# Chapter 5 - Structural Xenophobia: The Lived Experiences of Migrants from African Countries Living in South Africa

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## Abstract

This study investigates how institutionalized or structural xenophobia manifests in post-apartheid South Africa. It captures the lived experiences of migrants from African countries living in South Africa concerning the issue mentioned above. The study examines the extent to which xenophobia proliferates within and around public institutions that offer services to citizens and non-citizens. Findings from this study have established that the limited migration and resident documentation, or their lack thereof, constrain migrants' access to livelihood spaces, opportunities, and entitlements. Being a black African foreigner deprives these migrants of access to health and education, especially in state institutions. Evidence has proved that the constraints are also coupled with devastating hostility, which manifests in wide-ranging forms, including structural xenophobia.

# Introduction

This study looks at how institutionalised or structural xenophobia affects migrants' access to social services with a focus on access to education and health care, in South Africa. Using data from ethnographic research and literature, we explore various reactive actions taken by the migrants to circumvent xenophobic treatment. We look at various lived experiences of institutionalized xenophobia in light of the difficulties experienced by migrants in South Africa in gaining access to essential social services. Xenophobia has been a serious problem in South Africa for more than ten years, although it existed and was observed both before and during apartheid (Crush & Tawodzera 2014). African immigrants have tried and are still seeking ways to support themselves through networks in South Africa due to the drastically reduced living opportunities in their native countries.

Xenophobic attacks range from name-calling, attacks against foreigners' homes and businesses, and even violent attacks resulting in death. Xenophobia contrasts the democratic principles that the new South Africa stands for and the post-apartheid 'rainbow nation' (Sinclair 1998:339). Violent acts such as those that took place on 17 and 21 May 2008 are contrary to former South African president Thabo Mbeki's vision of Africa as a unified continent on a quest to eradicate poverty and human rights abuses and to promote sustainable growth and development through regional and continental cooperation and integration (Hazama & Umeya 2019).

Migrants encounter diverse forms of xenophobia in their struggle for survival in the host country of South Africa, from neglect to blatant hatred. The difficulties migrants face in daily life are made worse by their invisibility to state officials, whose demands for immigration and residency criteria are challenging to meet. When attempting to access public services like health and education while living in South Africa, migrants encounter extensive institutionalized xenophobic treatment (Ola 2021). The prevalence of xenophobia in post-apartheid South Africa has been highlighted by scholars such as Landau (2008), Nyamnjoh (2006), Crush and Tawodzera (2014), Morreira (2016), to mention a few. However, most of the migratory literature seems to be devoid of the appearance of institutionalized or structural xenophobia. We identified some key issues that are catalysts of structural or institutionalized xenophobia using the migrants' stories. This paper argues that these key issues have manifested and continue to manifest themselves in the devaluation of the academic level. These restrictive immigration laws

limit access to basic services like the health care, banking system and the refusal to provide proper documents.


## Physical vs. Structural Xenophobia

According to Bordeau (2009: 4), xenophobia is a Greek word. Xeno means foreigner or stranger in Greek, and phobia means fear (from the word 'Phobos'). When the words Xeno and phobia are combined, they form the word xenophobia: an irrational fear or distrust of strangers or foreigners. In elaborating further, Bordeau (2009: 4) argues that 'Xenophobia is prejudice based on the belief that certain people are outsiders or foreign to a community or nation'. As was the case in South Africa during the xenophobic assaults in May 2008, the focus on cultural differences frequently serves as a catalyst for various responses from various segments of society. Name-calling, assaults on foreigners' houses and places of business, and even violent attacks that end in foreigners' deaths are all xenophobic attacks. The democratic values upheld by the new South Africa and the post-apartheid 'rainbow country' are starkly at odds with xenophobia (Sinclair 1998:339). The attacks directly contradict the goals of the previous South African President, Thabo Mbeki, who envisioned a united Africa working to end poverty and human rights violations and promoting sustainable growth and development through regional and continental collaboration and integration (Mbeki 2001). The xenophobia discussed in this paper is structural rather than physical.

Structural xenophobia is prevalent in South Africa and is characteristic of the current globalised world (Abdi 2011). It can be defined as an invisible or visible perception of being ignored or the hatred of strangers or foreigners. For example, the totality of ways in which societies foster [racial] discrimination via mutually reinforcing [inequitable] systems such as housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice, among others (Samari *et al.* 2021:2).

