



Faculty of Humanities

School of Psychology

Psychology Master's Degree Short Dissertation

**Title: Investigating the Mental Health Needs of Zimbabwean Refugees in
Durban, South Africa: A Thematic Analysis.**

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Submitted in partial fulfilment of the requirements of Masters of Social Science (Counselling Psychology) in the School of Psychology in the Faculty of Humanities at the University of KwaZulu-Natal.

Declaration for the Masters Dissertation:

I hereby declare under oath that this Masters dissertation is the product of my own independent work. All content and ideas drawn directly or indirectly from external sources are indicated as such. The dissertation has not been submitted to any other examining body and has not been published.

The dissertation is part of a research project titled: The epidemiology of common mental disorders in a refugee population in Durban, of which Dr J.K. Burns is the Principal Investigator. The researcher was granted permission by Dr J.K Burns to use data consisting of ten interviews for her thesis.

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Abstract

This study endeavoured to investigate the mental health needs of refugees to help establish the real cause of prevailing problems they experience in their host country, South Africa, so that deficits, gaps and needs in current intervention programs and services can be addressed to aid this population. The research questions aimed to investigate the psychological, emotional, social and environmental difficulties that refugees face on a daily basis which could contribute to their mental health needs. How refugees manage these difficulties was also investigated.

A qualitative research design was used, with Braun and Clarke's six-phased thematic analysis process used as the methodology of choice. Ten refugees from Zimbabwe living in Durban, South Africa, were purposively selected and semi-structured interviews were conducted to provide the required data. Thematic analysis was conducted and resulted in the identification of five themes: inaccessibility, basic needs, being a foreigner, emotional well-being, and internal and external coping strategies.

The findings of this study show that refugees living in Durban present with mental health needs as they encounter various difficulties across the psychological, emotional, social and environmental domains. The primary difficulties identified by the refugees were difficulty with accessing employment and maintaining a secure income, as well as difficulty being a foreigner and not being accepted by the locals in Durban. The primary coping strategies identified by the refugees with these difficulties were their spiritual faith and social support.

Limitations to the study included minimal time that the researchers could have with the refugees as only one interview could be conducted with each participant, and due to the sensitive experiences refugees might encounter, the possibility that some participants only share general and superficial concerns is possible.

Recommendations of this study include the implementation of national policies and procedures to support resettlement and self-sufficiency of refugees by addressing their basic needs, and different systems and communities can be trained to specifically cater for refugee mental health needs.

Chapter 1: Introduction

There is sufficient literature investigating the mental health needs of refugees, but most research is Western or Asian-based and little research is focused on refugees in South Africa. Research conducted in South Africa has identified difficulties that refugees experience that are associated with mental health concerns. These include: xenophobic attacks (Landau, 2013; Rugunanan & Smit, 2011); obtaining resources such as water, food, and accommodation (Idemudia, Williams, & Wyatt, 2013a); experiences of exploitation (Idemudia et al., 2013a); unemployment (Rugunanan & Smit, 2011; Smit & Rugunanan, 2014); language barriers (Smit & Rugunanan, 2014); financial problems (Smit & Rugunanan, 2014); obtaining refugee status (Rugunanan & Smit, 2011); and accessing health services (International Organisation for Migration (IOM), 2010).

This explorative study aims to investigate the mental health needs of refugees in Durban, South Africa. This is investigated by gaining an understanding of the difficulties they experience across the psychological, emotional, social, and environmental domains on a daily basis.

This study used Braun and Clarke's (2006) six-phased thematic analysis process to investigate the difficulties refugees experience and how they relate to mental health. It is anticipated that the findings of this study regarding refugee mental health needs will assist in providing the Durban community with an understanding of the difficulties refugees face. This will enable more focused interventions and services to be established to minimise refugee difficulties and improve their mental health.

Chapter 2 will review the literature on the mental health needs of refugees internationally and in South Africa, focusing on the challenges they encounter and the coping strategies they utilise.

The theoretical framework will also be discussed. Chapter 3 will provide the reader with the key

questions, objectives, and rationale for this study. Chapter 4 will describe the methods that were used to investigate the mental health needs of refugees in Durban. Chapter 5 will report the findings of the study. Chapter 6 will provide an interpretation of the findings of the study in the form of a discussion. It will also describe the limitations, future recommendations, and implications of this study. Lastly, Chapter 7 will conclude this study.

Chapter 2: Literature Review

In this chapter, what is known about the mental health needs of refugees will be reviewed. This chapter begins by defining the term ‘refugee’ and describing the migration phases refugees endure. A focus on the challenges refugees encounter and coping strategies they utilise will follow, with an in-depth focus of refugees in South Africa. The mental health of refugees internationally and in South Africa will then be reviewed, including how refugee mental health is negatively impacted. Mental health services, treatment, and South African law in relation to refugees, will be discussed briefly. Lastly, the theoretical approach used will be highlighted.

2.1 Refugee and Migration Defined

The term ‘refugee’ is often confused with other terms like ‘asylum seeker,’ ‘migrant,’ ‘immigrant,’ or ‘economic migrant’. Thus, for the purpose of this research it is important to distinguish the different terms as the term ‘refugee’ will be utilised throughout this study (Rugunanan & Smit, 2011). The United Nations High Commissioner for Refugees (UNHCR) (2011), defines a refugee as follows:

A person who is outside his or her country of nationality or habitual residence; has a well-founded fear of being persecuted because of his or her race, religion, nationality, membership of a particular social group or political opinion; and is unable or unwilling to avail him-or herself of the protection of that country, or to return there, for fear of persecution. (p. 5)

In contrast, an asylum seeker is defined as a person who seeks protection from persecution or serious harm in a host country and awaits refugee status approval in a host country (Department of Home Affairs, 2016; Rugunanan & Smit, 2011). A migrant is defined as a person who moves from one setting (country) to another for numerous reasons (for example, economic or political

betterment) (Bhugra & Jones, 2001). An immigrant is defined as a person who enters a country with the intention and purpose of making the host country their permanent residence (Rugunanan & Smit, 2011). Finally, an economic migrant is defined as a person who migrates for economic reasons, such as seeking employment opportunities or to pursue business (Department of Home Affairs, 2016).

The process of migration entails individual and social change as an individual moves from one cultural setting to another to resettle (Bhugra & Jones, 2001). The reason refugees migrate and resettle include economic difficulty, conflict, environmental and political crises, and educational betterment (Bhugra & Jones, 2001; Mitschke, Mitschke, Slater, & Teboh, 2011; Sidzatane & Maharaj, 2013).

Refugees endure three different phases when they migrate. Firstly, in the pre-migration phase, refugees make the decision to migrate from their country of origin and they often experience difficulties which impose on their health, including their mental health (Barnett et al., 2009; Bhugra & Jones, 2001; Goodkind et al., 2014; Hebebrand et al., 2016; Idemudia, Williams, Madu, & Wyatt, 2013b; Khawaja, White, Schweitzer, & Greenslade, 2008; Schweitzer, Brough, Vromans, & Asic-Kobe, 2011). Secondly, the transition phase involves the process of migration from one place to another which also impacts on health risks (Barnett et al., 2009; Bhugra & Jones, 2001; Hebebrand et al., 2016). Thirdly, in the post-migration phase, a refugee enters a host country and experiences an adaptation process. Adjustment in this phase has further impacts on mental health (Barnett et al., 2009; Hebebrand et al., 2016; Idemudia et al., 2013b; Khawaja et al., 2008; Schweitzer et al., 2011). It is important to note that the process of migration through the different phases will impact refugees' health in different ways due to

various factors including age, gender, or whether refugees travel alone or in a group (Bhugra, 2004).

Throughout this study, the term 'refugee' as defined above by the UNHCR will be used and the study will focus on the post-migration phase.

2.2 Refugees: An International Overview

In the mid-1980s, the refugee population was very small and care for them in a host country mostly entailed psychotherapy focusing on trauma (Ingleby, 2005a). A host country's public view about refugees was positive and they were readily assisted by the country's service provisions specified for them (Ingleby, 2005a). Unfortunately, from the late-1980s, the public view of refugees changed. They were viewed as exploiting a host country to gain access to welfare benefits; viewed with suspicion and hostility due to xenophobia and racism; and they were viewed as using more of a host country's resources and service provisions than anticipated (for example, when refugees need assistance with school maladjustment, family conflict and drug or alcohol addiction) (Fernando, 2005; Ingleby, 2005a).

Contributing to the public's negative view was the significant increase of refugees entering host countries. Referring to the latest global trends reported by the UNHCR (2016a), the number of refugees, asylum-seekers and internally displaced people worldwide was 65.3 million at the end of 2015, with refugees accounting for 21.3 million of this total. This indicates that there was an approximate 1.7 million increase in refugees from 2014 to 2015 (UNHCR, 2016a).

With the increase in refugees there has been increasing research concerning their mental health and well-being (Ingleby, 2005a). There has also been an increased focus on the negative impact of refugee experiences, as well as qualitative research exploring other aspects of mental health

and wellbeing, such as coping strategies (Goodman, 2004), language barriers (Mitschke et al., 2011; Nsonwu, Busch-Armendariz, Heffron, Mahapatra, & Fong, 2013), difficulty in accessing health services (Joshi et al., 2013), financial problems and illiteracy (Mitschke et al., 2011).

These aspects and more will be focused on in the subsequent sections.

2.2.1 Challenges faced by refugees internationally.

Reviewing the research studies conducted on refugees, it was identified that they experience numerous challenges upon their arrival in a host country (that is, post-migration). The most common challenges identified were: language barriers (Barnett et al., 2009; Donnelly et al., 2011; Goodkind et al., 2014; Kanu, 2008; Makwarimba et al., 2013; Mitschke et al., 2011; Nsonwu et al., 2013; Schweitzer et al., 2011; Strijk, van Meijel, & Gamel, 2011), racist and discriminatory behaviours from the local population (Bhugra & Jones, 2001; Bollini & Siem, 1995; Khawaja et al., 2008; Liebling, Burke, Goodman, & Zasada, 2014; Makwarimba et al., 2013; Strijk et al., 2011), unemployment (Bhugra & Jones, 2001; Kanu, 2008; Makwarimba et al., 2013; Mitschke et al., 2011; Nsonwu et al., 2013), lack of finances to support themselves and their family (Kanu, 2008; Khawaja et al., 2008; Makwarimba et al., 2013; Mitschke et al., 2011; Strijk et al., 2011), lack of social support (Goodkind et al., 2014; Khawaja et al., 2008; Liebling et al., 2014; Makwarimba et al., 2013), limited or no health care (Barnett et al., 2009; Bollini & Siem, 1995; Donnelly et al., 2011), poor living conditions (Bollini & Siem, 1995; Liebling et al., 2014; Strijk et al., 2011), transportation (Mitschke et al., 2011; Strijk et al., 2011), and education (Makwarimba et al., 2013; Mitschke et al., 2011). These challenges and the impact they have on refugees are discussed below.

Often language barriers arise when refugees come from a cultural background that is very different to the majority population in a host country, and often refugees do not speak the main

language which contributes to the challenges they endure, especially unemployment, healthcare access, transportation and education (Beiser & Hou, 2001; Bollini & Siem, 1995; Engstrom, 2007; Fernando, 2005; Isik-Ercan, 2012; Mitschke et al., 2011; Nsonwu et al., 2013; Strijk et al., 2011; Women's Refugee Commission, 2011).

In addition to a language barrier being a challenge for refugees when seeking employment, they also report that they are usually overqualified for the jobs they manage to attain, as they are often unable to use their professional skills or certificates obtained in their home country (Kanu, 2008; Nsonwu et al., 2013). For refugees who manage to obtain a job in a host country, low incomes are reported which is often not sufficient to pay for household expenses or the amount of food needed to provide for themselves and their family (Kanu, 2008; Khawaja et al., 2008; Mitschke et al., 2011; Nsonwu et al., 2013). In a study by Amit and Riss (2014), it was found that refugees had better jobs and incomes in their home country in comparison to the host country they were in.

Transportation has been identified as a challenge for refugees in a host country due to: the transportation system operating differently in comparison to their home country, the costs might be too high for a refugee to afford, routes might be limited or, as mentioned, language could be a barrier (Nsonwu et al., 2013; Strijk et al., 2011; Wilkinson & Marmot, 2003). Some refugees believe that transportation is important in relation to securing and maintaining a job (Nsonwu et al., 2013).

It has also been identified that refugees find it difficult to adapt and access a host country's education system, social support services, and healthcare services (Higson-Smith & Flemming, 2007; Kanu, 2008; Victorian Foundation for Survivors of Torture, 2004). A host country's education system is often very different to a refugee's home country, thus, as mentioned, the

certificates they obtained previously in their home country do not aid them in obtaining relevant jobs that they are qualified for and language barriers influence a refugees' access to education as they cannot communicate with applicable individuals to assist them, or they cannot cope with the study materials in a different language (Beiser & Hou, 2001; Nsonwu et al., 2013). Many refugee parents have expressed the importance of education for their children, and several refugees resettle primarily to better their children's education (Mitschke et al., 2011). Most of the time, however, refugee parents struggle to assist their children with homework due to a language barrier (Mitschke et al., 2011).

Contributing to a refugees' limited access to social support services are findings of loneliness and isolation, as refugees tend not to interact with the local population in fear of being misunderstood or discriminated against due to language and cultural differences, and due to the perceived threat they pose to the livelihood of the local population (Beiser & Hou, 2001; Donnelly et al., 2011; Hickel, 2014; Ingleby, 2005a; Isik-Ercan, 2012; Khawaja et al., 2008; Makwarimba et al., 2013; Nsonwu et al., 2013; Strijk et al., 2011). Often, when resettling in a host country, refugees find it difficult being separated from their support system as those who have fled their home country often leave family members in their home country (Almoshmoh, 2015; Bandeira, Higson-Smith, Bantjes, & Polatin, 2010; Nickerson, Bryant, Steel, Silove, & Brooks, 2010).

Adapting and accessing health care services has been a negative experience for most refugees for various reasons, including: language barriers, lack of knowledge of how a host's country's health system operates, their refugee or asylum status, lack of residence status, not having health insurance or health benefits, lack of culturally sensitive health information in relevant languages, and not having suitably trained professionals or services for the health specific needs of refugees

(Department of Human Services, 2009; Donnelly et al., 2011; Mitschke et al., 2011; Nsonwu et al., 2013). It has also been found that a refugees' culture, spiritual beliefs, beliefs about health, and beliefs about disease prevention and health care can also prevent them from accessing health care services in a host country (Donnelly et al., 2011; Fung & Wong, 2007; Makwarimba et al., 2013; Mitschke et al., 2011).

