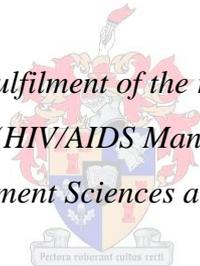


**INVESTIGATING THE AWARENESS OF REFUGEES AND ASYLUM SEEKERS  
TOWARDS HIV-RELATED SOCIAL AND SUPPORT SERVICES AVAILABLE IN  
CAPE TOWN, SOUTH AFRICA**

by

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*Assignment presented in fulfilment of the requirements for the degree  
of Master of Philosophy (HIV/AIDS Management) in the Faculty of  
Economic and Management Sciences at Stellenbosch University*



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April 2014

## **DECLARATION**

By submitting this assignment electronically, I declare that the entirety of the work contained therein is my own, original work, that I am the sole author thereof (save to the extent explicitly otherwise stated), that reproduction and publication thereof by Stellenbosch University will not infringe any third party rights and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

February 2014

## **ABSTRACT**

The aim of this study was to investigate the level of awareness of refugees and asylum seekers towards HIV-related social and support services available to them in Cape Town in order to provide guidelines that will help improve their optimal utilization of such services which will improve their quality of life.

Data was collected by means of a self-administered questionnaire from 51 refugees and asylum seekers who are resident in Cape Town.

The findings revealed that a very high percentage of participants have never tested for HIV in South Africa. Reasons given ranged from lack of HIV/AIDS information in a familiar language they understood to a lack of interest on the part of authorities in getting refugees to be integrated into the country's health policies. The majority of participants responded that they have also not visited the United Nations High Commissioner for Refugees (UNHCR) offices in Cape Town and this UN organ has an important mandate which includes to protect, support and assist refugees in their voluntary repatriation, local integration of refugees and resettlement to a third country. The results of the study show a dearth of knowledge and their lack of awareness of such services. Services such as support groups for HIV positive persons are hardly mentioned in medical facilities where they attend and for the few who are aware of such services, their friends and family are the primary sources of such information.

It is hoped that the results of this study could help the relevant bodies and authorities dealing with refugee's welfare to reorganize and streamline their activities to ensure that refugees are aware of certain critical social support services that could enhance their quality of life in South Africa.

## OPSOMMING

Die doel van hierdie studie was om vlugteling en asielsoekers in Kaapstad se vlakke van bewustheid van die MIV-verwante maatskaplike en steundienste tot hul beskikking te ondersoek. Die uiteindelige oogmerk was om riglyne te bied wat hul optimale gebruik van hierdie dienste sal help bevorder en sodoende hul lewensgehalte sal verhoog.

Data is met behulp van 'n selfvoltooiingsvraelys onder 51 vlugteling en asielsoekers in die noordelike voorstede van Kaapstad ingesamel.

Die bevindinge toon dat 'n hoë persentasie van die respondente nog nooit in Suid-Afrika vir MIV getoets is nie. Die redes hiervoor wissel van 'n gebrek aan MIV/vigs-inligting in 'n bekende, verstaanbare taal tot owerhede se gebrek aan belangstelling om vlugteling by die land se gesondheidsbeleid te integreer. Die meeste deelnemers het aangedui dat hulle nog nie die kantore van die Verenigde Nasies se Hoëkommissariaat vir Vlugteling (VNHKV) in Kaapstad besoek het nie, al het hierdie Verenigde Nasies-instelling 'n belangrike mandaat, onder meer om vlugteling in hul vrywillige repatriasie, plaaslike integrasie en hervestiging in 'n derde land te beskerm, te ondersteun en by te staan. Die resultate van die studie dui op 'n tekort aan kennis sowel as 'n gebrek aan bewustheid van hierdie dienste. Dienste soos steungroepe vir MIV-positiewe persone kom kwalik ter sprake in die mediese fasiliteite wat die respondente besoek, en vir die paar wat wél van hierdie dienste bewus was, is hul vriende en familie die hoofbron van sulke inligting.

Die resultate van hierdie studie sal hopelik die tersaaklike liggame en owerhede gemoeid met vlugtelingewelsyn hul werksaamhede help herorganiseer en stroomlyn om te verseker dat vlugteling bewus is van sekere kritieke maatskaplike steundienste wat hul lewensgehalte in Suid-Afrika kan verbeter.

## **ACKNOWLEDGEMENTS/DEDICATION**

I seize this opportunity to express my sincere thanks and gratitude to my Maker the Almighty God my provider, it is you who provides us with intellect and wisdom, without you I am nothing, I thank you LORD. To my study leader, Ms Anja Laas, without whom this project would not be possible, thank you Anja for your patience and constant encouragement.

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## **ACRONYMS**

<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>ARV</b>	Anti-retroviral
<b>NGOs</b>	Non- governmental organisations
<b>UCT</b>	University of Cape Town
<b>DAFI</b>	Albert Einstein German Refugee Initiative
<b>UNAIDS</b>	United Nations Joint Programme on HIV/AIDS
<b>IOM</b>	International Organisation for Migration

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## **1. HIV/AIDS in the refugee and asylum seekers population in South Africa**

### **1.1 Introduction**

HIV/AIDS is one of the greatest challenges of our time especially in Sub-Saharan Africa where it is estimated that 23.5 million people are infected with HIV/AIDS, translating to 69% of the global total. It is also estimated that 14 000 people are newly infected every day with HIV and another 11 000 people die daily of AIDS-related diseases (UNAIDS, 2010). Province wise in South Africa, KwaZulu-Natal has the highest HIV prevalence rate (24.7%) while the Western Cape has the lowest (4.75%) according to the 2011 National Antenatal Sentinel HIV/AIDS Syphilis Survey in South Africa.

South Africa is said to have received the highest annual number of asylum applications in the world, totaling 103 904 in 2011 and most asylum seekers and refugees in South Africa end up in the two big metropolitan cities of Johannesburg and Cape Town (UNHCR Global Appeal Update, 2013).

The United Nations High Commission for Refugees (UNHCR, 2010) estimates that approximately 43 000 refugees are recognized by the South African Government and about 300 000 are registered asylum seekers.

Spiegel & Nankoe (2004) stated that conflict, displacement, food insecurity and poverty are often lush basis for increases in HIV/AIDS incidence among the refugee population. Their compromised coping mechanisms, financial uncertainty, breakdown of known social system, all render refugees vulnerable to HIV infection. Even though refugees are not known to have high prevalence rates, they are very difficult to be separated and well linked to any winning effort to combat disastrous pandemic in countries where they are hosted. This study was done to ascertain the level of awareness of refugees and asylum seekers living in Cape Town towards HIV/AIDS-related social and support services that is available to them. The researcher supposed that this research will benefit the Government of South Africa as it will enable the various departments and agencies tasked with refugee's welfare to evaluate their mandate of providing awareness and equal access to HIV-related social and support services both for South African citizens and the refugee and asylum seekers population resident in Cape Town.

## **1.2 HIV/AIDS in the refugee community in South Africa**

South Africa is facing serious challenges of providing anti-retroviral (ARVs) to its citizens who are living with HIV and much less is mentioned about how to treat the huge number of refugees and asylum seekers living in South Africa. Only few refugees qualify to receive ARVs and even this few miss out on the opportunity of ARVs and in most cases the adversity of an immigrant life is compounded by the dreaded AIDS virus. Refugees face discrimination, not integrated into the South African society and looked with suspicion and there is barely any HIV/AIDS initiatives geared towards them (Mail & Guardian, February 14, 2005: 20040652).

## **1.3 Special situation of refugees**

The declaration of the UN general Assembly Special Session on HIV/AIDS called upon: “all United Nations agencies, regional and international organizations, as well as non-governmental organizations (NGOs) involved with the provision and delivery of international assistance to countries and regions affected by conflicts, to incorporate as a matter of urgency HIV/AIDS prevention, care and awareness elements into their plans and programmes (UN General Assembly, 2001).”