Chabal (2009) describes xenophobia as the state's calculated violence of fatal neglect. This happens when state institutions—even those legally obliged to provide services to migrants, or at least not to discriminate against them – are considerably less welcoming. In this scenario, even when migrants know that they have the right to access healthcare, they are sometimes unable to claim it (Nyamnjoh 2006). This is because people in small positions of power, such as security guards or nurses, can exercise the power of excluding migrants (Chekero 2018). Albeit access to health is a

given right to all citizens and non-citizens, migrants' continued exclusion is a cause for concern in the South African context (Chekero & Ross 2018a 2018b). While xenophobia is a much-researched topic in South Africa, the focus has rarely been on the daily operations of the South African State.

Xenophobia can create an adverse reaction and be harmful. It can be associated with the prejudice of the state and how it relates to citizens and non-citizens within its boundaries (Monson & Misago 2009). It also relates to the social and economic divisions as they relate to inequalities and contestations that arise due to uneven development (Amisi *et al.* 2011). Structural xenophobia, therefore, manifests itself in different degrees, in various forms, to different types of migrants in different geographical locations.

## Together but Apart: Causes of Xenophobia

Studies by Landau (2008), Nyamnjoh (2006), and Crush & Tawodzera (2014) look at the causes of xenophobia. Peberdy & Crush's (2001) study demonstrates how many South Africans believe that refugees escape dire economic situations in their home countries and come to South Africa to take their jobs. These individuals believe that refugees are a problem in the South African economy (Peberdy & Crush 2001). However, these studies focus on the causes of xenophobia and ignore the roots that cause hostility. There are other issues, such as integration, that fuel xenophobic sentiment. There is existing literature and debate about whether integration is the best route to a dignified life. In America (where immigration policy is under heightened international scrutiny currently), there is a fascist argument that says all foreigners must be integrated if they are to be welcome. But even if they do integrate, harsh barriers stand in their way – many become the kind of citizens at the most precarious end of society, below the poverty line and laying a strain on government service delivery.

In the context of this research, integration is a process that brings about harmony between immigrants and South Africans because it brings people from different cultural backgrounds together and allows them equal opportunities, rights and services (Cheong *et al.* 2007). Social integration is the process whereby people with different cultures, values and norms depend on each other and fulfil functions contributing to social order (Bosswick & Heckmann 2006; Turner & Turner 1999). It is a process that requires time and patience.

Bosswick and Heckmann (2006:11) suggested that social integration

signifies the relationship between people in the social order. It can be argued that the concept of social integration and harmonious co-existence depends on how people live and organize themselves in a community. The central characteristic of social integration is the organisation of the public to unite. Marshall (1994) claims that social justice promotes social integration and organisation in communities.

The statistics of foreigners present in the country, especially Africans, have been used with deep emotional, political, and sociological consequences. The media's publicising of exaggerated, unsubstantiated figures create enormous tension around what policy should be adopted and encourage widespread xenophobia in the country (Morris & Bouillon 2001:25).

The challenges with social integration can be traced back to the apartheid period that manifests even after 28 years of democracy. South Africa has not achieved a sense of national identity and still experiences racial discrimination; exclusion from economic resources is part of the problem. The situation becomes hostile when South African nationals, who struggle to survive, perceive immigrants as 'job-takers and beneficiaries of services that they are entitled to.

## Migrants, the State, and Xenophobia

While the state policies and laws create a foundation of how its institutions perceive migrants, South Africa's citizenship laws consider legal and illegal migrants unnatural and will have to undergo a naturalization process to be considered citizens (Monson & Misago 2009). This already creates a chasm between the locals and the foreigners and propels the 'othering process. The concept of othering is multi- dimensional and involves social differentiation with one powerful group stereotyping and degrading the smaller or the one it considers inferior. Some state documents have portrayed migrants as threats that need to be eradicated (Dodson & Oelofse 2000). On the other hand, the 2017 White Paper on International Migration, among other recent state documents, has called for free movement, especially of highly skilled migrants, while asylum seekers face restricted movement (Moyo & Zanker 2020).