The preceding challenges endured by refugees were common challenges found in the literature. The following challenges were also identified when reviewing the literature.

It has been shown that foreigners, in this case refugees, are 6 times more likely than the local population to experience threats of violence due to being foreigners (Labys, Dreyer, & Burns, In press; Women's Refugee Commission, 2011). Violence was evident in the study by Mitschke et al. (2011), as refugees were exposed to break-ins and assaults, and refugee women were often found to be victims of sexual abuse (Labys et al., In press; Women's Refugee Commission, 2011). Further, a shift in family roles and dynamics have been experienced by refugees once in a host country which challenges their ability to adapt and can affect their health and well-being (Goodkind et al., 2014; Nsonwu et al., 2013). Physical and psychological loss is also often experienced by refugees and has been found to cause stress and difficulties with adjustment (Hsu, Davies, & Hansen, 2004; Miller & Rasmussen, 2010; Nsonwu et al., 2013; Strijk et al., 2011). Another challenge found in the literature, is refugees sometimes finding that they do not have purposeful activities to do during the day to keep them occupied (Drumm, Pittman, & Perry, 2003; Strijk et al., 2011).

2.2.2 Coping strategies used by refugees internationally.

As shown previously, refugees encounter numerous challenges. To overcome these challenges, coping strategies have been identified that refugees engage in to help them resettle in a host

country. It is assumed that all populations, in this case refugees, have their own ways of coping with challenges which is informed by cultural, economic, and environmental influences (Poudyal, Bass, Jonathan, Erni, & Bolton, 2009). The most common coping strategies utilised by refugees are discussed below.

Firstly, it is important to note that refugees tend to be highly resourceful, resilient, and have a determination to succeed (Donnelly et al., 2011; Fernando, 2005; Kanu, 2008; Miller & Rasco, 2004; Mitschke et al., 2011; Smit, 2015; Thomas, Roberts, Luitel, Upadhaya, & Tol, 2011; Victorian Foundation for Survivors of Torture, 2004). Aiding their resilience is prayer, spiritual song, belief and worshipping of a higher power such as God, and familial support (Gladden, 2012; Kanu, 2008; Khawaja et al., 2008; Nsonwu et al., 2013).

Spiritual faith, religion and belief systems contribute to a refugee's resilience as these factors tend to provide and aid refugees with emotional support, reduced feelings of anger, clearing their minds, thinking positively, problem-solving, decision-making and parenting (Brune et al., 2002; Donnelly et al., 2011; Nsonwu et al., 2013; Women's Refugee Commission, 2011).

Social support has been identified as a strong coping mechanism that assists refugee resettlement in a host country. Social support can include family, friends, and community support (Bandeira et al., 2010; Donnelly et al., 2011; Gladden, 2012; Khawaja et al., 2008; Nsonwu et al., 2013; Thomas et al., 2011; Women's Refugee Commission, 2011). Social support aids refugees by giving them the emotional and practical resources they need as they feel cared for and valued providing a protective effect on general health (Khawaja et al., 2008; Miller & Rasmussen, 2010; Wilkinson & Marmot, 2003). Due to their shared immigration experiences, language and culture, newly resettled refugees find refugees from the same home country to be a source of comfort (Nsonwu et al., 2013; Strijk et al., 2011).

Refugees who obtain a job are able to financially support themselves and their family which increases a refugees coping in a host country (Women's Refugee Commission, 2011). Thus, access to economic resources is important as it positively influences coping strategies, as well as good physical and mental health (Wilkinson & Marmot, 2003).

Involvement in a community food garden has been shown to help refugees adapt in their host country (Harris, Minniss, & Somerset, 2014). A community food garden provides them with a place to practice the skills they might have learnt in their home country which positively contributes to their adaptation in a host country as they can identify with their own culture (Harris et al., 2014). Additionally, sharing the produce from the food garden with other local community members offers refugees a way to develop relationships within their local community and with other communities (Harris et al., 2014).

Some self-care activities that have been identified by refugees to help them cope are engaging in positive self-talk, coping with bad memories, keeping busy, being physically active, and relaxation techniques, such as bathing, singing, and praying (Donnelly et al., 2011).

Seeking and having access to health professionals and being able to understand and/or communicate in a host country's local language have been identified as sources of coping that aid a refugee's resettlement process (Bandeira et al., 2010; Hsu et al., 2004; Women's Refugee Commission, 2011).

In a study by Goodman (2004), findings show that psychological coping strategies of refugee youth were suppression and distraction. Reframing of a situation is another psychological coping strategy that has been found to help refugees, as reframing helped them develop an inner

strength and resourcefulness to cope with challenges that arose (Gladden, 2012; Khawaja et al., 2008).

In summary, spiritual faith and belief, social support, job attainment, community involvement, self-care activities, relaxation techniques, health professionals, speaking the local language, and psychological coping strategies are found to be coping strategies utilised by refugees in a host country.

2.3 Refugees: A South African Overview

In 2013, 2014 and 2015, 65 881, 112 112, and 121 573 refugees were reported in South Africa respectively, with most refugees flooding towards the major urban cities of Johannesburg, Durban, Cape Town and Pretoria (Crush & Ramachandran, 2010; UNHCR, 2016b). Attraction towards the cities in South Africa in comparison with the rest of Africa, is due to the perception that South Africa has greater economic opportunities and modern infrastructure (Sidzatane & Maharaj, 2013). With the refugee population in South Africa being high and increasing, a large number of refugees in need of assistance is evident, but research studies related to refugees is minimal in South Africa in comparison to the international studies. The studies in South Africa which have yielded purposeful information regarding refugees living in South Africa will be discussed in the next section.

With the focus of this research being on Zimbabwean refugees living in Durban, South Africa, it is important to note that South Africa has received an influx of Zimbabweans since 2012 (1095 Zimbabwean refugees reported) with a total of 14 828 Zimbabweans refugees reported in 2015 (UNHCR, 2016b; Women's Refugee Commission, 2011). Zimbabweans have various reasons for migrating to South Africa including fleeing persecution, political violence, and seeking economic opportunities (Women's Refugee Commission, 2011).

2.3.1 Challenges faced by refugees in South Africa.

The challenges refugees face in South Africa will be discussed by focusing on various individual studies conducted. A brief summary of the challenges refugees in South Africa face will then be presented.

In a study conducted by the African Centre for Migration and Society (ACMS, 2011), the following daily stressors were expressed by refugees in Johannesburg: lack of documentation due to poor implementation of the asylum process; finding accommodation and obtaining money for rent once accommodation was available; unemployment; difficulties accessing health care due to a language barrier, discrimination and health care workers not assisting them without documentation or a South African identity document (ID); and experiencing violent crime and not reporting it to the police due to discrimination.

Bandeira et al. (2010) reported that Johannesburg refugee participants in their study experienced instances of harassment by police and poor treatment at refugee reception offices. They also experienced unemployment due to lack of documentation or legal status, xenophobic sentiments, as well as finding it difficult to control their reactions towards others.

In a study conducted in Johannesburg by the Women's Refugee Commission (2011), refugees reported being charged more for rent and utilities in comparison to the local population and they were often victims of evictions, police raids, and exploitative landlords leading to insecure and unaffordable housing. Apart from high rent, refugees experienced many other financial burdens due to unemployment, such as transportation difficulty, lack of food, and healthcare costs (Women's Refugee Commission, 2011). A language barrier and lack of documentation was also perceived to be related to their unemployment and the discriminatory and xenophobic behaviours they experienced. Sometimes the discrimination influenced their unemployment status

(Women's Refugee Commission, 2011). Reports of not being able to afford basic needs led to refugees sleeping on the street, eating less or engaging in unwanted sex (Women's Refugee Commission, 2011). Their study found that 50% of migrant households depend on multiple sources of income (Women's Refugee Commission, 2011). The Women's Refugee Commission (2011) also identified that high immigration and high unemployment in South Africa, leads to refugees constantly being faced with xenophobia resulting in discrimination, exploitation and abuse by police and the government.

In a study conducted by Idemudia et al. (2013a) in Limpopo province, Zimbabwean refugees reported financial challenges and the lack of access to basic resources (food, water, and accommodation) that were similar to what they experienced in Zimbabwe (Idemudia et al., 2013a). They also reported being encountered with hostile and xenophobic attitudes, job insecurity due to their immigrant status, physical endangerment, and being undocumented refugees (Idemudia et al., 2013a).

Crush and Tawodzera's (2014) study has shown that Zimbabwean migrants are denied health care treatment as they are not South African or lack documentation. Those who have documentation tend to experience verbal and physical abuse during treatment, especially from healthcare workers. Migrants who are undocumented tend to avoid public clinics and hospitals as their chances of being treated are minimal. These migrants also fear being arrested and deported by the police (Crush & Tawodzera, 2014).

Findings in the study by Idemudia et al. (2013b), indicate that Zimbabwean refugees in Limpopo, South Africa, experience homelessness, lack of documentation, poverty, sexual and physical abuse, and disruption of family life (Idemudia et al., 2013b).

Xenophobia has been reported across South Africa, especially in the major city areas. Some of the major sites of xenophobic violence have been in Alexandra township (Johannesburg) in 1994, 1995, 1998 and 2008 (Hickel, 2014; South African History Online, 2015); De Doorns (Western Cape) in 2009 (South African History Online, 2015); Cape Flats (Western Cape) in 2000 (South African History Online, 2015); and areas in Kwazulu-Natal in 2008 and 2015 (Hickel, 2014; South African History Online, 2015). One of the causal factors refugees attribute to their susceptibility to xenophobia is their inability to communicate in one of the many local languages, and they report that being able to communicate in the local languages would improve their integration into the community within the host country and prevent xenophobic discrimination (Women's Refugee Commission, 2011). Also, refugees are impacted by the negative social constructions that have been formed by the local population which positions refugees as both a burden and a threat to the rights and well-being of South African citizens (Pugh, 2014).

In a case study by Green (2013), her participant reported being physically attacked, raped and experienced xenophobic taunts due to being a foreigner. Being a foreigner also led to experiences of financial difficulties which impacted housing difficulties and not being able to provide enough food for the family. Not being believed at police stations when reporting crimes was a further difficulty for this refugee (Green, 2013).

Sidzatane and Maharaj (2013) found that migrants reported that their primary motivation for resettling in Durban was the hope of better economic opportunities and the hope that they could earn more money and pursue further and better education. However, once in Durban, they found difficulties in obtaining employment as they did not have the required documentation or South African recognised qualifications (Sidzatane & Maharaj, 2013). Many of the migrant

participants stated that they were referred to as '*amakwere kwere*' or '*amaGrigamba*' by the locals, which are derogatory terms intended to demean them (Sidzatane & Maharaj, 2013).

Migrant street traders claimed that the local police have on numerous occasions demanded bribes from them, even if no offence was committed (Sidzatane & Maharaj, 2013).

In a study by Rugunanan and Smit (2011), refugees residing in Pretoria stated that they felt unsafe and that life back in their home country was much better than in South Africa. The Department of Home Affairs (DHA) presented as a difficulty for refugees as obtaining permits was frustrating and it hindered them from achieving long-term employment and rights to social services such as health care, education and law enforcement protection (Rugunanan & Smit, 2011). They also reported language as a barrier contributing to their unemployment. Refugee participants stated that they were concerned about: their accommodation as rent was high and they had minimal finances; their protection from crimes such as rape, assaults, and burglary; and xenophobic taunts on a daily basis (Rugunanan & Smit, 2011).

In a later study by Smit and Rugunanan (2014), refugees reported difficulty in obtaining employment and a stable income. They believed that xenophobic discrimination against them were contributing to their unemployment, as well as their qualifications not being recognised locally. They also experienced a language barrier that hindered their employment opportunities and integration into the local community. Police harassment was also experienced by some participants (Smit & Rugunanan, 2014).

Findings from interviews conducted with refugees in Johannesburg show that accessing healthcare was difficult and they reported experiencing verbal abuse, rejection and discrimination from health personnel (Higson-Smith & Flemming, 2007).

In summary from the studies conducted above, the most common challenges refugees face in South Africa include: xenophobia and discrimination; unemployment; difficulties obtaining relevant documentation; being victims of crime and verbal, sexual, or physical abuse; accommodation; language barriers; financial difficulties; difficulty accessing healthcare; harassment from police; lack of access to basic resources (especially food); and their qualifications not being recognised in South Africa.

2.3.2 Coping strategies used by refugees in South Africa.

There are few studies that focus on the coping strategies used by refugees in South Africa. Coping strategies that have been reported in the literature include: actively seeking employment assists with gaining access to basic resources such as food, water and accommodation (Idemudia et al., 2013a; Rugunanan & Smit, 2011; Sidzatane & Maharaj, 2013; Women's Refugee Commission, 2011); seeking assistance from relief organisations, NGOs (non-government organisations), making use of friend and family networks, or health workers (African Centre for Migration and Society, 2011; Bandeira et al., 2010; Rugunanan & Smit, 2011; Sidzatane & Maharaj, 2013; Smit & Rugunanan, 2014; Women's Refugee Commission, 2011); drawing on religious beliefs (Women's Refugee Commission, 2011); and speaking the local language (Women's Refugee Commission, 2011).

2.4 Comparing Refugees Internationally and in South Africa: Challenges and Coping Strategies

Challenges faced by refugees that were identified in both the international and the South African studies were: language barriers; racist and discriminatory behaviours; unemployment; lack of finances to support themselves and their family; limited or no health care; being victims of crime

and verbal, sexual, or physical abuse; and poor living conditions including accommodation and food difficulties.

Challenges faced by refugees that were identified specifically in international studies included: transportation and education difficulties, lack of social support, a shift in family roles and dynamics, physical and psychological loss, and not having purposeful activities to do during the day. In contrast, challenges faced by refugees that were identified specifically in South African studies were: difficulties obtaining relevant documentation; harassment from police; experiences of xenophobia; and their qualifications not being recognised in South Africa.

Coping strategies utilised by refugees that were identified in both international and South African studies were: drawing on religious beliefs; speaking the local language; actively seeking employment to gain access to basic resources such as food, water and accommodation; seeking social support from family, friends, or relief organisations; and healthcare worker assistance. All the coping strategies identified and utilised by refugees in South Africa were the same as the coping strategies utilised by refugees internationally.

Coping strategies utilised by refugees specifically identified in international studies, and not in the South African studies, were: seeking community involvement, engaging in self-care activities, relaxation techniques, and psychological coping strategies.

It is clear that more research needs to be conducted to investigate the experiences refugees endure in South Africa. Even with minimal studies conducted, similarities with regards to the challenges faced and the coping strategies utilised are evident when comparing international studies to studies conducted in South Africa, indicating that refugees worldwide are experiencing similar circumstances.