This places the onus on countries of refuge for the safety and welfare of people who are in their territory which consists of refugees. This have not been the case as refugees are constantly left out numerous receiving countries’ HIV/AIDS National Strategic Plans and their desires unmet in applications submitted to major donors (Spiegel & Nankoe, 2004).

Their repeated omission is very prejudicial and weakens successful HIV/AIDS prevention and care efforts since there is a continuous seamless interaction between the refugees and the local population on a daily basis. An integrated HIV/AIDS intervention for both the refugees and local population will go a long way in improving the services for both communities.

## **2. Background to the study**

### **2.1 Background and rationale of the research study**

South Africa is one of the prime destinations of choice for refugees and asylum seekers in the world as it is said to have the highest number of asylum applications in 2011 (UNHCR Global Appeal Update, 2013). The main magnet that draws refugees and asylum seekers into

South Africa is because there are no camps for refugees and asylum seekers in South Africa as in the rest of the world. There is also freedom of movement, the right to work and study and entitlement to basic social services for refugees and asylum seekers. It is of interest to the researcher to investigate the awareness of refugees and asylum seekers to the social and support services that is available in Cape Town. South Africa is the destination of choice for many migrants, refugees and asylum seekers since the advent of democracy in 1994.

## **2.2 Significance of the study**

This research will benefit the Government of South Africa as it will enable the various departments and agencies tasked with refugee's welfare to evaluate their mandate of providing awareness and equal access of HIV-related social and support services both for South African citizens and the refugee and asylum seekers population resident in Cape Town. The level of awareness displayed can assist various agencies formulate HIV-related policies that will cater to their needs and help improve their overall quality of life. It will assist the UNHCR to play a more proactive role in tending to the HIV-related needs of this vulnerable group.

It will assist the refugees and asylum seekers to become aware of the HIV-related social and support services available to them in Cape Town. Awareness of such HIV-related social and support services will help to bring down new infection rates and society at large will benefit because less people will be infected.

## **2.3 Aim of the study**

To investigate the level of awareness the refugees/asylum seekers have towards HIV-related social and support services available in Cape Town in order to provide guidelines that will help improve their optimal utilization of such services which will improve their quality of l

## **2.4 Objectives of the study**

- To establish the HIV-related social and support services that is available to refugees and asylum seekers living in Cape Town
- To ascertain their level of awareness of the existence of such services
- To establish their knowledge of the social and support services rendered to them by UNHCR office in Cape Town

- To identify which HIV-related social and support services they are using
- To identify their reasons for not using them
- To identify barriers and obstacles to them effectively utilizing the services
- To offer recommendations and guidelines to improve the present service

## **2.5 Research problem and research question**

The study will focus on refugees and asylum seekers who are 18 years and older both male and female who are residents of Cape Town.

There is a dearth of information on the awareness of these refugees to HIV-related social and support services that is available to them. This study will uncover their level of awareness to these services. The results of the study will provide guidelines that will help improve their optimal utilization of such services which will improve their quality of life.

The research question is:

What is the level of awareness of the refugees and asylum seekers towards HIV-related social and support services available to them in Cape Town?

## **3. Literature review**

### **3.1 Definition of a refugee and asylum seeker**

The United Nations conventions relating to the statutes of refugees (July 28, 1951), defines a refugee as someone who is escaping conflict or persecution in his/her country and crosses an international border.

An asylum seeker is someone who says he/she is a refugee, but whose claim has not yet been fully evaluated.

### **3.2 Legislation guaranteeing refugees healthcare rights**

In The Constitution of the Republic of South Africa No. 108 of 1996, the rights and obligations of refugees and asylum seekers is contained in Chapter 5 of the Act, sec 27 which states inter alia “a refugee enjoys full protection, which includes the rights set out in chapter 2

of the constitution”. Therefore a refugee/asylum seeker is entitled by law to access healthcare and emergency care while in South Africa.

The National Healthcare Act 61 of 2003 in section 4(3)(b) states that “ the state and clinics and community health centers funded by the state must provide all persons, except members of medical aid schemes and their dependants and persons receiving compensable occupational diseases, with free primary healthcare service”. This is often not the case even for South African citizens because of the overburdened healthcare system in South Africa.

Many refugees come here for work, some seeking a better life and others looking for protection and fleeing from various civil conflicts in the continent. The majority of them are settled mainly in the metropolitan areas in South Africa (Landau, 2007; Landau & Jacobson, 2004).

### **3.3 HIV/AIDS and mobile populations**

Mobile populations which include refugees and asylum seekers face a lot challenges. It has been noted that this population is most susceptible to HIV infection. This was confirmed in a study by Williamson (2004) where he found that a relationship existed between migration and risk of contracting HIV. Another research project by Rijks (2006) on mobile populations in Southern Africa found that most migrants are vulnerable to diseases and HIV.

Lurie, Williams, Zuma, Mkaya-Mwamburi, Garnett & Sturm (2003) investigated the association between migration and HIV infection in South Africa. They found that 25% of the migrant men compared to 12.7% of non-migrant men were infected with HIV. Therefore there is the likelihood of a migrant, refugee and asylum seeker contracting HIV in South Africa.

Subsequently in world migration report (2005) it was stated that the chances of a refugee or a migrant couple having either partner HIV positive is twice likely than for a non-migrant couple. Factors that might render refugees/asylum seekers susceptible to HIV infection in South Africa include:

- (1) Poverty: Refugees, asylum seekers, and undocumented migrants face exacting types of segregation in South Africa. The majority of them come from the rest of Africa looking for

better economic prospects (CASE, 1998). Some do however manage to improve their situation over what they left in their country of origin especially for those who are entrepreneurial.

- (2) Breakdown in social structures: Many refugees enter into South Africa and find themselves isolated, alone and bereft of structural societal support systems. They lose the traditional social structures that regulate the societies in their countries of origin. Other factors are lack of income and basic needs, increase in drug use and sexual violence (Khaw, Salama, Burkholder & Dondero, 2000).
- (3) Lack of income and basic needs: Refugees in South Africa are allowed to work and attend school but in actual fact there are no jobs even for the South Africans. These in turn forces the majority of refugees to the informal trading sector. They face enormous challenges to raise money to start trading and another barrier in obtaining the required trading permits.
- (4) Drug use: Drug use in the refugee populations is never properly documented and lack of such documentation does not mean that refugees do not abuse drugs.
- (5) Sexual violence: Many refugees have suffered sexual violence while fleeing to a place of safety. Many refugee women carry the scars of these abuses and are not properly counseled if at all.

From the foregoing, it can be postulated that the refugee population is in clear risk of high HIV prevalence and no data is available for this group in South Africa and there is also very little or no literature on their experiences and awareness on the social and support services available to them. Government has no programmes targeting this group nor are they willing to collate data on the prevalence rate of HIV amongst the refugee and asylum seekers population resident in the country. This is in clear contrast to what is obtainable in the United Kingdom where it is reported that 73% of heterosexually acquired HIV infections in Britain are among people who were probably infected in sub-Saharan Africa, and Africans make up the second largest social group affected by HIV in the UK (The UK Collaborative Group for HIV and STI Surveillance, 2005). We know that the public health facilities in South Africa is over stretched and these foreigners, as they are called, might face some challenges knowing

and accessing social and support services that is guaranteed to them by South Africa's constitution.

### **3.4 Vulnerability of refugees and asylum seekers**

Refugees and asylum seekers are a vulnerable group. They also face challenges such as lack of access to Antiretroviral (ARV) drugs, discrimination, stigma, xenophobia, deprivation of rights and lack of access to justice and equity. The majority come from very repressive regimes and societies that are very conservative while others come to seek a better opportunity in life.