Over time, political utterances and pronouncements by influential political leaders have also exacerbated the already volatile situation. For instance, in 1997, Buthelezi Mangosuthu called for the arrest, prosecution and deportation of illegal migrants from the country (Amisi *et al.* 2011). Such statements provide the perpetrators of xenophobic violence the ammunition

to attack the migrants boldly as they are assured of impunity within and outside the government. The government has also used migrants as a scapegoat for their developmental failures in addressing poverty and job creation (Abdi 2011; Moyo & Zanker 2020). In 2019 before the elections, the President also made xenophobic remarks against undocumented migrants. The emergence of the COVID-19 pandemic has also been used to push forward the xenophobic government position on migrants (Moyo & Zanker 2020). All these factors increase the migrants' insecurity as there seems to be a lack of political will to address xenophobia issues, particularly structural xenophobia.

Critics have indicated that though the security forces have not been directly participating in the xenophobic attacks, they seem indifferent to, or they covertly support the violence, as evidenced by the lack of initiative to protect the victims from the attack and few arrests or prosecutions were made of the perpetrators of the violence. Instead, they apportioned the blame on the victims, demonstrated a reluctance to provide humanitarian assistance, and disbanded safety camps in favour of the deportation of the victims (Monson & Misago 2009). Others have shown that the security forces are the ones who carry out xenophobic raids to extract bribes (Amisi *et al.* 2011) or deportation of migrants. The actions of the police have also influenced the citizens to take matters into their own hands in the absence of the police. The Department of Home Affairs has shown delaying bureaucratic tendencies. Some asylum seekers have gone for years with the same status and cannot access the benefits they deserve, and corrupt officials have sought bribes for them to extend asylum papers (Crush 2008). The processing of asylum seekers' documentation has become more cumbersome over time, requiring years to complete such that the affected migrants are confined to particular spaces, and some are not allowed to find jobs (Moyo & Zanker 2020). Refugee camps are also criticized for not being safe for migrants. Economic migrants are affected as bureaucratic delays are intentional and a way of frustrating them to go back to their countries.

## How Migrants have been Perceived in Apartheid and Post-apartheid South Africa

Network and mobility among immigrants need to be understood from a historical perspective. During apartheid, refugees were treated like 'illegals', based on the Aliens Control Act No. 96 of 1991 and the Aliens Control

Amendment Act No. 76 of 1995 (Morris & Bouillon 2012). There was also a widespread tendency to label 'immigrants' from the African continent as 'illegal immigrants or 'illegal aliens.' Proper documents were not issued, and freedom of movement was not allowed (Minnaar & Hough 1996:107–8). During this period, the system created classes and ethnic groups and made people suspicious of each other. There is a prevalent tendency to label 'immigrants' from the African continent as 'illegal immigrants' or 'aliens' in the post-apartheid period. The continuous use of the category 'illegal' has confused 'legal and 'illegal immigrants.

In South Africa, 'makwerekwere' is a common name or term used to identify African foreigners irrespective of whether the person is 'legal' or 'illegal' (Nyamnjoh 2010 2006; Mario 2011; Sharp 2008). The term foreigner describes South Africans' impression of African migrants (Powell 2014). The word 'has been used by people more particularly black, to define black Africans who have little to no knowledge of South African languages; those who come from countries that are economically and culturally inferior to South Africa; and Africans who are believed to be the 'darkest of the dark-skinned' (Nyamnjoh 2006:38 – 39) or 'pitch black' (Sichone 2008:11). Consequently, immigrants are regarded as 'outsiders, 'or 'sojourners' in South Africa or *kwerekwere,* with no right but nibbling on the periphery of 'citizens' with full right. According to Nyamnjoh (2006), 'Outsiders' is a general status given to 'non-citizens', 'aliens', or 'strangers' within their host communities. Once more, because of their different origins, refugees have been classified as foreigners, so they see themselves as people who still need to become citizens (Nyamnjoh 2006).

In post-apartheid South Africa, immigrants confront two main legal problems: the anti-immigrant labour law and the nationals' refusal to recognise asylum seekers' or refugees' rights to work in South Africa. The essential permits that allow employment are categorised as: quota[1], general[2]

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[1] The Department of Home Affairs issues a 'quota' permit if a foreigner falls within the category determined by the minister after consulting with the ministers of Labour and Trade and Industry, considering the number of work permits issued is within a determined quota.

