

THE WELL-BEING OF ECONOMIC MIGRANTS IN SOUTH AFRICA: HEALTH, GENDER AND DEVELOPMENT

WORKING PAPER FOR THE WORLD MIGRATION REPORT 2013



International Organization for Migration (IOM)

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International Organization for Migration (IOM)

List of acronyms

ACMS	African Center for Migration and Society
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral therapy
CoRMSA	Consortium for Refugees and Migrants in South Africa
FMSP	Forced Migration Studies Programme, University of the Witwatersrand
GDP	Gross Domestic Product
HIV	Human Immunodeficiency Virus
IOM	International Organization for Migration
MDGs	Millennium Development Goals
NSP	National Strategic Plan on HIV, STIs and TB
PHAMSA	Partnership on HIV and Mobility in Southern Africa
PHC	Primary health care
SADC	Southern African Development Community
SAMP	Southern African Migration Project
SANAC	South African National AIDS Council
SDH	Social determinants of health
STI	Sexually transmitted infection
TB	Tuberculosis
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
WHO	World Health Organization

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Executive summary

This background paper focuses on the well-being of cross-border migrants seeking better livelihood opportunities in South Africa, with an emphasis on health, gender and development. It also explores the link between migrants' well-being and the social and economic development of the Southern African Development Community (SADC).

This paper is based on a review of literature on migrants' well-being. However, in the absence of large scale quantitative research, the report presents partial and anecdotal evidence on the well-being of specific groups of migrants in certain areas that may not readily be generalized to the whole livelihood-seeking, cross-border migrant population in the region. The report primarily focuses on cross-border migrants living in Johannesburg and a neighbouring peri-urban informal settlement, as well as on those living in mining and agricultural areas in South Africa.

This report examines well-being along five key dimensions: community and social well-being (including safety, satisfaction with public services and social connections), physical well-being and access to healthcare, career well-being (including unemployment and underemployment) and financial well-being. When data are available, the paper identifies the differences between the well-being of migrants and non-migrants, and between the different groups of migrants in order to highlight the factors that have an impact on migrants' well-being status and to explore the possible links between the various dimensions of well-being.

This paper also explores the relationship between migrant well-being and development in the region.

Findings

The review of literature on economic migrants' well-being in South Africa showed poor outcomes on the following dimensions of well-being:

- Despite policies that support protection of migrants' rights, the migrant population do not seem to trust South African authorities and feel the state fails to guarantee their safety. Cross-border migrants in general and women in particular are more vulnerable to insecurity, as demonstrated by xenophobic attacks and reports of violence against women. This insecurity depends on migrants' place of residence, and some neighbourhoods seem to offer relatively safe environments, while insecurity is more pronounced in others.
- Being a cross-border migrant severely limits one's access to public services such as sanitation, education and banking, but place of residence is the main determinant of access to decent housing and sanitation.
- Migrants' social networks in South Africa seem to be instrumental at the beginning of the migration process for most cross-border migrants. However, the role of networks in improving migrant well-being diminishes over time in most cases. Nationality is also a strong determinant of network strength, with Somali migrants having a long tradition of trading networks. However, new concepts are necessary to assess the level of social capital in rapidly growing African cities. Cross-border migrants' social networks are mainly mono-cultural (meaning, migrants tend to socialize with people of the same cultural background), not only because of cultural affinities but also because of the strong anti-foreigner sentiment in the general South African population.
- Despite the favourable legal and policy environment, there is evidence of barriers to accessing healthcare services that are specific to cross-border migrants in general and to certain migrant workers in particular (such as those in mining and commercial farming).
- The conditions associated with migration and the poor well-being of migrants make them vulnerable to HIV infection, especially women. High HIV prevalence rates hamper not only migrants' well-being but also the well-being of migrant-sending and host communities, and ultimately impact development negatively.

- Cross-border migrants rate their health status higher than do South African-born, long-term residents in Johannesburg. This might be due to the fact that generally only physically healthy individuals will migrate.
- In general, cross-border economic migrants have poor financial well-being and a low standard of living. This varies according to employment sector and place of residence, and is partially due to migrants' high concentration in the lowest-paid jobs.
- Migrant women, particularly, are in a disadvantaged position, as migration increases their vulnerability to exploitation, HIV and gender-based violence.

Remittances of cross-border migrants contribute more to poverty alleviation of their households than to the development of the communities in their countries of origin. This contribution to households is often at the expense of the migrants' own well-being, particularly in the case migrant women. The poor state of well-being, as shown in migrants' lack of access to local services and decent jobs, prevents them from integrating easily into host societies and contributing to host-community development. In addition, it can be assumed that migrants' poor well-being status limits the amounts remitted and their development impact beyond the household.

Despite these severely adverse life conditions, the migrants surveyed in the research papers reviewed displayed potential that could be harnessed for development:

- They send a high volume of remittances to their households.
- They have higher employment rates than South African nationals (although employment rates are also correlated to the place of residence of respondents [city or informal settlement] and are still low), including self-employment. Certain migrants may bring with them a strong entrepreneurship culture.
- Generally, migrants tend to be young and healthy when they arrive in the country.

Conclusions

This paper identifies the factors that impact migrants' well-being and some interactions between the different dimensions of well-being:

- Place of residence, type of job and the working conditions are key factors to define levels of well-being among economic migrants.
- Lack of safety, community well-being and social well-being are barriers to the development potential of migrants.
- Poor community, social, financial and career well-being all contribute to migrants' increased vulnerability to HIV.
- The lack of migration-supporting policies pushes many migrants to illegality, despite the demand for their labour in certain sectors, thereby hampering the development potential of some migrants.
- Women's well-being outcomes tend to be worse than men's in terms of HIV infection, safety, employment and access to social services.

Networks have a positive impact on cross-border migrants' well-being, notably because belonging to a network increases migrants' resilience to social and economic shocks.

Recommendations

Based on the factors impacting migrant well-being identified above, the following recommendations are made:

- Tailor initiatives to address migrant well-being to the specific communities and workplaces of migrants. Such an approach would identify the specific vulnerabilities of migrants and the communities with which they interact, and would reinforce the role of local government in responding to migration issues.
- Address negative perceptions and attitudes towards migrants among government service providers and the general population.
- Address underlying social determinants of health, including access to health services and respect for migrant rights.
- Address the specific vulnerabilities of women migrants, notably by mainstreaming gender in research, interventions and policies related to migration.
- Support the creation of legal avenues for the migration of workers in different sectors.
- Undertake research on the linkages between migrants' well-being and regional and local development.

Introduction

Migration has played a central role in the history and economic development of Southern Africa. The desire to control, contain and use the movement of large populations for the benefits of a few was a key feature of colonialism and apartheid. After 1994, movements of people expanded and became more complex, as the stable, middle-income South Africa opened its borders and acted as a magnet for numerous migrants from socioeconomic and politically unstable neighbouring states. Countries in the Southern African Development Community (SADC) have been intrinsically linked, with South Africa as the main economic and political power.

This paper focuses on the well-being of cross-border economic migrants seeking better livelihood opportunities in South Africa, with an emphasis on health and gender. Several reasons justify this choice.

Firstly, South Africa hosts the second highest number of migrants in Africa (UN data in Zlotnik, 2006, as quoted in IOM, 2012c), and 67.1 per cent of migrants in South Africa come from other SADC countries (Stats SA, 2001, as quoted in Crush, 2011a). Thus, exploring the well-being of cross-border migrants in South Africa provides us with information on the well-being of citizens from other countries in Southern Africa and beyond. In addition, the majority of research and statistics on migration in Southern Africa are South Africa-centred and very little data are available on migratory phenomena within the other Southern African countries.

Secondly, this paper focuses on economic migrants, both documented and undocumented, as this is one of the primary drivers of migration in South Africa and in the region. The paper excludes high-skilled professionals and investors. This paper also presents and compares the well-being of cross-border and internal migrants. Internal migrants move between and within provinces and municipalities in search of better livelihood opportunities, and their number is higher than the number of cross-border migrants (Segatti and Landau, 2011). The comparison of the well-being of both populations will inform us on the well-being dimensions that are related to being a migrant in general or being a foreigner in particular.

Thirdly, the paper focuses on gender, as research shows a feminization of the migration patterns and indicates that women's well-being is, in many instances, different from men's. Moreover, the process of migration impacts gender roles. Thus, exploration of the specific situation of women as it relates to migrants' well-being is worthwhile, and will be explored for each dimension of well-being (community and social, physical, career and financial).

Finally, as the region is heavily burdened with HIV, as well as other communicable diseases such as tuberculosis (TB), and as substantive literature has recognized the specific vulnerability migrants may have to communicable diseases, the health dimension of well-being is dealt with at length in this paper.

This paper also explores the link between migrants' well-being and the social and economic development of the region for different reasons. Firstly, migrants send high volumes of remittances back home, which has the potential to contribute to the development of their countries of origin. Secondly, migrant labour has been instrumental to the economic development of host countries – in particular South Africa, which bases its economic success on the mining, farming and industrial sectors – all of them relying heavily on migrant labour. Finally, the principal economic engine of South Africa – Gauteng Province (whose main city is Johannesburg) – has a high concentration of migrants. Thus, the well-being of migrants contributes in large part to the harmonious development of the city, the country and the region. The recent xenophobic attacks that started in Johannesburg's peri-informal settlements and spread throughout the country in 2008 created unrest, which is detrimental to the image of the country and, ultimately, the trust of investors and the economic development of the nation. Not only can such events have potentially negative impacts on South Africa's development, they also jeopardize the security and livelihood of migrants and host communities.

This paper is based on a review of literature on migrants' well-being. Available research is limited, focusing mainly on South Africa and on specific categories of migrants, grouped by sector of activity (such as commercial agriculture, mining, cross-border informal trade and domestic work) or by place of residence (essentially peri-urban informal settlement or inner-city). Topics explored in the literature include migration and HIV, and xenophobia in South Africa. The literature exploring the link between migration and development, in particular through remittances, is also reviewed. Few studies explore the specific situation of migrant women and address gender issues related to migration. The existing literature focuses mostly on the vulnerabilities of various groups of migrants and does not intend to describe the well-being of migrants per se. However, when juxtaposed, the information provided by these studies can be compared to reveal a picture of well-being. It reveals trends of exclusion and poverty, associated with the dual disadvantage of belonging to the lowest socioeconomic class and being a foreigner, which limits the ability of migrants to contribute to development.

