore defined here as anyone born in the Netherlands or who entered the Netherlands at or before the age of six, with at least one parent of Ghanaian origin (Agyeman and Kyei, 2019). According to data from Statistics Netherlands (2019), out of the 24,460 Ghanaians in the Netherlands, 10,120 were of second-generation descent.

Since the Dutch system of pillarization dwindled in the late 1960s (Maussen, 2014), the infiltration of religion in all spheres of public life has reduced drastically. The Dutch 'depillarization' model also changed the religious affiliation criteria of school enrolment. Pressure from social forces pushed for the advancement of secularization and neutralization of public life (Hertogh, 2009; Maussen, 2014: 47). At the beginning of the 20th century, about 95% of Dutch people were affiliated to a church (Meijering, 2007). Christianity among native Dutch citizens continues to dwindle as affiliation to traditional churches fell from 76% in 1958 to 35% in 2004 (Becker and de Hart, 2006: 38). Secularization in the Netherlands at the micro and macro levels is on the ascendancy, as shown by the 'God in Nederland' survey. According to the survey, more than 82% of Dutch people hardly attend any church and only 17% believe in the existence of God (Bernts and Berghuijs, 2016). Moreover, from the survey, more than 25% of Dutch people claim to be atheist (Bernts and Berghuijs, 2016). The secularization thesis envisages the decline of religiosity as society becomes modernized. Religion is therefore perceived as a hindrance to immigrant integration (Foner and Alba, 2008). In this work, we delve into how the complex fields of religiosity and secularization in the Netherlands contribute to the schooling of second-generation Ghanaians.

CONCEPTUAL FRAMEWORK: SPIRITUAL CAPITAL IN IMMIGRANT INTEGRATION

Immigrant integration is understood here as the process through which immigrants enter into the social, economic, political and cultural life of the host society. Scholars of immigrant integration generally agree that the success or failure of the integration of immigrants in the host society is determined by the course followed by second-generation migrants (Portes and Rumbaut, 2001; Crul and Doornik, 2003; Kyei et al., 2017). Unsuccessful integration of second-generation migrants has adverse

impacts on immigrants themselves as well as on the host society as a whole.

One of the important factors that influence the integration of immigrants in the host society is immigrants' religion and this is widely established in the literature (Kyei and Smoczynski, 2016; Agyeman, 2017). Immigrant integration studies, however, identified religion as a stepping stone in the process of immigrant integration. Hence, the long-term contribution of ethnic religious organizations in the socio-economic and cultural integration of second-generation migrants in the host country was questioned (Alba and Nee, 1997; Alba, 2005; Alba et al., 2009). It has been argued that through socialization in the host society, second-generation migrants are likely to abandon the religion of their parents and associate with the religion of the host nation (Van der Bracht et al., 2013). There have been inconsistent results on the religiosity of second-generation migrants. In the United States of America, studies have noted the rise in the religiosity of second-generation migrants (Min and Kim, 2002; Alanezi and Sherkat, 2008). Diehl et al. (2009) identified the stagnation in Germany whereas Phalet and Ter Wal (2004) noted a fall in religiosity in the Netherlands.

Empirical literature on the effect of ethnic religious organizations in the socio-cultural and socio-economic life on second-generation immigrants of sub-Saharan African descent in Europe, is marginal (Tonah, 2007; Ekué, 2009). The few available studies on West African immigrants' church participation and integration have established that first-generation immigrants look for faith communities in the host society and this encourages the establishment of ethnic religious organizations (Sonn, 2002; Adogame, 2003; Mensah, 2009). Research findings on Ghanaians in the Netherlands and Germany have shown that Ghanaian religious organizations are the first point of contact for newly-arrived migrants where they share their experiences in the migratory trajectories (Tonah, 2007; Kyei et al., 2017). Membership of ethnic religious organizations enables immigrants to face the challenges of loneliness, trauma and discrimination in the new environment, as they are able to socialize and associate with people from their own country with little or no language barriers (Ekué, 2009; Baffoe, 2013). AICCs, unlike the Dutch churches, communicate in the language that immigrants are conversant with and can understand (Nieswand, 2003). Immigrants build their identity within ethnic religious organizations which shape their way of life as they personalize the values of religion (Peschke, 2009).