[2] The Department of Home Affairs issues a 'general' work permit to a foreigner who does not fall within a category anticipated in subsection (1), for instance, if the prospective employer satisfies specific criteria.

and exceptional skills[3]. Besides, South Africa's new Immigration Regulations (published in May 2014) stipulate that foreign workers and students must travel back to their home countries to renew their work or study permits before being employed or registered with a South African tertiary educational institution. However, there have been some adjustments to allow for the renewal of study permits within South Africa for foreign students at tertiary institutions.

According to a 2015 study by Crush, immigrants from Africa have significant difficulties while trying to get documentation from the Department of Home Affairs. For instance, depending on the province, a migrant must travel to Pretoria or Musina to renew their refugee documents, which costs R2 500 in transportation charges[4]. Those who cannot afford to renew are liable to arrest and incarceration. Additionally, the Department of Home Affairs may arbitrarily deny refugee status by granting an unwanted individual the status of 'Must Leave'.

Massey and Akresh (2006) and Rooth and Ekberg (2006) have shown that immigrants bring 'human capital They require labour market experience and mobility in the host country. Immigrants use different strategies to navigate the confining structures in which their human capital has less value and is not transferable within the host country's workforce. For instance, some enter the destination country's job market by pretending to have a lower skill level (Jasso, Rosenzweig & Smith 2002:5). Later, these immigrants achieve mobility upward by investing more in improving their human capital (Gans 2007 2009; Rooth & Ekberg 2006). This strategy is what Rooth and Ekberg (2006: 57) referred to as 'U-shaped occupational mobility'.

Although a series of laws prevent these immigrants from their rights, they later have to be mobile to survive. Regarding work, people assume that immigrants are taking South African jobs, and as per the government, there is little reason to give serious attention to a work policy for immigrants because they have all the facts that those assumptions are

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[3] An 'exceptional skills' work permit may be issued by the Department of Home Affairs to an individual with exceptional skills or qualifications and members of their family, as determined by the department under the circumstances or by regulation.

[4] The idea of cost is mainly based on Luyeye's personal experience with Home Affairs.

erroneous (Nenjerama 2021). Conditions of immigrants in the urban and rural areas, including their status, compels them, including women and the youth, to defy their status and become mobile in search of health care, jobs, education, and better living conditions. This study addresses these tensions and contradictions in the structural xenophobic context.

A study by Crush *et al.* (2015) states that South Africa is a country that welcomes refugees with asylum legislation that integrates all fundamental values of refugees, including the right to work and to have access to a bank account. However, many immigrant asylum seekers and refugees face obstacles to enjoying these rights because of the lack of communication amongst some public institutions that refuse to recognise their permits due to irregular implementation of specific policies related to immigrants. Racial discrimination, prejudice, stereotypes, injustice, and other forms of xenophobia have become the characteristic of South African society. Despite progress in race relations and the introduction of positive non-discrimination and equity legislation at the political level, more efficient programmes are required to transform race relationships. The legacy of race's polarisation in South Africa still affects local and foreign communities. Many of the structures – political, social and economic – linguistic patterns and attitudes of xenophobia that distinguish the apartheid era continue to shape the post-apartheid South Africa experience.

Most immigrants reside in urban areas due to the fear of being killed in rural areas due to xenophobia. They find themselves trapped in a system where they need to pay high rentals with a minimum salary, they earn from menial jobs such as car guards. They keep their money in the house or invest it into social stokvel because most financial institutions across the country deny them access to banking (Mario 2011). Their livelihoods and safety are compromised in many ways.

However, the Financial Intelligence Centre (FICA) and the Department of Home Affairs (DHA) work together to regulate refugee needs. The DHA allows banks to access people's profiles and confirm the validity of permits issued in the Refugee Act. Despite this collaboration between the banks and the Department of Home Affairs, many immigrants still find it challenging to access essential banking services. If they accept a bank with any of them, once the permit expires, the bank has the right to place a hold on the account until proof of a new permit is produced (Solomon & Kosaka 2013).

## Structural Xenophobic Experiences

In this section, we use Luyeye, age 26, a Congolese national, to demonstrate how institutional xenophobia prevails in the institution of higher education. Luyeye is from Kinshasa, living with his wife and two children. He relocated to South Africa via Zimbabwe. A welder by profession, Luyeye, lives with his brother's wife and children in a suburb named Southfield, where they rent a two-bedroom flat. He worked as a security guard and resigned due to exploitation. He later worked as a car guard, earning between R150 and R200 and sometimes R250 on days when business was good.