Arriving in South Africa means they have to start their lives all over again. Refugees and asylum seekers living in Cape Town do not escape the social ills afflicting South Africa. Some may have been HIV positive from their home countries while others may have been infected with HIV in South Africa. HIV/AIDS is a taboo word in many conservative African countries where these refugees may have come from. Even in the liberal democracy of South Africa, there is still stigma attached to being HIV positive. Being a refugee leaves one vulnerable and the vulnerability increases for a refugee who may be HIV positive. There are also refugees who are not recognized as such by the Government of South Africa and the United Nations High Commissioner for Refugees (UNHCR). According to the UNHCR, *“Most refugees take into only what they wear and carry, are often totally dependent on others for survival. They may be met with suspicion, hostility, pity and embarrassment. There are different types of refugees, some of whom are recognized officially, while others may not have”*.

There are a large number of documented and undocumented persons who are refugees and asylum seekers living in South Africa. Being a recognized refugee and asylum seeker comes with privileges that were earlier mentioned and an undocumented person might be denied such privileges such as access to social and support services that might impact very negatively on his/her personal well-being.

Even though refugees and asylum seekers are entitled to medical and emergency care in public health facilities just like South African citizens, challenges such as the long waiting lines, competition for limited medical facilities, lack of well trained staff etc, may cause hospital personnel in most cases who are also poorly paid with long working hours to be ill

prepared to handle chronic patients like refugees and asylum seekers who are living with HIV/AIDS in government medical facilities (Swartz & Dick, 2002).

It is for these reasons that the researcher decided to investigate the awareness of refugees and asylum seekers to HIV-related social and support services available in Cape Town, their knowledge of the existence of such services, whether they have access and their experiences and what difference such services are making towards a better quality of life for them.

Since refugees are mostly self-employed and in the informal trading sector and are not English, Afrikaans or Xhosa speaking (which are the dominant languages spoken in Cape Town), government interventions and actions towards combating HIV/AIDS is a message that may not be reaching this vulnerable group.

### **3.5 Response of host countries to HIV/AIDS among its refugee community**

Not much is being done by the South African Government in the area of HIV/AIDS awareness towards refugees living in the country. In New Zealand, the government set up a National HIV/AIDS Refugee Health Education Program (Worth, Denholm, & Bannister, 2003). This project “analyzed the health, support and social needs of refugees in New Zealand; the impact of their belief systems, of discrimination, stigma, and secrecy around HIV on their health; how the complex hardships refugees face are drawn in the delivery of HIV treatment and support services; and how HIV education might be appropriately delivered to this community. “They assisted HIV/AIDS health promotion activities in the refugee communities by enlightening community educators, aiding community initiatives and the establishment of culturally sensitive and appropriate community sustainable formations through de-stigmatizing HIV and widening community support networks for refugees living with HIV/AIDS. South Africa could learn from these initiatives for refugees living in this country.

## **4. Research design and methodology**

### **4.1 Introduction**

A research process entails the acquisition of scientific data by means of a variety of methods and objectives. By using the term objective it means that the various methods used would not rely on personal opinions and feelings and that those precise methods will be used in the

various stages of the research progression. These comprises of procedures for drawing a sample, measuring variables, collecting information and analyzing the information (Wellman, Kruger & Mitchell, 2005).

#### **4.2 Research site**

The research was carried out in the offices of TEM foundation, an organization where refugees come to obtain HIV/AIDS related information pamphlets, free condoms and computer training and enhancement of knowledge.

The sampling element is defined as the unit of analysis or case in the population. It therefore could be a group, person or organization that is being appraised. The sampling frame could be defined as a list of cases in a population or the best approximation of it.

#### **4.3 Target population**

The target population was 51 refugees and asylum seekers who are resident in Cape Town.

#### **4.4 Data collection**

The inclusion criteria for the 51 participants were refugees and asylum seekers resident in Cape Town and who have resided in South Africa from 6 months and longer.

The reasons for the small sample size are: lack of time, limited financial resources and lack of any kind of incentives for the participants' majority of who are informal traders and whose primary source of sustenance is informal trading and has limited or no time to anything else that does not put bread on the table.

In this study a quantitative method of data collection was used with the use of a self-administered questionnaire. The questionnaire questions probed for the knowledge and awareness of HIV-related social and support services available to refugees and asylum seekers who are resident in Cape Town, how they came to know of its existence, impediments and barriers to the effective functioning and utilization of those services and improvements they want to see to enhance its efficiency.

#### 4.5 Ethics and confidentiality

The Ethics Committee of the University of Stellenbosch approved the protocol outlining this study.

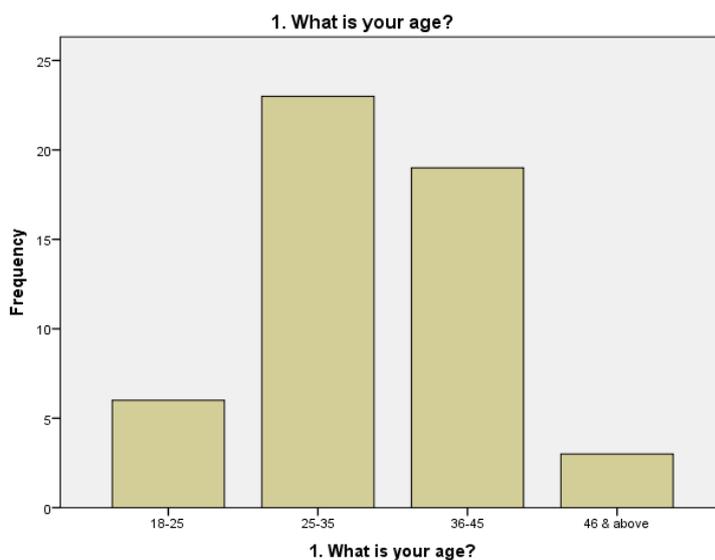
Involvement in this study at all levels was solely voluntary, and to guarantee confidentiality, no identifiers were used and the data locked in a safe cabinet and accessible to the researcher alone. Participants completed the questionnaires in a safe and confidential space and in anonymity, and the research objectives were explained beforehand.

Written and verbal consent were obtained and discussed with research participants. No monetary or any enticements was dangled or given to participants for taking part in the study.

### 5. Data analysis and interpretation of findings

This section will present the data that was collected by the researcher. The collated data will endeavour to meet the objectives of the study such as to establish the awareness of refugees and asylum seekers living in the city of Cape Town to the HIV-related social and support services that is available to them and to make recommendations in order to improve on the present service.

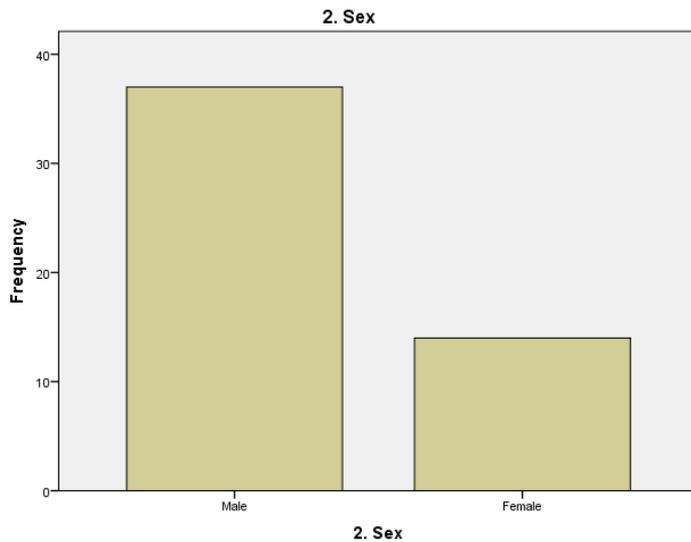
#### 5.1 Age of participants



**Fig. 1**

Figure 1 reflects the age groupings of the participants; the largest group was 25-35 years of age constituting 45.1% of the participants. This was followed with 37.3% from the age group of 36-45 years while 11.8% was from the ages of 18-25 years. Those above 46 years of age constituted of 5.9%.