The religious field of AICCs in Amsterdam serves as a marriage market for second-generation Ghanaians (Kyei and Smoczynski, 2016). Kyei et al. (2019) reiterate how religious social capital generated within AICCs facilitates the political integration of second-generation Ghanaians in Amsterdam. Moreover, second-generation Ghanaians in Amsterdam create religious identities in the religious field of AICCs as they engage in transnational religious practices (Agyeman and Kyei, 2019). AICCs in Amsterdam have been identified as a field of expressing gender values that conflict with the secular Dutch perspective (Kyei and Smoczynski, 2019).

Studies on religiosity have mostly employed the concept of social capital to

understand how the relationships and networks within the religious field generate resources that contribute to immigrant integration (Coleman, 1990; Putnam, 2000; Kyei et al., 2019). We propose that the concept of spiritual capital is a form of accrued investment in the practice of religiosity. Spiritual capital is related to social capital inasmuch as institutionalized religiosity persists and resources are accrued from belongingness to a religious organization. Spiritual capital is, however, independent from social capital insofar as the individual is capable of mobilizing resources from the simple fact of being religious. This paper departs from the resources obtained through social networking in the religious field and explores the inherent resources that reside in the practice of religiosity and conceptualizes it as spiritual capital. The focus on spiritual capital is on how the content in individualized and institutionalized forms of religiosity generates resources that contribute to the well-being of the individual and the society. The Metanexus Spiritual Capital Research Project funded by the Templeton Foundation defines spiritual capital as “the effects of spiritual and religious practices, beliefs, networks and institutions that have a measurable impact on individuals, communities and societies” (Hansell, 2006: 5). Woodberry (2005) describes spiritual capital as the resources that are created or that people have access to when they invest in religion as religion. This study conceptualizes spiritual capital as the resources accrued in spiritual and religious practices that contribute to the well-being of the adherent.

We argue that spiritual capital is obtained through individualized and institutionalized religiosity. The individualized form of religiosity is operationalized as spiritual commitment, and religious behavior (Cornwall et al., 1998). Spiritual commitment is defined as the personal relationship that a person has with a supernatural being. Religious behavior refers to those religious acts which are expected of religious people without any reference to their belongingness to a religious organization and it is operationalized as frequency of private prayers and reading of the Holy Scriptures. An institutionalized mode of religiosity is characterized by church commitment and religious participation (Cornwall et al., 1998). Church commitment is the attachment and dedication that a person has towards a religious organization and it is operationalized as frequency of church-related activities. Religious participation is referred to as ritual involvement. These typologies are distinct but interactive because for one to be committed to God, one must first believe in God.

METHODOLOGY

The study adopted an ethnographic research methodology of in-depth interviews, participant observation (Flick, 2009; Suryani, 2013) and informal interviews in African Initiated Christian Churches in Amsterdam in 2015, which were followed up in 2017. The study adopted a purposive sampling technique, which is a type of non-probability sampling that permits the selection of the units to be observed on the basis of the judgment about which units will be the most useful or representative (Babbie,

2007: 184). Two types of purposive samples were selected in this study, namely second-generation Ghanaians who attend AICCs in Amsterdam, and representatives of AICCs in Amsterdam. The snowball sampling technique was used to recruit sixty second-generation Ghanaians within AICCs in Amsterdam to participate in life-history interviews, but after fifty interviews, no new themes were emerging, as the process had reached saturation. The in-depth interviews brought out the nuances in religiosity and how it related to schooling. Semi-structured in-depth interviews were also conducted with nine representatives of AICCs in Amsterdam and they were also recruited through the purposive sampling technique, based on the dominant churches attended by the second-generation Ghanaians interviewed.

