'Trying to Make South Africa My Home': Integration into the Host Society and the Well-being of Refugee Families[1]

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INTRODUCTION

Hosting migrants from the African subcontinent is not unknown to South Africa. Since the late nineteenth century and all through the twentieth century, migrant workers from southern African countries have been an active part of the labour force in the mining and commercial agricultural sectors in South Africa (International Labour Office, 1998; Smit, 2001). However, being the recipient of large numbers of forcibly displaced individuals and family units from other parts of the continent is a relatively new role that South Africa has been playing. After the country's transition to democracy in 1994, South Africa has seen an influx of large numbers of asylum seekers[2] from across the African continent (Amit et al., 2009; Jinnah, 2013; Landau and Jacobsen, 2004). According to the United Nations Higher Commission on Refugees (UNHCR) South Africa recorded 869,100 new asylum applications for the six-year period between 2008 and 2013 (UNHCR, 2014). With an estimated 70,000 asylum claims, South Africa was the world's third largest recipient of new applications in 2013. By the end of December of the same year the cumulative number of those individuals who have been granted official refugee status came to 65,881 (UNHCR, 2014). Many refugees[3] and their dependants have therefore adopted South Africa as their new home—albeit in some cases a temporary one.

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[2] According to South Africa's Department of Home Affairs (DHA), an asylum seeker is " . . . a person who has fled his or her country of origin and is seeking recognition and protection as a refugee in the Republic of South Africa, and whose application is still under consideration" (DHA, 2013).

[3] Chapter 1 of the Refugees Act, No. 130 of 1998 of the Republic of South Africa stipulates that "a person qualifies for refugee status . . . if that person (a) owing to a well-founded fear of being persecuted by reason of his or her race, tribe, religion, nationality, political opinion or membership of a particular social group, is outside the country of his or her nationality and is unable or unwilling to avail himself or herself of the protection of that country, or, not having a nationality and being outside the country of his or her former habitual residence is unable or, owing to such fear, unwilling to return to it; or (b) owing to external aggression, occupation, foreign domination or events seriously disturbing or disrupting public order in either a part or the whole of his or her country of origin or nationality, is compelled to leave his or her place of habitual

It has been well-documented that *voluntary* migration has an impact on family life (Haour-Knipe, 2008; Hughes et al., 2007; Smit, 2001). It is therefore comprehensible that this impact may even be more distinct for those families who have faced the reality of *forced* migration (Laliberté et al., 2003; Sample, 2007; Weine et al., 2004). Refugee families, who have fled to South Africa, have not only been exposed to severe adversity in their countries of origin, such war and persecution, but may also be confronted with chronic adverse social circumstances in South Africa, such as unemployment and xenophobic attacks. Using the terminology of family resilience and family stress theory, these families have been and may still continue to be exposed to 'significant risk.'[4] In reporting on significant risk and integration experiences of refugees, both globally and in South Africa, some authors are of the opinion that many scientific studies and government reports continue to over-represent the views of *male* refugees (Amirthalingam and Lakshman, 2013; Binder and Tošić, 2005; Daley, 1991). Women are often perceived as the companions of refugee men; who accompany or follow male relatives to countries of destination. In the process refugee women are frequently viewed as passive and dependent on men. This marginalisation of female refugees in some policy documents and research reports does not reflect the social reality (Binder and Tošić, 2005; Valji et al., 2003). The most recent UNHCR global trends report (2014) mentions for example that women accounted for nearly half (46%) of the refugee population in Southern Africa in 2013—many of whom are responsible for dependent children and do not necessarily have the support of a male relative. Although not an all-encompassing factor, gender is nonetheless an important variable in the lived experiences of members of refugee families. Authors such as Daley (1991) and Amirthalingam and Lakshman (2013) argue for the use of a gender lens in researching these families.