2.5 Mental Health Needs and Well-being of Refugees

Since the 1980s, interest in the mental health and well-being of refugees has grown as mental health care has been found to be important after basic refugee needs (water, food and accommodation) have been met (Harverson 2014; Tempany, 2009). The definitions to follow by the World Health Organisation (WHO) entail that mental health well-being is seen as a fundamental component of a person's health and well-being, further showing the emerging importance of mental health and well-being. The WHO (WHO,2013) defines health as “a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity (pg. 7).” The WHO (2014) defines mental health as “a state of well-being in which every individual realizes his or her potential, can cope with normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community (pg.1).”

It has been suggested that refugees have shorter life expectancies and are perhaps the most vulnerable and most at risk of all migrant groups to mental and physical ill health due to societal factors and the environment in which they live, for example, experiences of job insecurity put refugees at risk for anxiety symptoms, depression, and heart disease, and in turn depression could increase their risk of unemployment (Beiser & Hou, 2001; Bhugra et al., 2011; Blair, 2000; Goodman, 2004; Mitschke et al., 2011; WHO, 2013; Wilkinson & Marmot, 2003).

Considering the previously mentioned challenges that refugees experience, it is understandable that these challenges could severely affect the functioning of refugees across a range of domains (e.g. psychological, physical, emotional, spiritual, social, environmental), which reduces their capacity to rebuild their lives in a host country and influences their mental health and well-being (Mitschke et al., 2011; Onyut et al., 2009; Wilkinson & Marmot, 2003).

In addition to the challenges mentioned previously, other factors have been shown to influence refugee mental health and physical health. These include: physical health status (Bandeira et al., 2010), violation of human rights (WHO, 2013), worrying about family members left behind in their home country (Nickerson et al., 2010; Nsonwu et al., 2013; Strijk et al., 2011), acculturation and adaption (e.g. family and gender role conflicts; intergenerational conflict within family) (Hsu et al., 2004; Nsonwu et al., 2013), low self-esteem (Bhugra & Jones, 2001), and self-concept (Bhugra & Jones, 2001).

Therefore, identification of the factors influencing refugee mental health and well-being is pertinent as it will aid in the prevention and treatment of the severe effects across the different domains mentioned (African Centre for Migration and Society, 2011; Bandeira et al., 2010; Goodman, 2004; Higson-Smith & Flemming, 2007; Idemudia et al., 2013a; Mitschke et al., 2011; Siriwardhana, Ali, Roberts, & Stewart, 2014). For example, in the psychological domain, post-traumatic stress disorder (PTSD) and depression can be prevented if the factors influencing these mental illnesses are identified and necessary interventions are initiated (Donnelly et al., 2011; Feyera, Mihretie, Bedaso, Gedle, & Kumera, 2015; Kulwicki & Ballout, 2015; McGregor, Melvin, & Newman, 2015).

2.5.1 Common diagnosed disorders amongst refugees.

The most commonly reported diagnosable disorders amongst refugees are PTSD, major depressive disorders and anxiety disorders (Marshall, Schell, Elliott, Berthold, & Chun, 2005; Victorian Foundation for Survivors of Torture, 2004). Prevalence rates of these disorders have been found to vary across different populations under study (Victorian Foundation for Survivors of Torture, 2004). For example, in a study by Feyera et al. (2015), the prevalence of depression among Somali refugees in Ethiopia was 38.3%. The prevalence of PTSD in Uganda for

Rwandese refugees was 32%, and for Somali refugees was 48.1% (Onyut et al. (2009). Further, Schweitzer et al. (2011) found that Burmese refugees in Australia were found to suffer from PTSD (9%), anxiety (20%) and depression (36%). PTSD has been criticised of being over-used, and for being too culture-specific, although studies in non-Western settings have confirmed its validity (Stavropoulou & Samuels, 2015).

2.5.2 Mental health of refugees in South Africa.

Refugees experience mental health problems related to experiences endured in their home country (pre-migration), on their journey to South Africa (transition phase), and/or within South Africa itself (post-migration) (Bandeira et al., 2010).

Prevalence rates of the most common diagnosable disorders amongst refugees is varied when specifically focusing on studies conducted with refugees in South Africa. The most recent study of refugees living in Durban found depression (54%), anxiety (49%) and PTSD (25%) symptoms (Thela, Tomita, Mhlongo, Maharaj, & Burns, 2015). In a study conducted in Johannesburg by Higson-Smith and Flemming (2007), approximately 34% of the sample reported symptoms associated with PTSD, and 32% of the sample reported symptoms associated with depression. Finally, Bandeira et al. (2010) found high levels of PTSD (69%), anxiety (91%), and depression (74%) amongst refugees accessing trauma treatment services at a centre in Johannesburg, South Africa.

While the literature on mental health and well-being of refugees is increasing, very little is known with regard to the relationship between Zimbabwean refugees and their mental health needs (Idemudia et al., 2013a).

2.6 International Refugee Mental Health Services and Treatment

Most mental health care facilities would primarily utilise Western treatment methods, such as the biomedical model, as they are assumed to be relevant for application in all countries, even though the basis for service provision was developed within the majority culture (white) (Ingleby, 2005a; Khawaja et al., 2008; Nunez, 2009). The biomedical model that is most often used disregards an individual's cultural, political, economic and historical context (Ingleby, 2005a). Culture has been shown to be a part of the causation, experience, treatment and prognosis of mental illness (Ingleby, 2005a). It is important to be aware that an individual, especially refugees, could position themselves simultaneously within two or more cultures (Ingleby, 2005a). Thus, the importance of developing multicultural mental health care has been increasingly recognised to provide culturally appropriate service provision (Hsu et al., 2004; Ingleby, 2005a; Nunez, 2009).

In order to provide quality service to refugees, it is important that the assistance they receive takes into account their lifestyle, current situation, their needs and their ways of understanding their problems (Ingleby, 2005a; Kramer, 2005). Research studies must venture beyond completing quantitative studies using standardised questionnaires or diagnostic procedures which limits the opportunity for refugees to describe their needs and problems in their own terms as would be done utilising a qualitative approach (Ingleby, 2005a; Khawaja et al., 2008; Poudyal et al., 2009).

Utilisation of qualitative approaches is more appropriate as refugees can influence service designs through their contribution to qualitative research (Ingleby, 2005a). Nsonwu (2013) believed the value of his research findings were that the refugees were the key informants of their experiences during their resettlement period and the main source for possible solutions to

refine and improve services. It is difficult to provide accurate health service needs for refugees, as refugees are culturally diverse and have experienced a multitude of challenges (Jackson Bowers & Cheng, 2010).

There is limited research on the service provision for mental health needs of refugees, thus professionals providing mental health services do not know if their service provision is adequate (Fernando, 2005). Fernando (2005) also suggests that service provision for refugees with mental health problems would improve if they are supported by communities from their own or similar background.

Service provision that promotes the health and well-being of refugees is important for refugees and the community as refugees with good physical and mental health are more likely to settle in a host country more effectively, as well as help the hosts country's economic, social and cultural factors (Victorian Foundation for Survivors of Torture, 2004).

2.6.1 Refugee mental health services and treatment in South Africa.

There has been limited research exploring refugees access to mental health services in South Africa (Burns, 2011). Mental health resources in South Africa, in general, are poor for both the local and refugee population, and it has been shown that only 28% of people with moderate-to-severe common mental disorders receive mental health care (Burns, 2011; Labys et al., In press). In a study conducted by Higson-Smith and Flemming (2007), they found that 65% of tortured exiles reported a need for health care, and 66% reported a need for mental health services. Striving to improve access for all South African residents will improve access for forced migrants like refugees (African Centre for Migration and Society, 2011).

2.7 South African Legislation for Refugees

It has been noted that refugees have reduced entitlements in host countries and they rarely get full social and political rights (Bollini & Siem, 1995). The South African Constitution (The Republic of South Africa, 1996) and the Refugee Act no. 130 of 1998 (The Republic of South Africa, 1998), provide particular rights through protective legislation to refugees and asylum seekers. These rights include employment and access to social services, including free basic healthcare, but access to employment opportunities and social services within the existing South African infrastructure is limited (African Centre for Migration and Society, 2011; Smit & Rugunanan, 2014). In South Africa, there are no refugee camps or any other forms of accommodation provided to refugees (African Centre for Migration and Society, 2011; Department of Home Affairs, 2016). With the high influx of forced migrants entering South Africa's incoherent legal framework, effective migration management systems and structures to ensure that the rights of migrants are protected are dearth (Women's Refugee Commission, 2011). A contributing factor was the assumption that numbers of asylum seekers and refugees would be low. The largest influx came as result of the economic collapse in Zimbabwe (Department of Home Affairs, 2016).

The DHA is a government agency responsible for refugee and asylum status determination and documentation, work and study permits and residence permits (Adjai & Lazaridis, 2002; Women's Refugee Commission, 2011). Unfortunately, the perceptions of DHA among migrants are very negative as the lack of administrative capacity causes long delays in the processing of applications; documents are often lost, payment of bribes is often expected; and immigration officers are accused of abusing the human rights of migrants (Adjai & Lazaridis, 2002; Green,

2013; Women's Refugee Commission, 2011). Thus, DHA presents a major stumbling block for refugees (Rugunanan & Smit, 2011).

2.8 Theoretical Framework: An Ecological Framework for Addressing the Mental Health Needs of Refugee Communities

An ecological model has emerged that considers the importance of integrating the biological needs of refugees with the social, political and cultural dimensions of distress (Lacroix & Sabbah, 2011). The ecological model believes that challenges in one's life emerges from individual internal pathologies, as well as the external environmental, thus intervention opportunities can be considered for different levels rather than focusing only on individual functioning (Drumm et al., 2003).

As the biomedical model is still predominantly utilised, the biomedical model and its interventions with regards to refugees can be criticised in the following ways: most refugees have minimal or no access to mental health services; when mental health services are available, they are culturally inappropriate for refugees and the biomedical model is limited in addressing daily stressors (Miller & Rasco, 2004).

The ecological model of community psychology, was developed within public health and emphasises collaboration and community empowerment, which provides an alternative framework within which culturally appropriate mental health interventions for refugees can be developed, implemented, and evaluated (Miller & Rasco, 2004). Over the years, a number of ecological mental health interventions have been developed with internally displaced and exiled communities (Donnelly et al., 2011; Drumm et al., 2003; Miller & Rasco, 2004; Stanciu & Rogers, 2011).

For culturally relevant and appropriate interventions, the researcher of this study will use the ecological model of community psychology. This model was developed by writers such as Kelly (1966, 1986) and Trickett (1984) who consider human communities and natural ecosystems, and take from fields such as public health, anthropology, clinical and social psychology, organisational behaviour, and sociology (Miller & Rasco, 2004). The ecological model is guided by a set of core principles to facilitate the development and implementation of community interventions (Miller & Rasco, 2004). The following guiding principles underlying the ecological model will be briefly discussed in order to illustrate the potential benefits inherent in this model when applied to refugees (Miller & Rasco, 2004):

- a) The ecological model suggests that psychological problems occur when there is imbalance between the demands of the setting in which people stay and the adaptive resources available to cope with those demands. Thus, ecological interventions aim to alter or change the problematic setting so that it is better suited to a person's needs; or alternatively, to increase their ability to cope within the problematic setting.
- b) The problems and challenges that are primarily identified by refugees within a community should be addressed by an intervention. Thus, interventions that are developed should reflect the primary challenges of the refugees within a community.
- c) Prevention of psychological problems and daily stressors should be prioritised over treatment.
- d) Local interpretations regarding psychological problems should be considered when developing interventions. Thus, interventions will be developed that are culturally appropriate, increasing their utility and efficacy.

- e) Ecological interventions that are developed should be integrated within a community.
- f) Identifying and building on strengths of refugees should be a priority within the community, as well as promoting the utilisation of existing resources within the community so refugees can possibly better meet their own needs. This is essential in communities that have limited access to mental health services.

Considering the above guiding principles underlying the ecological framework, it is clear that utilising the ecological approach may have many benefits in terms of responding to the needs of refugees (Harverson 2014). Also, due to the general lack of service provision in South Africa, the high number of refugees (approximately 121,000 recognised refugees in South Africa), and various problems that they could suffer (xenophobic attacks, language barriers, cultural differences, difficulty in accessing health services, financial problems, illiteracy, feeling depressed, feeling anxious or fearful, sleeping poorly and feeling hopeless), the ecological approach, with its emphasis on capacity building and coping within a community, seems to be useful when considering the needs of refugee communities in South Africa, especially their mental health needs (Joshi et al., 2013; Landau, 2006; Mitschke et al., 2011; Nsonwu et al., 2013; UNHCR, 2016).

2.9 Conclusion

As shown in this literature review, there are various challenges that refugees face in South Africa across different domains that influence their mental health and well-being. Various coping strategies refugees utilise in South Africa were also identified. As Zimbabwean refugees from Durban, South Africa, are part of this study, the unique post-migration experiences of this refugee population are important to consider as an understanding of their specific needs, especially their mental health needs, will help address gaps and needs in current and new

intervention programs and services. Identification of the coping strategies they use will help gain an understanding of what is already helping them with resettlement in the host country of South Africa. This information can also be utilised when considering current and new intervention programs and services.

Chapter 3: Key Questions, Objectives and Rationale

3.1 Key Questions

The key questions were formulated in order to understand the needs of refugee communities in South Africa using the ecological framework without assuming a particular outcome. The key questions of the study were:

1. What are the psychological, emotional, and social/environmental factors that refugees are faced with on a daily basis?
2. How are refugees coping and managing negative psychological, emotional, and social/environmental problems?
3. What can be done to assist refugees with the negative psychological, emotional, and social/environmental problems they are experiencing?

3.2 Objectives

1. To investigate the daily experiences of refugees in Durban in order to explore various psychological, emotional, and social/environmental factors that were negatively influencing them.
2. To investigate how refugees are coping and managing with negative psychological, emotional, and social/environmental problems.
3. To investigate how refugees could be assisted with the negative psychological, emotional, and social/environmental problems they are experiencing.

3.3 Rationale

As shown above in the literature review, there is limited research and understanding of refugee's experiences in South Africa, particularly in Durban. Thus, the proposed study examines the experience of Zimbabwean refugees who have come to Durban, South Africa. Data from this study consist of interview data focused on understanding how refugees view their possible problems in terms of the nature of these problems, their severity, their causes, and how they cope with them. The data gathered will identify pertinent needs of refugees, which in turn will help the local community with developing interventions to aid this population, especially their mental health needs. The underlying aim of the study is to get closer to the perspective of refugees themselves as little research is given to what refugees actually think, what kind of help they feel they need, and what they feel about the help they get.