The interviews were audio-recorded and transcribed verbatim. The data were manually categorized into analytic units under descriptive words or category names. The information was organized into themes and sub-themes (Rossman and Rallis, 1998). The themes and sub-themes were analyzed for each participant and they were also connected to other interviewees with quotations. Descriptive and inferential analyses of data were employed in this work (Guba and Lincoln, 1982; Hammersley, 1992). The study disaggregated the data into manageable patterns, themes and relationships (Merriam, 1998). Ethical approval was obtained from the Ethics Committee in the Graduate School for Social Research, Warsaw. The informed consent of the respondents was obtained and the details of the research were communicated to the research participants. The respondents were also informed that they could withdraw their consent and participation at any time without being required to explain and without prejudice. The research participants were assured of the confidentiality of the information gathered during the fieldwork and the privacy of their identity throughout the research process.

RESULTS AND DISCUSSIONS

Educational performance is complex and a multiplicity of factors account for its fulfillment. As such, it is impossible for any individual attribute to claim sole responsibility for educational progress. The attention here is to investigate how spiritual capital accumulated through religiosity serves as a contributory factor to the schooling of second-generation Ghanaians in Amsterdam. This section begins with a demographic description of the respondents. We then categorize the interventions in religiosity that translates spiritual capital into direct and indirect interventions. In the subsequent two sub-themes, we establish the intricacies and nuances in the interplay between spiritual capital and schooling by discussing the direct and indirect interventions. Finally, we elucidate the challenges that religiosity poses to schooling.

Demographic characteristics of the respondents

Fifty second-generation migrants participated in life-history interviews, of whom 35 were women and 15 were men. Thirty-seven of the respondents were born in

Amsterdam and interestingly, thirty-five of the research participants were born in the Municipality of Amsterdam Southeast, which hosts the majority of Ghanaian immigrants in Amsterdam (Gemeente Amsterdam, 2015). The ages of the second-generation respondents ranged between 19 and 34 years and that provided the opportunity to understand different patterns of educational trajectories and their interaction in the AICCs.

Based on the data, twenty of the respondents were university graduates, eight of whom attended research universities (WO or wetenschappelijk onderwijs – research-oriented education in research universities) and twelve attended vocational and technical universities (HBO or hoger beroepsonderwijs – higher professional education in universities of applied sciences) (EP-Nuffic, 2015). Twenty-four were undergraduate students, of whom five were in WO and nineteen were in HBO. Four of the respondents were in various levels of secondary school education. All the respondents, except three, went through the step-by-step Dutch system of education. Two of the respondents had entered the job market with a Secondary Vocational Diploma (MBO or middelbaar beroepsonderwijs – senior secondary vocational education and training) (EP-Nuffic, 2015). Nine representatives of AICCs in Amsterdam were interviewed. Six out of the nine representatives were head pastors and the other three were part of the executive committees of the AICCs.

Categorizing educational interventions of religiosity

The contribution of religiosity in the education of the studied second-generation migrants is categorized into indirect and direct interventions. Direct intervention is understood here as those activities or programs of the AICCs that have the goal of improving upon the academic performance of second-generation migrants. Indirect intervention is conceived, however, as those activities and programs of AICCs that are not purposely geared towards educational progress but have consequential effects on academic performance. The indirect interventions are operationalized as Sunday school programs, youth meetings, and recreational activities in the church, as demonstrated in Table 1.

Table 1: Educational interventions in AICCs

Educational Interventions	
Direct	Indirect
<ul style="list-style-type: none"> • Educational programmes • Praying for successful schooling (exams) • Attendance of night vigil • Sermon Admonishment on schooling • Enforcement of discipline in schooling 	<ul style="list-style-type: none"> • Sunday School Programmes¹ • Youth meetings • Recreational activities • Role Modelling

Source: Authors' own study

Direct interventions are categorized as offering educational programs, praying for exams, attending night vigils, enforcement of discipline, and after-school classes, as shown in Table 1. From these interventions we draw out sub-themes to explain the enhancement and/or challenges to the schooling of second-generation migrants.

Direct interventions of religiosity in schooling

In this section we explore the direct interventions of religiosity in the schooling of second-generation Ghanaians in Amsterdam by elucidating some of the activities raised in Table 1, without necessarily being exhaustive. Thirty-eight of the respondents related how possession of spiritual and church commitment served as tools in the fight against downward mobility in the process of economic integration. Respondent SG17 recounted the step-by-step improvement in her academic performance that enabled her to rise from pre-vocational education to pre-university education:

The results of my final exams (cito toets) and my teacher’s advice were VMBO. I started secondary school with VMBO but after a year I performed well and moved to HAVO. At HAVO I also did well in the first year and got promoted to VWO. My secondary education took long because I began the secondary school with a lower grade and in each new school, I had to stay a year longer. I drew my educational strength from the enforcement of discipline in schooling and the spirit of perseverance that I acquired from my church teachings.