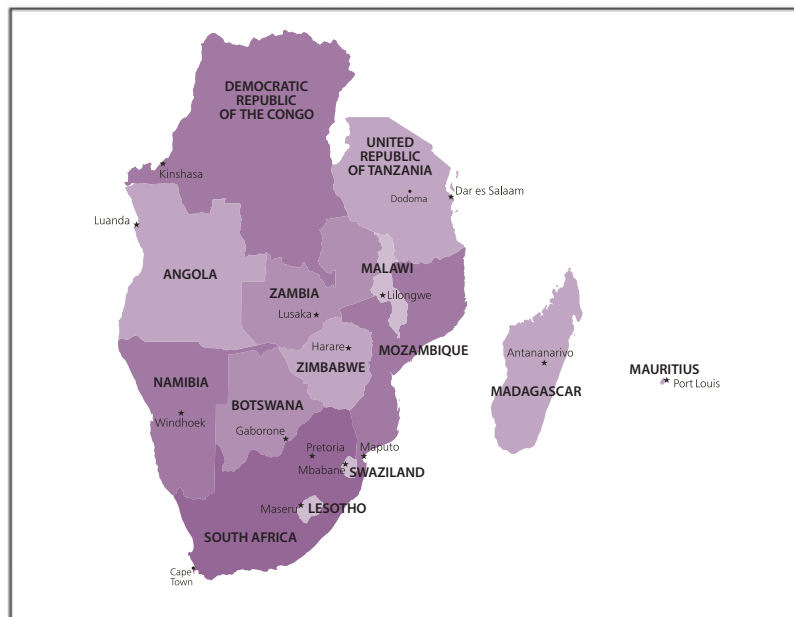
Note that in the absence of large-scale quantitative research, this paper presents partial and anecdotal evidence on the well-being of specific groups of migrants in certain places that may not readily be generalized to the whole livelihood-seeking, cross-border migrant population. The paper mainly concerns cross-border migrants living in Johannesburg and peri-urban informal settlements, as well as those living in mining and agricultural areas of South Africa.

This paper will try to identify the differences between the well-being of these various groups, and between migrants and non-migrants in order to highlight the factors that affect their well-being status and the possible causal links between the different categories of well-being. This analysis will inform recommendations to improve the well-being of livelihood-seeking migrants in South Africa and strengthen development in Southern Africa.

Context: Migration, development and well-being in South Africa

Development and migration in Southern Africa

Figure 1: SADC countries



The key feature of the SADC region is its poverty levels. In several countries, more than 50 per cent of the population is living on less than USD 1 a day. Undernourished population is above 30 per cent in the case of 9 SADC countries, and is as high as 47 per cent in Mozambique, 49 per cent in Zambia and 71 per cent in the Democratic Republic of the Congo. Unemployment tends to be as high as 50 per cent and informal employment is as high as 90 per cent in several SADC countries (Olivier, 2009).

South Africa is by far the most developed country in the region, with the South African gross domestic product (GDP) representing 65.7 per cent of the SADC GDP in 2002 (SADC, 2002). However, it is also the country showing the highest levels of inequality.

Migration in Southern Africa has been a long-standing feature of the labour market, particularly in the mining and agricultural sectors, and some consider that the “industrial development of some countries was only made possible by the use of labour from other countries” (Olivier, 2009). Migration in the SADC region is characterized by the following:

- An increasing proportion of foreign workers in contract labour, particularly in mining, with levels rising from 40 per cent in the late 1980s to close to 60 per cent in 2009 (Olivier, 2009);
- Declining levels of regular migration to and within the region and an increase in clandestine and undocumented migration. This is partially linked to the weakening of the mining and industrial sectors that provide regular status to migrant workers. For example, the number of Basotho employed in South African mining sector fell from 127,000 in 1989 to 47,000 in 2005 mainly because of the declining profitability of gold mines (FAO and WFP, 2007);

- Substantial brain drain migration of SADC nationals to countries outside SADC;
- Mass internal and, at times, external refugee movements;
- Feminization of cross-border migration;
- Growth in intraregional informal cross-border trade;
- Growth in the volume and complexity of cross-border movements.

Development, poverty and well-being in South Africa

To understand the well-being of migrants in South Africa and compare it with the rest of the population, the socioeconomic context of the country needs to be understood.

South Africa, with an estimated population of 51.77 million in 2011 (Census, 2011), is an upper-middle-income country. Eighty-five per cent of the population is between 15 and 64 years old (Stats SA, 2011). The country's GDP per capita is approximately USD 10,700 (2010). South Africa has an abundant supply of natural resources, well-developed financial and service sectors, and modern infrastructure.

However, the well-being of South Africans is shaped by strong inequalities. South Africa has a human development index estimate of 0.63 (rank 121 out of 187 countries) in 2012 (UNDP, 2013). The South African Gini coefficient indicating level of inequality is very high at 0.66 (the value 1 shows a complete inequality). "Such inequality seems to have deteriorated somewhat with higher economic growth" (The Presidency, 2009). It is also important to note the geographical distribution of these inequalities, with provinces like the Eastern Cape and peri-urban informal settlements displaying the characteristics of least-developed countries.

The Government of South Africa is still struggling to redress the imbalances of the past, particularly in the areas of health, education, housing and other social issues (Kautzky and Tollman, 2008). Service delivery has been one of the biggest challenges of the government. Since 2009, poor access to services has led to public demonstrations and strikes, which continue to compromise the socioeconomic developments made in the past decade. The country faces economic problems, such as poverty, lack of economic empowerment among disadvantaged groups, and persistently high unemployment. Approximately 29.8 per cent of the economically active age group (15–64 years) is unemployed (Census, 2011), and over 25 per cent of South Africa's population currently receives social grants – most of them being children. The overall poverty rate is estimated at 17.4 per cent, with marked black-white, rural-urban inequality (Human Development Index, 2011, as quoted in IOM, 2012c).

On the health front, South Africa is characterized by a quadruple burden of diseases and violence that are leading causes of mortality. These include, diseases of poverty (perinatal and maternal morbidity/mortality), non-communicable diseases (associated with hypertension, obesity and diabetes), communicable diseases (HIV and TB), and mortality and morbidity as a result of violence. To date, it is estimated that a total of at least 2.6 million people have died of AIDS (mainly young adults and children), and as a result, the median age of death has fallen from 52 in 1997 to 43 in 2007 (Harrison, 2009).

The public health-care system includes free primary health care at the point of use for all. Despite many achievements in redressing the inequalities of the past – notably the transformation of health care into an integrated and comprehensive service, as well as the design of good policies – the public health-care system still faces many challenges and struggles to ensure adequate access to services for all (IOM, 2010b). South Africa is characterized by substantive health inequities between races, place of residence (provinces, urban-rural, peri-urban informal or not) and gender (with a very high rate of violence against women). Other challenges include a substantial human resources crisis, poor quality in key programmes, low morale among health workers and lack of policy attention to alcohol abuse (Harrison, 2009). The health system also suffers from the additional burden placed on its services by the management of the HIV epidemic.

Migration trends in South Africa

Historical and contemporary migration: Migrant profiles

South Africa is characterized by migration patterns inherited from colonial times (including migrant labour in mining) juxtaposed with contemporary forms of migration associated with the opening of the borders after 1994, urbanization, and economic development that induced an increase in formal and informal migration. The factors that enabled this cross-border migration also encouraged internal migration from poor rural areas towards urban centres where new migrants often concentrate in peri-urban informal settlements (Williams et al., 2002; Landau and Segatti, 2009; Vearey, 2009).

Accurate information on the total number of migrants in South Africa is hard to obtain partly because of the phenomenon of irregular migration and the inadequate data collection systems (Crush, 2011a; Segatti and Landau, 2011). However, data shown in Table 1 give some indication of the magnitude of economic migration in South Africa. The total number of cross-border migrants residing in South Africa was estimated at more than 2 million economically active people, or 3.7 per cent of the total population in 2005 (UN DESA, 2010), and an unspecified number of undocumented migrants, bringing the total number of migrants up considerably (IOM, 2010b). Segatti and Landau (2011) estimate the total number of foreigners in South Africa, documented and undocumented, at about 3 million.

Most labour migrants come from the SADC countries (60.1%), in particular neighbouring states of Lesotho, Mozambique, Swaziland and Zimbabwe. Zimbabweans are the largest group of non-nationals residing in South Africa, and their number is estimated at 2 million, including both regular and irregular migrants (Gindrey, 2005). Moreover, migration from the Horn of Africa is also considerable, notably from Somalia and Ethiopia.

Cross-border migration is a mix of circular, permanent and transit migration. Cross-border migration has undeniably increased over the last decade, but internal migration is far more significant (Polzer, 2010b; Crush, 2011a) and “poses the greatest challenges for government planning, service provision and social cohesion” (IOM, 2012c).

Table 1: Statistics for South Africa compiled by the United Nations Department of Economic and Social Affairs

	1990	1995	2000	2005	2010
International migrants	1,224,368	1,097,790	1,022,376	1,248,732	1,862,889
Refugees	0	96,651	14,801	28,699	35,911
Total population (thousands) in South Africa	36,745	41,375	44,872	48,073	50,492
International migrants as a % of population	3.3	2.7	2.3	2.6	3.7
Female migrants as a % of international migrants	37.3	38.9	40.1	41.4	42.7
Refugees as a % of international migrants	0.0	8.8	1.4	2.3	1.9
Annual rate of change of migration stock	2000–2005: 4%; 2005–2010: 8%				

Source: UN DESA, 2010.

As in many other countries in the world, one can observe “feminization of migration,” meaning women make up a greater proportion of migrants. In South Africa, women represent 42.7 per cent of the total cross-border migration (UN DESA, 2010). They are predominantly concentrated in cross-border trade, domestic work and informal sector activity, are usually younger than men (Crush, 2010c), and often hold irregular status, hence they are more exposed to adverse conditions.

Another feature of immigration into South Africa is migration of unaccompanied minors. Children as young as seven migrate alone from neighbouring countries because they need to find work after the death of their parents, they lack money, or they are in search of education (Landau and Segatti, 2009).

Finally, migrant populations, both internal and cross-border, are largely concentrated in urban and peri-urban areas. The latest census conducted in 2011 reveals that Gauteng’s population grew by 31 per cent and the Western Cape’s (whose main city is Cape Town) by 29 per cent between 2001 and 2011. Gauteng has had the biggest influx of people at more than 1 million since 2001. This increase is largely due to the migration of South Africans from neighbouring poor provinces (such as the Eastern Cape and Limpopo, bordering the Western Cape and Gauteng, respectively) to economic hubs.

Spatial distribution of migrants

Cities and informal settlements, borders and transport routes

Since the early 1990s, both cross-border and internal migrants have increasingly been concentrated in the country’s urban centres. They are especially attracted by Johannesburg, which contributes 34 per cent of the South Africa GDP and close to 10 per cent of the total GDP for sub-Saharan Africa (Stats SA 2007, as quoted by Landau and Segatti, 2009). An estimated 9.5 per cent of the population in Gauteng was born outside South Africa (Census, 2011). This was considered almost double the national average, and in 2007, Gauteng province alone hosted 46 per cent of South Africa’s population born outside the country (Stats SA 2007, as quoted by Landau and Segatti, 2009). Cross-border migrants are mainly concentrated in certain neighbourhoods in the inner city, while internal South African migrants mainly converge in peri-urban informal settlements (Vearey, 2009).