Chapter 4: Methodology

This chapter describes the methods used to investigate the needs of refugees in Durban, South Africa. Firstly, the research approach will be described, then the data collection technique will be discussed. This will be followed by a discussion on the sample description and sampling strategy. Data analysis, reliability, and validity will be discussed. Lastly, ethical considerations and reflections of the process will be discussed.

4.1 Research Approach

Qualitative research is exploratory and allows researchers to learn about the lived experiences of individuals and helps us gain an understanding of phenomena in natural environments (Berríos & Lucca, 2006). Qualitative research was chosen for this study as it would provide the researcher with the opportunity to learn and understand the experiences refugees endure on a daily basis. As this was the researcher's first experience utilising qualitative research, thematic analysis was chosen for this study, as thematic analysis offers a more accessible form of analysis for researchers who have no previous experience in qualitative research. Thus, qualitative, non-probability approach was used for this study, and an inductive thematic analysis (Braun & Clarke, 2006) was conducted and semantic themes were generated which will be discussed in the next chapter.

4.2 Data Collection Technique

Semi-structured interviews (a set of predetermined open-ended questions was constructed) were conducted with each participant in a private room at the Denis Hurley Centre. The interviews conducted were the data corpus of this study. Questions addressed refugees' current problems in their daily lives, how the problems affect them, and how they cope with their problems.

Examples of interview questions are, “Please describe the problems that are causing the greatest difficulty for you at this time”; and “How are these problems affecting you?”

Before an interview was conducted, the researcher contacted participants telephonically to set up an interview at a given time at the Denis Hurley Centre. Information about the purpose of the interview and the study was explained to participants on the telephone. Before a participant arrived for their interview, the researcher prepared the information and consent forms (See Appendices A and B), as well as checked the voice recorder that was going to be used was in good working order. The interviews were conducted by the researcher, and interviews varied between 60 and 90 minutes. The interviews were recorded with the voice recorder with the participant’s permission. Notes were also taken by the researcher on a notepad during the interview. After an interview was conducted and the participant left, the researcher briefly discussed the content of the interview with a co-supervisor that was present in the interviewing room, with the participant’s permission, while the interview took place.

The interview schedule (see Appendix C) was developed according to the research aims of this study to ensure that the interview schedule aided in answering the research questions. The interview schedule addressed three broad areas: the problems refugees are currently facing in Durban on a daily basis, the strategies used to address the problems the refugees are facing, and what refugees believe has caused their current problems.

The interview was partly determined by the interview schedule and by the participants' responses to questions. All of the interviews began with a discussion of the current problems they are facing, and then progressed to the specific coping strategies each participant utilised.

4.3 Sample Description and Sampling Strategy

The study included refugees from the African country, Zimbabwe. The participants were chosen from Zimbabwean participants who took part in a quantitative based research study in the Durban area. A stratified purposeful sampling method was used as different age groups, gender, English as a primary language, and country of origin (i.e. Zimbabwe) were chosen. A stratified purposeful sampling approach was used as it can lend credibility to a research study as it ensures that specific groups are represented (Cohen & Crabtree, 2006). A sample of ten Zimbabwean refugees participated in the study. The ten interviewees included 5 males and 5 females with an age range of 18-42 years old for males and 20-49 years old for females. Half the participants completed high school in Zimbabwe, 1 participant did not complete high school in Zimbabwe, 3 participants did not specify their education level, 1 participant who was completing matric in South Africa, 1 participant completed university in Zimbabwe, and 1 participant was furthering their education in South Africa. At the time of the interviews, 8 participants had part-time semi-skilled or unskilled forms of employment with 1 participant having a permanent job and 1 participant completing their education in South Africa. Table 1 represents the demographic characteristics of the study participants.

Table 1: Demographic Characteristics of the Study Participants

<i>Participant No.</i>	<i>Gender</i>	<i>Age Group (years)</i>	<i>Home Country</i>	<i>Year of Arrival in South Africa</i>	<i>Employment Status</i>
1	Male	30-37	Zimbabwe	Not specified.	Part-time
2	Male	38-42	Zimbabwe	2009	Permanent
3	Female	30-39	Zimbabwe	Not specified.	Part-time
4	Female	30-39	Zimbabwe	2009	Part-time
5	Male	30-37	Zimbabwe	2012	Part-time
6	Female	20-29	Zimbabwe	2008	Part-time
7	Male	30-37	Zimbabwe	2009	Part-time
8	Female	40+	Zimbabwe	2007	Part-time
9	Male	18-29	Zimbabwe	2008	Unemployed
10	Female	20-29	Zimbabwe	2008	Part-time

4.4 Data Analysis

An inductive thematic analysis was utilised to identify themes within the data gathered in the interviews. The six-phased thematic analysis process, as described by Braun and Clarke (2006), was followed by the researcher:

1. The researcher transcribed the data from the 10 recorded interviews verbatim. The transcripts were then checked whilst the researcher listened to the recordings again. This allowed the researcher to check the quality of the transcribed data. The transcripts were then re-read so that the researcher could familiarise herself with the data gathered.
2. The transcripts were then re-read and notes were made and possible patterns were identified from across the data set. The researcher then systematically generated initial codes by re-reading the data and utilising the notes made producing a coding schedule.

3. At this phase, the different codes were sorted into potential themes, and all the relevant coded data extracts were collated within the identified themes. A visual representation, in the form of a thematic mind map was used to sort the different codes into themes. The researcher thought about the relationship between the codes, between the themes, and between different levels of themes. A collection of candidate themes and sub-themes, and all extracts of data that have been coded in relation to them was generated.
4. The candidate themes and sub-themes were then reviewed, first by reading all the collated extracts for each theme, and then considering the individual themes in relation to the data set and the ecological framework. Five main-themes and their sub-themes were developed.
5. The researcher then defined and refined each theme according to what each theme was about and what aspect of the data each theme captured. Table 2 represents the final themes and sub-themes.

Table 2: Final Themes and Sub-Themes

No.	Final themes and sub-themes
1	Inaccessibility
A	Difficulty obtaining employment
B	Education
C	Bank Loans
D	Healthcare
E	Documentation
2	Basic needs
A	Accommodation
B	Lack of food and sleep
C	Safety and security

3	Being a foreigner
A	Language
B	Xenophobia and discrimination
C	Acceptance
4	Emotional well-being
5	Internal and external coping strategies
A	Faith
B	Social support
C	Recreational activities and exercise
D	Self-integration

4.5 Reliability and Validity

Validity and relevance are essential to research studies, although neither are easy to assess, and each requires judgements to be made (Malterud, 2011). To improve validity, Mays and Pope (2000) suggest procedures and principles such as triangulation, respondent validation, clear detailing of methods of data collection and analysis, reflexivity, attention to negative cases, and fair dealing. Trustworthiness was maintained by the researcher in this study by: using few open-ended questions which are more effective and elicit deeper meanings from participants (Morrow, 2005); checking with the participants during the interview if the researcher's interpretations of their answers reflected their meanings; clearly describing and detailing how data was collected and analysed; and utilising reflexivity in the form of discussing the interviews and research process with a co-supervisor which minimised biases and assumptions that the researcher had.

In this study, the researcher adhered to improving validity although the following criteria highlight problems that could dissuade validity and relevance.

Firstly, in South Africa little research has been conducted on the various needs of refugees. Thus, it is important to be aware that the literature found and used within this study might not be relevant to the South African context (Harverson 2014). Secondly, the use of semi-structured interviews may introduce challenges, for example mistranslation may arise which may impact the validity of the results (Harverson, 2014).

Limitations of this study are elaborated on in the Discussion chapter.

4.6 Ethical Considerations

An information sheet about the study and its purpose was provided to each participant when they arrived for their interview and they were given the opportunity to ask any questions if they did not understand something related to the interview and/or study (Appendix A). The information sheet was given to each participant prior to seeking consent, to ensure fully informed consent. Informed consent was provided orally and in written form (Appendix B). A signed copy of the informed consent was given to each participant. Each participant provided permission for the interviews to be tape-recorded after explanation of confidentiality and secure storage of data. Each participant was paid R150 at the completion of their interview to compensate for the time taken out of their day (Head, 2009; Polacsek, 2017; Ripley, 2006).

Due to the nature and sensitivity of the questions proposed to the refugee participants in this study, it was explained to the participants before the interviews that if they were uncomfortable and did not want to disclose information after an interview question was asked, they were not obligated to answer. It was also explained to them that by not answering a question, it will not impact on them receiving the R150 on completion of the interview and it would not impact on any free services they received at the Denis Hurley Centre. Participants were also advised that any participation was completely voluntary, and that their details were to remain strictly

confidential to all except the researchers. Furthermore, identifying details were removed from all transcripts to ensure anonymity. Any forms that were signed have been stored in a lock up facility and will be kept for the requisite 5 years with all other research data.

Before the interviews were conducted, provision was made for debriefing to be conducted by the co-supervisor and/or referring a participant to a local mental health service provider (Addington Hospital was the closest to the Denis Hurley Centre able to assist participants). After each interview, a summary of the interview was conducted and each participant was asked how the interview experience was for them. It was then judged if the participants needed debriefing or counselling.

Chapter 5: Findings

The participants posited a wide range of factors influencing the mental health needs of refugees living in Durban, South Africa. These factors reflected how the participants were affected psychologically, physically, emotionally, socially, and spiritually. This chapter will highlight these findings in the form of the 5 themes, as well as their subthemes, mentioned in the previous chapter. The themes and sub-themes generated will be supported by quotes from the participants and will provide evidence of theme validity. The ecological framework described in the literature review was chosen as it fits well with the data and will assist in a more focused approach to interventions for refugees. An overview of the final themes and sub-themes are presented in Table 2 and the first major theme to be discussed will be inaccessibility.

5.1 Inaccessibility

Participants were asked to describe the problems they were currently facing and various problems emerged. One of the major themes to emerge from the data was inaccessibility. Inaccessibility as a theme emerged as all refugee participants reflected on how they struggled to successfully resettle in the Durban community due to the struggles they encounter when trying to access the job market and social services in Durban. Social services include the education system, banking services, healthcare services, and refugee-specific services offered at places like the DHA. The subthemes below highlight the problems related to inaccessibility as described by the participants.

5.1.1 Difficulty obtaining employment.

Difficulty accessing the job market and hence finding themselves unemployed or underemployed was a primary issue and a constant concern raised by 9 participants. The participants expressed

that they were not financially secure and struggled to support themselves and their families with even basic needs like food and accommodation. Various beliefs as to why they were not accessing and obtaining employment were expressed which will be highlighted where relevant in this section.

One participant had a permanent job in which they worked 6 days a week. Another participant was still in secondary school and had not ventured to look for job opportunities as of yet. All the other 8 participants had temporary semi-skilled or unskilled forms of employment at the time of the interviews (for example assisting with the loading and offloading of supplies from trucks, being a house maid, selling supplies at a street market, being a hairdresser, and assisting at an internet café). These participants expressed that they do not always succeed in obtaining employment and that they change between jobs often, as expressed in the following quotes:

“If you lucky, if God opens doors for you, you get a good person who can give you good money, you know...but you can change jobs, maybe like 10 times in a month.”

(Participant 8)

“The biggest problem why I mentioned employment, is that at times employment is very difficult to come by, I don't really know is it because of the stereotypes or because is it the reason someone is a refugee, so at times it is very difficult for one to find a form of employment.” (Participant 7)

Most participants reasoned that not accessing employment that would improve their financial situation was related to refugees not having a South African ID. Not being able to apply for a work permit without their Zimbabwean passport, also limited their access to employment.

“Alright, as a refugee, it simply means I am not South African and I don't have South African identity and most of the employers out there they need an ID to employ you or if you are a foreigner they need a work permit in order to employ you and as a refugee we, most of us we don't have permits, rather we have got asylum, most of the employees they don't recognise it as a work permit, so that means if you are hoping to get a job and then you submit your asylum in place of a work permit, it won't work out the way you want, that's the problem...and I can't get the permit because I don't have a passport.”

(Participant 5)

“And it's very difficult, and it's difficult to get a job in South Africa now, very, and especially now maybe you come, you don't have, maybe you might not have a permit, and, so it's difficult to get a job if you don't have the permits, the job will be there and you don't have a permit, maybe you'll have a passport and they say we don't want a passport we want a permit.” (Participant 8)

Two participants reflected on how their qualifications and certificates obtained in Zimbabwe did not benefit them whilst finding employment in South Africa. When they submitted their qualifications to be evaluated by the South African education grading system, the participants did not agree with the outcome as they believed their qualifications were worthier than the grading systems final outcome. Here, being a foreigner and not having South African qualifications hindered the participant's access to better employment opportunities.

“...in as much as I can be educated especially when I am a foreigner, refugee, most of the certificates you can bring them, and they have to grade you, your certificate from your country, placing it with the system that is here, some of the grading sometimes is a little bit questionable because they'll put you in a grade maybe you don't even belong to that

particular grade...even if you have the qualifications, you know that you throw the qualifications in a bag and you do any form of work that comes on your way.”

(Participant 7)

Another reason expressed for not accessing employment opportunities was not having a work permit, not having a South African ID, and being Zimbabwean, which led to refugees finding temporary jobs, as mentioned previously, where they found that they were exploited and paid less than the locals.

“When you go, like, even if you got papers and qualifications for a certain job, it’s not easy for you to get that job simply because you not from, you, you don’t have the green book [the South African ID], so it’s not easy.” (Participant 4)

“Maybe you’ll get a job and then as you get the job they don’t pay you, like us being, you know Zimbabweans and all that, when you’re Zimbabwean even if you go to a place where you working, you find, you know, you are getting less money than the other people because you’re Zimbabwean, you know what I’m saying.” (Participant 8)

It was also expressed that being paid less or having a low income temporary job caused the negative financial situation they endured, and, as mentioned, they were then unable to support themselves or their families with basic needs, or food and rent would be all they could provide.

“I can’t find accommodation when I don’t have enough cash, and again I’ve got kids at home that need to be taken care of by me because I came here specifically to work. So, if I can’t work then I can’t take care of the kids and I can’t even have a proper accommodation.” (Participant 4)

“Ya, food, I wouldn’t say that what I eat is enough because sometimes we can even go for a day or a night without eating so that’s not enough for me. Mostly when we are going towards month end, it’s very difficult because some of the money that we get we start budgeting it, we keeping it in order for us to be able to pay rent at the end of the month, so it becomes difficult for us to eat or to eat good food during such times like these ones towards the end of the month.” (Participant 5)

“Ya, and even if maybe you go home [to Zimbabwe], people look at you and say, ‘But what have you been doing for all these 5 years?’ and you can’t tell them that no where I was working there is no money. I mean my money was finished on rent and food and all that, you can’t tell them because they will think you are lying, but that’s exactly what’s happening, the money we getting is little, and at the end of the day when you get it, you just pay your rental, your food, you can’t even afford to send the money home.”