AICCs are endowed with spiritual and social resources that participants accumulate due to their engagement. Drawing strength is an act of seeking refuge and resources (Hirschman, 2004) in God, with the expectation of addressing the specific problem in academic performance. Spiritual capital inherent in religiosity served as an arsenal during challenging moments in education. Spiritual capital is accumulated through prayers, reading of the Bible and belief in God, that are peculiar to members of

¹ Sunday school refers to Christian services organized to meet the needs of children in the religious field

religious organizations. Individualized religiosity contributes to the bridging of the academic gap between autochthones and second-generation migrants in secularized Dutch society. Respondent SG27 also narrated that:

The church prepared me spiritually and mentally for the challenges ahead in my education. When I started my bachelor in nursing [degree], I was the only black person in the class and I went through a whole year of discrimination and bullying, not from my classmates, but from my teachers [...] At the end of the second year, I dropped out of school. I prayed continuously and read my Bible to enrich my faith and through that I gained the strength to register in a new school for the same course. It was difficult to concentrate initially because psychologically the voices of my teachers re-echoed but by the grace of God and the support of my church, I am now in my final year.

The religious behavior of a sizeable number of the respondents corresponded with Weber's (1930/1992) notion of 'calling'. Weber's perspective of calling refers "basically to the idea that the highest form of moral obligation of the individual is to fulfill his duty in worldly affairs" (Weber, 1930/1992: 12). Dedication to schooling is identified as a moral obligation through which respondents secure a place with God in the life after death. The pursuance of educational prowess was identified as 'good work' that was a mark of being part of the chosen children of God. The acquisition of higher education was noted as evidence of God's favor. Respondent SG21 also narrated that:

I believe it was during the course in statistics in the university when I started to look for God and the reason was that I was not good in statistics. In the first year I had statistics I could not pass and in the second year still I could not pass. I passed everything except statistics and that was when I felt I needed God most. All this while I knew Him (God) but I did not have trials which made me depend on Him so I went to church and prayed. I really saw that God was a prayer-answering God although I am living in a society that sidelines God. So yes, it helped me to be more disciplined and I worked even harder and finally passed. I pursue my education as a vocation to glorify God and secure a place in His Kingdom.

Most of the participants jumped the hurdles in the Dutch education system step-by-step before achieving the highest level of education. The step-by-step movement took a lot of time and it needed much patience and enthusiasm and they were motivated by religious behavior and church commitment to aim high in schooling. We found that spiritual and moral behavior, motivated by 'other-worldly' attitudes of escaping the encumbrances of the material world (Weber, 1930/1992: 9) contributed to the accumulation of spiritual capital that enhanced academic achievement among most of the second-generation respondents. Respondent SG35 recounted that:

We prayed as a family together once every week and we did fast once every month. All these spiritual exercises instilled the sense of discipline in me that guided my schooling. I persevered irrespective of the academic challenges and I am now a medical doctor.

Self-discipline and inner-world asceticism (Weber, 1930/1992) are practices that mold the schooling of second-generation migrants in the host nation. Research participant SG23 noted:

As a Catholic, I prayed at the beginning of each lecture by making the sign of the cross. I was mocked by some of my colleagues because they described the act as archaic but I was resilient and never succumbed to their pressure.

The data showed the resilience of second-generation Ghanaians in resisting the secularized Dutch education system and the Dutch society (Bernts et al., 2007; Bernts and Berghuijs, 2016) through engagement in the religious field of AICCs.