He is currently illegal in South Africa and does not possess legal documents granting him the right to live in South Africa. Luyeye copies, including refugee papers, were burnt in a house fire. The incident was reported to the Department of Home Affairs, but they failed to assist him with new documents. He went to the police station to provide an affidavit but received no assistance. Uncertain about his safety, Luyeye had to bribe a police officer to give him papers that would allow him to move freely without being arrested. He travelled to Musina to explain his condition but received no assistance. However, he is fortunate to have certain documents offered to him by a human rights lawyer. To access healthcare facilities, he had to bribe someone to make him a hospital card to access treatment in public hospitals. He stated he had to see a human rights refugee lawyer who would help him with documents to enable him to have a bank account.

Luyeye remembers how his Master's funding was unsuccessful, because he was considered someone who still needed to become a citizen, although he was one. He indicated that his surname was sometimes a stumbling block. As the outcomes of his application reads 'your application form is unsuccessful because you are a Congolese'. No convincing reason was provided except an apology. He decided to challenge the result, but it was too late to reverse the application's decision.

Landau and Jacobsen (2004:17) illustrate that some of the challenges that many immigrants face are the failure to get identity documents, prohibitions on work, lack of papers demonstrating professional qualifications, discriminatory hiring practices and the inability to access banking services, savings or credit. In addition, most immigrants do not receive assistance or subsidies. They do, however, rely on working as self-employed as a form of income generation to make ends meet. For the Francophone immigrants, formal employment would require English language proficiency. For instance,

the experience of Luyeye, a francophone immigrant at studying at one of the best universities in Cape Town compelled him to visit the 'Writing Centre' where academic staff assisted with correcting his essays and assignments. During an informal conversation that occurred in September 2019. Luyeye elaborated:

> That experience did not end well. When the reviewers told me that my application was rejected because I was Congolese, I was surprised, but it was obvious to me. It hurts, I was disappointed and tried to prove that I was not a kwerekwere. What went wrong was the way we are programmed to think about and view others.

Luyeye's experience is enlightening. It is just one of many examples of how structural xenophobia can deprive people of their sense of belonging. The agency to belong is defined as the desire to have positive and firm interactions with the community. It is an essential human motivation that guides intellectual processing and leads to positive results. Many researchers such as Nyamjoh 2006, Landau and Jacobsen (2004:17), and Tajfel & Turner (1986) have revealed that a lack of belonging or affiliation to a community produces many negative psychological consequences, including depression, stress, and physical and mental illness. Luyeye was one of those trapped in this psychological pool in his early days in Cape Town. Tajfel & Turner (1986) argue that the sense of belonging strengthened by an 'in-group' is fundamental to preserving self-esteem. In line with this discussion, Chekero (2022) observes that structural xenophobia deprives many people, particularly immigrant refugees, of a sense of control over their interactions with the community. Using operation Dudula's tirade toward African immigrants, South Africa has been a site of contestation based on competition over resources[5]. One part of our argument is that it provides a rich set of data for thinking through structural xenophobia ideas.

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[5] Led by a 36-year-old Nhlanhla 'Lux', Operation Dudula is a group advocating prioritising South Africans on all fronts. Dudula means 'force out' or 'knock down' in the Zulu language, with a common goal that translates into forcing out African immigrants. Its campaign is driven by the burden placed on public resources due to an 'influx of illegal immigrants'. The group prime targeted was suspected drug traffickers and businesses that hired illegal foreigners in exchange for lower wages than legally required.

Another part of our case is that South Africa is a good place to think about structural xenophobia in terms of contestation, negotiation, and intensification of conviviality. In subsequent investigations, Luyeye painted a vivid picture of how xenophobia is deeply ingrained in everyday life in South Africa. Luyeye explained xenophobia during an informal conversation in September 2019:

> I am fully aware that xenophobia has existed for a very long time and is nothing new. Only in 2008 2012 2015, and 2019 did it manifest physically on a large scale, and this was followed by the current xenophobic violence in South Africa.