In light of the high numbers of refugees residing in South Africa, it remains important to gain a better understanding of the impact significant risk, associated with forced migration, may have on the well-being of refugee families as well as their ability to integrate into the host society. This article speaks to this matter by reflecting on some of the findings of a qualitative study which aimed to shed light on the perceptions and experiences of *female* members of refugee families who reside in the inner-city areas of Tshwane and Johannesburg, South Africa. Refugee women from three specific countries, i.e., Zimbabwe, Burundi and the Democratic Republic of the Congo (DRC), constituted the research population.

To follow, a discussion is given of the relevant literature regarding the experiences of refugee families with special reference to the challenges they face (and overcome) in their attempt to integrate into the host society. The literature review provides a brief overview of Ager and Strang's (2008) theory on indicators of integration experiences, which proved useful in analysing the data. The findings of the study are discussed against the background of the abovementioned authors' conceptual framework—making particular reference to how

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residence in order to seek refuge elsewhere: or (c) is a dependant of a person contemplated in paragraph (a) or (b)."
[4] See for example the work of Patterson (2002a: 354; 2002b: 237).

successful the families are in integrating into the host society. Finally, in focussing on the integration experiences of refugee families and how this relates to family well-being a typology of families for this context is discussed.

BACKGROUND LITERATURE

Arriving in a host society represents for many forcibly displaced individuals and families the opportunity to rebuild their lives and regain stability after experiencing traumatic events in their countries of origin. Although some refugee families are successful in settling in their new environment and show resourcefulness and self-efficacy, factors that impede successful integration into the host society persist. A sample of Somali and Ethiopian refugees living in Toronto, Canada, listed, for example, a number of critical challenges which hampered their ability to integrate into their new social environment. Impediments most often mentioned include finding it difficult to secure employment; not having an adequate command of the local language; not being able to afford proper accommodation; and being on the receiving end of racism (Danso, 2002). Similar finding were highlighted in other studies among refugees who have been granted asylum in developed countries (Netto, 2011; Røe, 2011; Sienkiewicz et al., 2013). Not surprisingly, these were also (and more so) the experiences of refugees who sought asylum in a developing country such as South Africa.

Based on their study among refugees residing in Johannesburg, South Africa, Landau and Jacobson (2004) describe the constraints refugees are faced with in trying to establish themselves in their new environment. Stumbling blocks identified by refugees included experiencing police harassment, being the victims of crime, and getting entangled in the red tape of the Department of Home Affairs in the attempt at obtaining legal refugee status. This is exacerbated by the difficulty experienced by refugees and asylum seekers in accessing primary healthcare, social welfare services, and adequate housing, in addition to being exposed to xenophobic sentiments on the part of some local South Africans (Amisi and Ballard, 2005; Belvedere, 2007; CoRMSA, 2011; Dalton-Greyling, 2008; Handmaker et al., 2008; Krause-Vilmar and Chaffin, 2011). Being exposed to these challenges has been found to explain the low levels of subjective well-being among a sample of refugees living in Johannesburg (Dalton-Greyling, 2008).

The notion that the well-being of refugee families can be associated with how successful families are in integrating into the host society also comes to the fore in the work of Ager and Strang (2004; 2008). These authors developed a "middle-range theory," based on the subjective experiences of refugees, that provides a conceptual structure for deliberating what comprises the fundamental domains or indicators of integration (Ager and Strang, 2008: 167). Pittaway et al. (2009: 144) found, for example, in their study among refugees from the Horn of Africa living in Australia that refugees who considered themselves "successfully settled" also reported positive outcomes in terms of the different indicators in Ager and Strang's (2008) conceptual framework. The first set of indicators is referred to as *markers and means of achieving integration*. These include access to adequate housing, quality education, and health care services. However, employment (and thus having a source of

regular income) is listed most often by refugees as the key marker and means of achieving a sense of integration (Ager and Strang, 2008; Pittaway et al., 2009).

The second set of indicators, i.e., *facilitators of integration*, includes the ability of refugees to speak the main language and having cultural knowledge of the host society; being afforded legal rights as refugees; and feeling safe and secure in their new physical environment. These facilitating factors of integration may contribute to the experience of a sense of 'belonging' which goes beyond the mere absence of conflict; involving more than simply being tolerated by members of the host community (Ager and Strang, 2008; Strang and Ager, 2010).