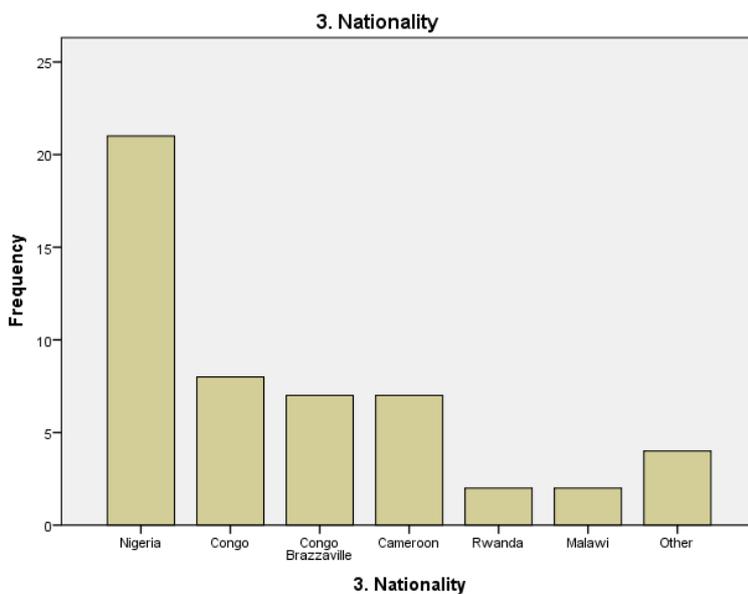
## 5.2 Gender of participants



**Fig. 2**

The majority of the participants (72.5%) were male, with only 27.5% females.

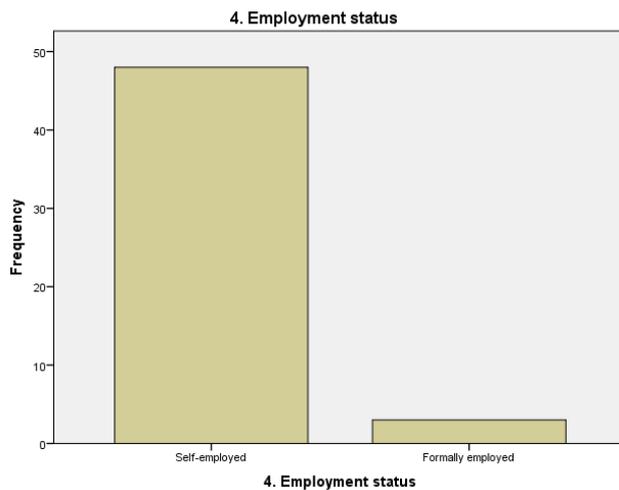
## 5.3 Nationality of participants



**Fig. 3**

Figure 3 is a sample distribution of the participants by nationality. It is important that the study has a cross national representation of the refugee community in Cape Town. The majority of participants are from Nigeria (41.2%) followed by Congo D.R.C (15.7%). Others are from Congo Brazzaville and Cameroon, 13.7% each, Rwanda and Malawi (3.9%) respectively. Others (7.8%) are from different countries that were not mentioned. The sample results were indicative of the refugee population in Cape Town.

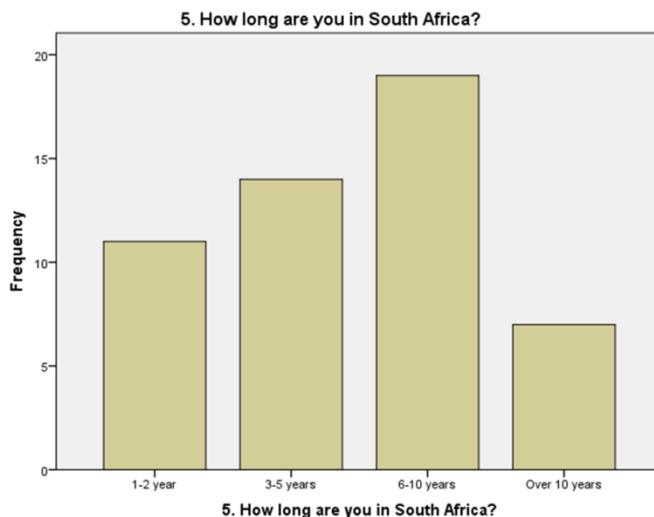
### 5.4 Employment status of participants



**Fig. 4**

Figure 4 illustrates that an overwhelming majority of participants (94.1%) are self-employed, doing informal trading. Participants formally employed were 5.9%.

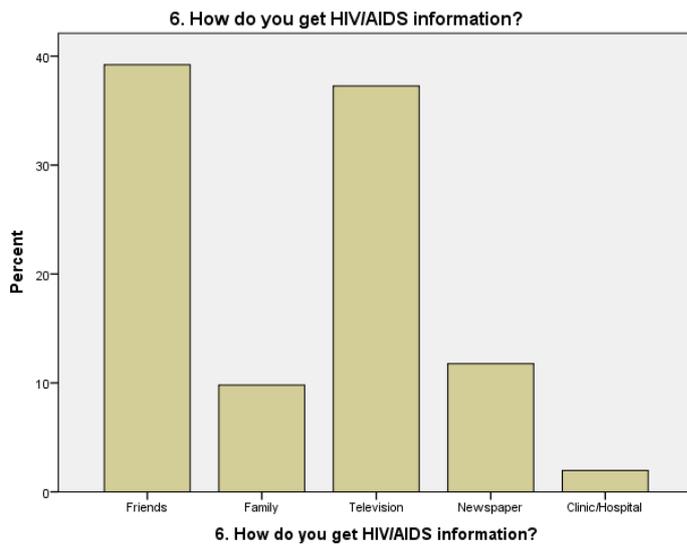
### 5.5 Period in South Africa



**Fig. 5**

Figure 5 describes the sample distribution by their duration of sojourn in South Africa. 37.3% of the participants indicated that they have been in South Africa between 6-10 years, followed by those who had stayed 3-5 years (27.5%), 1-2 years (21.6%) and over 10 years (13.7%).

## 5.6 HIV/AIDS information

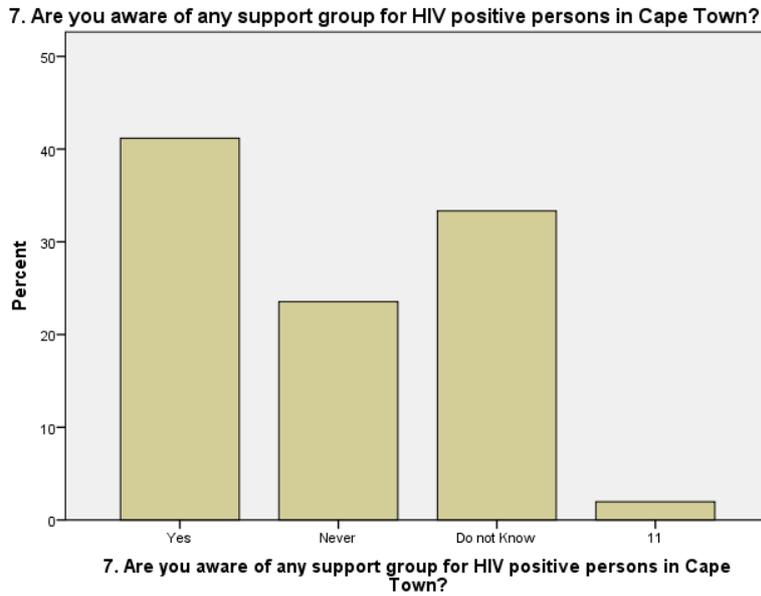


**Fig. 6**

Figure 6 above indicates that the majority of participants (39.2%) receive their HIV/AIDS information from friends, 37.3% from television, 11.8% from newspaper, another 9.8% from family and only 2% from the clinic/hospital.

This is a concern to the researcher as it is not known what kind of HIV/AIDS information the participants may be getting from friends. The clinic/hospital environment is supposed to be where authoritative information should be received and disseminated, and only 2% of the participants indicate to get information from there.