Borders and transport routes are used as a passage by migrants; they are areas of significant economic activity, where truck and public transport drivers spend long periods of time and where amenities, such as bars, guesthouses and restaurants have been established to serve increasing numbers of migrants and mobile populations. Migrants staying in those areas are not considered in this paper.

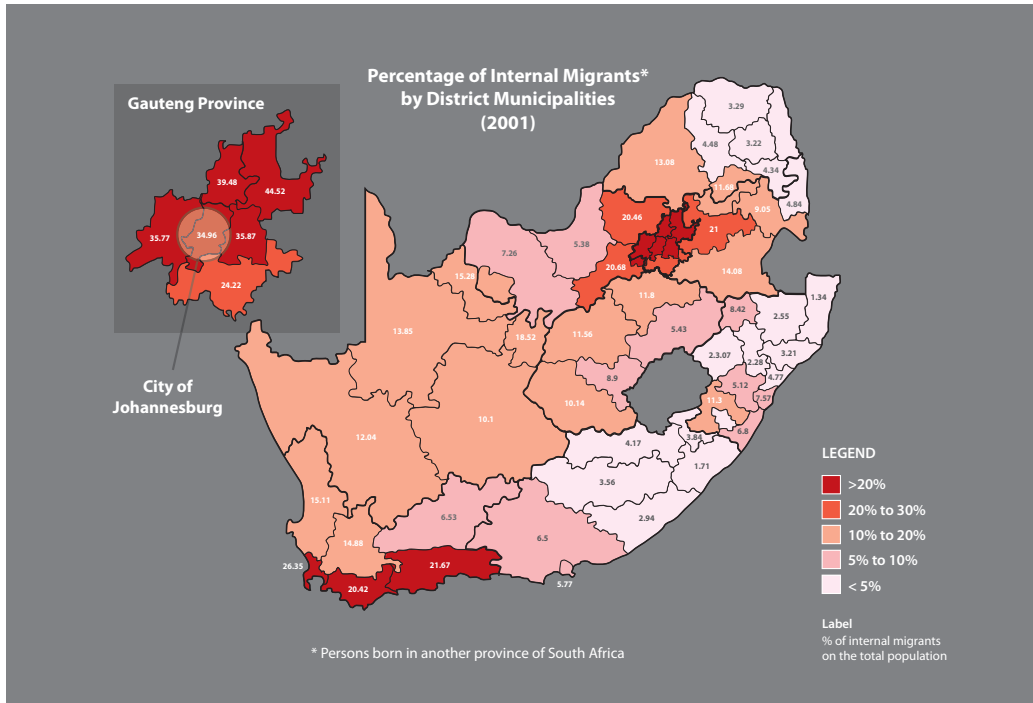
Various provinces

While Mpumalanga and Limpopo provinces primarily host Mozambican and Zimbabwean migrants due to their geographical proximity, there is a far greater diversity of economic migrants living in Durban, Cape Town and Johannesburg, including Zimbabweans, Mozambicans, Congolese and Angolans. Somalis are also present in all major cities and smaller towns, but in much smaller numbers (Landau and Segatti, 2009).

Mining and agricultural areas

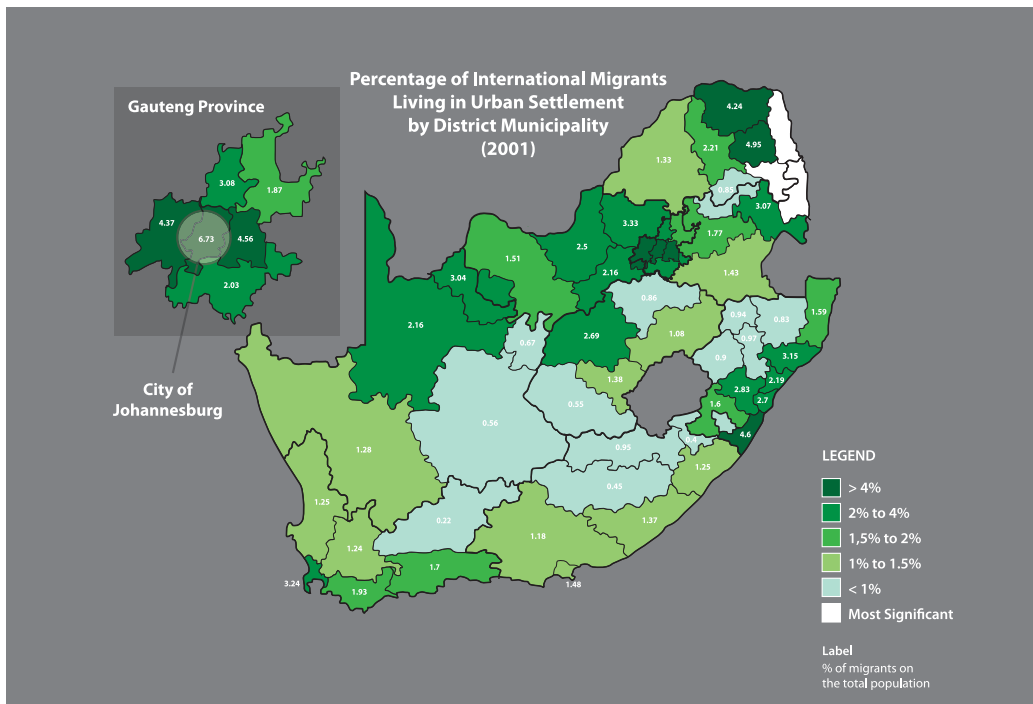
In previous decades, much of the cross-border migration was concentrated in agricultural and mining areas. However, while still attracting numerous migrants, the mining sector faces a crisis and the number of cross-border migrant workers with regular jobs has decreased from almost 422,000 in 1989 to 231,000 in 2000 (Olivier, 2009). Migration to agricultural areas is seasonal in nature, and farmers often employ undocumented people.

Figure 2: Spatial distribution of internal migrants in South Africa



Source: UNOCHA and FMSP, 2009.

Figure 3: Spatial distribution of international migrants in South Africa



Source: UNOCHA and FMSP, 2009.

Key migration management challenges in South Africa

Despite South Africa's constitutional guarantee of basic rights and policy frameworks taking migrants into consideration, implementation challenges impact negatively on migrants' well-being.

Migration management in South Africa is guided primarily by the Refugees Act (1998) and the Immigration Act (2002, amended in 2004) and has also been integrated in several key policy working documents in the past two years. They include the *National Development Plan Vision for 2030*, which states that, "If properly managed, migration will serve as an important instrument to fill the gap in the labour market and will positively contribute to the development of South Africa"; the *National Strategic Plan on HIV, STIs and TB, 2012–2016*, which considers migrants as a key population; and the *Draft Document for Public Engagement* (April 2012), which states that, "The control and management of the country's borders remains one of South Africa's biggest security challenges [...] Intolerance and violence against foreign nationals remains a cause for concern, linked to competition over scarce resources and the accompanying dynamics of human behaviour."

Several challenges affect the management of economic migration:

First, "the migration regime continues to be dominated by concerns about economic and physical security, rather than regional development and human rights" (Polzer, 2010b), and is not in line with the 2007 SADC Protocol on the Facilitation of Movement of Persons, which envisions the progressive facilitation of movement in the SADC region through the introduction of free visas and rights for citizens of the region to work and establish themselves. Hence, the South African legal and policy framework offers limited access to documented migration options especially for semi-skilled and entrepreneurial migrants from the region. This results in many cross-border migrants being involved in informal employment. They work in labour-intensive sectors, are often employed on a casual basis, have little opportunity to claim work-related benefits and rights, largely remain un-unionized and are not protected against exploitation (Segatti and Landau, 2011). This situation is detrimental to their well-being.

Second, the management of undocumented migration is currently ineffective and often leads to human rights abuses, notably through deportations of illegal migrants. Finally, local government planning policies, including infrastructure planning, do not take into consideration migration patterns, and therefore reinforce hostile sentiments against foreigners who are seen as competing with nationals for scarce resources (mainly jobs and government services). This happens in a context where the main challenge of the South African Government is currently service delivery at the local government level (Segatti and Landau, 2011), an issue which has sparked protests since 2008.

The dimensions of well-being of economic migrants

For the purposes of this paper, well-being is defined along several dimensions used by the Gallup World Poll: community and social well-being (including levels of confidence in government institutions, safety, satisfaction with public services and social networks), physical well-being (including access to health care, HIV and other health issues, general health), career well-being and financial well-being.

Each of these dimensions is explored with as many details as existing literature allows, and for each of them, the specificities of women's well-being are presented. Due to the magnitude of the HIV epidemic in Southern Africa, the health dimensions of well-being are explored in more detail.

Community and social well-being

Confidence in government and institutions

In general, the confidence of South Africans in their government and institutions seems to have declined in South Africa over recent years, as evidenced by the numerous protests against local governments for poor service delivery. Then, it is no surprise that available research depicts low levels of confidence in state institutions by cross-border migrants.

Confidence in national and local governments

No data were found on migrants' perception of national and local governments, but some research studies assessed how local governments respond to migration. One of the findings was that many local government officials had negative perceptions about migrants, whom they perceived as being "associated with criminality, disease and unemployment" and to be "draining public resources" (Vearey, 2011b).

Confidence in the police force and insecurity related to the actions of state representatives

In their research paper *Vulnerability, Mobility and Place: Alexandra and Central Johannesburg Pilot Study*, Misago et al. present the results of a survey they conducted in 2009 to identify and compare the vulnerabilities experienced by cross-border migrants, South Africans who had recently moved to an area, and long-term South African residents in those areas. There were 2,028 respondents overall, with 1,006 in Alexandra and 1,022 in the inner city. This research reveals that cross-border migrants living in Alexandra – a peri-urban informal settlement north of Johannesburg – and Johannesburg Central do not feel that they have equal protection by the law as they often prefer not to report violence or criminal acts perpetrated against them.

In addition, insecurity caused by the actions of state representatives is particularly prevalent among cross-border migrants due to corrupt and "overzealous" immigration police who elicit bribes (Misago et al., 2010; Landau and Segatti, 2009). Survey results also reveal that 53 per cent of cross-border migrants in the inner city have been stopped on the street or visited at home by the police or military to check their immigration status. Other studies have shown that these occasions of checking have often led to harassment, extortion and unlawful arrests. Based on a survey questioning migrants from three countries in four major African cities (Johannesburg, Lubumbashi, Maputo and Nairobi), Gindrey's study – *Migration and the New African City, Survey Results*, published in French as *La Migration et la Nouvelle Ville Africaine: Résultats de L'enquête* in 2010 – seeks to identify the profile of migrants, their life plans and migratory path, and the models of insertion into the host cities, among other objectives. The survey, done in 2006–2007, interviewed 191 South Africans, 202 Mozambicans, 186 Somali and 253 Congolese

living in Johannesburg for more than four years. On the issues related to the police force, survey results reveal that between 14 per cent and 16 per cent of Somalis and Mozambicans living in Johannesburg have had their identity documents confiscated or destroyed by the South African authorities. Gindrey (2010) argues that this can be attributed to South Africa's restrictive migration policies, which are based on a border control approach that diffuses an anti-foreigner sentiment among state representatives and the population as a whole. Extortions at border posts and corruption of officials, including police officers, were also reported by cross-border traders in the studies conducted by IOM (2010) and Singh (2007). These practices result in low confidence of migrants in South African government institutions.