The third set of indicators in this conceptual framework is related to the *processes of social connection*. Applying Putnam's (2000) theory on social capital, with specific reference to the different forms of social connection, this set of indicators entails the following: Firstly, 'social bonds,' which refer to relationships with kin and other members of the same cultural or ethnic community, not only play an important role as a possible source of emotional support but also assist refugee families in settling into their new environment. Secondly, 'social bridges,' notably the relationship between refugees and members of the host community, can contribute to refugee families feeling 'at home' when they are accepted into the community and treated with respect and friendliness. Thirdly, 'social links' with state structures in the new country of residence, for example through government services, can act as an enabler of integration (Ager and Strang, 2008; Pittaway et al., 2009).

In referring to the dynamic nature of the integration process, Strang and Ager (2010) highlight the interdependence of all the domains/indicators of integration. Using Hobfoll's (1998) conceptualisation of 'resource acquisition spirals' and 'resource loss spirals,' Strang and Ager (2010: 604) acknowledge that domains of integration (which arguably can be seen as resources) beget still more domains of integration. For example, if a refugee family has strong social bonds, has been successful in establishing some social bridges, and have an adequate command of the local language, this may facilitate an 'acquisition spiral' in accessing other means of integration such as employment.

Using a gender lens, researchers such as Hansen (2004) and Pavlish (2007) have highlighted nuances in comparing the experiences of male and female refugees. This is decidedly the case when focussing on the integration experiences of refugees; with women facing particular challenges during the process of resettlement. These include conflict and friction that may arise as a result of changing gender roles in traditional families as well as women's fears for their own safety and that of their children in the new host society (Pittaway et al., 2009). Although involuntary displacement undoubtedly brings about stressful challenges for women and their families, authors such as Goodson and Phillimore (2008) and McPherson (2010) emphasise that it also holds the potential for new and empowering opportunities. Instead of being trapped in the role of vulnerable victim, some refugee women apply creative survival strategies in the attempt to facilitate their family's integration into the host society.

Though a number of studies has of late focused on refugees in South Africa, particularly from a legal-political and human rights perspective, more needs to be learned about the perceptions

and experiences of refugee families and in particular refugee women who have children in their care (see also Jinnah, 2013). This article attempts at gaining a better understanding of the challenges faced by refugee families in their attempt at moving beyond mere survival in order to become integrated into the society they now call home. The following questions guided the research: From the perspective of female members of refugee families, what are the experiences of these families regarding adjusting to and becoming integrated into their host society? Are there differences among the refugee families hailing from various countries of origin in terms of their integration experiences? Can different types of families be identified based on their experiences of integration?

THE METHOD

Mindful of the attempt at gaining a feminine perspective, the research population in this study constituted female refugees, with children in their care, who fled the conflict-ridden countries of Burundi, the DRC and Zimbabwe. Although the demographic profile of Congolese and Burundian refugees who have resettled in South Africa appears to lean slightly more towards being male, while the Zimbabwean refugee population seems to be more gender equal than other asylum seeking groups (Krause-Vilmar and Chaffin, 2011), the relative high numbers of female refugees originating from these three countries made it fairly easy to approach potential research participants.

In the absence of government provided/subsidised accommodation for refugees, it has been noted that large numbers of refugees living in South Africa often settle in rundown parts of urban areas (Amisi and Ballard, 2005; Dalton-Greyling, 2008; Landau and Jacobsen, 2004). This study focused in particular on female refugees and their families residing in the inner-city regions of Johannesburg and Tshwane. Possible participants were identified by means of a purposive sampling technique. A qualitative approach was considered most appropriate in developing a better understanding of the integration experiences of refugees and their families through thick descriptions (Babbie and Mouton, 2001). As the study was largely exploratory, a qualitative design provided a rich source of data.

