

The mist that they declared to be over is still around: Xenophobic experiences of refugee children living at a community centre in South Africa

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There is a general misconception that xenophobia does not exist in South Africa anymore. This assertion is based on the views that the May 2008 brutal xenophobic attacks were concluded, and threats made against foreign nationals to leave or die in South Africa after the 2010 soccer world cup, did not materialise. The xenophobic assertion completely contrasts with views of abused refugee children living at a refugee centre in South Africa. This paper is a presentation of xenophobic related abuse of unaccompanied refugee children living at a community centre in South Africa. The study employed Bronfenbrenner's Social Ecological Model as its overarching theoretical framework. The study adopted a qualitative approach, case study design, and the interpretivist paradigm. Twelve unaccompanied refugee children were selected using purposive sampling and snowball sampling. Data collection tools used were semi-structured interviews and focus group discussions. Data was analysed using content analysis. The study found that there is a wide-spread trend of xenophobic related abuse of refugee children living in designated refugee facilities in South Africa. It was concluded that there is a huge disruption of the social ecological systems when they are run along the full gamut of refugee children's experiences.

INTRODUCTION AND BACKGROUND

Foreign nationals residing in South Africa experience xenophobia in various ways. Refugee children are not peculiar to this group. They currently experience massive xenophobic threats from locals who accuse them of deteriorating the country's economic situation by competing with them for meagre resources and services (Crush & Tawodzera 2014; Mwilu 2010).

According to Crush (2008), the word xenophobia has Greek origins, *xenophobia*. *Xenos* means foreign and *phobos* means fear. Thus, the basic translation of xenophobia is hatred or fear of foreigners or strangers. In the South African context, Crush and Pendleton (2007) stated that xenophobia entails a massive dislike of foreigners. It is mainly experienced by black foreigners including refugee children who are hated and accused of exacerbating the country's problems. The hatred of foreigners in South Africa did not spring out of nowhere (Crush 2008). The country has a sensitive racial discriminatory past which to an extent contributed to the division and development of xenophobic attacks. Racial discrimination which existed during apartheid influenced some citizens to dislike foreign nationals and resulted in brutal xenophobic attacks.

A dislike of foreigners in South Africa developed from the 1990s and spiralled in May 2008. Xenophobic riots in May 2008 constitute the first sustained nationwide eruption of social unrest since the demise of apartheid (Friebel,

Gallego & Mendola 2013). The May 2008 xenophobic attacks in South Africa left an estimated 62 people dead, more than 30,000 displaced, and countless victims injured and robbed of their property (Mwilu 2010:1). People were murdered in cold blood in countrywide brutal xenophobic attacks (Commey 2013). The attacks also affected refugee children from Zimbabwe who had escaped political persecution in their home country. Marar (2011) asserts that discrimination and prejudice contributed significantly to xenophobic attacks experienced by refugees.

It is believed that violence and xenophobic attacks in South Africa and other international countries are caused by limited resources which migrants and citizens would be scrambling for. Mwilu (2010) postulates that xenophobic violence in South Africa was a result of too many foreigners competing with citizens for limited resources. Foreigners including refugee children are viewed as a threat by locals because of competition they pose on government grants and social services (Landau, Ramjathan-Keogh & Singh 2004). McMahan (2011) contends that the greater the numbers of immigrant populations, the more citizens are likely to feel threatened.

In spite of the fact that talk of the May 2008 brutal xenophobic attacks subsided and it is documented in some academic pieces of writing and broadcasted throughout the media that xenophobia is non-existent, contemporary scholarship attests otherwise. Crush, Ramachandran and

Pendleton (2013) contend that attitudes of many South Africans towards refugees and other migrants have not changed since the horrific incidents of the May 2008 vicious xenophobic attacks. Xenophobic attacks are still happening in South Africa.

Igahosa and Vincent (2014) argued that currently, there is an awful prejudicial treatment of refugees and other African foreigners in the public health sector. The present ill-treatment of refugees by health practitioners has come to be known as medical xenophobia. According to Crush and Tawodzera (2014), medical xenophobia refers to the negative attitudes and practices of health professionals and employees towards migrants and refugees based purely on their identity as foreigners. Locals claim that hospitals are being swamped by foreign nationals and the only way to minimise them is by ill-treating them when they seek medical services (Crush & Tawodzera 2011). Despite being a fundamental breach of the country's Constitution and international human rights obligations, medical xenophobia is deeply entrenched in the South African public health system (Crush & Tawodzera 2014). Internationally, Anstiss, Ziaian, Procter, Warland and Baghurst (2009) affirmed that refugees find it hard to obtain their right to health care because of fear of xenophobia in medical centres. Similarly, Al-Qdah and Lacroix (2010) argued that Iraqi refugees in Jordan could not obtain health care because the facilities were located far from dwelling areas and because of the fear of xenophobia by clinic staff members.