(Participant 8)

5.1.2 Education.

Due to the negative circumstances in their home country participants were forced to flee and seek refuge in South Africa. Thus, the educational status of participants was affected as some could not complete secondary school, or could not further their education at a tertiary institution. Most participants arrived in South Africa with the hope of continuing and/or furthering their education as they expressed the importance of education for their children, their financial success and the form of employment they would attain, as well as their self-worth.

In this study, half the participants completed secondary school in Zimbabwe, 1 participant did not complete secondary school in Zimbabwe, 3 participants did not specify their education level,

1 participant was completing matric in South Africa, 1 participant completed university in Zimbabwe, and 1 participant was furthering their education in South Africa.

Various reasons were portrayed by the participants as to why they believed they were struggling to complete or further their education in South Africa, for example most of the participants expressed their difficulty with accessing the education system as they did not have sufficient knowledge about the education system, some did not have the correct documentation, and most expressed that they cannot afford the educational expenses. Specifically, accessing and affording tertiary education was a difficulty for 5 participants:

“...and I also wanted to do my further studies, so that one day I'll become also a professional in one of the fields, but money, drawing me back...yeah it affecting me emotionally, because I'm looking also at the future of my children, that if I am not educated or proper qualification how can I manage to educate also my children, for the future of my kids, so it touches me...I don't see a break through...so that course it's not too long, it's only 2 months, then after those 2 months then I know I'll be somebody, I'll be somebody...I just feel that if I can just get a qualification, a proper qualification then I will climb high.” (Participant 2)

“...it is really affecting me because even back home, [Zimbabwe] I didn't finish that program because I had to, to, to, to, to move from there, and then when I came here, same thing, I cannot continue with my education and because enrolling for it, it needs you to have some papers, something like public passport and I don't have a passport, and it also needs money to pay for the education and I cannot afford that...it's something that I really want and I was hoping that from that education it would change my life...so because I haven't finished it, I believe all the problems that I am facing right now,

wouldn't be there if I finished my education or if I get a chance to finish my education." (Participant 5)

"So, I wish I had money then I can go on with my education, then I can do something better in my life. Me I was thinking if I can take some courses at least, then I can get some courses, like I'm doing computer courses, I'm doing like, you know, sewing courses then I can have something in my life." (Participant 10)

"I'm already in school eventually, but it took me like 2 years with the application process alone. I didn't know where to go. The process I'm not saying is cumbersome, but it's only I didn't know where to go and access it. Eventually I went to the school, but at the moment it's going to take me like 8 years to complete a four-year degree because of issues like my school fees and stuff like that, it's just prolonged the process." (Participant 1)

"...and I wanted to pursue education but because of economics conditions and because of I don't know, maybe because I'm too tired again to pursue education, if the chances come by then I might try to continue with my education." (Participant 7)

Affordability was also a concern for participants who were parents as 1 participant expressed that their daughter was in matric and doing well at a school in South Africa and her daughter would like to attend university, but the participant was concerned about the affordability of tertiary education in South Africa for foreigners.

"Who is going to pay for the university? Maybe I'm thinking of if she can get a sponsor, to sponsor her for the year like, for the university, because she's so bright she's getting

like five A's, so who is going to do this, that is my worry because I can buy her clothes and something but for the fees I cannot be able.” (Participant 3)

One participant managed to access the secondary education system without any difficulties and was completing matric in South Africa at the time of the interview, but this participant experienced difficulty gaining access to the tertiary education system as a university declined the participant’s acceptance due to the participant being a foreigner, as indicated in the following quote:

“I applied to ***, I applied for audiology, in the medical school, I received some results back I think within a week on my email when I finally got the courage to open the email just to see this email that we're so sorry to tell you that your application was unsuccessful, and I asked for the reason and they told me they first consider South African applicants in medical school...I thought I'm useless, I'm no human...how can they say such a thing to me, they should have said like in a polite way, maybe your marks or something else was not good enough, but to say they first consider the South African applicants before we consider you guys it was very, very hectic and very, very horrible to say that to a human being.” (Participant 9)

5.1.3 Bank loans.

With most refugees having trivial incomes, most of them turn to the banking services of South Africa in hope for financial assistance in the form of loans. Unfortunately, all refugees who applied for bank loans reported being declined by various banks. The reasons for the declination were: they were not South African citizens, they did not have a permanent form of employment that would provide them with consecutive pay slips, they did not have a South African ID, or

they did not have other required documentation that would assist them with their loan application. Below are some experiences described by the participants:

“Like this semester, I was in a very tight financial position so I go to a bank to try access a loan and to pay for my studies. You know they just look at your ID, the look in their face tells you, you know this is the end of the story; they just say come back, they go at the back, they toss me between managers and supervisors and just so you know we can't even help you.” (Participant 1)

“Yeah it is affecting me because from the little that I did is not enough to pay the rentals so sometimes we go to the banks to also get some loans so that I can manage to pay my rentals and my school for my kids, and food for myself and my kids, it's not enough and they say they can't really help me and at the same time I can't get another job that can give me enough money to help me with the rentals and food and all that stuff.”
(Participant 2)

“We want to take bank account, it also effects everything because they will ask you for an ID, and the moment you produce your passport the conditions become stiffer, you produce an asylum it's the same, they will ask a lot of things, references and where you stay, and it affects you a lot, especially when you want to open an account, because you need to be working for you to be able to get a bank account, you just say I don't work, I don't open a bank account, so it's a very stressful experience for refugees to try to penetrate into the system.” (Participant 7)

5.1.4 Healthcare.

Accessing healthcare was pertinent to some participants as they had chronic health problems that they needed treatment for. Other participants only needed healthcare access when the need arose, for example when they were sick or became pregnant. One of the participants was pregnant at the time of the interviews. Not having healthcare access could influence a participant's employment opportunities when they are sick as they cannot attend interviews or work efficiently. For the participants who have tried to access the healthcare system in South Africa, many expressed experiencing difficulties because they did not have their Zimbabwean passport. The language was also a significant barrier for some participants as they were often ill-treated by healthcare personnel if they could not understand or speak the local language.

“I remember last time when I was sick, I went to clinics and they told me that we don't treat you because you don't have a passport. Ya, that's where the times when I was losing weight thinking too much.” (Participant 6)

“...when you go there the treatment that you get from the nurses, some of them are rude when they trying to assist you and even some patients also that are there, if they know that you are not a local and again at times the treatment is a little bit harsh and especially those the pregnant women, if, the moment you get pregnant and then you, you take your time to deliver, they don't hesitate to operate, to operate you at times.” (Participant 7)

“...well I've got a passport, but most people will come and don't have a passport, you know, maybe they, I don't know, they come, and then they can't go to the clinic, maybe they'll be sick and they can't go because they tell them that they want a letter or I don't know because I had a friend of mine who wanted to go for treatment and she couldn't get treated, so like she had to use someone else's passport, you understand.” (Participant 8)

“...especially you see right now...right now I'm pregnant, if you go to like clinic or hospital, like clinic, //inaudible they speak Zulu, if you say no mam I don't understand, why can't you speak in English so that we can hear - they start to shout at you, so this thing can force you to learn more Zulu, it can force you, because you know if you don't know Zulu then that will be a problem to you...even the clinic, all the boards they write in Zulu, you see when you get there, especially maybe you go inside the room, they say don't come inside in Zulu, me I just go inside, they say didn't you see what I write here, then I say no mam I can't read, I can't understand then maybe it will be a problem.”

(Participant 10)

One participant described that access to public healthcare was time consuming as you could wait for long periods of time to see the doctors or nurses for treatment. This participant managed to save money to access the private healthcare system for more efficient treatment.

“The queues are long, we waiting a long time, waiting for treatment when the doctor comes, we just check and they give the medication and times the prescription, whatever they will get, so I decided no this is not going to work then we went to, I took her [participants wife] to a private hospital. And private hospitals are flexible, but it becomes a problem because people don't have money, but when you have money if you are not a local its actually ideal for you to go to a private hospital because you get the treatment that you need.” (Participant 7)

5.1.5 Documentation.

In the previously mentioned sections of this chapter, some problems that affected participants due to not having their Zimbabwean passport, South African ID, or work permit, were highlighted. In this section, the difficulties of accessing DHA, and obtaining certain

documentation will be described, as well as further difficulties refugees have faced accessing places because they do not have their Zimbabwean passports.

Some participants had their Zimbabwean passports and some did not. As mentioned, when applying for jobs, bank loans, and accessing healthcare, not having their passport was a disadvantage. Another (unverified) disadvantage of not having their Zimbabwean passport was that they could not apply for asylum or refugee status at the South African home affairs offices.

“I go to home affairs to collect asylum there, they won’t, they won’t allow us, they will arrest us, if you don’t have passport you have to go back home to Zimbabwe...like if you need the asylum, if you need the asylum, they first need the proof like a passport, then you get asylum, you can’t just go and say you need the asylum.” (Participant 6)

Not having their Zimbabwean passport also hindered some participants return home to Zimbabwe, as they experienced difficulties at the South African border posts.

“...trying to go back there it wrecks my life, especially at the South African border, they won’t allow me to pass, unlike the first time that I came here this side I had to and my life was at stake so I was really saying whatever comes as long as I am away from this but going back there I have to show them my papers, I have to show them my passport, so I can’t actually go home because I don't have those things.” (Participant 5)

Another example of how not having documentation hindered participants access to finances was expressed by a participant who did not receive assistance from the police when reporting on numerous occasions that their employer did not pay them for the work they duly completed, as the police first wanted their workers permit to be provided.

“Like when you are reporting something, you see, sometimes if you work they don't pay you, if you go to report to the police, they don't appreciate that, this, they will first ask you workers permit.” (Participant 6)

5.2 Basic Needs

Accessing the job market and securing a stable income, and gaining access to social services in South Africa were highlighted as problems for refugees that hindered their financial stability and security. This section will describe the problems participants endured with regards to their basic needs including: accommodation, food, sleep, and their safety and security. This theme was derived as these basic needs were shown to be significant to participants as they expressed how pertinent these needs were to their survival as refugees in South Africa. The first sub-theme that will be described is accommodation.

5.2.1 Accommodation.

Affordable and suitable accommodation was another primary issue for participants alongside obtaining employment. All participants described having difficulties with accommodation. Some of the difficulties described were: not being able to afford high rentals, loss of possessions, being exploited by landlords, living in confined spaces, places for rent being overcrowded, other tenants not following rules and regulations, and having to move around a lot to find adequate and affordable accommodation. Some participants believed that finding affordable and suitable accommodation for themselves and/or their family was a hardship because of their limited financial income. Participants also believed that they were often exploited by landlords for being foreigners (for example being charged high rentals in town as landlords are aware refugees are desperate to live in town and not in informal settlements). Below is an experience described by a participant where they felt exploited and helpless with regards to their accommodation situation:

“Yeah, and like my toilet door is not like working, it's almost, I think a year now, and they didn't even fix, but when it comes to like someone who's going to give them more money they concentrate on that but like for the services and maintenance they don't want to do that, but we are forced because we don't have anywhere to go like. They don't repair our things, sometimes we are forced to repair with our money, we don't go, so they are taking advantage of us.” (Participant 3)

Most participants expressed that they often shared a room for accommodation in a flat or building. Some shared a room with their families, and some shared a room with refugees they did not know. Sharing a room often entailed that the participants needed to share the kitchen and bathroom facilities with strangers which was sometimes difficult for the participants to manage. One of the participants resided in a gender-specific shelter in which they also shared a room and other facilities.

“Ya, accommodation is difficult you know, you have to bath where its dirty...maybe the toilets are not clean...it's difficult you know, because one will be playing the radio loud, one will be shouting, some will be drunk, some will be doing this and that, so it's very difficult...but because they just want money [the landlords], they make small, small boards, you know, and they just put you in there, and you just have to survive like that, it's very difficult...it feels really bad, really bad, because mostly, you know, maybe you don't want the noise, you want to sleep.” (Participant 8)

“It's like moving around and not having a place to stay for which you call a home. You know, it's like, this year you are here, and then after 6 months you move you go to another place. You know it comes with a lot of loss, like financial loss, you lose a lot of furniture in the process, and I've unfortunately lost a lot of my study material when

moving...sometimes I have to abandon my stuff because I cannot accommodate them in my new place because it's a small place, so, you know, I've like given up on one of my passions which is literature because I don't have like a suitable place to keep my literature.” (Participant 1)

“Okay, the place where we were staying I can say it was overcrowded, because the rent was not that expensive, so everyone started to go stay there, the condition of the building, dirty, small children running, that kind of stuff, urinating on the stairs, some people get drunk, especially on Fridays people just start fighting. And thieves will make their way into the building stealing peoples clothes, security wasn't there.” (Participant 9)

“Now my problem is, where I am staying, the problem is we are too many, we are too many that place, there are too many, and the problem sometimes you can't find your thing on the line [clothes line] then you can't ask anyone.” (Participant 10)

5.2.2 Lack of food and sleep.

As described previously, not earning enough money for food and suitable accommodation is a reality for most refugees. This sub-theme describes how participants' physiological needs such as food and sleep were a pertinent need to their survival. Food was often described by participants as not enough, and sometimes participants expressed that they would go without food for long periods of time. Thus, most participants wished they earned more money to provide themselves and their families with enough food each day. Not having enough food also tended to impact the physical health of participants as they expressed feeling tired and weak if they did not get sufficient nutritious food.

“Ya, food, I wouldn't say that what I eat is enough because sometimes we can even go for a day or a night without eating so that's not enough for me. Mostly when we are going towards month end, it's very difficult because some of the money that we get we start budgeting it, we keeping it in order for us to be able to pay rent at the end of the month, so it becomes difficult for us to eat or to eat good food during such times like these ones towards the end of the month... Yes there is cooking facilities in the place but we can't afford to buy a grocery...buying a grocery it means lumps of money towards [food], so most of the times we don't cook, we just buy small things and then we eat.” (Participant 5)

Sleep was described as minimal and uncomfortable by most participants and most wished they could sleep more hours with the hope of waking up rested each day.

“We are 4... Ya it's a single room, we have got blankets and then we just throw them on the floor and then we sleep.” (Participant 5)

“Ya, no, I am not getting enough sleep.” (Participant 2)

“Sometimes I feel like, there are times when I don't even feel like going out in the morning, like going to run, because at times I feel like, I'm just tired, I just feel sometimes I'm tired, I can't even run, sometimes I'm just weak, so I don't know if it's because of the food problem or maybe it's the stress, I don't know, but sometimes I feel like I'm too weak I can't even do some of the things that I do.” (Participant 4)

5.2.3 Safety and security.

This sub-theme is related to accommodation, but provided another significant factor to accommodation, and the refugees basic needs, that the researcher wanted to describe.