Luyeye's sentiments are not unique to him; they were shared by many migrants who took part in our study. Many migrants shared stories and encounters in which they were accused of stealing jobs from South Africans. This supports Castles and Miller's (1998) definition of xenophobia as an 'irrational fear and hatred of strangers or foreigners or strange or foreign'. Because of cultural differences, it is characterized by violence and physical abuse. Luyeye's response, like that of many migrants, expresses his feelings that a lack of proper documentation is part of identity politics that excludes him from belonging, access to resources, and basic social services. His experience describes the difficulties and indications of xenophobic sentiment and discrimination. His feelings are similar to Pauline's, as described in the section below on how xenophobia manifests in South African public health facilities.

## Devaluation of Academic Level as Institutionalised Xenophobia

Many studies have revealed that immigrants often have relatively high levels of education and skills. Ngwema (1998) estimates that 80% of immigrants have completed secondary education, while at least 30% have completed higher education. The Cape Town Refugee Center backs its findings regarding increasing understanding of refugee human rights. According to Timberg (2005), a United Nations study revealed that many immigrants and

Since its inception, several anti-immigrant groups have emerged, labelled by some as xenophobic and dangerous.

asylum seekers are educated and competent, with two-thirds possessing a secondary school certificate or higher degree.

Despite having a degree and expertise, immigrants find it difficult to get jobs and are occasionally treated badly (Kalitanyi 2007; Katsaura & Abe 2016). Furthermore, many immigrants have trouble finding jobs that match the knowledge and abilities they acquired in their native countries (Rooth & Ekberg 2006: 60–67). Given that their attempts to blend into the host community have been unsuccessful, their educational background makes them well-suited for informal business (Crush *et al.* 2015; Northcote & Dodson 2015; Morris & Bouillon 2001; Kalitanyi 2007). Immigrants with advanced degrees are more likely to encounter it, making it difficult to understand their qualifications and work histories (Boyd & Schellenberg 2007; Chikarara 2013: 125–32). Somerville and Walsworth refer to this lowering of qualifications and work experience from other nations as the 'skills discount' (2009: 151).

South African structures could transform the perceptions that disseminate structural xenophobia by outlining the background from which our knowledge of others and ourselves appears in relief, exposing those perceptions. It is about viewing how everyday structural xenophobia is subtly accepted and normalised by showing, as Foucault (1977: 15) states, how 'power lies 'documents', implying that policies and practices have become part of institutional xenophobia and injustice. In this way, xenophobia comes in different methods, not just as a clear difference but also in the symbolic imaginary of language that contextualises policies – markers of power that uphold the xenophobic binary. Nyamnjoh (2018) provides hope of first shifting and mending xenophobic perceptions by using conviviality. For example, Nyamnjoh (2018) shows that conviviality reassures individuals' and groups' empowerment, which involves conciliation and contest. This study looks at how institutionalised or structural xenophobia affects migrant's access to social services with a focus on access to education and health care in South Africa. Using data from ethnographic research and literature, we explore various reactive taken by the migrants to circumvent xenophobic treatment within the community. Since fear is part of humanity, xenophobia can be overcome by challenging the power structures that maintain the xenophobic binary and replacing them with social relationships (Nyamnjoh 2020). Demonstrating how many people in South Africa did not seem to recognise and lived experiences of migrants in the country. Therefore, the paper explores everyday structural xenophobia. As we continue

investigating the manifestation of institutional xenophobia in South Africa, we will now look at the experience of migrants in public health institutions.

## The Manifestation of Xenophobia in Public Health Institutions

Much research has been done on how xenophobia manifests in South African public health organizations (Makandwa & Vearey 2017; Chekero 2018; Chekero & Ross 2018; Crush & Tawodzera 2014). Medical xenophobia is the name given to this type of xenophobia. The term 'medical xenophobia' describes the unfavourable behaviours and beliefs that healthcare workers and professionals have against refugees & Migrants who are just not South African by nationality (Crush & Tawodzera 2014: 655). South Africa is a hotbed for medical xenophobia. The way migrants report being treated and their worries show these. One of the writers, Chekero, discovered that medical professionals perform C-sections on migrant women while conducting an unstructured interview with Pauline, a migrant from Zimbabwe, in Giyani, South Africa. Giyani is a small town northeast of the Limpopo Province of South Africa. Pauline's experience serves as a prime example, as she described in the following manner.