Data was collected using focus group discussions and in-depth interviews which took place between 2009 and 2011. Thirty Congolese and Burundian refugees participated in three focus group discussions. The data from these discussions were valuable in informing the interview schedule which was utilised during the subsequent in-depth interviews with 30 female refugees from Zimbabwe, Burundi and the Democratic Republic of Congo (DRC). Interviews were conducted in French and/or Swahili in the case of Congolese and Burundian participants, whereas Ndebele or Shona were used during the interviews with Zimbabwean refugees. For the purposes of data analysis, all interview transcripts were translated into English.

Prior to the commencement of the interviews and focus group discussions, the purpose and goals of the study were outlined and participants were asked to give their informed consent. It was stressed that participation in the study was voluntary and assurance of confidentiality

was given. Specific care was taken in reassuring participants that under no circumstances will any of their personal information be made known to the police or any government agency.

The data from the focus group discussions and interviews were subjected to qualitative content analysis in order to uncover themes (Graneheim and Lundman, 2004). The coding of the data was done in a number of stages; first utilising open coding and thereafter honing the analyses through axial and selective coding making use of, amongst others, the theoretical work of Ager and Strang (2004; 2008) as analytical lens. An overview grid was employed to identify possible patterns of difference and similarity across cases.

All the women who were interviewed as well as those who participated in the focus group discussions had at least one dependent child in their care. Although the ages of the children covered a wide spectrum, most of them were of pre-school or primary school age. At the time of the study, the refugees in the sample had been residing in South Africa for a period of between two and ten years. The ages of the 30 in-depth interviewees varied between 22 and 48. Most of them were in their late twenties or early thirties. The marital status of the women also varied considerably. Six of the interviewees were married and were living at the time with their spouse, while eight of the women were co-habiting with partners, but not wed. Five women were separated and four were divorced. Only one woman was a widow. Six of the interviewees had never been married and were not in a committed relationship at the time of the study. Most of the women had a formal education. Seventeen interviewees had the equivalent to a Grade 12 certificate, whereas four had tertiary diplomas and two Bachelor's degrees. Seven of the interviewees never completed their secondary school education.

FINDINGS

Compelled to leave their countries of origin due to political persecution, economic turmoil, and/or human rights violations, all the women in the study looked to South Africa with some hope that they and their families might find there the opportunity to start afresh. Yet, life in South Africa was far more difficult than any of them anticipated. Research participants' narratives were filled with descriptions of the challenging circumstances they faced, the ways in which they tried to overcome these difficulties, and how it impacted their sense of 'belonging.' Ager and Strang's (2004; 2008) conceptual framework proved valuable in gaining a better understanding of the integration experiences of female refugees and their families. This conceptual framework will be employed in the subsequent discussion of the findings.

Facilitators of Integration

It is evident from the data that the ability to communicate with the members of the host society using a common language plays a pivotal role in facilitating integration. Not being proficient in English (or in any of the local native languages) was a major challenge for the Congolese and Burundian women. Despite the fact that a number of years has passed since some of these women have taken refuge in South Africa, they still found it difficult to communicate in English. Managing their daily lives remained challenging especially in an urban setting where English is the language most often spoken. In contrast to the Congolese

and Burundian participants, not only could all the Zimbabwean women in the study speak English, but some of the Ndebele-speaking Zimbabweans also had some knowledge of Zulu—a language spoken by a large number of South Africans. This also made it somewhat easier for Zimbabweans to get acquainted with the indigenous culture, i.e., local norms, customs and 'the way of life.'

Moreover, the fact that many of the research participants mentioned being on the receiving end of xenophobia as well as being the victims of crime and/or police harassment, explains why they viewed a general sense of lack of safety as a daily cause for concern:

> There are many problems in South Africa. Crime is a big one. When we stayed in Durban I was attacked and beaten and lost my pregnancy in the process. The people who attacked me were put behind bars but were later released. We didn't stay in Durban after that but rather came here [Tshwane] to see if we cannot feel safer here and be accepted. (Thirty-two-year-old Burundian mother of three).

Living in a social environment defined as being unsafe did not only have an adverse effect on refugee families' sense of well-being but also impacted negatively on their integration experiences.