Living in the informal settlements located on the outskirts of Durban central would be more affordable for refugees in comparison to living in Durban central (where all participants in this study resided). The participants expressed that as refugees they could not stay in the informal settlements as they fear for their own and their family's safety. It was described that in the informal settlements locals recognised that foreigners were living amongst them and when negative events happened in the informal settlements, for example burglaries or theft, the locals tend to blame the foreigners for the negative events and conflict would occur between the locals and the foreigners (refugees). This conflict was described as rare when refugees lived in Durban central as they were not easily identified as foreigners.

“You are not safe if you want to stay outside the town, outside the town in locations, so we are forced to stay in town where the rentals are so exorbitant and we can't manage to pay the rentals but we are forced to stay in town for the security sake.” (Participant 2)

“As of now, the first thing that comes off my mind when I get money is accommodation, plus food, but you know, accommodation comes first because even if you get food and then you sleep outside it's not safe so we try by any means to make sure that we pay for our shelter and then we're safe and then we always try to find something to eat.”

(Participant 5)

“I've also been subjected to xenophobic statements or victimization by virtue of me being, coming from across the border, and at times this is the sole reason that I decided not to even stay in the locations [informal settlements]...the moment they get frustrated there is no water...they say we are not having water because of these foreigners, so it affects me a lot, this is the reason why I stay in town...the rentals are too high, especially if it's in town, and around town, people, I as a foreigner we fear xenophobic situations so

we are forced to stay in town, not because by choice but because by virtue that you are afraid if you go outside those violence's start to occur, you might be a victim, so you stand a better chance to avoid it when you are in town because people don't really know who you are and all those other things.” (Participant 7)

5.3 Being a Foreigner

All of the participants who were interviewed indicated that being a foreigner, a Zimbabwean, in South Africa was a significant barrier to them resettling and prospering. From the findings already described, it has been shown that being a Zimbabwean has impacted on their accessibility to employment opportunities, educational services, healthcare services, bank loans and obtaining relevant documentation. This section will further describe how being a foreigner in South Africa was a barrier for refugees by specifically focusing on the following aspects: language as a barrier for refugees, xenophobia and discrimination experienced by refugees, and a lack of acceptance from locals.

5.3.1 Language.

In Durban, isiZulu is the common local language which 1 of the participants could speak fluently, while the other 9 participants had difficulty understanding and speaking isiZulu. The predominant language for the participants was English which the locals disapproved of as it was described by participants that the locals believed that if you are a black person, you needed to be able to speak an African language. Most participants expressed how not speaking isiZulu produced a language barrier for them which influenced the way the locals interacted with them in their daily lives. This language barrier was evident in the workplace when they were attending job interviews or when they were around colleagues at work, and when they were trying to access healthcare or interacted with healthcare personnel. Some participants expressed that they

were trying to learn isiZulu as they believed it would help them interact better with the locals and it would encourage the locals to treat them as equals and accept them into the community. The participants also believed that speaking and understanding isiZulu would assist them with obtaining better job opportunities, and help them gain better access to social services in South Africa.

“...because you are a black majority, a black person they just expect you to speak their home language...you know at work place, ya, there are a lot of guys and girls, they always want to hear me talk their home language, ya, they don't feel comfortable if I speak English...maybe I can get some lessons in isiZulu so that I'll quickly catch up, because the more you speak their language, they feel comfortable.” (Participant 2)

“You find sometimes someone asked you and you say you don't know Zulu or he doesn't give you the alternative to use English, so those people sometimes when you use English they feel like you are offending them.” (Participant 3)

“...they have got this belief that if a person is an African, or black to be precise, he has to talk in any form of the local languages, so they have got, let me put it as the mentality to say that if someone tries to talk in English it is because they are not from here.”
(Participant 7)

5.3.2 Xenophobia and discrimination.

As shown in the literature review, South Africa has a history of xenophobic and discriminatory practices towards foreigners. This has instilled a fear in foreigners who try and resettle in South Africa and these foreigners often fear for their own and their family's safety (as mentioned in the safety and security sub-theme). Thus, being a foreigner, and specifically a black African

foreigner, is shown to be a disadvantage when trying to resettle as a refugee in South Africa. Some participants also expressed how they were called derogatory terms by the locals because of being a foreigner.

“Ya because even when we are selling there, at times, there might be a misunderstanding between me as a foreigner and someone from here [South Africa], probably they tell us that you shall go, we're going to make sure you go home, so it's not a good thing really because it's like, I don't know how I can put it, it's like a threat, or I don't know, like, I'm being bullied. I just shut up because if I keep on saying something I don't know how it is going to end so I just keep quiet. Some people get stabbed, //inaudible some of those things, so because of those things now we live in fear because you don't know how it's going to end.” (Participant 4)

“And I had an experience once where I was victimised by the virtue of being a foreigner...there was a guy that kept coming to the shop using Facebook...I was the person who created the Facebook account for him, I taught him how to operate it and how to use it...but he had this attitude of saying when the café is full of people, when I will be assisting others he will want me to leave whatever I am doing and rush to assist him, which for me now didn't go quite well to a state where he called me to say there's a local name they call foreigners, he actually called me by that particular name, so I took offence in that because I had assisted him.” (Participant 7)

5.3.3 Acceptance.

All participants expressed how they were not accepted into the local community and how they were treated differently by the locals by virtue of them being foreigners. This non-acceptance and mistreatment affected participants behaviour as some described how they would withdraw

and would not willingly interact with the locals. Most participants described that they would leave South Africa and go home to Zimbabwe or any other country if they could, as they believed that they would be more readily accepted somewhere else.

“Ya as I was saying, that every time, you come as a foreigner first before being whatever, as before being a tenant or employee, so that is one of the biggest challenges to know that everywhere where you are you have to be conscious about that thing. It’s come to be part of me to know that I am not accepted...I feel like I've done so much for this city, for this country but it's not accepting me.” (Participant 1)

“Ya it is affecting me, especially, let me explain to you like this, especially me I was working, when I get inside, they say I must leave my shoes outside, mustn't get inside with my shoes because you people you are dirty, you didn't bath, don't bath in my bathroom, we don't share a bathroom, when you are changing clothes, especially when you are wearing your uniform, its better you go outside toilet, don't use my same toilet...I think that this people maybe they think I'm not a human being, I'm just an animal.”
(Participant 10)

5.4 Emotional Well-Being

During the interviews with the participants, there was a general lack of emphasis placed on emotional well-being possibly due to the fact that the majority of the participants were primarily involved in responding to the various needs described so far in the findings. Thus, as the participants revealed the difficulties they were experiencing as refugees in Durban, the interviewer explored the emotional well-being of the participants by asking them questions related to affect and mood. There were participants who found it difficult to describe how they were affected emotionally by the challenges they endured, with most of them being able to

describe behaviours that often led to the emergence of emotions that they felt. Some participants described how their behaviour had changed since they had been living in Durban, and they compared it to how they once behaved in their home country.

“Sometimes I can just like lose my temper, I can just shout at people and people don't understand where it is coming from so it won't be like something which you have done here, but it was just something that was boiling in my head, and you were just very unlucky to be at the wrong time, wrong place at the wrong time thing. It wasn't all that much at home, but ya here [in South Africa] I'm losing my temper more often”

(Participant 1)

A predominant feeling that most participants described was feeling stressed and most perceived that this stress caused them to think too much about the problems they endured as refugees. This in turn affected their daily function and elicited feelings of regret as they second-guessed their decision of seeking refuge in South Africa and leaving family behind.

“What goes through my mind is, sometimes I feel like I made the wrong move by coming to South Africa, and again, it's stressful because if I think of the kids now it's painful, so the whole thing is just stressful.” (Participant 4)

“Sometimes I will ignore, to avoid stress, you see, as a human being it is difficult to keep on thinking, thinking, sometimes you lose your weight, stress, thinking too much.”

(Participant 6)

“...I can feel that I'm tired, but I won't be sleeping, because you know with stress sometimes you don't sleep, I don't know, maybe it's me, but I feel that way you know, like when I've got a lot of things on my mind and all that, I don't sleep, I can spend the

whole night awake...and then when you get to work you stressed again, you tired, you know, like the work you'll be doing, you're tired...I think a lot, I am really stressed.”

(Participant 8)

A sense of loss was also noted amongst the participants which evoked many different emotions like sadness, anger and guilt. Many of them described how they physically lost possessions they owned, how they do not have the same relationships with their family and friends from Zimbabwe, and how they had to give up on many things since they fled to South Africa.

“I’ve lost so much being in this country, I’ve lost my business, I’ve lost my family, I’ve lost even my dignity, so ya, I feel like there is nothing much left for me...I feel angry, frustrated...like you miss family, you get an addition in the family, people from this stage to heaven, you are not like there for them, you miss a lot in life. It's very sad, because it's like you disintegrated from the family...There's a sense of guilty there, like you know, in the moment I just have to drop from the church choir because I cannot make time to the practice.” (Participant 1)

Some participants reflected on how they have lost their reason for living or their purpose in life since they fled to South Africa. A sense of failure was related to this loss.

“Ya it really affects me because I have to take responsibility, but at the same time I don't have that financial asset, ya, to support, to take care of the people who need help from me, like my kids they need to go to better schools for better education, and I need also to send my mother to hospital, because she always go to hospital every month for medication. It doesn't feel good, because you know I'm not taking the full responsibility

that I have to take, so I see myself as someone who is not helpful, who is not taking his responsibility” (Participant 2)

“Ya, it is something that is very disturbing and painful sometimes because in life, like at my age I have got some responsibilities to take care of besides taking care of myself, now if I get to a situation whereby I cannot provide myself with enough clothing, I cannot provide myself with food that I want, then it simply means all my responsibilities also they are shattered and living a life whereby you have to borrow every day, or you have to beg every day, psychologically it’s also understanding you feel that you useless, you feel that you don't have anything to live for, ya.” (Participant 5)

Some participants expressed that they were physically and mentally tired due to the constant daily difficulties they endured, and their hopelessness thoughts, as they were unable to foresee how things might get better or improve for them.

“Ya, the other thing is when you've got more problems and few or no solutions to the problems, ya, it causes you to become tired, because I believe that tiredness is not only coming to physical, if you think a lot and you don't have solutions to those problems, you become also tired.” (Participant 2)

“Sometimes it can feel like mental fatigue, whereby I feel like my brain is not working anymore.” (Participant 1)

“The thing is from the time you leave home and the time you get to work, and the time you leave work, you don't sit, sometimes you don't even have anything to eat, and then you lose appetite, because you'll be tired, even your feet and everything will be sore, you feel sick, and you need to bath, and then you tired, you sleep, and then you put your

alarm on to wake up the next day so it's like that and like that, but there's a time when you need to rest, I don't know anymore, honestly, it's very hard." (Participant 8)

As previously mentioned, participants experienced the feeling of fear due to xenophobia and discriminatory practices. Some participants described that they also felt fear towards the police as they would threaten deporting the participants if they did not present their Zimbabwean passports, other forms of identification such as asylum or refugee status, or bribe money when they raided their residences or stopped them on the streets.

"The thing of like passports, it's not good environment, you forced to travel or walk with the passport showing, sometimes they raid //inaudible they need money, you understand what I'm saying, but if things go right back in Zimbabwe, I would go back, I would go." (Participant 3)

"It affecting me because I can't live without the documents because the police are coming, raiding, you know, every time they need money, I'm not working, you have to pay the fine, after that they say we take you to, we deport you to Zimbabwe. Maybe they come they will need money, you pay because you don't have a passport, you will fear that you'll be arrested and deported." (Participant 6)

5.5 Internal and External Coping Strategies

The previous themes focused on the challenges refugees endured and the negative emotions they experienced. This theme of internal and external coping strategies focuses on how the refugee participants have managed to survive in Durban despite the challenges they have endured. The internal coping strategy to be described is self-integration as it highlights how the participants used self-motivation and adopted a resilient behaviour. The external coping strategies to be

described are faith, social support, recreational activities and exercise, as they highlight how the participants made use of the environment they were in and how they interacted with others. The first sub-themes to be described are the external coping strategies, as they were significant for all participants with faith and social support being significant primary coping strategies for all participants.

5.5.1 Faith.

Faith towards God was expressed by the refugees in many forms, such as attending church, prayer, reading the bible, and singing in church. It was described as having helped them with self-acceptance and taught them not to hold on to the negative comments and treatment they received for being foreigners from the locals. It also provided them with social support as some participants described how they would visit their pastor often and how they connected with fellow church members. Finally, it also helped them release the anger and frustration that they sometimes felt when facing a challenging situation as a refugee.

“Ya usually when I start to think of these problems, I just become angry, just cause me to be just angry. I'll just comfort myself with the word of God. Sometimes I also pay a visit to my pastor and my fellow church members, that time with the fellowshiping, we forget about this problem.” (Participant 2)

“I have got high faith in God, even if I suffer I know God is still watching over me, I use to crying every day, I said God I know you never brought me to South Africa to suffer, and that's when God gave me that job...so I always pray and I always put God first.”
(Participant 8)

“Every Saturday I meet up at church. We go as a family, most of at times, it's sort of a place where I go and offload all those burdens, spiritually, physically, mentally.”

(Participant 9)

“Yes I pray to God, singing nice, you know there's no time to do like getting angry when you are in church, we can be happy always because we are praying, we are singing, we are sharing ideas of life with others, you see, so I like church.” (Participant 10)

5.5.2 Social support.

Most participants fled to South Africa without any family or friends from Zimbabwe. This meant that they had to form new relationships once in South Africa. Most participants formed relationships with other refugees and expressed how interacting with other refugees who had experienced similar problems to themselves aided them with their personal difficulties. Most refugees managed to maintain contact with family and friends via social networks like Facebook and WhatsApp, and through phone calls when they could afford airtime. This contact with familiar people was believed to uplift their moods.

“...visiting fellow refugees you talk to them when they are having the same experiences, you see when you share the same ideas it will help you a lot because you know you are not the only one who is facing the same problems, and they tend to give you certain points on how you can cope with the situations because there are some who have been here for quite a long time and they are now use to the situations, yes, so it can also help you in that way.” (Participant 7)

“So ya, it's difficult but you know we share, sometimes you know it's better to share, because maybe that person, if you don't share with this next person, she won't know what

you're suffering from, so if she knows you are suffering from this, if she hears someone saying I need someone for a job, she's say hey I've got someone who is looking for a job right now, you know.” (Participant 8)

“I'm on WhatsApp with people, I just chat with them...I like it!” (Participant 10)

5.5.3 Recreational activities and exercise.

Some participants expressed that being physically active, being outdoors, and watching television helped them stress less, as they believed it provided them with an emotional release and helped them deter from thinking about the difficulties they had.