Safety

The level of insecurity in South Africa is high in general, and particularly in poorly resourced areas where migrants are concentrated.

General safety levels

Misago et al. (2010) point out that "poorer households are more vulnerable to threats of violence, all other things being equal. This contradicts the often-heard claim that individuals are attacked because they are 'stealing jobs' or accessing more public services than other residents of the same location". Thus, migration status is not, in itself, the main causative factor of insecurity; rather, it is socioeconomic status.

On average, more than 25 per cent of respondents, including both cross-border migrants and South African nationals, reported that they or a household member had been a victim of some form of crime since moving to Alexandra Township, north of Johannesburg (Misago et al., 2010). The survey conducted by Vearey et al. (2009) of migrants and South Africans in Johannesburg also confirms that crime is the biggest problem relating to community life identified across all Johannesburg suburbs, both formal and informal.

However, the risks faced by cross-border migrants vary hugely depending on their location. In Alexandra, they have a 39 per cent higher chance than the South African-born of being victimized because of their origin, while in the inner city it is only 12 per cent higher.

It is important to note that Alexandra was the epicentre of the 2008 xenophobic attacks, and Misago et al. (2010) warn against a possible bias in the respondent-driven sample. At the same time, this finding is in line with the anti-foreign sentiment that has been prevalent in South Africa over the past years and confirms that poverty is intrinsically linked with violence (as in Alexandra township's levels of financial well-being are lower than those in the inner city (see section on financial well-being)).

Xenophobic attacks

In May 2008, violent attacks against foreigners began in the township of Alexandra and rapidly spread to many other settlements across the country, including those in other provinces. During the attacks, at least 62 people were killed and 670 wounded, and more than 150,000 people were displaced or forced to leave South Africa (Misago, 2008, as quoted by Segatti and Landau, 2011). Foreign traders and shopkeepers were the primary targets and, in the absence of efficient protection from the police, a lot of them had to flee their homes and shops (Segatti, 2011). Affected shop owners were mainly Somali, as well as Chinese, Ethiopians, Mozambicans, Pakistani and Zimbabweans. The violence can be seen as "a symptom of broader challenges of legitimate and accountable local governance, especially in informal settlements" (Polzer, 2010a:2). Triggers included "competition for political (formal and informal) and economic power," where "leaders and aspirant leaders often mobilize residents to attack and evict foreign nationals." "In many instances, violence has been organized by business owners intent on eliminating competitors" (ibid.). As few of the underlying factors have been addressed, threats and violence

against foreign nationals and other outsiders remain, and in 2011, attacks of a lower intensity occurred in the Cape Town, Port Elizabeth and Bloemfontein areas.

Safety in the workplace

The level of safety in the workplace cannot be generalized and probably depends on the documentation status of the migrants (undocumented ones being more prone to exploitative, unsafe workplaces), existing workplace programmes and policies, and attitudes of colleagues and immediate supervisors, as well as sector of employment. Nearly 90 per cent of farm workers surveyed by IOM (2010g)¹ reported feeling safe at home and at work. However, reports of passports being confiscated and movements restricted by farm managers (Crush, 2011) provide a picture of human rights abuses on farms. In addition, violence against women on farms is high (see next section), and mine workers living in single-sex hostels reported rape attempts and operate in highly dangerous working conditions, with high rates of injury (IOM, 2010e; Campbell, 1997).

Violence against women

As the levels of violence against women are extremely high in South Africa, which has the highest rape rate in the world, it is no surprise that migrant women living in poor conditions and with precarious jobs are vulnerable to violence.

Women working on farms reported rape, often associated with overcrowded accommodation (such as in cases where several couples were sharing a room and women reported being forced into sex by one of the other males while their regular partners were away (IOM, 2009a). In a qualitative study based on in-depth interviews with 15 Zimbabwean women living in the inner city of Johannesburg for more than a year, most migrant women reported feeling unsafe and vulnerable, citing concerns about rape, violence and high crime levels (Munyewende et al., 2011). Singh (2007) refers to a study carried out in Durban's central business district, a hub of informal trading activities, where women identified theft and criminal violence as obstacles to their work that were almost on a par with the lack of capital for business. Cross-border informal traders may be sexually harassed or even raped by border officials, truckers or taxi drivers. A research study on domestic workers showed that "a fifth had been pushed, shoved, slapped or had things thrown at them in the previous year; 6 per cent had been raped; and 6 per cent forced to have sex by their partners when they did not want to" (Peberdy, 2005).

The association between gender-based violence and the poor well-being of migrant women has been documented. Migration makes it difficult for migrant women to access support as they do not have the same network as they have at home, particularly new arrivals. In addition, they have difficulties accessing government support because they fear xenophobia and deportation, as they are often undocumented. Since they live on the verge of destitution as well, many women rely on their partners for obtaining goods and money, and can be compelled to endure domestic violence for survival (Kiwanuka, 2008). They tend to tolerate and prefer private violence over public violence, as they see it as "the only available option" (Kiwanuka, 2008:2). Finally, violence against women during the migration process is rife, as is the case with informal cross-border traders (IOM, 2010).

It is important to note that violence, rape and coercive sex all increase the vulnerability of women to HIV infection (SAMP, 2005), which is discussed later in the report.

¹ IOM conducted two Integrated Biological and Behavioural Surveillance Surveys (IBBSSs) in 2009 and 2010, among 28 and 23 farms in Mpumalanga and Limpopo provinces, respectively (IOM, 2010). The surveys included 1,500 and 2,810 farm workers, respectively.

Satisfaction with public services²

Access to sanitation and decent accommodation

Within Alexandra township, cross-border migrants are significantly more likely to live in poorer accommodation conditions than South Africans are. They are most likely to live in informal/self-built housing (e.g. shacks), and the least likely to have access to electricity and running water, and only 1 per cent of them access the low-cost houses built by the Government to replace shacks (Misago et al., 2010).

Access to banking services

The current banking legislation allows asylum-seekers, refugees and business permit holders to open bank accounts, provided they can supply the required documentation. However, in practice, banks often refuse access to poor foreigners (Landau and Segatti, 2009).

Access to education

A recent research paper found that close to one third of school-age, non-national children are currently not enrolled in schools due to inability to pay fees, transport, uniforms and books, or because of explicit exclusion by school administrators. Even those who are enrolled report regularly being subjected to xenophobic comments by teachers or other students (Landau and Segatti, 2009). This is in spite of the South African Schools Act (1996) and the Refugees Act (2002), which give children of migrants the right to education.

In sum, the research reviewed depicts general low levels of security, safety and access to services for cross-border migrants.

Other dimensions of community and social well-being

Participation in community organizations

The survey conducted by Misago (2010) reveals generally low levels of participation and involvement by all groups of respondents in local meetings, cultural organizations, credit associations, social clubs, and other formal or less formal organizations (such as informal saving groups or credit associations) and fora. However, 64 per cent of inner-city residents and 44 per cent of Alexandra residents report regularly attending religious events.

Desire to remain in South Africa

In a 2006 survey in Johannesburg, 44 per cent of the migrants from Democratic Republic of the Congo, 68 per cent from Somalia and 60 per cent from Mozambique declared they intended to be in South Africa two years later (Landau and Segatti, 2009).

However, this desire to remain in the community of current residence may be motivated by survival and an absence of other choices. Better data to understand the satisfaction with the community can be found in the elements related to the safety of migrants and the xenophobic sentiments and attacks, as well as the data related to the social well-being presented in the next section.

² Access to health care is explored in the section on physical well-being.

Social well-being

Support from friends and relatives

On farms, a 2010 Integrated Biological and Behavioural Surveillance Survey (IBBSS) conducted by IOM found that nearly 90 per cent of migrants surveyed reported having support from friends and family. More than 86 per cent of respondents felt they were respected in the community for the work they did. More than 75 per cent felt that the farm workers community was one where individuals supported each other (IOM, 2010g). Thus, it seems like there are positive sentiments about levels of social cohesion on the farms, which is in sharp contrast with the findings related to discrimination and xenophobia mentioned in the previous section.

This contradiction illustrates the fact that migrants' well-being is highly dependent on the type of work they do and their place of residence. This is confirmed by Peberdy (2005), who found that some migrants are isolated "by the nature of their job," as is the case of domestic workers, and by Vearey et al. (2009), who, in their study on migrants living in Johannesburg, found that "cross-border migrants are likely to report that they do not feel part of the neighbourhood in which they live."

Social networks among migrants in South Africa are qualified as mono-cultural; according to a study conducted by Gindrey (2010), in Johannesburg, 63 per cent of Mozambicans, 95 per cent of Somalis and 89 per cent of Congolese declared not having any South African friends. To a degree, this tendency towards sticking with others of the same nationality may be due to the preferences of migrants. For instance, 51 per cent of Congolese, 67 per cent of Somalis and 54 per cent of Mozambicans considered it important to marry someone from the same country (ibid.).

The affinity of migrants for the members of their communities of origin might be attributable not only to cultural or language similarities but also to the anti-foreigner sentiment in the South African population. In the same survey, 33 per cent of South African respondents saw immigration as being responsible for the rise in criminality in Johannesburg. Just 38 per cent of Congolese, 11 per cent of Somali and 4 per cent of Mozambicans reported trusting South Africans, and 21 per cent of South Africans said they trusted foreigners. Another survey, the Afrobarometer, found that "the distrust of foreigners has increased in South Africa in the past four years: 67 per cent of South Africans say they do not trust foreigners at all, compared with 60 per cent in 2008" (IDASA, 2012).

In this context, social well-being can be gained through participation in migrant networks, as enlarged upon in the section that follows.

Migrant networks

Another survey conducted in South Africa exploring migrant networks revealed the existence of social networks between cross-border migrants, such as political organizations (notably among Zimbabweans), home cultural associations (particularly common among migrants from West and Francophone Africa), and informal migrant mutual help groups, such as burial associations and savings and credit groups (Crush, 2011b).

These networks are instrumental to the selection of a migration destination and information about living conditions prior to migration (Kok et al., 2008; Crush, 2011b). Between 69 per cent and 71 per cent of surveyed men and women, respectively, planned to move to a place where they had immediate families or close friends (Crush, 2011b). Crush adds the networks "are also particularly strong in helping new migrants find employment and, given the general xenophobic atmosphere in South Africa, provide migrants with solidarity and physical protection."