## 5.7 Awareness of support groups for HIV positive people

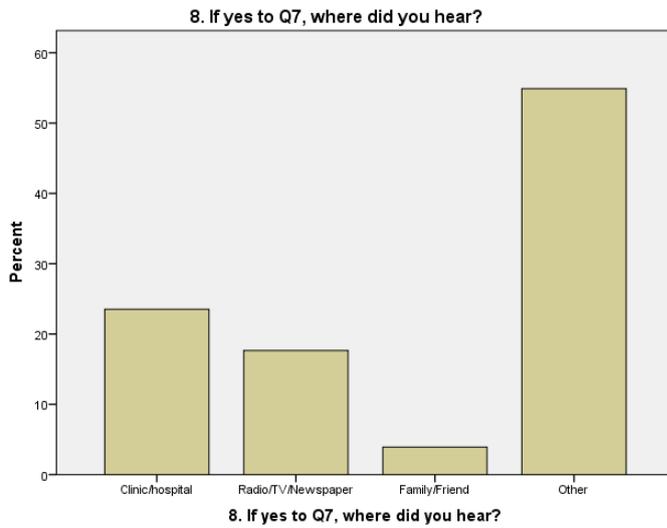


**Fig. 7**

It is highlighted in figure 7 that 41.2% of the participants are aware of the existence of a support group for HIV positive persons, 33.3% of participants are not aware of any support group and 23.5% have never heard of the existence of any HIV support group. 2% of the participants did not answer this question.

It is worrying to know that a third of the participants are not aware of the existence of any support group for HIV positive persons in Cape Town and that 23.3% have also never heard of the existence of such important support service for HIV positive persons.

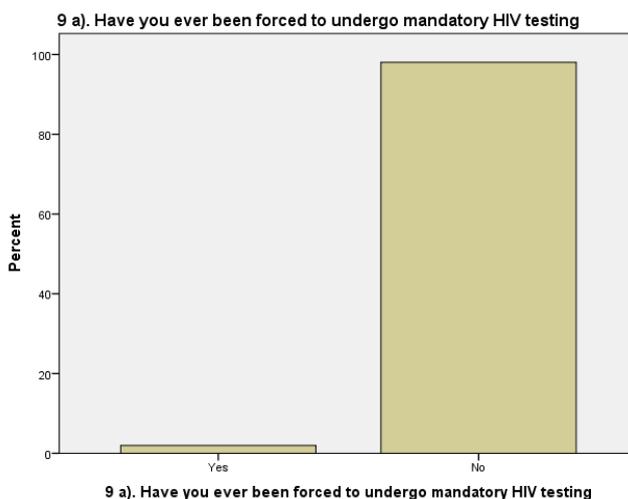
## 5.8 Information about support groups



**Fig. 8**

Figure 8 indicates that 54.9% of the participants are not sure where they heard of the existence of any support group for persons who are HIV positive. 23.5% of the participants indicated that they have heard of an HIV support group at their local clinic/hospital and 17.6% heard through the mass or print media. 3.9% indicated that they heard from family or friends.

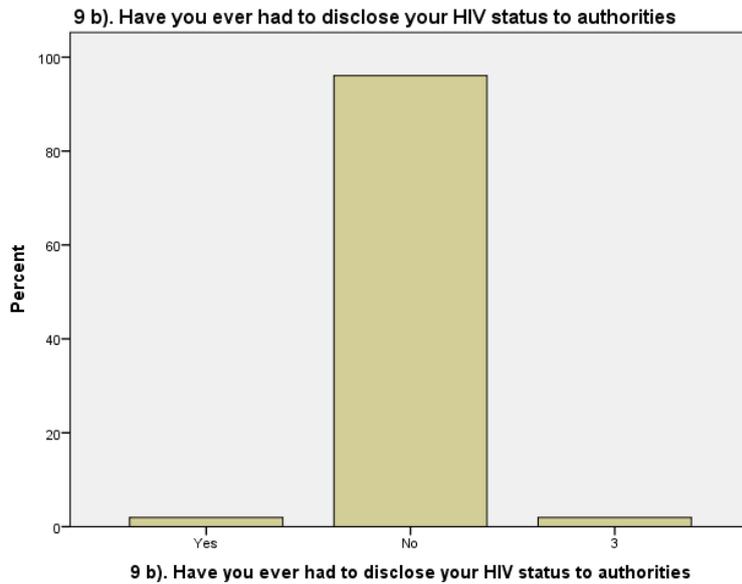
## 5.9 (a) Mandatory HIV testing



**Fig. 9 (a)**

98% of participants have never been forced to undergo mandatory HIV testing in South Africa. 2% of participants claimed to have being forced to undergo mandatory HIV testing.

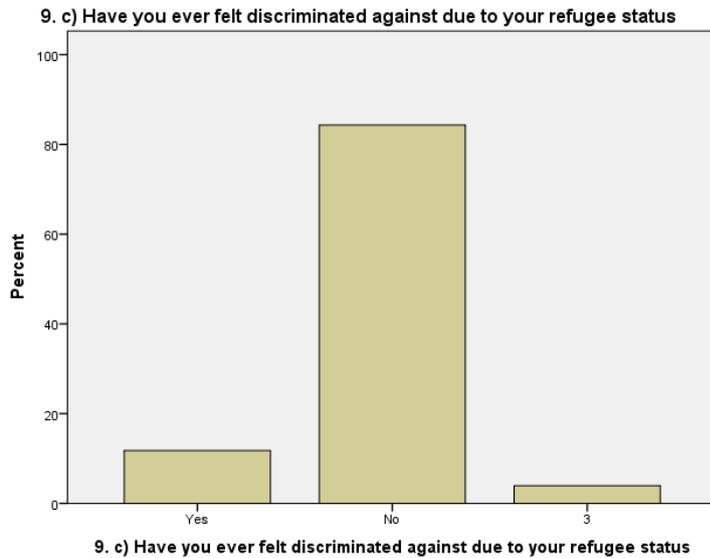
### 5.9 (b) HIV/AIDS disclosure



**Fig. 9 (b)**

98% of the participants indicated that they never disclosed their HIV status to the authorities, while 2% had done so under the circumstances that were not disclosed to the researcher.

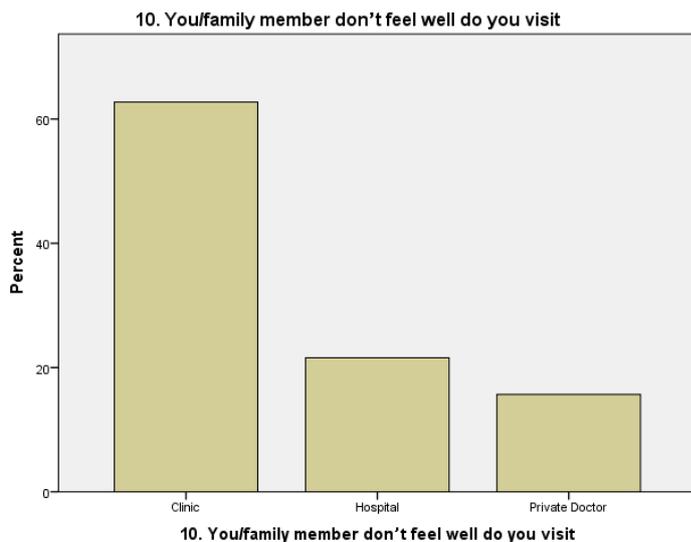
### 5.9 (c) Discrimination based on refugee status



**Fig. 9 (c)**

Participants' response showed that 84.3% have not felt being discriminated against due to their refugee status, 11.8% felt discriminated against because of their refugee status while 3.9% did not answer the question.