The present-day xenophobia in South Africa is not limited to health services only. It is also manifesting through frequent looting of foreign or refugee-owned shops. Consortium for Refugees and Migrants in South Africa [CoRMSA] (2011) argues that incidents of xenophobic violence are still happening in South Africa. There have been on-going attacks on foreigners and looting of foreign-owned shops (CoRMSA 2011). Commey (2013) postulates that several Somali, Bangladeshi and Palestinian refugees residing in South Africa were under attack in May 2013 by citizens who looted and ransacked their shops.

Hayem (2013) echoes the same sentiments that xenophobic attacks against refugee children are still prevalent in South Africa. The contemporary xenophobic attacks on refugees are exacerbated by policemen who profess utmost ignorance when immigrants are being victimised by citizens. Commey (2013) states that policemen did not offer any help to a Somali refugee shop

owner who was under attack in Johannesburg. Instead, policemen arrested the shop owner while the looting of his shop continued. This gives an impression that xenophobia is still happening and there is no space for refugees in this 21st Century South Africa.

Policemen are believed to be active perpetrators of xenophobia today. They seed hatred on immigrants by claiming that they smell badly (CoRMSA 2011). This view is supported by citizens who blatantly assert that refugees and their children stink (Matsinhe 2011) and they are responsible for bringing dangerous diseases such as HIV and AIDS into South Africa (Crush *et al.* 2013). The current xenophobic situation in South Africa is very dire and unfortunate to refugee children who live in refugee camps and community centres where many people know about their foreign or refugee status. Refugee children experience xenophobia in their respective homes, schools, communities and societies at large. A combination of experiences of xenophobia in homes, schools, communities and society gives rise to a theoretical framework of the social ecological model.

THE SOCIAL ECOLOGICAL MODEL

This study adopts Bronfenbrenner's (1979) Social Ecological Model (as its theoretical framework) which asserts that context and environment play fundamental roles in the development of a child. The model highlights that during the process of human growth and development, a person interacts with microsystems, mesosystems, exosystems, macrosystems and chronosystems. McBrien (2011) postulates that refugee children's experiences can be looked at from these systems' perspectives. The microsystem refers to the environment in which a developing person lives and the relationship that he/she has with proximal settings of family, school and peers (Bronfenbrenner 1994). In other words, the microsystem entails an individual's interaction with proximal settings.

According to Bronfenbrenner (1994), the mesosystem comprises the link and various processes that take place between two or more settings surrounding the developing person, for example, relations between family and school, peers and neighbours, family and peers, and school and neighbours. In short, the mesosystem is a system that shows the interaction of microsystems (Masten & Obradovic 2008). It is also formed whenever a child moves from one setting to another (Bronfenbrenner 1979). When

a refugee child relocates to a new place, he/she will interact with new neighbours, peers and the school. When these new microsystems interact, the mesosystem will be formed.

According to Bronfenbrenner (1979:25), an exosystem is defined as: "One or more settings that do not involve the developing person as an active participant, but in which events occur that affect, or are affected by, what happens in the setting containing the developing person." The exosystem also refers to the influence that a community has. This includes the community's established norms, values, standards and general social networks (Masten & Obradovic 2008).

The macrosystem can be seen as the norms, values, attitudes, beliefs and ideologies which someone gets from the society in which he/she is living. It can be viewed as a societal blueprint for a particular culture (Bronfenbrenner 1979; 1992). In this study, the macrosystem represents interaction on a broader scale when refugees are influenced by the social and cultural norms of a country. The macrosystem forms when an individual is influenced by political issues and economic status of a country. The progression of all the systems (micro, meso, exo and macro) happens over a period of time and that forms the chronosystem (Bronfenbrenner 1979; Swart & Pettipher 2011).

Bronfenbrenner's Social Ecological Model is compatible with the study of refugee children's experiences in the host country. Bryant and Ahearn (1999:85) said: "Bronfenbrenner's work on the understanding of a child's development within the context of family, neighbourhood, and community has potential applicability to the study of refugee children." According to Serdarevic and Chronister (2005:25), Bronfenbrenner's social ecological framework can be applied to the study of refugee children and other immigrants because it provides a visual representation of how different individual and contextual variables are related to immigrants' development. It also provides a framework for examining multiple individual and contextual factors affecting immigrants' acculturative adjustment and mental health. The model can reveal how refugee children are influenced by different systems during their pre-migration, transmigration and post-migration processes.

METHODOLOGY

The study adopted a qualitative research approach designed to provide an in-depth analysis of a specific programme or setting (Mertens 2010).

The approach has been preferred because the researcher was working with a group of vulnerable people (refugee children). According to Liamputtong (2007), qualitative methods are especially appropriate to the study of vulnerable people because they allow the researched to express their feelings and experiences in their own words. Children were able to give detailed narratives of their experiences and engaged in meaningful discussions because of the use of a qualitative approach. The approach provided an opportunity to tap into the richness of children's thoughts and feelings about themselves, their environments and the world in which they lived (Mishna, Antle & Regehr 2004).

An interpretive paradigm was used in this study. An interpretive position was preferred because of its compatibility with a qualitative approach. Lapan, Quartaroli and Riemer (2012) argued that all qualitative research has an interpretive perspective which focuses on uncovering participants' views. The paradigm enabled the researcher to interact extensively with participants in order to understand their experiences of xenophobia in South Africa.