However, the Human Sciences Research Council (HSRC) found that these ties may become loose with time and migrants perceive "friends and neighbours as not very supportive." It concludes that "these communities are not only vulnerable to increasingly unfriendly policy climate in migration-receiving countries, but also the erosion

of migrant networks over time” (Kok et al., 2008). This is confirmed by Misago et al. (2010). This situation needs to be understood within the wider context of rapid urbanization and growth of African cities, where (a) “local” populations are heterogeneous and recently established; (b) foreign-born residents may not be very different from native-born residents; and (c) trust is low both within and across various groups” (Madhavan and Landau, 2011).

The prevalence and strength of networks tends to correlate with the migrants’ countries of origin. For example, Senegalese and Somali are known all over the world for their powerful globalized trading networks. As Kok et al. (2008) note: “The amount of support offered depends on factors such as family structures... it is essential to understand the cultural context in which migrant networks operate.” For instance, Basotho migrants operate in a totally different social context.

In contrast to Somalis, Basotho migrants do not benefit from the same supportive networks. “The frequency of return home and the isolation of many migrants while at work means that there are few organized Basotho immigrant associations or diaspora organizations as traditionally conceived in developed, migration-receiving countries (Crush et al., 2010c).

Box 1: Migrant networks – The case of Somali

Somalis were one of the first non-SADC migrant groups who arrived in the country and are considered highly organized. This group is characterized by a strong identity, marked by a desire to remain independent, the Muslim religion, and organizations “that try and recreate indigenous beliefs” and protect their rights (Jinnah, 2010). Contrary to most of the other economic migrants who are employed by South Africans, most Somalis establish their own businesses (mainly retail) or are employed by other Somalis in *spaza* shops (informal convenience shops), and many of them have international linkages. This constitutes “a distinct difference in the dependence levels” (ibid.). Belonging to these networks gives them a comparative advantage to run successful businesses; not only do the networks allow them to conduct bulk-buying, but also to access finance. Somali migrants also benefit from a long history of trade culture and often have better business skills than the South African *spaza* shop owners who run shops for survival (Segatti, 2011).

In sum, in a context of widespread anti-immigrant sentiment and limited access to government services, networks of migrants coming from the same country become a core element of migrant well-being, as illustrated by the economic success of Somalis. As Misago et al. (2010) note: “Individuals who are members of social organizations are often more resilient to social and economic shocks through recourse to informal sources of in-kind and financial support.” However, for most migrants living in growing cities, the fluid and heterogeneous urban environment, the marginal differences between internal and cross-border migrants, the oscillatory nature of migration, as well as the intention of many not to settle in the city do not allow for the formation of strong networks based on nationality. Madhavan and Landau (2011) call for “new tools and concepts to study ‘community of strangers’ and how people strategize their access to social capital in urban contexts.”

Physical well-being and access to health care

Access to health care

The South African Constitution gives the right to basic health care to all living in the country, regardless of legal status or documentation, and the National Department of Health has issued directives to reinforce this general right of access. The National Strategic Plan on HIV, STIs and TB, 2012–2016 considers migrants as a key population and gives migrants access to antiretroviral therapy (ART).

Despite the favourable policy environment, there is evidence of barriers to accessing healthcare that are specific to migrants. Among the cross-border migrants surveyed by Misago et al. (2010) in Johannesburg and Alexandra township, 39 per cent of those who had tried to access health care reported having been refused access because they did not have adequate documents. This is in sharp contrast to the internal migrant respondents, for whom the main reason for not easily accessing health care was financial (Misago et al., 2010).

Migrants face difficulty accessing not only basic and emergency health services but also ART, as well as sexual and reproductive health services and HIV information.

Factors explaining this situation include (IOM, 2010b; Vearey, 2011a):

- The perception among medical service providers that the “local population” should be given priority, in the context of a struggling public health system where the medical staff is overburdened;
- The negative attitudes of health-care workers, many of whom are reluctant to treat cross-border migrants;
- The precarious legal status of many migrants, which makes them scared to access services for fear that contact with public service may lead to deportation;
- The lack of targeted and appropriate health information in languages spoken by migrants;
- The tendency for migrants to perceive they are not at risk;
- The constrained financial circumstances of many migrants.

In addition, some barriers are specific to certain sectors. IOM research on farms (2010g) indicates that often migrant workers do not have time to go to the clinic, as clinics are located far from the workplace and do not operate after working hours. Hence, migrant workers only access health services when they are critically ill. Some of the big mining companies have put in place their own medical facilities and schemes, including ART provision. However, access depends on the type of contract, and temporary workers, who are often the majority, are not entitled to these benefits.

Migrant well-being and HIV

The SADC is the epicentre of the HIV epidemic and, in South Africa, HIV prevalence in the adult population (aged 15–49) was estimated to be 17.8 per cent in 2009. An estimated 5.63 million adults and children were living with HIV. Of these, 5.3 million were adults aged 15 years and older, 3.3 million were adult females and 334,000 were children (SANAC, 2012).

The link between migration and communicable diseases has been documented even before the HIV epidemic, and is embedded in the history of Southern Africa. “Throughout the twentieth century, the migrant labour system played a central role in the spread of infectious diseases such as TB and STIs like syphilis and gonorrhoea. The system also made miners and their dependants particularly vulnerable to infections and occupational diseases” (Williams et al., 2002).

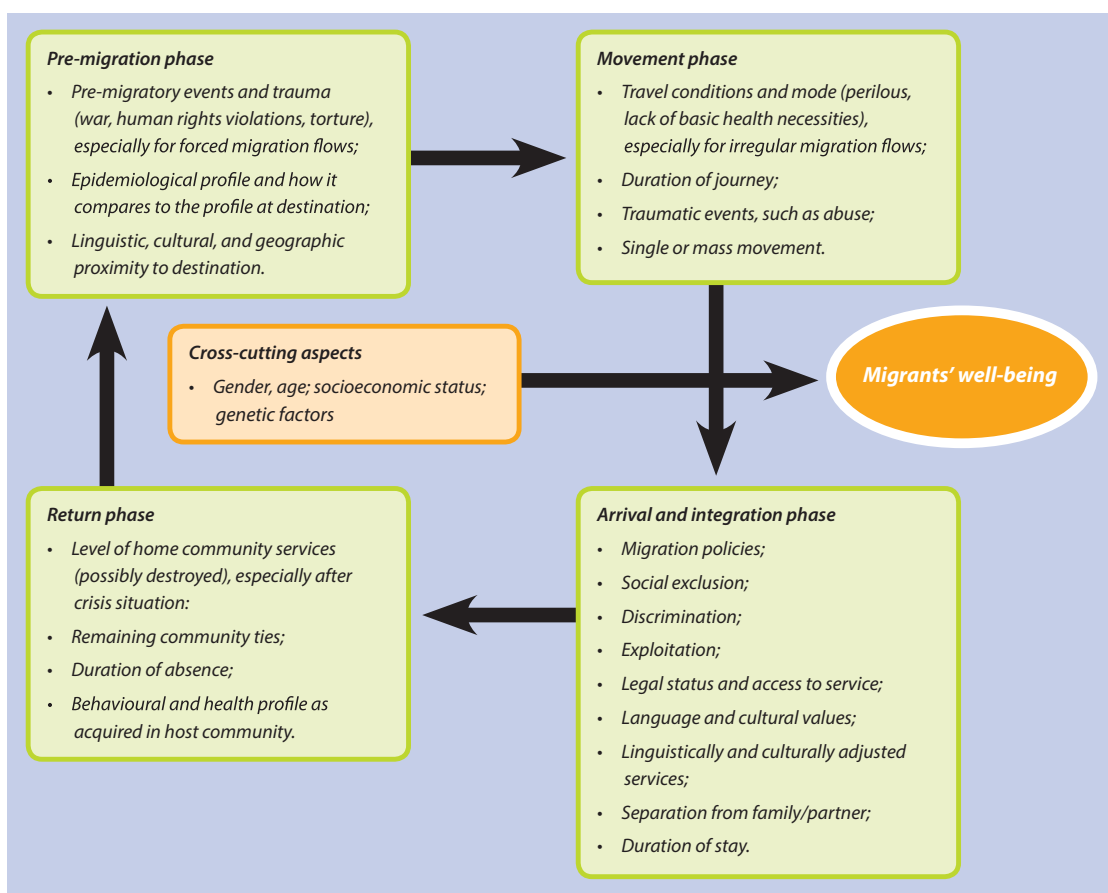
It is no surprise then that, with the increase in migration associated with the end of apartheid and against the backdrop of high levels of poverty, the movement of people has played a role in the transmission of HIV.

Box 2: The complex link between HIV transmission and migration in Southern Africa

The interaction between mobility, sexual behaviour, and HIV and STI transmission is dynamic, and one cannot consider migrants as vectors carrying the HIV infection from one place to another, “connecting areas of low and high risk” (Coffee, 2007). Migration increases vulnerability, but “it is the conditions associated with the migration process” or the “social disruption which characterizes certain types of migration” that affect vulnerability of individuals rather than being a migrant per se (IOM, 2010b; Decosas et al., as quoted by Singh, 2007). Migration primarily influences the spread of HIV by increasing high-risk sexual behaviours. In addition, the direction of spread of the epidemic is not only from returning migrant men to their rural partners, but also from women to their migrant partners (Lurie, 2003b).

Figure 4 illustrates that various factors that affect the well-being of migrants and their vulnerability to HIV throughout the various phases of migration – from departure, through arrival and integration and, when relevant, to return. This makes it difficult to generalize based on evidence from certain points and places in this journey.

Figure 4: Factors that can affect the well-being of migrants during the migration process



Source: IOM, 2008.

The prevalence of HIV among the migrant population is high in certain sites, and this is also true of the host population. There is a lack of large-scale epidemiological data assessing HIV prevalence among migrant workers. Recent place-based epidemiological studies that compared the prevalence of HIV among migrants and the sedentary population with whom they interact do not come to the same conclusions. However, common trends emerge from these studies, as explored in the section that follows.

Research studies on the prevalence of HIV among migrants

IOM conducted two (IBBS) surveys in 2009 and 2010, surveying 28 and 23 farms in Mpumalanga and Limpopo provinces, respectively (IOM, 2010g). The surveys included 1,500 and 2,810 farm workers, respectively.

HIV prevalence among migrants and non-migrants alike was extremely high. At 39.5 per cent, the rate was double the prevalence among 15- to 49-year-old adult non-farm workers in the same provinces; 52.2 per cent of 30- to 34-year-old seasonal employees were also infected (IOM, 2010g).

Finally, Mudandi (2006) showed that “outmigrants from rural Zimbabwe did not have higher levels of HIV infection or sexual risk behaviour than residents did, either before or after they moved.” He formulates the hypothesis that migrants and nonmigrants have similar levels of infection because in mature epidemics, such as those found in countries within Southern Africa, the process of circular migration between rural and urban areas – both within and across borders – no longer contributes to the spread of HIV (Mundandi et al., 2006; Coffee et al., 2007, as quoted by IOM, 2010g).