Markers and Means of Integration

During the interviews and focus group discussions, four markers and means of achieving integration were highlighted by the refugees, i.e., access to adequate housing, education, health care services and job opportunities.

Accessing affordable housing was far more difficult than any of the participants imagined it would be. Because of financial constraints all of them were faced with the reality of living in overcrowded and decrepit apartment buildings in some of the most unsafe parts of the inner-city areas of Tshwane and Johannesburg. Although living in a less than ideal part of the city, Zimbabwean families could at least afford renting an apartment of their own. This was not the case for the other refugee families in the study. The Congolese and Burundian women were particularly troubled by their families' deplorable living conditions—in most cases sharing accommodation with a number of other individuals or families. Accounts of apartments being occupied by up to ten people, high noise levels and the lack of privacy were not uncommon. Most of the Congolese and Burundian women expressed their concern that this was not a conducive environment for 'healthy family life.'

Challenges faced in securing employment in South Africa were additional issues that troubled all the research participants. Notwithstanding the fact that most of the Zimbabwean women had some form of employment, they were in all cases underemployed and spoke with frustration about the lack of recognition of their qualifications. For the Congolese and Burundian women, not being proficient in English was a major deterring factor in securing employment. They were therefore faced with the harsh reality of long-term unemployment which was a significant and persistent source of distress.

Furthermore, participants highlighted the importance of being able to access social services in order to have some sense of family security. The well-being of children in particular was considered paramount. Education was seen as the key to a brighter future for their children and they, as mothers, would do anything to ensure access to high quality education. For them a proper education kindles the flame of hope that will ensure better prospects for their offspring. This is evident in the following verbatim quotes:

> I think my son will have a better future than I will. I will work hard to make sure that he has a good education and a good life. (28-year-old Zimbabwean single mother with a son aged six).

> What makes me happy is when I wake up and see my children going to school…One day my children will finish their studies…get an education—that is what I hope, yes, that they will get an education and that they can get a better life…(37-year-old Congolese mother of five).

Although all the families succeeded in enrolling their children in schools, it was not always an easy task. The Congolese and Burundian families with pre-school children could, for example, not afford kindergarten enrolment fees. Furthermore, a Congolese participant recounted an incident where a school principal referred to her child as *makwerekwere*—a derogative word used by some South Africans to refer to people from other African countries that have migrated to South Africa. In contrast, the Zimbabwean participants did not mention any such problems and because of their fluency in English, did not seem to experience difficulty in communicating with their children's teachers.

Accessing primary health care also posed challenges for some of the refugee women. Language barriers made it difficult for Congolese and Burundian refugees to explain to hospital or clinic staff what their medical concerns were. A few women also mentioned incidences at hospitals where staff treated them in an unfriendly manner and had them wait for long periods of time before attending to them.

Processes of Social Connection

In the subsequent discussion attention will be paid to the three forms of social connection, namely, social bonds, social bridges, and social links.

Social Bonds

In order to ascertain whether the research participants had a kinship based support network in South Africa, they were asked to mention relatives who have also sought refuge in this country. In addition, participants were requested to describe the nature of their relationship with these family members. It was interesting to note that none of the Congolese and none but one of the Burundian female interviewees had any relatives living in South Africa. Similarly, only a few Congolese and Burundian women, who partook in the focus group

discussions, mentioned that they have family members living in South Africa. Even in these cases, relatives did not form a strong and cooperative support network. A Burundian woman in one of the focus groups, who had a brother living in South Africa, explained that having kinship group members in this country did not necessarily make life easier: "My brother has his own problems because he has his own family [to support], and he is my brother and I will not exploit him. So, it is not easy even if you have family here."

Congolese and Burundian participants felt even more disconnected from their broader family network because of the difficulty in maintaining strong transnational kinship ties with those who either remained in their country of origin or fled to countries other than South Africa.