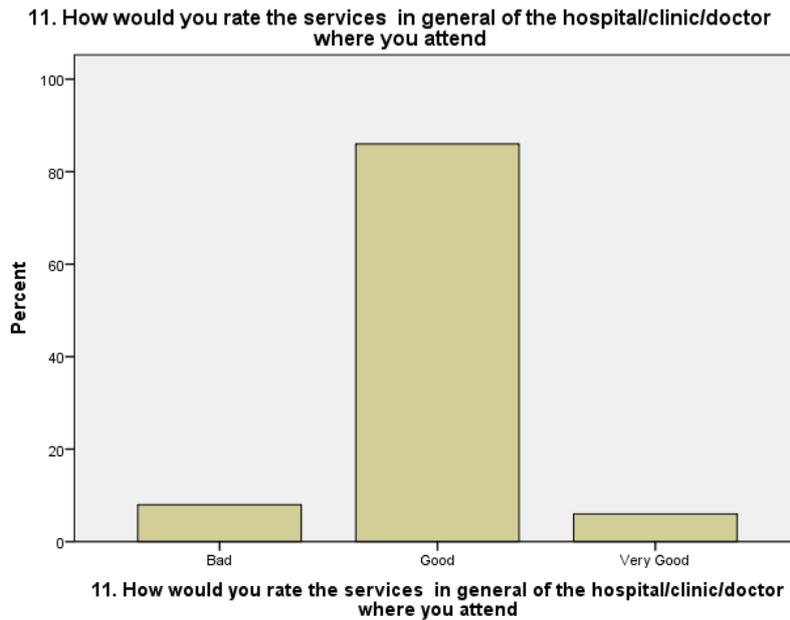
### 5.10 Medical facility that participants visit



**Fig. 10**

The majority of participants (62.7%) visit their local clinic when they are ill, 21.6% would go to the hospital, 15.7% will go to a private doctor and none of them would go to a traditional healer.

### 5.11 Rating the service of medical facilities

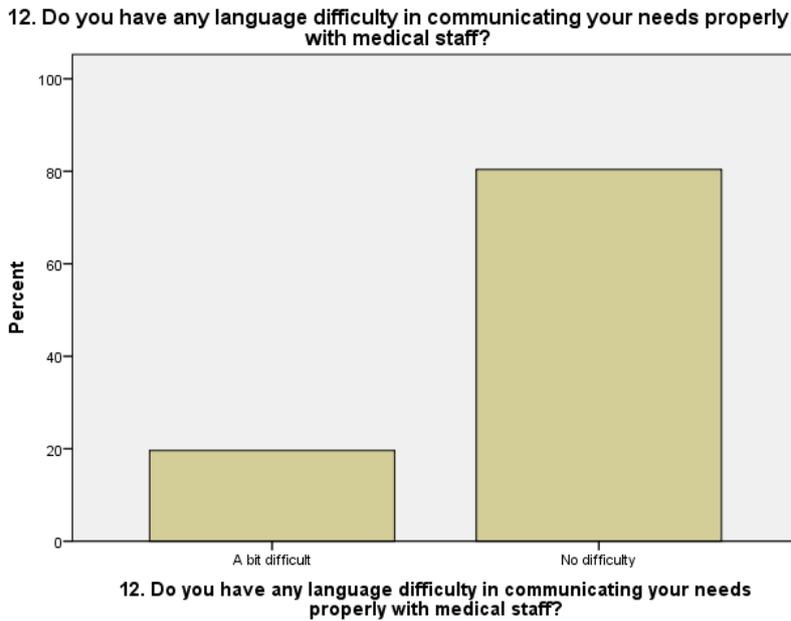


**Fig. 11**

Responding to how they rate the services in the health facilities where they attend, 84.3% of the participants indicated that the service they receive is good, 7.8% signified that the service is bad, 6% pointed out that the service is very good while 2% did not answer the question.

This is a very noteworthy outcome because there is a perception that the health services in South Africa is below standard. Further investigation is needed to ascertain why the refugees/asylum seekers have an overwhelming approval of the health services in this country.

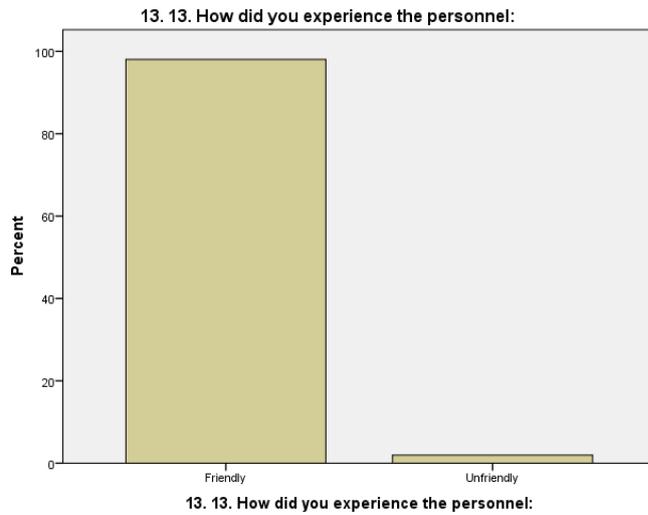
## 5.12 Language difficulty



**Fig. 12**

The participants' response showed that 80.4% had no language difficulty and had no problem to communicate with medical staff and 19.6% experienced language difficulty. While analyzing the results further, it was found that of the 19.6% who had a bit of difficulty communicating with medical staff, all came from a non-English speaking country.

### 5.13 Experiences with medical personnel



**Fig. 13**

Almost all participants (98%) demonstrated that they found the medical personnel friendly while only 2% found them unfriendly. This is very surprising considering that medical personnel are perceived as rude and not courteous by most citizens.

### 5.14 Knowledge of disability grant

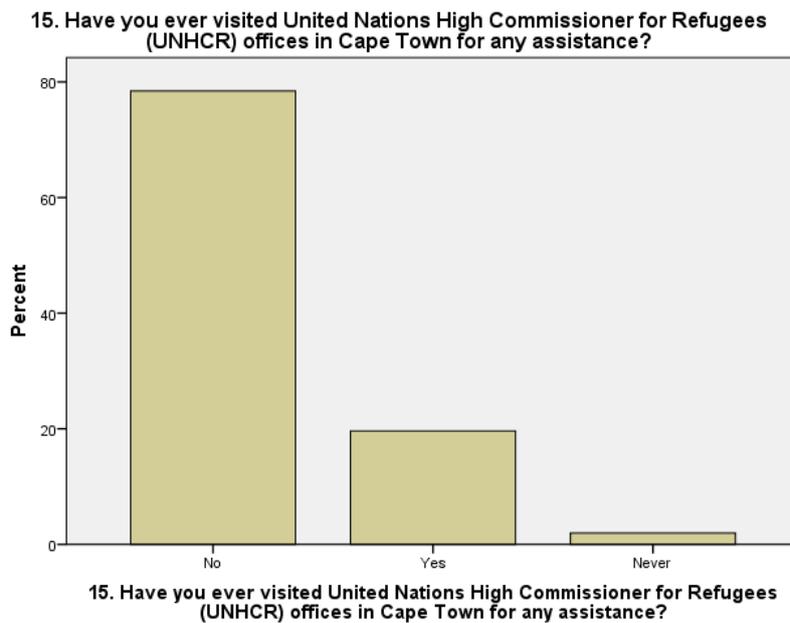


**Fig. 14**

Responding to their knowledge and awareness of disability and child support grants in their local clinic/hospital, 82.4% of participants knew about the disability and child support grant and even have it for their children. 15.7% responded that it was mentioned to them once and just 2% have never heard about it.

It is surprising to see that such a high percentage of participants have being told of disability grants and child support grants respectively and that the majority even have a child support grant for their children.