Data gathered by The World Bank to assess the impact of HIV on workers in the South African mining sector (migrants and nonmigrants) also show high levels of infection. Twenty per cent of coal miners and 30 per cent of gold miners are HIV positive, and these prevalence rates are 17 per cent higher than those of the general population (World Bank, 2010).

In sum, available data suggest that HIV prevalence among cross-border migrants is high, although not always higher than the prevalence among nonmigrants.

Women’s higher vulnerability to HIV infection than men

The research studies below present examples of abuse of female farm workers to illustrate that women have higher odds of being infected than men (Camlin, 2010).

Women working on farms were far more affected than migrant men, with HIV prevalence of 46.7 per cent according to IOM’s 2010 study and 32.5 per cent in the 2009 project, compared with 20.9 per cent and 30.9 per cent prevalence for men in the same years. The difference in prevalence between cross-border migrants and South African women (whether internal migrants or living nearby the farm and travelling every day to work) was not major (40.8 per cent for South Africans, 51.8 per cent for Swazi, 41.5 for Mozambicans and 28.4 per cent for Zimbabweans in the 2010 survey). Lurie (2003) also found high rates of HIV among South African rural women; however, the migration status of the regular partner was not a major risk factor for HIV. The study concluded that rural women lack access to appropriate prevention interventions, regardless of their partners’ migration status.

The precarious financial situation of women, be they cross-border migrants or not, contributes to their high rates of HIV infection. It seems that “their sexual relationship decisions and behaviours are shaped by their socioeconomic contexts” (Munyewende, 2011). The income insecurity migrant women face encourages them to adopt survival strategies in which the short-term benefit of their behaviour is more important than their long-term health. They tend not to pay any attention to prevention, their capacity to negotiate condom use is low in general, and they face more difficulty disclosing their status to their partners for fear of rejection. Transactional sex seems to be a coping

strategy commonly employed by many women, especially if they are the only breadwinner and have pressing survival needs (Singh, 2007). The specificity of migrant women is that they are isolated from their social networks and their support base is diminished, which increases the likelihood of engaging in transactional sex to obtain transport, accommodation or food (Singh 2010; IOM, 2010g; Munyewende, 2011). Evidence of these behaviours was found in all sectors: informal traders exchanging sex for transport, and intergenerational sex involving a young female and an older male farm worker to satisfy unmet needs, such as better accommodation.

In addition, IOM found that forced sex was an issue on farms, with 14.4 per cent of women reporting they had been forced to have sex against their will in the past 12 months (IOM, 2010g); evidence of sexual abuse was also reported by domestic workers and informal traders (IOM, 2010d).

Additional causes of women's increased vulnerability include the fact that they are concentrated in sectors that offer less exposure to workplace health and prevention programmes, such as the informal sector and domestic work.

Multifaceted causes of migrants' increased vulnerability

Besides women's specific vulnerability factors, the studies mentioned above could not pinpoint one factor that is causing this high rate of HIV infection among migrants, but rather suggest a multitude of factors. Among them are risky behaviours. On farms, 52.6 per cent of people who knew they were HIV positive did not use condoms during their last sexual activity, according to IOM's study in 2010. In addition, it was also demonstrated that the dangerous working conditions of mine workers lead to a sense of fatalism that contributes to risk-taking attitudes (IOM, 2009a). Campbell suggests that the "explanations of why people engage in high-risk behaviours involve an understanding of their social identities and of the social conditions within which such identities are constructed." She further explains how "social identities are shaped in response to the life challenges of work, leisure and interpersonal relationships within the particular living and working conditions of the gold mines."

The regional assessment on HIV prevention needs of migrants and mobile populations in Southern Africa conducted by IOM in 2010 identified other factors that increase vulnerability to HIV among mobile populations and the communities with which they interact. These include poor quality and standards of accommodation, boredom and loneliness, dangerous working conditions, impoverished social environments in which alcohol and sex are the only forms of entertainment, and low access to health-care facilities. In addition, adverse working conditions motivate some male migrant workers to seek solace and intimacy through multiple sexual encounters. Vulnerabilities specific to migrants include discrimination, which prevents them from seeking health care, as well as lack of access to HIV information.

All of these vulnerability factors, including risk-taking behaviours, are related to the poor state of community, social, financial and career dimensions of well-being. There is thus a causal relationship between the various dimensions of well-being and vulnerability to HIV. Available research shows that when the various well-being needs are not met, migrant workers and those working in similar conditions tend to be preoccupied by more immediate challenges of physical survival and financial need, so they regard HIV infection as a distant possibility and adopt risky behaviours. Research also highlights the gender bias of the epidemic and the necessity to take into consideration the specific needs of women involved in the migration process, be they partners of migrant workers who have stayed at home or migrant workers themselves.

Other health issues

In South Africa, the maternal mortality ratio is 124/100,000, which is exceptionally high (IOM, 2011a). In this context, anecdotal evidence suggests that migrant women are in a more disadvantaged position, as they may be unable to access continuous antenatal care, safe delivery facilities/assistance and contraceptives, and experience specific vulnerabilities due to the mobile nature of their livelihoods. The health of children of migrants may also be adversely affected by the breakdown in family support as a result of the migration process. However, more research is needed on the subject.

According to the World Health Organization (WHO) estimates, South Africa ranks the third highest in the world in terms of TB cases, at 0.4–0.59 million (2010 MDG Report, as quoted by IOM, 2012d). In addition, South Africa's 500,000 mine workers have the highest TB incidence in the world, with 3,000–7,000 per 100,000 miners infected, compared with the global incidence rate of 128 per 100,000, according to Stop TB Partnership (*The Lancet*, 2012). Silica dust exposure in the gold mines of South Africa is definitely a cause of this high prevalence and so is the HIV epidemic. The death rate associated with TB has risen from 168/100,000 in 2004 to 181/100,000 in 2007 (2010 MDG Report, as quoted by IOM, 2012d).

General physical health

Migrants tend to consider themselves as being generally healthy, and are often more likely than South Africans sharing the same living conditions to report good health. This is the case among farm workers, of whom 79.3 per cent considered themselves in good, very good or excellent health, according to the survey conducted by IOM (2010g). Despite their economic challenges, populations who migrated from other provinces to Johannesburg less than 10 years ago and cross-border migrants characterize their health status at a better condition than long-term residents. A less subjective indicator of general physical health was employed by Misago et al. (2010) in their survey, which examined the frequency of seeking medical care. The survey revealed that 19 per cent of long-term residents and 10 per cent of internal or international migrants sought medical care during the week preceding the survey (Misago et al., 2010). In another survey conducted in 2007 and 2008, less than half of the cross-border migrant respondents (45 per cent) reported “ever needing health care in South Africa” (Vearey, 2011a).

These data are in sharp contrast to the very high HIV prevalence levels among some migrant groups described above. The discrepancy might be due to the fact that most of the workers do not perceive themselves as being at risk. The virus takes time to manifest itself, and HIV positive people often realize their status at an advanced stage of the disease when they are forced to stop working. In addition, demography and self-selection play a role: migrants tend to be young and healthy when they decide to migrate (Misago et al., 2010; Vearey et al., 2009), and in fact, physical well-being is a sort of prerequisite for migration, as generally only physically healthy individuals will migrate.

However, inner-city inhabitants in general, be they migrants or not, are more likely to consider themselves healthy than Alexandra township residents – 4 per cent reported having poor health status, as opposed to 10 per cent of township residents (Misago et al., 2010), which may indicate that the place of residence also matters in determining the health well-being of migrants.

Career well-being

Unemployment and underemployment

Those born outside South Africa are more likely to be involved in regular income-generating activities. When aggregated across location, the percentage of unemployed South African-born in Misago et al.'s study sample is 63 per cent, with 55 per cent of the cross-border migrants unemployed. The foreigners' unemployment rate was lower than the national expanded unemployment rate for the black population born in South Africa, which combines those unemployed and looking for work with those not economically active (59.6 per cent in 2007). However, similar to other socioeconomic indicators above, the location of residence is highly significant in determining levels of vulnerability to lack of income (Misago et al., 2010). In Alexandra, 72 per cent of South African-born residents were unemployed, 71 per cent of recent internal migrants, and 59 per cent of cross-border migrants, which is far higher than the average presented above.

Finally, many migrants are underemployed and unable to get jobs commensurate with their qualifications and experience, ending up working in lower-paid jobs (Crush, 2011a).

Possible factors explaining these differences between nationals and foreigners include the fact that migration is largely labour-driven. Hence, self-selection certainly plays a role and the most entrepreneurial migrants are likely to be the ones who move. In addition, migrants do not have the same safety net as nationals, who can gain access to government grants and are more likely to accept jobs where they are vulnerable to exploitation. However, this being said, the unemployment statistics among migrants in this survey are still very high.

Satisfaction with Job

More than 80 per cent of farm workers consider their job meaningful and 90 per cent have good relationships with co-workers, according to IOM's 2010 study. However, 29 per cent reported having personally experienced discrimination and/or harassment in the workplace in the previous year, and more than half were either unsure or concerned that they may lose their jobs in the near future.

The apparent contradiction between these data means that other considerations need to be used to assess the level of satisfaction with jobs. Vulnerable people in a survival state are likely to accept exploitative working conditions that are below acceptable standards and might report their jobs as "satisfying" as it is part of a survival strategy. As an example, the same IBBS survey (IOM, 2010g) that reported an 80 per cent job satisfaction rate found that 47 per cent of workers did not always have sufficient money to buy food. Therefore, the data on "satisfaction with job" must be interpreted with caution and it could be more relevant to assess the level of satisfaction through qualitative research. Campbell (1997) interviewed mine workers who all said that they hated their job, but "they had no choice [but to work in the mines] given the lack of education, the high level of unemployment and the chronic poverty in their rural place of origin."

Entrepreneurial potential of migrants and opinions on the business environment

Some data seem to indicate that migrants are more likely to start businesses than nationals. A survey revealed higher self-employment rates among cross-border migrants than nationals: 9 per cent versus 5 per cent in Alexandra, and 10 per cent versus 6 per cent in Johannesburg inner city (Misago et al., 2010).

The success of Somali migrants in business gives a good example of the entrepreneurial potential of cross-border migrants. They are said to “have changed the nature of retail and wholesale business in South Africa” (Jinnah, 2010), by using their network to open *spaza* shops (convenience stores) that provide goods at cheaper prices and have longer trading hours in city centres, townships and rural areas, and provide essential services that are appreciated by local communities.