Since most of the Congolese and Burundian women did not have a kinship based support network in the host country, they relied on their own devices and the support of others in their community who share their native tongue and ethnic background. In contrast, due to the fact that Zimbabwe boarders South Africa and that more than half of all asylum applications registered in South Africa for the period between 2008 and 2013 were submitted by Zimbabweans (UNHCR, 2014), it is understandable that all the Zimbabwean women were able to list at least one relative living in South Africa. Moreover, these family members also formed part of the Zimbabwean women's support network which they could turn to in times of crisis. Most of these women also mentioned that family members in South Africa assisted them in finding accommodation or gaining access to some form of income generation. Notwithstanding the fact that most of the Zimbabwean participants, compared to the other refugee families in the study, had a more pronounced kinship based support network in South Africa, the emotional bond with these family members were described as not being as strong and meaningful as the ones they had when they lived in Zimbabwe.

Social Bridges

Despite xenophobic attitudes on the part of some South Africans, the Zimbabwean participants seem to have more regular interaction with members of the host society and thus have established 'social bridges.' The fact that these women can converse in English helps to some extent to bridge the divide between refugees and the local population. A couple of Zimbabwean participants mentioned in particular how they and their families were able to make friends with South Africans by participating in shared religious activities. In contrast, not having a common language made it difficult for Congolese and Burundian refugee families to become more familiar with the way of life in South Africa. As a result many of these refugees relied on their own communities and interacted mostly with those who could speak their native languages.

Social Links

Although the Refugees Act, No. 130 of 1998 affords a wide range of rights to refugees (Haigh and Solomon, 2008), 'social links' with official structures in South Africa remained tenuous at best. Most of the research participants viewed the process of getting refugee status as a major challenge. Standing, sometimes for days on end, in queues outside the offices of

the Department of Home Affairs (DHA)—where asylum seekers need to submit their claims—and then being confronted with unfriendly, and at times hostile, DHA officials made the process all the more taxing. A participant in one of the focus groups spoke fervidly about her experience at the DHA. Due to the fact that she had to travel some distance to the nearest DHA office where she had to wait two days before she could submit her claim, she was absent from work for a couple days and as a result lost her job. The backlog in the processing of claims for refugee status has meant that some of the participants had to return more than once to the DHA to renew their asylum seeker documents after the original documents have expired. What made matters worse was the fact that some of the refugee women were told by corrupt DHA officials that they had to pay bribes in order to expedite the processing of their documents.

Notwithstanding the fact that all the participants in the study spoke avidly about the challenges their families faced in establishing a life in the host country, most of them showed hardiness and some elements of an attitude of resilience. The well-being of their children was at the centre of their motivation to do what they can to forge a life in South Africa. It was evident that the narratives of most of the refugee women exhibited a strong 'female-carer core' component, to use Yanina Sheeran's concept (1993: 30). Regardless of whether the women shared a household with a spouse or were single parents, children stood at the centre of what these women defined as their 'family' and whom they considered their primary responsibility. In the minds of most of these women, they, as mothers, were compelled to do everything in their power to facilitate their family's integration into the South African society despite all the odds. The following two quotes serve as examples in this regard.

> Although life is difficult, I am very optimistic that I will get a job and once I do, there will be importance in my life . . . and then my children will be provided for. We will keep on fighting to survive and to cope. One day we will make it. (25-year-old married Congolese woman with one child).

> My family and I can cope with any challenge and problem. I believe my life has meaning. God created us—our family—for a reason…I know there is a reason and I will do anything to support my children. (Zimbabwean single mother of two).

It thus seems that despite being troubled with negative emotions and difficult life conditions, many of the refugee women in the study believed in the possibility of a brighter future and that hope will prevail.

DISCUSSION

Overall, regardless of the country of origin, research participants highlighted similar kinds of challenges faced by refugee families in South Africa. Problems associated with getting refugee status, finding and being able to afford adequate accommodation, interacting with the local, and sometimes hostile, South African population, and securing employment to support one's family, were mentioned by the women in the sample as some of the principal challenges they and their families had to face. Using Ager and Strang's (2008) conceptual

framework as analytical lens, it is clear, based on the accounts of the Zimbabwean women in the study that their families may have been relatively more successful in the process of integrating into the South African society than the case may have been for the Burundian and Congolese families.