Assimilation theorists (Park, 1930; Alba and Nee, 1997; Portes and Rumbaut, 2006) emphasized the necessity of education in the process of integration of second-generation migrants in the host country. This study found that AICCs in Amsterdam, such as the Pentecost Revival Church International, are primary agents in the socialization process of the studied second-generation migrants. AICCs admonish and exhort second-generation migrants to be disciplined in life and to take their studies seriously. A pastor implored in a sermon, “My children, you are the future of this church, so I urge you to achieve greater heights in education so that you can position the church well in the Dutch society.” Another pastor also emphasized, “discipline, discipline, self-discipline and denial of self are the basis of academic and life success.” Our findings reveal how AICCs live beyond the initial stages of settlement of first-generation immigrants in the host country, which yields intergenerational transfer of individualized and institutionalized religiosity from first-generation Ghanaians to their children.

Indirect interventions of religiosity in schooling

The study classified the indirect intervention in the religious field as extra-curricular school activities in line with studies that acknowledged the effect of extra-curricular activities on educational performance (Marsh and Kleitman, 2002; Fredricks and Eccles, 2006). Extra-curricular activities complement the events and skills acquired in the more formal part of the school day (Marsh and Kleitman, 2002; Eccles et al., 2003). The head pastor of Redemption Faith International Ministries explained how the Sunday school is structured in his church:

The Sunday school is organized by the education department of the church

and the children are taught in English and Dutch. Children between the ages of 4 and 8 are taught Bible stories with pictures and they are also taught to memorize Bible quotations. Children between the ages of 8-12 are assigned more difficult tasks like writing, reading and Bible studies. Children are grouped according to their ages in order to help develop their cognitive and intellectual capacities from infancy. The programs supplement the classroom teaching and learning scheme.

The Sunday school system provides a pseudo-school environment that offered most of the respondents the opportunity to go through similar exercises that exist in the Dutch educational sector. It is widely acknowledged that the acquisition of human capital opens avenues for upward mobility in the Dutch society (Crul and Doomernik, 2003; Crul, 2005). Institutionalized religious commitment is entwined with educational programs that have the tendency of enhancing the educational achievement of the studied second-generation Ghanaians. Five of the AICCs identified themselves as partners in the intellectual formation of second-generation Ghanaians as they strive for upward mobility in the Dutch society. A head pastor in one of the participating churches also buttressed the importance of Sunday school and youth meetings in the educational formation of second-generation migrants in his church:

Children in the Sunday school who are between the ages of 4-12 are taught Bible stories, drawing, poems, prayers, quiz competition and drama. When they begin the youth meetings from 13 years upward, they are engaged with drama, Bible teaching, sex education, homework and leadership roles. These interactive activities are extra-curricular school activities which do not contradict but complement the intellectual formation of the youth in the church. Through the Sunday school system of education and youth meetings, the church intervenes directly in developing the interest of second-generation migrants in schooling.

The data showed that in a quasi-school environment, two-thirds of the respondents learned how to read, write, draw and memorize Bible quotations similar to the ordinary school setting. In the case of forty of the research participants, Sunday school programs inculcated religious education in second-generation migrants through which they develop religious beliefs, knowledge or conviction about morality. The spiritual capital in the practice of institutionalized and personalized forms of religiosity blend the dichotomy between religion as private and education as public in the secularization discourse as they all seek to contribute to the schooling of the research participants.

Some of the studied AICCs in Amsterdam, such as the Church of Pentecost and Emmanuel Presbyterian Church of Ghana, reward second-generation migrants who

complete different levels of their education, with spiritual blessings and physical gifts. The Ghana Seventh Day Adventist Church in Amsterdam has set aside a day called Students Recognition Day to reward second-generation migrants who complete the different cycles of education. On the church's online bulletin, it was written:

The Amsterdam Ghana S.D.A. Church has set the Sabbath, 7th of November 2015 as a special day in recognition of our youth who by the grace of God have successfully completed their MBO, Bachelor or Master degrees. The church wants to express their gratitude to God for bringing the youth this far and also to encourage the other children to follow in their steps. Come and support your Christian students and celebrate this day together with them (Amsterdam Ghana SDA Church, 2018).

The public acknowledgement and the gifts served two main purposes: first, it was a sign of recognition by institutionalized religiosity that aimed at boosting the morale of the recipients to advance their education; secondly, it stimulated other second-generation migrants to stay focused on their education and motivated them to seek academic success. The sanctions in the form of rewards for conforming to the informal norms in the religious field of AICCs in Amsterdam were practical steps taken to promote the education of second-generation migrants.