However, there are barriers to the entrepreneurial potential of migrants. The success of the Somali has created frustrations from local competitors that might have sparked the xenophobic attacks in 2008. In addition, the recent Afrobarometer survey (IDASA, 2012) revealed that 36 per cent of South African respondents would try to stop migrants from operating business. In addition, safety is an issue that deters women from getting involved in trading (Singh, 2007). The harsh sociopolitical context, determined by lack of safety and xenophobia, also discourages many Somali shop owners. Finally, as explained before, poor cross-border migrants cannot access the South African banking system.

The case of the Somali migrants provides a good example of the positive interaction between the social, community and financial dimensions of well-being that unleash the development potential of migration. However, safety and xenophobia hamper this virtuous cycle.

Financial well-being

Ability to afford food and shelter

A survey in Johannesburg and Alexandra informal settlements measured the number of times per week respondents consumed bread, meat, fish, milk and vegetables. The survey found that the residents of the inner city were significantly better off than those of Alexandra, regardless of their migration status. Again, location of residence is a much stronger factor of vulnerability than migration history (Misago et al., 2010).

On the farms, 47 per cent of workers reported that they did not always have sufficient money to buy food for themselves and 49.2 per cent said they did not always have enough to buy food for their families (IOM, 2010g).

However, for many migrants originating from countries where food insecurity is an issue, migration is a strategy to secure access to food. In one study, cross-border migrants (predominantly from Zimbabwe) were the most likely to report that their food security had improved since coming to Johannesburg and levels of food security were higher among cross-border than internal migrants (Vearey, 2012).

Other indicators of financial well-being

The lack of access to social grants and credit facilities among migrants means that those who are not working lack a safety net (Masigo, 2010), making them more vulnerable to social and economic shocks.

In some sectors, like mining or commercial farming, accommodation is an issue as it is often single-sex, overcrowded and of poor quality. This makes it incompatible with family life and prevents the migrant worker from bringing his/her partner. This often translates into casual sexual relationships.

Housing insecurity is also a common feature for urban migrants. A study found that 70 per cent of urban migrants live in privately rented inner-city flats, of which 64 per cent are in sub-tenancy arrangements (Greenburg and Polzer, 2008; Peberdy and Majodina, 2000). Overcrowding is common, and 40 per cent of survey respondents stated this as their main housing concern.

In the case of domestic workers, over half earned between ZAR 501 and ZAR 1,000 per month, over a fifth earned less than ZAR 500 per month (Peberdy and Dinat, 2005). The minimum wage for domestic workers in South Africa is ZAR 1,625 per month (USD 181, with an exchange rate of USD 1 = ZAR 8.94).

The income range of migrants was also found to be considerable. Of those earning an income, 60 per cent earned less than ZAR 18,000 (USD 2,013) a year in 2001 and 86 per cent less than ZAR 72,000 (USD 8,056) a year. "In part, the low overall earnings are a function of the low rates of remuneration for most unskilled and semi-skilled positions in South Africa" (Crush, 2011a).

Migrant well-being and development

Remittances, development and well-being

Remittances in Southern Africa and their impact on development

Available research shows that a high volume of remittances is circulating in Southern Africa. This section demonstrates how remittances impact households' subsistence but have a limited impact on social and economic development per se.

High volume of remittances

"Globally, evidence reveals that remittance income in developing countries provides a stable flow of income, which is exceeded only by foreign direct investment" (Olivier, 2009). South Africa is at the centre of the Southern Africa remittances network (Landau and Segatti, 2009), and the common point among most migrants is that they remit.

A Migration and Remittances Survey (MARS) conducted in 2005 with 4,276 households from SADC countries who had cross-border migrants showed that 74 per cent of all migrant-sending households received remittances (with as many as 95 per cent in Lesotho and 83 per cent in Zimbabwe). Variations were found according to nationality.

For some countries, remittances form a significant part of GDP. For instance, 60 per cent of Lesotho's GDP comes from the remittances of migrant mine workers (IOM, 2010b). Crush (2010a) also notes that "Zimbabwe's economic collapse would have happened much sooner and would have been far more devastating but for the massive flow of remittances across the border from South Africa."

Impact on household subsistence

For migrant-sending households, remittances often form the main source of income and are part of the food security strategies of rural households, who receive not only money and goods but also food (45 per cent of Zimbabweans and 60 per cent of Mozambicans sent food back home), according to a survey conducted by the Southern African Migration Programme (SAMP) in 2005 with 4,276 households with international migrants in several SADC countries. The vast majority of households (93 per cent) reported purchasing food and groceries with their income, and remittances provided over 50 per cent of the average household income spent on food (Crush, 2012a).

The detailed analysis of this survey in Lesotho showed that less than 10 per cent of households saved anything or invested. Furthermore, only a very small part of the remittances were spent on education (Crush et al., 2010a).

These data suggest that the remittances are more used to satisfy immediate needs than to improve long-term social and economic development through savings or entrepreneurship. In fact, the survey in Lesotho showed a limited impact of remittances on entrepreneurship in migrant-sending countries and identified several reasons. These include the small size of the remittance package, the absence of the type of diaspora associations that are emerging in other international contexts and that are used to support community-scale projects rather than simply household-scale activities, and gender discrimination and gendered patterns of poverty and deprivation. Finally, as remittances usually have to provide for a migrant's extended family, they can often only satisfy basic needs, leaving little or none for investment in economic development (Crush et al., 2010c). However, a similar analysis of the survey data from other countries in the region would be needed in order to extend these findings from Lesotho to the region as a whole.

Finally, the expenditure of remittances does benefit informal sector traders and small, medium and microenterprises, but the primary beneficiaries of food purchase are increasingly South African–owned supermarket chains in origin countries (Crush, 2011b). It appears that some of the factors limiting entrepreneurship are linked with the lack of financial and social well-being of migrants.

Women's remittances and well-being

Remittances from migrant women are significantly lower than those from men because women are often employed in irregular, informal jobs and tend to receive lower incomes. In parallel, migrant-sending households depending on a female migrant tend to be worse off than the households depending on men. As Crush et al. (2010c) argue: "This should not be understood as a simple gender dichotomy, but rather as an illustration of the feminization of poverty and women's adoption of migration as a rational response to the threat of destitution."

While remittances from women are smaller in absolute value, women remit a larger portion of their incomes, according to Dodson et al. (2008). The higher percentage of remittances sent by female migrants, while their income is very low, suggests that women's contribution to development is at the expense of their own well-being while abroad.

As far as women who are partners of migrant workers are concerned, the remittances they receive likely do not result in a major improvement in well-being either. According to Olivier (2009): "[The obstacles that women] confront in accessing the financial system, credit and land ownership as well as in participating in the labour market and income-generating activities, to a large extent, limit their capacities to benefit from the entrance of remittances in the communities."

However, some women are involved in burial societies and grocery associations in their home countries, which constitute places where they can exercise some power; these schemes could serve as a mechanism to spread the benefits beyond the immediate household (Crush et al., 2010c).

Health well-being and regional development

The lack of migrants' access to health care and the high levels of HIV infection have a negative impact on development.

Firstly, illness among migrants has an effect on sending communities due to the tendency for migrants to return home when gravely ill. Studies have found that often migrants come home to die. In a survey done in Johannesburg in 2008, cross-border migrants stated "they would go back home should they become too sick to work." Other research confirms this tendency (Welaga et al., 2009) and points to the increased demand for health services that these returns place on already weak health systems of sending communities. A sick migrant returning home also "endangers the welfare of the household" that needs to respond "not only to an additional dependant adult, but also to the reduction in household income" (ibid.). Increased costs of care and funerals and increased number of orphans place additional burdens on the family and impact negatively on their social and economic development.

The impact that the ill health of migrants has on development can also be illustrated through the TB epidemic affecting mine workers. The SADC's Declaration on Tuberculosis in the Mining Sector highlights that "the mining sector is one of the hardest hit by the TB and TB/HIV crisis imposing many costs on the business and eroding the positive contribution made by the mining sector to the economic development agenda of the Region" (SADC, 2012). A recent article in *The Lancet* states: "Each migrant worker who returns home with tuberculosis spreads the disease to an estimated 10 to 15 people in his community, according to Stop TB Partnership." The paper also highlights

that there is “inadequate or no legal protection for mine workers including occupational disease compensation for tuberculosis, silicosis, and other respiratory diseases” (Coovadia, et al. 2009). Again, the developmental impact of this epidemic is not only felt at the individual and health systems level, but also causes a decreased productivity for the sector; the economic development is negatively affected.

In addition, “in a deadly vicious cycle, migration fuels the HIV/AIDS epidemic and HIV/AIDS fuels further migration” (Crush et al., 2010c). For example, in Lesotho, there were reported cases of women migrating to compensate for the loss of income from their husbands who were working in the mines and died of AIDS. By migrating, those women increase their risks of contracting HIV (Crush et al., 2010c).

Another example of HIV-related sickness fuelling migration is given by Núñez-Carrasco et al. (2011), who highlighted how “the availability of care drives migration patterns”. The research shows that, in times of sickness, women are the care providers, as caring for the sick is part of their traditional role. In the case of migrant women head of households, they would consider hosting a sick member of the family in the city to take care of him/her; this constitutes a “double burden of care” for migrant women, as they have to adopt both a career and a productive role.

Finally, the research also highlights that the partners of migrant men living in the city would go back home if a member of the family were sick, while nonmigrant women would be the ones caring for the returning sick migrant (Núñez-Carrasco et al., 2011). These scenarios highlight the specific negative impact of lack of health well-being on women in particular.

Migration, well-being and development for women

Available research shows that migration often translates into poor well-being status for women and increased female vulnerabilities. Furthermore, it modifies gender-based power relationships.

The United Nations Development Programme’s *Human Development Report 2009*, focusing on migration and development, indicates that migration can constitute a substantive gain for women’s empowerment as they “may be liberated from traditional role. However, available research in Southern Africa qualifies the impact of female migration on women’s empowerment, suggesting a more “ambiguous gain” and characterizing migration as having “paradoxical pay-offs” (Crush et al., 2010c; Singh, 2007).

Female migrant workers are often the principal wage earners for their households, which in theory could increase their independence. However, as mentioned in previous sections, migration is often a response to survival needs, and women are likely to engage in survival strategies that disempower them, such as transactional sex. Associated stigma and disapproval from family and community members has also been noted (Crush et al., 2010c). Migrant women’s lower earnings limit potential for long-term investment. Finally, the difficult work conditions and the migration process create health and gender-based violence (GBV) risks, in particular with regard to HIV.

The social, cultural and legal contexts in the home country might also hamper the empowerment of migrant women. In the case of Lesotho, Crush et al. (2010c) note: “There is a striking contradiction between women’s growing significance as economic actors, including being labour migrants, and their continued second-class social, political and legal status.” The female partners of migrant workers who stay at home become the de facto heads of household, which gives them greater power in the domestic sphere. However, as Crush et al. (2010c) point out, “this power and the economic advantages of remittances come with additional burdens of responsibility and labour.” In addition, as is the case in Lesotho, women often do not have the power to decide on the allocation of remittances. In conclusion, it seems that for men and women, the migration process does impact gender power relationships, but in a negative way that worsens the well-being of women, making them more vulnerable to HIV in

particular, as well as increasing the roles and duties expected of them to include both productive and reproductive burdens. It is however important to note that there is anecdotal evidence of women benefiting from migration, but no research paper on this was found.