Focusing on the first set of integration indicators, i.e., *facilitators of integration*, being able to communicate with the members of the host society using a common language was an important aspect. Whereas Congolese and Burundian women found it difficult to interact with the local population, Zimbabwean women and their families were conversant in English which made it easier for them, on the one hand, to communicate with South Africans and, on the other hand, to access information and local knowledge. Furthermore, for many of the refugee women, especially those from the DRC and Burundi, being concerned about their personal safety and that of their family was an overriding source of distress. This emphasises once again how important safety and security are as facilitators of both integration and a sense of positive well-being.

Four *markers and means of achieving integration,* i.e., employment, housing, education and health care services were highlighted by the research participants. Having at least one adult in the family earning an income meant that the Zimbabwean families, at least for this sample, were slightly better off than most of the Burundian and Congolese families. Yet, all participants lived in overcrowded run-down buildings in areas mostly populated by foreign migrants and refugees. Not only did this hamper integration but it also, according to the research participants, impacted negatively on the family's quality of life. In addition, all women highlighted the importance of their children's education and that they would do anything in their power to ensure access to quality tuition for their offspring. Moreover, some participants found it challenging to access primary health care either as a consequence of not being able to communicate with health care workers or experiencing ill-treatment and discrimination on the part of hospital staff despite being bona fide refugees.

When contemplating the *processes of social connection* it is evident that the Zimbabwean women reported having more pronounced 'social bonds' in terms of having a number of kin-members who have also settled in South Africa. These relatives proved to be nodal points in what would become their local support network. In contrast, the Congolese and Burundian women came to South Africa without a local family network in place. This made feelings of isolation in their new host country all the more acute. Weakened family ties are clearly one of the most prominent consequences of forced migration. This is particularly disconcerting to refugee families in the African context where families are traditionally embedded in the broader kinship network and where familial belonging and cohesion is essential (Gelderblom, 2003; Kankonde, 2010; Washi, 2002). For many of the refugee families in the study, involuntary displacement has brought about a shift from an open family system (associated with the extended family they were traditionally familiar with) to a more closed family system. Although Zimbabwean participants, more so than the Burundian and Congolese women, had a kinship based support network in South Africa, for many of them it did not equate with the tightknit and strong cooperative family structure they had 'back home' in their country of origin.

A number of the refugee women, regardless of their countries of origin, mentioned having ties with other members of the refugee community with whom they share a common culture and ethnic background. Although Zimbabwean participants referred to incidences of being treated with animosity in the host country, they clearly had more pronounced 'social bridges' with members of the local community compared to the experiences of Burundian and Congolese families. Furthermore, the difficulty in getting documents processed at the DHA is but one example of the precarious nature of the 'social links' between refugees and the official structures in the host society. Police harassment was another obstacle especially in light of the negative connotation some refugees attached to members of the police force who, in their countries of origin, were instruments of violent oppression.

Notwithstanding the fact that all the research participants reported facing similar challenges living as refugee families in South Africa, it is clear from the above discussion that there were also differences among the refugees in terms of their perceptions regarding the integration experiences of their families. In the context of this study, different clusters of families can be identified based on the analysis of the data. As point of departure in developing a typology of families, one can consider a hypothetical cluster of families who, after a period of facing difficulty in adjusting to the way of life in the host country, have adapted to their new milieu. These family units may experience that they, for most part, function as they did prior to fleeing their countries of origin, insofar as for example having a stable income and adequate accommodation. These *well integrated families* would typically consider themselves part of the host society as well as accepted by the local population. None of the families represented in the study fit into this first cluster.