“Sometimes I watch TV...sometimes it relaxes my mind.” (Participant 3)

“When I run, I feel like, I feel like free, it's like I'll be letting out something, that's how I feel.” (Participant 4)

“I feel very good and relieved, and usually when the time I am doing sport I don't think of anything else...I play volley ball every day, late afternoon starting from 3 up to around 6.” (Participant 5)

“Ya, sometimes I try to keep busy by reading newspapers, watch TV, but most of the time, let's say like, //inaudible that particular day, I use dance as a way to relieve some stress, let's say if I dance for like 15 minutes after that I'll be feeling okay and all the stress will be gone.” (Participant 9)

“My friends also have children, then you can phone each other, let's go to the beach with the children, then we'll go, us we'll be sitting, we see the children, they are busy, when they are tired they say mom lets go home and then we can come back.” (Participant 10)

5.5.4 Self-integration.

With the problems that have been discussed in this chapter, it is clear that all participants have had negative experiences since they have been in South Africa and they have all managed to find a way to cope with these experiences. This last coping strategy, self-integration, highlights the resilience that some of the participants have as they had to find it within themselves to interact with others whether they were local or other foreigners, and motivate themselves to adapt to the South African context which differed in comparison to their home country.

“It is one of those issues whereby you have to, I have to see to my own survival, yeah like building my own network, church: to take it as one of my support structures, and at work: you know it's not always bad as you would think, you always meet good guys and you always try to keep whatever good is there and use it to the best of my abilities.”

(Participant 1)

“I can just say for the first, in 2008, it was very, very hard because you just sit in the house and watch TV, no one knocking at the door, so I just told myself, you just need to adapt to this...if I don't greet them at school, what if they become my neighbour one day, how am I going to greet them, that kind of stuff, so that also taught me to accept, like in the bible, there's a verse if you love your neighbours you love yourself, Jesus he was born in Bethlehem but the people in Bethlehem rejected him, what about me, I'm in a foreign land, why am I rejecting the people who belong to this land, let me just combine with them.” (Participant 9)

5.6 Summary

This findings chapter provided a description of the major themes and sub-themes generated from the data from the 10 interviews transcribed. The inaccessibility theme highlighted the need for

access to reasonable employment and adequate living conditions, especially accommodation, as they were viewed as primary needs by the participants and it was perceived to provide them with financial and personal security. Inaccessibility to various social services - education, banking services, healthcare services, and home affairs - was also described as participants believed that not accessing these services impacted on their financial success. The basic needs of the participants were described, highlighting the importance of finding adequate and secure accommodation, being able to afford enough food, and getting enough sleep. The consequences of being a foreigner in South Africa were described which included xenophobic and discriminatory behaviour towards the refugees, being treated differently because they did not speak or understand the local language, and refugees not being accepted by the Durban community. In contrast, emotional well-being was not evident for participants unless prompted to converse about their emotions which indicated a variety of feelings that the participants were experiencing as refugees. The coping strategies participants utilised whilst facing daily struggles were described and included: the use of religion, seeking social support, as well as making use of recreational activities and attempting to integrate into the community of Durban.

Chapter 6: Discussion

This chapter will provide a discussion of the findings, connecting them back to the research questions that informed this study. A discussion on how the findings connect to each other will be presented, as well as a brief comparison of how the findings relate to existing literature. The strengths, limitations, recommendations for future research, and the implications of the findings for program implementers and organisations will conclude this chapter.

6.1 Psychological, Emotional, and Social/Environmental Needs of Refugees

The factors that refugee participants in Durban perceived to negatively influence them on a daily basis were wide-ranging, such as unemployment or underemployment, inaccessibility to social services, limited basic needs, and being a foreigner. This indicates that the refugees living in Durban have various needs to be fulfilled in order to successfully resettle and prosper in the Durban community.

Unemployment or underemployment is found as a primary problem for the participants as the South African government and non-profit organisations (NGOs) offer limited resources to refugees, thus obtaining a sufficient income was a necessity to their resettlement in Durban.

Obtaining permanent employment is a difficulty for refugees for various reasons including: not having the correct documentation (a work permit, a South African ID, qualifications and certifications not being recognised in South Africa), a lack of education, not speaking the local language, and being a foreigner. Being a foreigner augments the exploitation and lack of acceptance refugees face when they are employed, for example being paid less money than the locals, and being treated as inferior by other employees in the workplace because they cannot speak the local language, isiZulu. In the study by Nsonwu et al. (2013) and Mitschke et al.

(2011), the effect of language as a barrier, and not being able to utilise their home country qualifications is also shown to negatively influence employment opportunities for refugees.

It was perceived by refugees that obtaining permanent employment and being financially secure will assist them with affording enough food to feed themselves and their families, as well as afford adequate and secure accommodation where they do not live in fear of xenophobia or discrimination. They will also be able to afford necessary furniture, for example beds and bedding which will improve their sleeping patterns. Not having enough food to eat for themselves and their family due to finances is also shown in the study by Mitschke et al. (2011), and refugees experiencing lack of sleep also emerged in the study by Strijk et al. (2011).

Accommodation is seen as inadequate in the study of Strijk et al. (2011), although it needs to be noted that some international studies interviewed refugees who are accommodated in refugee camps or shelters (Beiser & Hou, 2001; Drumm et al., 2003) which is different to the accommodation that refugees in South Africa have, as they have to seek their own accommodation within the community as South Africa does not have refugee camps. This could influence the perception of what inadequate accommodation entails for refugees in other countries in comparison to refugees in South Africa. Also, there does not appear to be existing international research that highlights refugees needing to afford high rental prices because they live in the city, like refugees do in South Africa due to fear of safety influenced by the history of xenophobia.

Not being able to continue or further their education was another factor that is hindered because refugees are foreigners. They experience difficulties with being accepted into university programs, not having the correct documentation (for example a Zimbabwean passport), or not having sufficient knowledge about how to access the education system. Thus, refugees struggle

to gain access to the education system of South Africa and if they are successful in accessing it, they often cannot afford the study fees as they do not have a secure and stable income. It was believed by refugees that if they improve their education and obtain qualifications and certifications, it will benefit them in obtaining better employment opportunities and therefore a better income, as well as improve their self-worth. Refugees in the study by Nsonwu et al. (2013), also perceived education to be a factor in obtaining better employment opportunities.

Being unemployed or underemployed and being a foreigner, specifically not having documentation like a South African ID or consecutive payslips to prove employment, has an impact on refugees applying and being approved for financial assistance in the form of bank loans or if they want to open a personal bank account. This inaccessibility to bank loans and not being able to open a bank account highlights another way in which obtaining better employment will benefit refugees as they will have a better chance of bank loan approval and a better chance of opening a bank account where they can store their money safely. The study by Women's Refugee Commission (2011), also highlights the difficulties refugees encounter with banking services being limited if they do not have valid documentation.

In summary, refugees perceive that if they have better employment opportunities it will assist them with affording better and secure accommodation, enough food, getting enough sleep, access to the education system so that they can continue and/or further their studies with the better income that they will earn, and it will improve their chances of gaining access to banking services. Unfortunately, not having the correct documentation, such as their Zimbabwean passports or work permits, will still continue to hinder the employment success of most refugees. Not having a Zimbabwean passport hinders participants from gaining asylum or refugee status and it prevented some refugees from visiting their home country and reconnecting with family

and friends they left behind emphasising the value and power a document can possess and how this can negatively affect an individual.

Another problem that refugees encounter is healthcare access and poor healthcare treatment due to incorrect or unobtainable documentation that is, not having a Zimbabwean passport, and not being able to speak the local language. It is emphasised by participants in the study that healthcare personnel, for example nurses, can be rude to them at the clinics, especially if they are aware that the refugees are foreign and do not know how to communicate in isiZulu. Refugees are not assisted at healthcare facilities if they do not produce their Zimbabwean passports. Not being able to speak a local language also hindered refugee access to healthcare and appropriate treatment in the studies by Mitschke et al. (2011) and Nsonwu et al. (2013).

Participants emphasised the significance of learning and then communicating in isiZulu. They believe that it will be advantageous in the workplace when going for interviews or interacting with other employees, that they will be treated better at healthcare facilities, and overall it will help the locals accept them and treat them as equals, as well as decrease the discriminatory behaviours they sometimes encounter from locals.

The challenges refugees face in this study are similar to other studies that focus on challenges Zimbabwean, Congolese, and Burundian refugees in various regions of South Africa face. The following similar challenges are evident: job opportunities; problems with documentation (Idemudia et al., 2013b; Idemudia et al., 2013a; Rugunanan & Smit, 2011; Smit & Rugunanan, 2014); being exploited in the workplace; inadequate accommodation; leaving family members behind; not having enough food (Idemudia et al., 2013b; Idemudia et al., 2013a); financial difficulties (Idemudia et al., 2013b; Idemudia et al., 2013a; Smit & Rugunanan, 2014); inadequate living conditions; lack of security and safety (Rugunanan & Smit, 2011); experiences

of discrimination and xenophobia from the locals (Rugunanan & Smit, 2011; Smit & Rugunanan, 2014); police harassment; and language barriers (Smit & Rugunanan, 2014).

In contrast, there are challenges refugees face which are unique to the studies by Smit and Rugunanan (2014) and Rugunanan and Smit (2011). The refugee participants in Smit and Rugunanan's (2014) study identified how difficult it is to register for their own businesses due to not having enough financial capital and not having or not being able to obtain permits; and the prevalence of crime that emerged in Rugunanan and Smit's (2011) study is not expressed as a major concern in this current study, showing how different regions in South Africa can influence the experiences refugees face.

The discussion so far highlights various needs that the refugee participants require.

Environmental needs that they require include: access to affordable and adequate accommodation; access to better employment opportunities; access to the education system to continue/further their studies; access to banking services to obtain loans and open personal bank accounts; and needing assistance obtaining relevant documentation, for example refugee status papers or a work permit. Social needs predominantly included their need to interact with the locals as equals, specifically in the workplace and with social service providers. Lastly, physiological needs consist of getting enough food and sleep daily. The emotional well-being and thus, the emotional needs of the refugee participants will follow.

As mentioned in the findings section, participants do not readily discuss their emotional well-being as it is not explicit in the initial questioning about problems they are currently facing. The interviewer then specifically asked the participants about their emotions which some participants struggled to describe. This may be related to cultural factors related to discussing emotions. But it also possibly provides an indication of what is important for the refugees in terms of pertinent

needs that need to be fulfilled as they seem to disregard their emotional needs or they do not realise that their emotional needs have an impact on their daily living along with the other difficulties they mentioned. Further studies specifically relating to Zimbabwean refugees' culture and how it influences how they experience their daily problems should be conducted to clarify this.

Amongst the participants who managed to express emotions, the most predominant feeling that emerged is feeling stressed. This stress is perceived to come from them thinking too much about the problems they endure as refugees. Their thinking too much then elicited feelings of regret, and some physiological symptoms, such as loss of appetite and not sleeping. The regret they feel seems to stem from the fact that they left their home country and their family in hope for a better life, which they have not been able to achieve.

The sense of loss that participants acknowledge evoke many different emotions like sadness, anger and guilt. The sadness emerged as they thought about the families and friends they no longer have to support them and how they miss out on family milestones; the anger emerged from them physically losing possessions; and the guilt emerged from passions they had to give up on, for example not singing in the choir at church, and family they cannot support because of the difficulties they face as refugees. Loss is also prominent as participants describe how they have lost their reason for living or their purpose in life which evokes a sense of failure as they have not prospered in South Africa and they cannot fulfil their responsibilities for themselves, as parents, or as breadwinners.

Participants also expressed that they feel tired, which entailed being both physically and mentally tired due to them feeling hopeless. This hopelessness stems from them not being able to foresee how things might get better or improve for them if they continue to stay in South Africa.

In summary, a variety of negative emotions are expressed by the refugees which seem to influence them cognitively and physically. Thus, there is evidence that their emotional needs also need to be considered and fulfilled.

6.2 Coping Strategies Utilised for Negative Psychological, Emotional, or Social/Environmental Problems Refugees Face

The coping strategies discussed below will show how the refugees in this study found a way to cope with the psychological, emotional, social, and environmental problems identified previously.

The primary coping strategies refugees made use of in this study are spiritual faith and social support. Their faith is perceived to assist them with self-acceptance as refugees tend to regret and doubt decisions they have made and the discriminatory or xenophobic behaviour they are exposed to from the locals also influences the negative thoughts they have about themselves.

The negative emotions some participants feel was also managed by them turning to their faith as it helps them control their thoughts and behaviour as they choose to be virtuous followers of their faith and do not succumb to their thoughts and behaviours. Their faith also provides them with hope for the future as they believe God will help them with their problems, even if it is not immediate. Attending church and interacting with fellow worshippers further elicits the significance of believing in their faith as they describe themselves as being happy at church and interacting with others helps them with their problems because solutions are provided by fellow worshippers or refugees realise that their problems are not as bad as they perceive. Drawing on spiritual faith was shown to be a good source of resiliency and a form of emotional support for refugees in the studies by Nsonwu et al. (2013), Thomas et al. (2011), and Khawaja et al. (2008), further emphasising the significance and usefulness of this coping strategy. Making use of social

support as a primary coping strategy aids refugees as interacting and communicating with other refugees who are or who have been through the same challenges as them provides them with hope and a sense that they do not have to experience their challenges alone. Contact with family and friends in Zimbabwe also aids refugees with social and emotional support as reconnecting with family also allows them to have hope and not feel isolated. In the study by Donnelly et al. (2011), all the refugee women participating in the study identified social support as an important coping strategy and participants in the study by Khawaja et al. (2008) also identified how social support aids them during their difficult experiences as refugees.

Other coping strategies utilised by refugee participants are recreational activities and/or exercise. The different activities identified by participants are a combination of activities to do by themselves and activities that promote interaction with others which provide refugees with social support. Running, dancing, reading, and watching television are identified as a pass time that participants endure by themselves that help them not think about the problems they face. Going to play volley ball and going to the beach are social activities that help refugees with emotional support and promoted interaction with others. Interacting with others through playing sport was also identified as an important coping strategy in a study by Poudyal et al. (2009).

Lastly, self-integration is another identified coping strategy amongst some participants. Self-integration highlights the resilience that some of the participants possess as they have to find it within themselves to interact with others whether they are local or other foreigners, and motivate themselves to adapt to the South African context which differs in comparison to their home country. Resilience is also a positive attribute identified in aiding refugees in the study by Nsonwu et al. (2013). Relationships and contact that refugees have with family and friends in Durban and in Zimbabwe also functions as a form of resilience highlighting the importance of

social support for refugees and how resilience aids refugees with resettlement. This was also identified in the study by Thomas et al. (2011).