Conclusion

The economic success of migrant labour-intensive sectors seems to indicate that migration is more likely to benefit the development of the companies employing the migrants, by providing them with cheap and docile labour, than the well-being of workers themselves. In fact, as far as migrants and their households are concerned, the data presented above tend to indicate that most migrants contribute to poverty alleviation of the household rather than to social and economic development on a broader scale. Furthermore, this is done at the expense of their own well-being, a situation that is exacerbated among migrant women. At the same time, the limited social and financial well-being of migrants limits the volume of remittances they are able to send and hampers their contribution to development. Migrants and their households seem to be trapped in a vicious cycle of poverty; hence, remittances are more instrumental to food security and survival than to social and economic development per se.

The HIV epidemic also impacts negatively on development. These data show that healthy migration is needed to ensure that the development benefits of migration are realized. This would require policies and practices to answer the health needs of migrants through a public health approach that would tackle the determinants of poor health (IOM, 2010b).

Conclusions and recommendations

Conclusions

The common point between various groups of migrants is that their well-being status is comparable to the well-being of South African citizens living in the same socioeconomic situation, but migrants face additional vulnerabilities associated with being foreigners and with their transitory lifestyle. This plays out mainly in the well-being dimensions related to access to health, safety and security, services and decent living conditions as well as respect for rights, with women in a particularly disadvantaged position. This situation is likely to have a negative impact on the development of home and host countries.

The table below summarizes the key findings related to the various well-being dimensions.

Table 1: Key findings on migrant well-being based on different well-being dimensions

Well-being dimension	Summary of key findings
Community and social well-being	
Safety	The migrant population surveyed do not trust the police and the state fails to guarantee their safety. Cross-border migrants in general and women in particular are more vulnerable to insecurity, as demonstrated by the 2008 xenophobic attacks and reports of violence against women. This insecurity also depends largely on migrants' place of residence.
Satisfaction with public services	Being a cross-border migrant severely limits one's access to public services, such as sanitation, education and banking, but place of residence is the main predictor of access to decent housing and sanitation.
Other dimensions	Cross-border migrants' social networks tend to be monocultural, partly because of the strong anti-foreigner sentiment in the general South African population. Evidence shows that migrants' social networks may be instrumental at the beginning of the migration process. However, the role of the network in improving migrant well-being diminishes over time in most cases. Nationality is also a strong predictor of network strength, with Somalis having a long tradition of trading networks. However, new concepts are necessary to assess the level of social capital in rapidly growing African cities.
Physical well-being and access to health care	
Access to health care	Despite the favourable policy environment, there is evidence of barriers to accessing health-care services that are specific to cross-border migrants in general and to certain sectors in particular (mining and commercial farming).
Migrant well-being dimensions and HIV	High HIV prevalence rates hamper not only migrants' well-being but also the well-being of migrant-sending and host communities, and ultimately have a negative impact on development. However, prevalence rates of infection among migrants are not necessarily higher than among natives in host communities.
General physical health	Cross-border migrants characterize their health status higher than long-term residents in Johannesburg. This is partially due to the fact that physical well-being is largely a prerequisite factor for migration, as only physically healthy individuals will migrate.
Career well-being	
Unemployment and underemployment	Cross-border migrants have higher employment rates than nationals (although employment rates are also correlated to place of residence and are still low), including the self-employed. Certain migrants bring with them a strong entrepreneurship culture.
Financial well-being	
Money to afford food and shelter	In general, cross-border migrants have poor financial well-being and a low standard of living. This varies according to their employment sector and place of residence and is partially due to their high concentration in the lowest-paid jobs.

This paper also identifies factors that impact migrants' well-being and some interactions between the different well-being dimensions:

- **Place of residence, type of job and the working conditions are key factors that define levels of well-being among economic migrants.** Most of the time, there are more similarities between the well-being of migrants and nonmigrants living in the same social and economic context than between the various groups of migrants. Even if within the same location, cross-border migrants are at times worse off than nationals.
- **Migrants' lack of safety, and poor community and social well-being are barriers to the development potential of migrants.** Against the backdrop of poor service delivery, competition for scarce resources creates negative and hostile attitudes among government service providers and among the general population that are detrimental to migrants' well-being.
- **Limited access to health care and HIV infection are challenges that particularly affect migrants.** Poor community, social, financial and career well-being all contribute to migrants' increased vulnerability to HIV. In fact, migrants' poor outcomes on various dimensions of well-being contribute to the high prevalence of HIV infection.
- **Migrants' legal status influences their level of vulnerability.** The development potential of migrants is not expressed to its fullest extent, partly because of the lack of migration-supporting policies, which pushes many migrants to illegality despite the demand for their labour in certain sectors. Being undocumented not only encourages exploitation in the workplace but also prevents migrants from contributing to the development of the host country by paying taxes.
- **Well-being outcomes vary based on gender, with men and women facing their own particular vulnerabilities.** Research indicates that well-being indicators for women are worse than those for men in health (HIV), safety, employment and access to services. Women are able to remit less and many do not seem to gain empowerment through migration. The disadvantaged position of women in society seems to get worse when migrating: gender and migration in SADC countries are often dual and intersecting vulnerabilities (Olivier, 2009).
- **Networks and countries of origin also have an impact on cross-border migrants' well-being.** Migrant networks seem critical in influencing the type of job and the place of residence cross-border migrants are likely to choose when arriving in the country. Some nationalities seem to have a stronger network tradition than others, and being in a network is instrumental in resisting social and economic shocks.

Recommendations

Based on the factors affecting migrants' well-being identified above, the following recommendations can be made:

- **Adopt a place-based approach to migrants' well-being by:**
 - o Identifying the specific vulnerabilities of migrants and the communities with which they interact in certain locations;
 - o Reinforcing the role of local government in responding to migrant issues.
- **Address negative perceptions and attitudes among government service providers and the population by:**
 - o Shifting immigration policy from a border control approach to a human rights and development-based approach that would highlight the benefits of migrants' contribution to home and host countries;
 - o Publicly condemning those who are not enforcing the laws that protect migrants from discrimination.

- **Ensure access to health services and to HIV prevention and treatment by:**
 - o Developing a location-specific approach to prevention, based on improving the social determinants of health;
 - o Monitoring the implementation of the National Strategic Plan on HIV, STIs and TB with regard to migrants' access to treatment and services;
 - o Encouraging member States to endorse the draft **SADC Policy Framework on Population Mobility and Communicable Disease**, which calls on member States to develop and implement migrant-sensitive health policies and practices and encourages interregional and international cooperation, including allowing access to services for communicable diseases, notably the “supply of drugs for the treatment and management of chronic communicable diseases such as TB and HIV and AIDS, in the public sector without discrimination” (SADC, 2009). It also recognizes the “diverse nature of mobile populations” and the need “to reach all groups particularly the vulnerable and disadvantaged” and acknowledges “the special needs of women, children and adolescents.”
 - o Encouraging member States to implement the SADC's Declaration on Tuberculosis in the Mining Sector (2012), which calls for strengthened “accountability, coordination and collaboration for TB, HIV, silicosis and other occupational respiratory diseases control in the mining sector at national and regional levels” as well as strengthened programmatic interventions, among others.

Box 3: IOM partnership on health and mobility in East and Southern Africa (PHAMESA): Addressing migration and health through a “spaces of vulnerability” approach

Since 2004, IOM has been implementing the regional PHAMESA programme, which recognizes that there are distinct spatial dynamics to both international and internal migration in East and Southern Africa. PHAMESA thus emphasizes the importance of taking a “spaces of vulnerability” approach when addressing the health of those affected by the migration process, including those who move and those who remain back home. This approach involves understanding the specific contexts in which diverse migrant groups are situated, the places from where they originate, the migration decisions made, the journeys undertaken, and the migrant households remaining back home. Once spaces of vulnerability are identified, appropriate targeted responses can be generated.

The spaces of vulnerability approach is based on an understanding that health vulnerability stems not only from individual factors but also a range of structural and environmental factors specific to the unique conditions of a location, including the relationships among mobile and sedentary populations. These factors must be taken into consideration when addressing health and migration, and interventions must consider and target both migrants and/or mobile populations as well as the communities with which they interact, including families in migrant-sending communities.

Spaces of vulnerability are those areas where migrants and mobile populations live, work, pass through or originate from. These may include land border posts, ports, truck stops or hot spots along transport corridors, construction sites, commercial farms, fishing communities, mines, migrant communities and urban informal settlements, migrant-sending sites, detention centres and emergency settlements.

For more information, visit: <http://iom.org.za>.

- **Address the specific vulnerabilities of women by:**
 - o Mainstreaming gender in research, interventions and policies related to migration;
 - o Developing specific research on women's vulnerabilities, as well as interventions to address them. Such research and programmes should also consider the impact of migration on female spouses, both in the home and host country as well as the productive and reproductive burden placed on women;
 - o Developing research on maternal and sexual and reproductive health of migrant women.

- **Support the creation of legal avenues for the migration of workers in different sectors by facilitating access to documentation at the borders for migrant workers.**

Box 4: IOM initiative on labour migration

IOM is currently working with a wide range of stakeholders and partners to contribute towards migrant protection and sustainable livelihood. This work involves facilitating safe and orderly labour migration between Zimbabwe and South Africa through the establishment of a comprehensive recruitment and placement mechanism, improved coordination between Zimbabwean and South African stakeholders in facilitating regular labour migration, and increased access to travel and work documents for the project beneficiaries. It is anticipated that such measures would lead to increased utilization of regular labour migration mechanisms by South African farmers and Zimbabwean migrant farm workers, leading to greater protection of migrant rights and enhanced well-being, as well as the continuous supply of a predictable and stable labour force for South African farmers in Limpopo province.

- **Reinforce cross-border migrants' access to positive social determinants of health, including rights and services by:**
 - o Encouraging local government and government service providers (such as police, health-care workers and educators) to mainstream migration into policies and programmes. This would set the framework for greater respect for migrants' rights, as well as facilitate the integration of migrants and acknowledge their contribution to the development of host and home countries;
 - o Removing barriers that limit migrants' entrepreneurship potential, in particular by addressing their limited access to banking services and business visas.
- **Research on well-being and development by:**
 - o Complementing large and small surveys on well-being with qualitative research on the determinants of well-being. This may help to uncover the causal relationship between some of the well-being categories;
 - o Developing research and identifying good practices on the best ways to enhance the development impacts of remittance flows;
 - o Developing research comparing the well-being data of different categories of migrants (cross-border and internal);
 - o Developing research portraying successful migrant life stories with positive development outcomes;
 - o Conducting research on mental health and maternal health.

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