### 5.15 Visit to UNHCR office in Cape Town

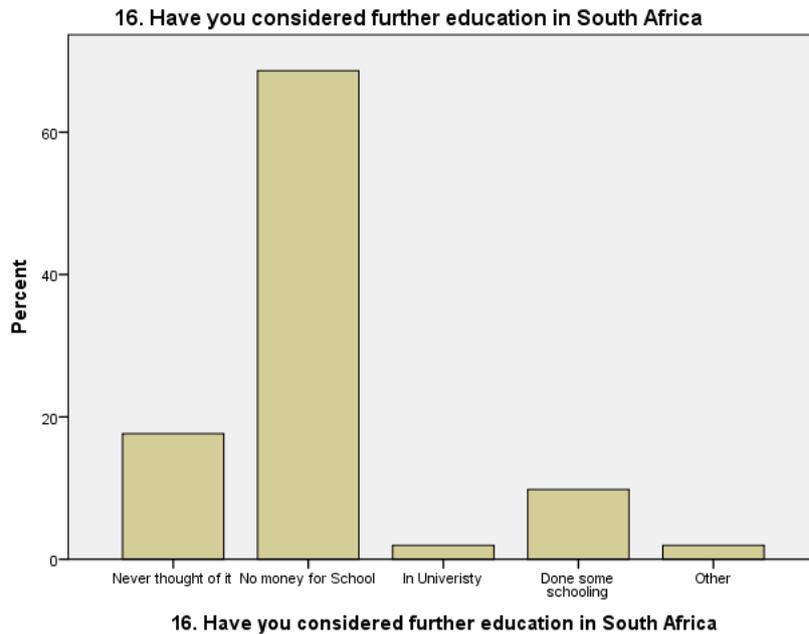


**Fig. 15**

Figure 15 demonstrates only 19.6% of the participants has visited the United Nations High Commissioner for Refugees (UNHCR) in Cape Town. The majority of the participants (78.4%) have not visited the offices and 2% have never heard of UNHCR.

This is a discouraging statistic because UNHCR is the only organ of the United Nations charged with the protection of people displaced, stateless and helpless and it runs at the very core of their mandate. Refugees in South Africa are therefore left to their fate without help from UNHCR. They claim to serve those who are living with chronic illnesses such as HIV/AIDS and provide sufficient nutrition in maintaining the immune system of refugees living with HIV/AIDS. How do they do that when majority of refugees/asylum seekers have not visited their offices in Cape Town for any kind of help at all?

### 5.16 Further education in South Africa



**Fig. 16**

Figure 16 illustrates that 68.6% of participants would have considered going to school in South Africa but are hampered by lack of funds, 17.6% have not considered the thought of schooling here, 9.8% have done some schooling, 2% are in university and another 2% did not answer the question.

The UNHCR offers a number of scholarships for refugees at government universities, technikons and colleges in South Africa. The DAFI scholarship that originated from the Albert Einstein German Academic Refugee Initiative Fund is funded by the German government. For more information on this scholarship visit

<http://www.nwu.ac.za/sites/www.nwu.ac.za/files/files/v-international/DAFI%20Scholarship.pdf>

Another example is a scholarship for international students or refugees at the University of Cape Town (UCT). For more information on this scholarship visit

<http://www.uct.ac.za/apply/funding/postgraduate/awards/international>.

### 5.17 School fees exemption for child



**Fig 17**

Figure 17 reflects that of 45.1% of participants did not know that they could apply for school fees exemption for their children, 37.3% do not know how to go about doing that, 7.8% have already applied once while 9.8% did not answer the question.

Many refugees according to the results of the survey did not know that they qualify for school fees exemption for their children in South African primary and secondary schools. As a result, some learners dropped out of school due to the inability of their parents to pay school fees. This support service is there but could only be revealed to those who ask for it.

### 5.18 Utilization of the services of refugee lawyers

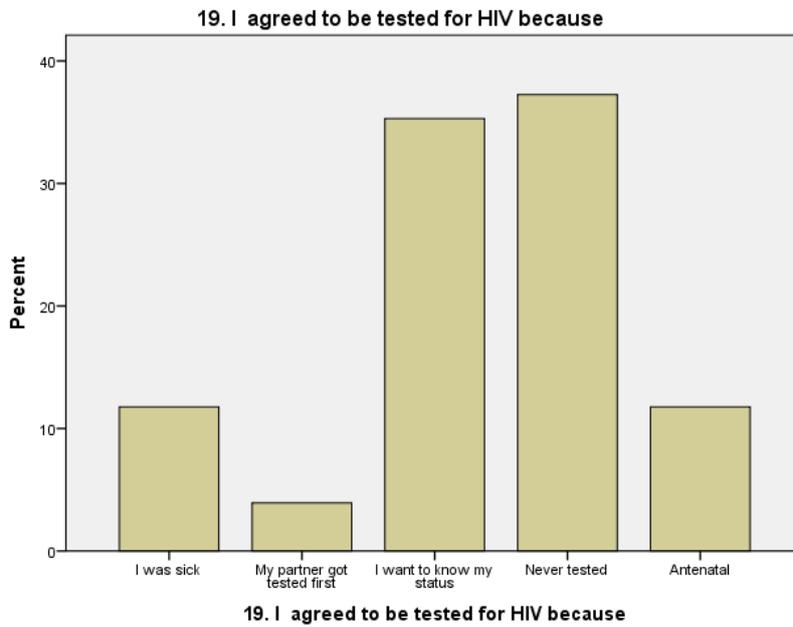


**Fig 18**

Figure 18 highlights that 66.7% of participants have not utilized the services of any refugee lawyer in South Africa, 17.6% have done so, 13.7% have not heard that there are lawyers that assist refugees while 2% does not know the process to access these lawyers.

There are organisations that represent refugees in legal cases for free in South Africa. Organisations such as Lawyers of human rights have offices around the country. At UCT there is the Legal Aid Project that defends and advocates for refugee`s rights.

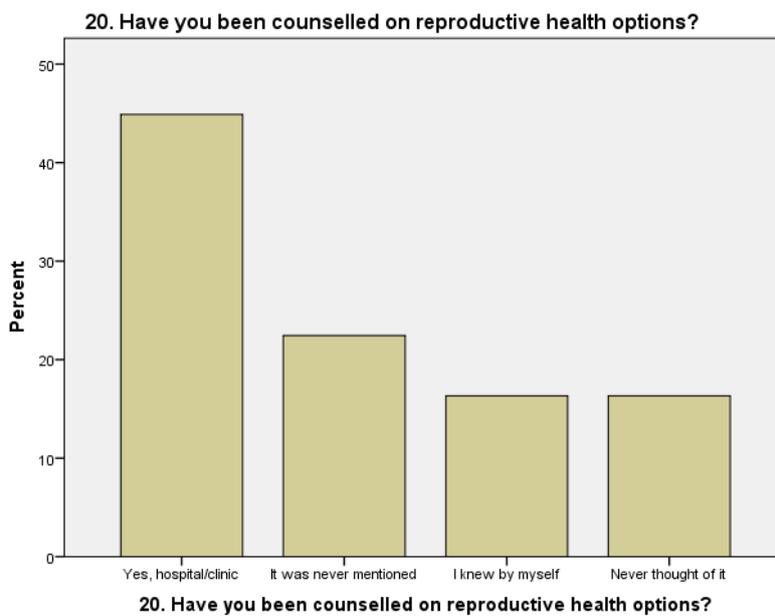
### 5.19 HIV test



**Fig. 19**

Figure 19 reflects that 37.3% of participants have never tested for HIV, 35.3% have undergone an HIV test because they want to know their HIV status. Those who tested because they were sick and because of antenatal hospital visits were 11.8% respectively and 3.9% tested because their partner tested first.

### 5.20 Counsellor on reproductive health options



**Fig. 20**

43.1% of participants have been counselled on reproductive health options at their local clinic/hospital, 21.6% said that reproductive health options were never mentioned when they visited their local clinic/hospital, 15.7% knew about reproductive health options by themselves and another 15.7% have never thought about using reproductive health options. 3.9% did not answer the question.