Pauline talked about her 2016 experience of being 'prescribed' a caesarean section. She claimed that the c-section would have served no medical purpose and that it had only been 'recommended' because she was unable to show the 'papers' (identification documents or refugee papers) proving her legal right to remain in South Africa. She said she went to the neighborhood state hospital when her labour started. She was questioned about identity documents, which she lacked. She reported that she had to wait for five hours to be seen and that the doctors were hesitant to see her until they had seen all the other patients, who appeared to be citizens. She recalled that they seemed worn out and prepared to end their shift. She was allowed entry into the delivery room. She said they 'prescribed' her a caesarean section without doing a full assessment or process after learning she was Zimbabwean right away. She begged doctors and nurses to hold off. She was confused about the need for the c-section because she had already given birth to one kid 'naturally' (that is, vaginally). While she was still debating, her baby could not wait any longer, and she gave birth vaginally to a 'bouncing baby boy'.

Pauline and others perceived the doctors' emphasis on 'c-section'

births as proof of prejudice towards 'foreigners'. Although the medical justifications for Pauline's c-section are unknown, an issue for our topic is that migrants often believe that state officials conduct unnecessary c-sections on immigrant women. Despite its pledges and legal responsibilities to protect expectant mothers, new moms, and newborns, this implies that the South African state often engages in obstetric violence against migrants. Many Zimbabweans living in South Africa, both on this project and during Chekero's previous work with the Treatment Action Campaign (TAC 2013), shared similar stories of the medical exclusions and routine humiliations they frequently experienced when trying to access public health facilities in South Africa, particularly when they were recognized as undocumented migrants.

Such instances of medical exclusion and the hostile treatment of female patients point to Chabal's definition of calculated violence, which he defines as 'the purposeful refusal of government and state employees to execute their tasks' (Chabal 2009: 153). As a result, migrant women—especially those who are pregnant or have young children—experience greater health risks and shocks. These health risks and shocks, on top of the already difficult and frequently traumatic experience of crossing borders and settling in South Africa, add to the difficulty of migrants' attempts to 'make a living' and raise the possibility that the government is not always a willing participant in this biopolitics of life.

The suffering of migrants does not begin and end with the unfriendly treatment they receive in medical institutions. It starts outside when security officers and some nurses refuse to let migrants inside the medical facility. Access problems are further complicated by how immigrants attempt to live their daily lives while slipping under regimes of visibility. When they could not present documents proving their legal right to be in South Africa. The professional staff was characterized as hostile by many study participants. Some of the participants related incidents in which they had been verbally abused and called offensive names like 'border jumpers' or 'Makwerekwere'[6]. They said that nurses called them 'those that bring diseases to South Africa', 'flood hospitals', and 'deplete drugs'. Many individuals are shocked by this as they assume that medical experts would provide treatment rather than belittle and reject them. It has been noticed that migrant patients' experiences with medical care are noticeably worse than what South African nationals receive in similar facilities.

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[6] Makwerekwere is a derogatory South African term for foreigners.

In South Africa, there is a large prevalence of the claims made by migrants that 'foreigners' 'exhaust resources' and 'carry illnesses'. Recently, reports of similar instances of medical harassment have surfaced. On August 25 2022, BBC News Online reported that Dr. Phophi Ramathuba, the provincial minister of health in the province of Limpopo, had become well-known because of a viral video in which she was seen berating a patient who had traveled from Zimbabwe to South Africa for treatment. Bela-Bela, a town in the South African province of Limpopo, was the scene of the event. The concerned woman was slated for surgery in a public hospital According to sources, the patient, who was not visible in the video, is an undocumented Zimbabwean. 'You are ruining my healthcare system', yelled the provincial health minister. The doctor's remarks have created a firestorm of debate. While some people agreed with her, others criticized Dr. Ramathuba for being insensitive, unethical, and xenophobic. She yet denied that her words and deeds were xenophobic.