6.3 The Ecological Model Applied

As mentioned in the literature review section of this paper, various factors influence refugee mental health and well-being including: unemployment, loss of family and community social supports, worrying about family members left behind in their home country, difficulties in language learning, acculturation and adaption difficulties, difficulties with education, discrimination and social exclusion (at school or with peers), low self-esteem, and self-concept (Bandeira et al., 2010; Bhugra & Jones, 2001; Kirmayer et al., 2011). These factors coincide with the findings section that describe the problems that the participants brought forth. This indicates that refugees' mental health and well-being are influenced by the various domains and needs discussed (e.g. psychological, physiological, emotional, social, environmental), which in turn reduces their capacity to resettle in South Africa. This also coincides with the conclusion of multiple studies which discuss factors that influence refugee mental health including: the social conditions refugees face post-migration (Porter & Haslam, 2005), employment and financial stability (Danso, 2002), social support (Goodkind et al., 2014), and host country discrimination (Liebling et al., 2014; Yakushko, 2009). Furthermore, the findings of this study suggest that the ecological framework, which takes into account the importance of integrating the physiological needs and individual functioning of refugees with the social, political and cultural dimensions by addressing a broad range of needs on a number of levels (Drumm et al., 2003; Lacroix & Sabbah, 2011), is suited to this study and elaboration of this will follow.

As previously mentioned in the literature review section, the ecological model is guided by a set of core principles to facilitate the development and implementation of community interventions

(Miller & Rasco, 2004). The guiding principles underlying the ecological model illustrate the potential benefits of this model when applied to refugees in Durban and are discussed next (Miller & Rasco, 2004).

Firstly, from an ecological perspective, psychological problems can be understood by considering the demands of the environment in which people stay and the adaptive resources available to cope with those demands (Miller & Rasco, 2004). For example, for refugees facing challenges in Durban, financial assistance can be provided to refugees to start their own small businesses creating employment and can lead to income generation and help them obtain better food and accommodation (Forbes Martin, 1992; Miller & Rasco, 2004).

Secondly, interventions implemented in the Durban community should be multidisciplinary, as mental health interventions are most likely to be successful when they first address primary challenges identified by participants that possibly affect their psychological well-being (Miller & Rasco, 2004). For example, unemployment or underemployment is a primary challenge affecting the well-being of participants and helping them with employment opportunities will more than likely encourage them to seek help for psychological challenges they are experiencing, as worrying about a job will be minimised.

Thirdly, prevention of psychological problems and daily stressors should be prioritised over treatment. Primary prevention helps with preventing problems before they emerge, and secondary prevention helps individuals who have early signs of distress before it causes significant distress (Miller & Rasco, 2004). As most refugees arrive in a host country with symptoms of distress, secondary preventative measures should be implemented. For example, language skills could be provided to refugees to help them in their new environment which can broaden their social, educational, and employment opportunities (Miller & Rasco, 2004).

Fourthly, local interpretations regarding psychological problems should be considered when designing, implementing and evaluating interventions (Miller & Rasco, 2004). For example, social service providers can be specifically trained to help Zimbabwean refugees apply for asylum, refugee status and/or a work permit taking Western approaches, Zimbabwean culture and the Durban community into consideration when developing an intervention.

Fifthly, if possible, ecological interventions should be integrated within a community. For example, by using non-stigmatised community settings (including schools, churches, individual's homes, or care centres) more refugees will be inclined to use mental health services compared to using services located in stigmatised formal mental health settings (Miller & Rasco, 2004).

Lastly, identifying and building on strengths of refugees should be a priority within the community (Miller & Rasco, 2004). For example, by taking into consideration the coping strategies refugees utilise, these coping strategies can be extended to help refugees manage their challenges within the Durban community. Thus, their spiritual faith and attending church could be used to help them connect with the locals expanding their social networks and possible support systems within the Durban community.

It is clear from the above outline of the core principles underlying the ecological framework that this approach may have many benefits in terms of responding to the needs of refugees. Also, due to the general lack of service provision in South Africa, the high number of refugees (approximately 121,000 recognised refugees in South Africa), and various problems that they could suffer (xenophobic attacks, language barriers, cultural differences, difficulty in accessing health services, financial problems, illiteracy, feeling depressed, feeling anxious or fearful, sleeping poorly and feeling hopeless), the ecological approach, with its emphasis on capacity building and coping, may be highly suited to responding to the needs of refugee communities in

South Africa, especially their mental health needs (Joshi et al., 2013; Landau, 2006; Mitschke et al., 2011; Nsonwu et al, 2013; UNHCR, 2016).

In summary, identifying the post-migration factors and the ecological framework of the lives of Zimbabweans refugees who come to South Africa helps to contextualise the reasons why resettlement is a challenge and how appropriate interventions can be achieved. This would be beneficial for the Denis Hurley Centre as they could expand on the services they offer to refugees in the Durban area, for example, they assist with a feeding scheme, vocational training, educational support and pastoral outreach.

6.4 Strengths and Limitations of the Study

Some of the main strengths of this study consist of: a knowledge gap being filled as not many qualitative studies have been conducted specifically focusing on refugee needs in the Durban area; and the qualitative method of semi-structured interviewing allows for the participants' experiences to be reflected in the data in comparison to quantitative statistical analyses that do not reflect participants lived experiences. The main limitations of the study will now be discussed.

Due to participants being paid R150 to compensate for the time taken to take part in the interview, the answers the participants provided might not have been honest or accurate as they might have felt the need to answer questions in the way the researcher required. Also, although rapport building and a cautious interviewing approach to question sensitive experiences is conducted, the possibility that some participants only share general and superficial concerns is possible. In order to hopefully ensure honest reliable answers from the participants, informed consent is required and participants are not asked to divulge any identifying information and are ensured that they will remain completely anonymous.

Another limitation is the time that the researchers have with the refugees as only one interview is conducted with each participant and multiple interviews will offer opportunity for improved triangulation and increased transferability. Thus, the researcher cannot ensure the transferability of the sample to the overall population of refugees in Durban. However, the themes highlighted in the findings section are consistent among the refugee participants that the problems presented are considered to be fairly representative.

As mentioned earlier in the literature review, there is a significant population of Zimbabwean refugees in South Africa and this study is limited to Durban, again influencing the transferability of the findings.

Lastly, a significant limitation of the study is that the interviews were done by a young white female, highlighting that gender, age and culture could influence interview responses as I interviewed black males and females from a different culture across different age lines. Thus, the interview data might have been different had the interviews been conducted by someone from the same gender, age, and/or cultural group. This study is also limited to English-speaking Zimbabweans.

6.5 Future Recommendations and Implications for Program Implementers and Organisations

The importance of this study is that the problems and coping strategies refugees encounter and utilise during their resettlement act as a good start to re-evaluate, plan, and develop services for refugees in South Africa so that resettlement and self-sufficiency are more easily obtainable in the host country. The findings indicate that basic needs of refugees, such as food, water, and housing, and employment opportunities are primary needs that need to be fulfilled to aid their successful resettlement.

The implementation of national policies and procedures can support resettlement and self-sufficiency of refugees by addressing their basic needs in the form of refugee camps or shelters that specifically cater for refugees by providing them with food, water and accommodation.

Considering all the problems the refugee participants brought forth, different systems and communities can be trained to specifically cater for refugee mental health needs, for example, social service providers, law enforcement, health and mental health providers, employers, and a dedicated agency to help refugees apply for asylum, refugee status and/or a work permit, can be trained.

Any programs or policies that are developed need to keep in mind that the interventions need to be adaptable for varying contexts and cultures, as refugees come to South Africa from different parts of the world and regions in South Africa also differ which will influence the success of an intervention.

Chapter 7: Conclusion

In this study, the various post-migration challenges and coping strategies of Zimbabwean refugees living in Durban, South Africa, are explored. As a result, various needs are identified to be fulfilled across the psychological, emotional, social, and environmental domains. This provides an indication of the factors impacting on the refugees' mental health needs, which interferes with their resettlement in Durban. This chapter will conclude the study by outlining how study findings have answered the research questions.

Through use of a thematic analysis this qualitative study aimed to investigate the mental health needs of refugees in Durban. Chapter 1 introduces and contextualises the research question. In Chapter 2 the challenges faced by refugees both internationally and in South Africa are discussed, as well as the coping strategies utilised by refugees. Chapter 2 also discusses the mental health needs and well-being of refugees internationally and in South Africa. This leads to a discussion on mental illness in South Africa, and in particular Durban, and the legislation and policies governing mental health service delivery. Chapter 3 outlines the key research questions, objectives and rationale of this study. Chapter 4 discusses the methodology and how thematic analysis is utilised to produce the themes identified. Reliability, validity, and ethical considerations are then discussed. Chapter 5 identifies the findings and provides a contextual background as to what refugees living in Durban experience as challenges and the coping strategies they employ. Chapter 6 then discusses the identified themes in relation to the research questions and objectives. Strengths, limitations and implications are then discussed.

The findings of this study coincide with other studies conducted on refugees internationally and in other regions of South Africa. Many barriers, such as language, lack of job opportunities, not being able to access social services, and not having the correct documentation, are identified as

hindrances to a refugees' integration and resettlement in Durban. Coping strategies are used by refugees with the most prominent strategies being spiritual faith and social support.

Overall, this study endeavoured to investigate the needs of refugees to help establish the real cause of existing problems they are experiencing in their host country, South Africa, and what they are already doing to manage their problems, so that deficits, gaps and needs in current intervention programs and services can be addressed to aid this population. It is hoped that the findings of this study have provided an understanding of the difficulties refugees experience on a daily basis across the psychological, emotional, social, and environmental domains so that their mental health needs can be met through suitable interventions and services.

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APPENDIX 1: Participant Information Form**APPENDIX 1: PARTICIPANT INFORMATION FORM****Durban Refugee Mental Health Study**

I would like to ask you to help us with some research work we are doing at the moment at the university. We are interested in the mental health of people who have come from other countries as migrants or refugees to South Africa. We hope that this research project will give us information that can be used to help plan better health services for refugees and migrants in South Africa in the future.

In other countries, researchers have found out that people who are migrants or refugees often have problems as a result of difficulties they have been through in their own countries and new difficulties that they meet in their new countries. These problems may include feeling depressed, anxious or fearful, sleeping poorly and feeling hopeless.

South Africa is a country that many people who have been forced to leave their own countries travel to. We know that foreigners in South Africa have sometimes had unpleasant experiences before coming here and after arriving here. But no research has been done yet in South Africa to find out how these difficult experiences have affected people emotionally and psychologically.

We would like to talk to you about your experiences as a migrant or refugee. We would also like to ask you some questions about your emotional and psychological health. These will include questions about worries or stress that you may have, difficult memories that bother you, and also questions about how you are managing here in Durban. Some of these questions may be upsetting for you and you are free to refuse to answer any of the questions at any time.

The interview will take about 1 hour. It will take place in private and whatever you tell us will be kept private. This interview may be tape-recorded in addition to our taking handwritten notes. The only people who will see the information you give us will be the members of the research team and they will all keep this information private. Your name and contact details will not be recorded on the forms, but will be kept privately in a separate list in a locked cabinet by Dr Burns. If we discover during the interview that you are suffering from problems that can be helped with treatment, we will offer to help arrange an appointment for you with a doctor at a nearby hospital. You will not have to accept this offer if you don't want to. If we discover you are in danger of harming yourself or someone else, we would need to discuss this with a doctor at the hospital.

You will receive 150 Rand after the completion of the interview; this is to compensate for time involved in this study.

Please understand that you do not have to be involved in this research work that we are doing. You are free to say No. If you say No, this will not affect the service you receive at the Denis Hurley Centre. If you say Yes and then later change your mind during the interview, that is fine and we will understand completely. And if you are not happy with something at any time, you are free to speak to staff at the Denis Hurley Centre or contact:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001, Durban, 4000, KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604769 - Fax: 27 31 2604609

Email: BREC@ukzn.ac.za

If you are happy to help me in this research work, I will ask you to sign a form giving your permission. This is called a Consent Form.

Thank you very much for reading this letter. I am happy to answer any questions you have about this work.

DR JK BURNS

APPENDIX 2: Participant Consent Form

APPENDIX 2: CONSENT FORM
Durban Refugee Mental Health Study

I _____ have read the Information Sheet provided by Dr Burns and understand what he is asking of me. I am happy to help him with the Research work that he is doing to understand mental health in refugees better. I have not been forced to help him in this way. I understand that I am free to refuse or to change my mind at any point. I also understand that if I say No (or change my mind later) this will not affect the service offered to me by the Denis Hurley Centre. I also understand that I will receive 150 Rand after the completion of the interview; this is to compensate for time involved in this study.

I understand that if I have any questions about this research project, I can contact Dr Burns at 031 260 4321. I also understand that I can contact the following if I have any questions about my rights as a research subject:

BIOMEDICAL RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building

Private Bag X 54001

Durban

4000

KwaZulu-Natal, SOUTH AFRICA

Tel: 27 31 2604769 - Fax: 27 31 2604609

Email: BREC@ukzn.ac.za

I will be given a signed copy of this document and the Patient Information Sheet.

The research study, including the above information, has been described to me orally. I understand what my involvement in the study means and I voluntarily agree to participate.

_____	_____	_____
PARTICIPANT	Print Name	Date
Signature		
_____	_____	_____
WITNESS 1	Print Name	Date
Signature		
_____	_____	_____
WITNESS 2	Print Name	Date
Signature		

APPENDIX 3: Interview Guide

1) Are there any problems you are having right now? (*ask person to list each problem on an index card)

- if yes, then:



- if no, go to question 5

2) Please describe the problems that are causing the greatest difficulty for you at this time. (*ask person to physically rank the aforementioned cards in front of interviewer/interviewee)



3) How are these problems affecting you?



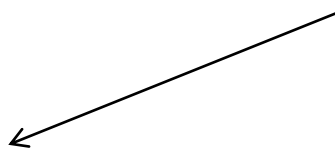
3a) Is this a problem you have had before?

- if no, then:

- if yes, then



3b) Are you managing these problems?



3b) What did you do to manage the problem before (ex. in your home country)?



- if yes, then:



- if no, why not?



Go to Question 4

3c) Please describe how you are managing them.

3c) Are you doing this now?

- if no, then why not?

Go to Question 4

4) What do you believe has caused these problems for you?

5a) Please describe your day.

5b) Are you experiencing any difficulties with your daily activities? Is there anything you wish you had to help you get through your day?