## 5.21 Changes in hospitals/clinics

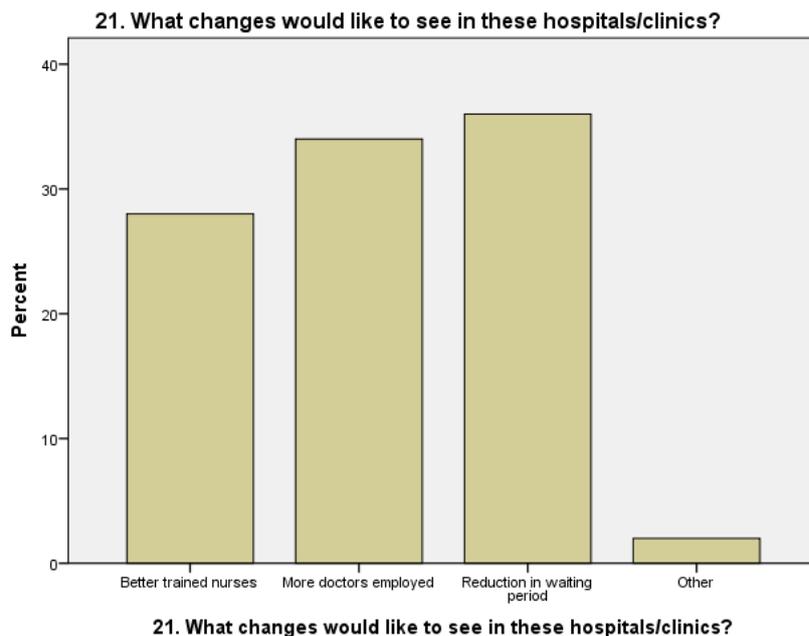


Fig. 21

When asked what changes they would like to see in their clinics/hospitals 35.3% indicated that they want to see a reduction in the waiting period at the medical facilities they attend, 33.3% would want more doctors employed, 27.5% would like to see the nurses better trained and 4% did not answer the question.

## 6. Recommendations and conclusion

### 6.1 Recommendations

The researcher would like to make the following recommendations regarding the awareness of refugees and asylum seekers towards HIV-related social and support services available to them in Cape Town:

- A high percentage of participants (37.3%) have never tested for HIV in South Africa. This number is greater than those that have tested (35.3%). Reasons given ranged from lack of HIV/AIDS information in a familiar language they understand to lack of interest on the part of authorities in getting refugees to be integrated into the country's health policies. Refugees are part of the South African society and should be incorporated into the HIV/AIDS health strategies. Unlike in other countries where refugees have minimal contact with host communities, refugees in South Africa live among the population, yet are often forgotten in government policy formulation and this should change. Government often complains of xenophobia against migrants and refugees in South Africa while its actions towards refugee's welfare are also indicative of isolation of this vulnerable group.
- The percentage (33.3%) of participants unaware of the existence of a support group for HIV positive persons is very dismal. Efforts have to be redoubled for correct information dissemination for refugees when they visit medical facilities. The psychological trauma associated with testing HIV positive is enormous and according to McMunn, Mwanje & Pozniak (1997) "this population might best be understood as doubly marginalized: within the host society which is hostile to African immigrants, and within the refugee community because of the high level of stigma surrounding HIV. A positive diagnosis creates a crisis for African immigrants that are compounded by financial insecurity, fragile social networks, tenuous immigration status, and an imperative for secrecy about HIV being positive." Awareness about such a support group cannot be overemphasised.
- The fact that 78.4% of participants indicated that they have not visited the UNHCR offices in Cape Town is an indictment of the failure of that important United Nations office to live up to its mandate. Most of the refugees who took part in the study are left to fend for themselves which is really appalling. UNHCR needs to scale up its activities within the refugee community in South Africa.
- The majority of the study participants (66.7%) are equally unaware of the availability of refugee lawyers whose services could be utilized to resolve some pressing challenges like renewal of asylum papers, constant risk of deportation, government red tape, xenophobia and lack of medical and social assistance. Organisations such as lawyers for human rights and

UCT's Legal Aid Project offer these services for free to refugees. Awareness campaigns can be organised to make their services known to refugees.

## **6.2 Conclusion**

This study has attempted to investigate and highlight the awareness of refugees to HIV-related social and support services available to them in Cape Town. The results of the study show a lack of knowledge and awareness of such services. Services such as support groups for HIV positive persons is hardly mentioned in medical facilities where they attend and for the few who are aware of such services, their friends and family is the primary source of such information. These are unqualified sources and could be information that is factually incorrect. A considerable percentage of 37.3% participants have never tested for HIV. This is a very high number and further study is recommended to understand why there is a minimal uptake of HIV testing.

An astonishing 78.4% of those surveyed indicated that they have not visited the UNHCR offices in Cape Town for any business and this is the body charged with the general assistance, protection and support, assistance in voluntary repatriation, assistance in the integration of refugees to the South African community and resettlement of refugees to a third country.

It is hoped that the results of this study could help the relevant bodies and authorities dealing with refugees' welfare to reorganize and streamline their activities to ensure that refugees are aware of certain critical social support services that could enhance their quality of life in South Africa.

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## APPENDIX A: QUESTIONNAIRE

### PURPOSE OF THE STUDY

This study is aimed at establishing the awareness of refugees and asylum seekers to the HIV-related social and support services available to them in Cape Town. Awareness of such HIV-related social and support services can enable the utilization such services and this can help to bring down new HIV infection rates and society at large will benefit because less people will be infected. This study may also help to identify HIV-related social and support services that you may not have known and to also establish the barriers and difficulties you are encountering so as to make recommendations to the Western Cape Department of Health for improvement in their service.

Are you a refugee / asylum seeker?

Yes       No

**If no please do not complete this questionnaire**

**If yes please proceed**

1. What is your age?

- 18-25
- 26-35
- 36-45
- Over 46

2. Sex.

- Male
- Female

3. Nationality:

- Nigeria
- Congo D.R.C .
- Congo Brazzaville
- Cameroon
- Rwanda
- Malawi

Name Other.....

4. Employment status:

- Self-employed
- Unemployed
- Formally employed

Other.....

5. How long have you been in South Africa?

- 1- 2 years
- 3-5 years
- 6-10 years
- Ove10 years

6. How do you get HIV/AIDS information?

- Friends
- Family
- Television
- Radio
- Newspaper
- Clinic/hospital

Other.....

7. Are you aware of any support group for HIV positive persons in Cape Town?

- Yes
- Never heard of any
- Don't know

8. If yes how did you hear about it?

- Clinic/hospital
- Radio/TV/newspaper
- Family/Friends

Other.....

9. Have you ever :

- Yes  No Been forced to undergo mandatory HIV testing
- Yes  No Had to disclose your HIV status to authorities
- Yes  No Felt discriminated against due to your refugee status

10. If you or your family member do not feel well do you visit:

- Clinic
- Hospital
- Private Doctor
- Traditional Healer
- Other.....

11. How would you rate the services in general of the hospital/clinic/doctor where you attend:

Bad

- Very bad
- Good
- Very good

12. Do you have any language difficulty in communicating your needs properly with medical staff?

- Very difficult (I cannot speak English)
- A bit difficult (I can speak some English)
- No difficulty (I can speak good English)

13. How did you experience the medical personnel:

- Friendly
- Unfriendly

14. Have you being told of a disability grant in this hospital/clinic?

- No
- Once
- Never heard of it
- Yes I have it for my child

15. Have you ever visited United Nations High Commissioner for Refugees (UNHCR) offices in Cape Town for any assistance?

- No
- Yes
- Never heard of them

16. Have you considered further education in South Africa?

- Never thought of it
- No money for school
- Am in university
- Done some schooling here

Other.....

17. Have you ever considered school fees exemption for your child/children?

- Don't know how
- Never knew I could apply
- I have applied once

18. Have you utilised the services of any refugee lawyers in South Africa?

Never heard of them

- Yes
- No
- Don't know how

19. I agreed to be tested for HIV because

- I was sick
- My partner got tested first
- I want to know my status
- I have never tested for HIV
- Antenatal routine testing
- Marriage counselling

20. Have you been counselled on reproductive health options?

- Yes in hospital/clinic
- It was never mentioned
- I knew by myself
- Never thought of it

21. What changes would like to see in these hospitals/clinics?

- Better trained nurses
- More Doctors employed
- Reduction in waiting period

Other.....