Such violent and xenophobic incidents resonate with research conducted by Crush & Tawodzera. According to Crush and Tawodzera's (2014) analysis of data from a nationally representative poll by the Southern African Migration Programme, two-thirds of South African citizens sampled for the study had this opinion of migrants. Migrant women frequently described similar experiences, confirming that medical xenophobia is rampant in South African public health facilities. It is important to note that on paper, under South Africa's ratified laws and international agreements, pregnant migrants are legally entitled to free reproductive health care and primary care for their children under six. The Republic of South Africa's Constitution, Act 108 of 1996, stipulates in Section 27 (1 a) that everyone has the right to obtain health care services, including reproductive health care. The Strategic Development Goals (SDGs) of the United Nations (UN) are ratified by South Africa (IOM 2014). Despite the knowledge that 'healthy migration is beneficial for development' (Vearey 2014: 663), in reality, many migrants encounter state officials whose views may be overtly anti-(im)migrant and whose actions may vary from providing outstanding services to care to complete neglect and refusal of car. Even though such documents are not legally necessary for migrants to get reproductive health care, they rapidly learn that having 'the correct papers' is essential for accessing the public health care system. As we continue investigating the genesis and spread of structural xenophobia in South Africa, we now look at other socioeconomic concerns that contribute to the phenomena.

## Other Socio-economic Issues and Xenophobia

Structural factors in the country have also fuelled xenophobia, especially in poor communities. Migrants have been accused of 'stealing the locals' jobs and wives, escalating crime rates, and spreading diseases (Ola 2020; Dodson & Oelofse 2000), reflecting employment and social and household livelihood matters. Migrants have been criticised for settling for lower wages than their South African counterparts, which has led to employers preferring to employ migrants at the expense of the locals, who are made jobless because of the migrants. However, Hairsine (2019) has counter-argued that if all migrants were to be removed from jobs and all posts filled by locals, there would still be a reserve army as the unemployed locals outnumber the migrants. Migrants also create jobs in the informal sector in South Africa. However, they also experienced xenophobia as constant threats of arrest and deportation and targeted municipal raids disrupted their economic activities (Crush & Chikanda 2015). Other studies have also shown that migrants contribute to the local economies of communities. They provide jobs for locals and their fellow migrants. They also provide convenience as they provide goods and services in flexible quantities and even on credit, otherwise not provided in formal retail shops. Such relationships, to some extent, create trust and cohesion among different cultures in their communities (Crush, Chikanda & Skinner 2015). Despite these accolades, the migrants are still attacked from above – the state -and below-within their communities. There are tensions and underlying tones that need to be further interrogated. Does every informal trading migrant experience structural xenophobia or otherwise? Are there hotspots of such attacks, and what triggers them? At what month of the year do raids or other attacks happen? Is it any officer or specific names or groups that subject the migrants to these attacks? Are the local customers looting the migrants' shops in the community? If the migrants stay on and reopen their trade, do the looters come to buy from them? How do they relate?

Migrants are also taken advantage of by landlords when it comes to accommodation. Compared to the locals, migrants are made to pay exorbitant rental charges in overcrowded, usually informal accommodation in precarious conditions with inadequate service delivery (Amisi *et al.* 2011). There is also competition among the migrants for accommodation. While some have separate premises for accommodation and business, some use the same space for both (Gumbo 2015). In the event of xenophobic attacks, they lose

their home and business, turning them destitute.

Other actors in South African society, especially the church and civil society organizations have come to the rescue of asylum seekers, refugees and illegal immigrants and generally the victims of xenophobia. They have assisted by providing accommodation, food and other household items and securing employment for some (Amisi, Bond, Cele & Ngwane 2011).

## Conclusion

The study uncovered the institutionalized xenophobic experiences of migrants in trying to access social and economic services in South Africa and psychological effects this has on the migrants. This is despite the laws and policies that promote equal opportunity and safety and security of migrants in their different categories.  The imbedded structural xenophobia at state institutions such as health and education, results in inadequate or inappropriate services provision to the migrants. They are also not defended or protected as the law enforcers are indifferent or accomplices in the cases of institutionalized xenophobia that afflicted some members of the migrants' society. South Africa is still a major center for migration in Africa & Migrants seeking to survive must contend with various structural forms of violence in addition to the physical violence that has been extensively studied.  In South Africa, where xenophobia is ingrained in blatant hostility and outright rejection of the South African Constitution and the Promotion of Equality and Prevention of Unfair Discrimination Act 2000, Because of this, it is important to consider migrant freedom without violating the local populations' social, economic, and political rights as protected by the South African Constitution, the Bill of Rights, and obligations under international human rights law. In addition to fair and objective implementation of policies and laws that relate to migrants, deliberate change of attitude by perpetrators of institutionalized xenophobia in South Africa to tolerate and accommodate especially black Africa will be one of the most effective ways in addressing this type of xenophobia in South Africa.

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