Religiosity posing challenges to schooling

Spiritual capital obtained through institutionalized and individualized religiosity does not always enhance educational advancement but they sometimes disrupt it. There are situations when spiritual capital generates reverse effects in the schooling of second-generation migrants. Respondent SG32 narrated that:

As a teenager I dedicated most of my time to church activities. Apart from Sunday, I attended evening prayers, mid-week prayer meetings on Wednesday and on Saturday I went for youth meetings. Sometimes I had exams the next day but I had to be at the witness movement or the men's ministry to listen to the discussion and gather information for my sermon. The church activities were in conflict with my education and my social life. My school performance deteriorated due to the dedication of most of my time to church activities and spiritual activities.

From the research, the time invested in individualized and institutionalized religiosity by a few of the respondents was unfavorable to their educational progress. The Christian religion is learned through a process to produce a religious good but the process requires time, which has to be shared proportionately with other competing engagements like schooling. In economic terms, the opportunity cost of disproportionately investing time in the formation of religiosity by some of the

studied participants was the forgone time that could have been invested in schooling. Disproportionate investment of time to church-related activities to the quasi neglect of education hampered performance in the schooling of second-generation Ghanaians.

Respondent SG9 also noted that, “every Wednesday, I attended All Night service in church and it closed at dawn, which tremendously affected my school performance because I was inactive in class and sometime, I was late for school.” Strauss (2006) has shown that little sleep at night has serious health consequences like depression, heart disease and weight gain. Sleep deprivation affects the correct functioning of students in school as it causes behavioral problems, inability to pay attention and learn in class.

CONCLUSION

This study set out to understand the relationships that exist between religiosity and schooling of second-generation migrants with the case of AICCs in Amsterdam. The concept of spiritual capital facilitated the discussion on how the inherent resources accumulated in religiosity contribute to the schooling of their members. Second-generation migrants invest time, energy and resources in the religious field and in the process, they accumulate spiritual capital. The article has primarily argued that inherently, religiosity possesses resources that are expressed in the lived experiences of second-generation migrants with the propensity of shaping their schooling path. Spiritual capital which includes, among others, the awareness that God is in control or that others are praying for them in their educational efforts, examination and career choice are unique to the adherents of the belief system. Although the paper sought not to quantify the extent to which spiritual capital contributes to the schooling of second-generation Ghanaians, it revealed through thick and rich information, the varied way in which spiritual capital contributes to schooling.

Higher level of education is an indicator of upward mobility in immigrant integration studies but the process of attaining higher education is embedded with difficulties and challenges. The study found that in difficult and challenging moments of their schooling, thirty-eight of the respondents relied on spiritual capital through praying, reading of the Bible and church participation in order to persevere in schooling. Through religious practices, individuals and ethnic groups express their problems, joys, hopes, aspirations, fears and anxieties (Riesebrodt, 2014). Second-generation migrants relied on spiritual capital in times of deprivation to draw inspiration and encouragement in order to achieve academic excellence.

Studies have shown that immigrant churches retard immigrant integration into mainstream society of the host nation (Chang, 2006; Tsang, 2015). This study, however, identified a multiplicity of effects of religiosity on the schooling of second-generation migrants. Religiosity may assist second-generation migrants to overcome structural integration problems of schooling. Conversely, the paper found that religiosity under certain conditions has reverse effects that are detrimental

to the educational growth of second-generation migrants. Six of the respondents experienced downward educational paths that were attributed to disproportionate engagement in the religious field.

The acquisition of higher education does not automatically lead to a decline in religious belief systems and church participation, as anticipated by the secularization thesis (Johnson, 1997; Schwadel, 2011). Contrary to the secularization argument that higher education was antithetical to institutionalized and individualized religiosity (Ruiter and van Tubergen, 2009; Wilson, 1982), this study revealed that religiosity and education are not incompatible; on the contrary, they coexist in the process of integration of second-generation migrants.

We recommend the implementation of more robust and systematic religious programs that directly engage second-generation migrants at each stage of their education. Randomized religiosity may not produce sufficient spiritual capital to yield effective outcomes in the schooling of second-generation migrants.

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