Based on the accounts of the Zimbabwean women, most of the Zimbabwean families seem to lean towards a possible second cluster of families which, for the purposes of this typology, is referred to as *quasi-integrated yet frustrated families*. These families seem to feel that there are some circumstances in the host country that impede them in fully establishing a new life. Because they regard themselves as capable and resourceful but do not receive opportunities, acknowledgement and appreciation in the host country, they are left feeling vexed and frustrated in not being able to fully realise their needs and ideals. The Zimbabwean families were in general better off than the Burundian and Congolese families both in terms of household income and experiences of integration. Nonetheless, Zimbabwean women were frustrated because they felt they were not afforded the opportunities to ensure a better life. This did not dissuade them in being active agents in working towards a brighter future.

A third cluster of families emerged from the data, i.e., *families experiencing feelings of ambiguity while fighting against the odds*. These families find it difficult to integrate into the South African host society because of the continued stressful circumstances they are experiencing (such as long periods of unemployment) as well as the cultural differences between their way of life and that of the host society. They seem to have a tendency to oscillate between, on the one hand, feelings of despair about past traumatic events and stressful circumstances in their new country of settlement, and, on the other hand, feelings of hope for the future and a motivation to be successful in becoming integrated into the host

society. The Burundian and Congolese families, more so than the Zimbabwean ones, manifested the qualities associated with this cluster of families.

In recounting the integration experiences of their families, three of the interviewees (two of whom are Congolese and one Burundian) described their families as being engaged in a constant uphill battle to make a life in South Africa. This was also voiced by a few participants in the focus group discussions. These families frequently feel unwelcome and marginalised in the host country. Moreover, they tend to experience an acute sense of isolation due to the loss of an established support network in their countries of origin. These women mentioned their families' intent to leave South Africa if, and as soon as, it becomes financially possible to do so. This fourth cluster of families can therefore be described as *despondent families who have relinquished hope of ever becoming integrated into the host society*.

Although these different clusters of refugee families highlight the possible diversity both within the refugee population in South Africa and more specifically among the refugee women in this sample, the commitment and tenacity of these women as the female-carer cores (cf. Sheeran, 1993) of their families, remain a common element. This element that draws these women together, with the exception of a few participants, emphasises the importance of their role as agents of social cohesion (Mollard, 2011); being women who foster the resilience of their families which in turn may facilitate some degree of integration into the host society.

CONCLUSION

For many individuals and families across the globe forced migration has been a survival strategy to escape armed conflict and human rights violations in their countries of origin. It has been argued that in light of the fact that refugee families are often exposed to prolonged periods of adversity and accumulative stressful life events they frequently find themselves "in a position of liminality" (Pittaway et al., 2009: 137). Yet, a number of authors have reported that despite past traumatic events and continued adverse life experiences some refugee families have the ability to rise above adversity rather than becoming victims of change (Pittaway et al., 2009; Schweitzer et al., 2007). This makes it all the more important to improve our understanding of what it means to be a refugee family trying to integrate into the host society.

The findings of the study underscore the fact that, although female refugees and their families are confronted with similar daily life challenges in the host society, their integration experiences may vary considerably depending on how successful they are in 'accessing' different domains of integration. This emphasises, once again, the fact that refugee women (and their families) do not constitute a homogenous group (see also Binder and Tošić, 2005). Being able to speak the common vernacular of the host society (in this case English) seems to be paramount in refugee families' acquisition of other domains of integration. Although the successful integration of refugee families is largely dependent on their intent to make the host country their home and to be active agents in establishing themselves in and becoming part of

the community, the receiving society also plays a major role in enabling refugee integration. The importance of this 'reciprocal' understanding of the integration process warrants the reiteration of the role of the state in protecting the rights of refugees in accessing social services such as health care, education and law enforcement protection. In addition, it is important that refugee families are encouraged to celebrate their cultural heritage, if they so wish, whilst given the opportunities to embrace their new environment. Promoting integration also entails reducing possible language barriers. In the early stages of settlement this may involve the provision of information translated into the languages of refugees pertaining, for example, to the rights afforded to refugees and the process of submitting an asylum application. Fostering integration must be done with the state being ever heedful of the diversity among refugee families and the possible gender differences in the experiences and needs of refugees in their attempt to make South Africa their home.

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