The study employed a case study design of a refugee community centre in Johannesburg, South Africa. A case study design was useful for an in-depth study of refugee children in their natural setting in order to understand their experiences of xenophobia. According to Punch (2009:119): "The case study aims to understand the case in depth, and in its natural setting, recognising its complexity and its context. It also has a holistic focus, aiming to preserve and understand the wholeness and unity of the case." According to Cohen, Manion and Morrison (2007), case studies are very specific. They identify one participant, one setting, one situation or one event (Creswell 2008). A case study was ideal to use in this study because it had one setting (refugee community centre), one group of participants (Zimbabwean refugee learners), and one situation (xenophobic experiences).

The study

The study was done at a refugee community centre located in one of the townships in Johannesburg. The community centre houses all unaccompanied refugee children who attend Hill Park School of Refugees (pseudonym). The centre houses refugee children who come from 12 different African countries (Zimbabwe, Swaziland, Lesotho, Mozambique, Democratic Republic of Congo, Uganda, Malawi, South

Africa, Somalia, Sudan, Ethiopia and Rwanda). The majority of children are from Zimbabwe. A church priest offered to assist children who escaped political persecution from their various countries to South Africa. He assisted them to obtain refugee documents and opened the Hill Park School where they could learn. Accompanied refugee children who attend the school stay with their parents/guardians in various dwelling places. Unaccompanied minors are accommodated at a community centre, which the priest is responsible for. Unaccompanied children commute every day to school from the community centre.

Twelve unaccompanied Zimbabwean children who stay at the community centre were purposively selected to participate in the study. Fraenkel and Wallen (2007) postulate that in almost all qualitative research, purposive sampling is adopted in which researchers use their judgment to select a sample that they believe, based on prior information, will provide the data they need. There were three girls and nine boys whose ages ranged between 16 and 18 years. There were fewer girls in the study because their total number at the centre was three times less than boys. Snowball sampling was used to select Zimbabwean children. Zimbabwean children were preferred because they comprise of the largest population at the centre compared to other nationalities.

Data was collected using semi-structured interviews and focus group discussions (FGDs). There were two FGDs with six learners in each. Data was analysed using content analysis. Validity and trustworthiness were ensured by going back to participants to show them the transcribed data to see how their experiences were represented.

Research ethics

Strict ethical issues had to be observed because this study involved refugee children. Respondents were requested to participate in the study voluntarily and were also informed about the purpose and consequence of the study. Mertens (2012) argues that children should not be made to sign consent forms. Generally, researchers are required to obtain consent from the children's parents/guardians. However, children can then provide accord to show that they understand and agree to participate in the research. The Priest, who is in charge of all the unaccompanied children, signed a consent form for all unaccompanied learners. Children were informed

that they were free to withdraw from the study at any point in time. They were also notified that they were not compelled to participate in the study because the Priest consented to their participation.

Deception of any kind was avoided with respondents, but instead, they were guaranteed maximum confidentiality, anonymity, non-identifiability and non-traceability. Pseudonyms were used in the analysis section to further enhance privacy. The Hill Park School for Refugees works closely with trained counsellors who are responsible for counselling traumatised children. The researcher requested a counsellor be on standby throughout the entire data collection period at the centre. Some children faced traumatic xenophobic experiences in South Africa and this is why the researcher decided to involve a trained counsellor to help children who could have been re-traumatised by retelling their stories. Fortunately, neither re-traumatisation nor any negative experience occurred throughout the interview and group discussion sessions.

FINDINGS

Refugee children residing at a community centre in Johannesburg unanimously claimed that although xenophobia is documented in books and journals as something that happened in May 2008 and concluded soon thereafter, it is still happening today. Children assert that the present-day xenophobia is slightly different from the May 2008 brutal attacks. The hatred of refugees has taken a different dimension today. Refugee children reported that when they came to South Africa, they thought they were going to live a peaceful life, free from the death threats they were getting in their home country. Some children subsequently believed that coming to South Africa was a big mistake because of the on-going xenophobic killings. A boy said: "I would rather go back to Zimbabwe because of fear of xenophobia happening these days. I would prefer going back to my country to die than in a foreign country."

One learner from FGD1 echoed the same sentiments about present-day xenophobia in South Africa:

Even though the South African government stopped xenophobia which happened in May 2008, it is still happening in our community. We are still experiencing xenophobia today. People are not doing it physically, but in a different way. For example, if you go to a hospital or social service office, people make xenophobic comments about you.

Refugee learners at Hill Park School were denied their right to obtain health services in South Africa. Learners who went to a hospital described their experiences of medical xenophobia in different ways.

A learner in FGD2 said:

I went to a hospital where there were donors offering free optical services and providing eye glasses to needy people in our community. My eyes were painful and I wanted an optician's help. When nurses at the hospital learnt that I am a refugee from the community centre, they stopped me from meeting an optician and they said they did not have the type of glasses suitable for my eyesight problem. If I was a citizen of this country, I would have been assisted.

Similarly, another learner in the FGD2 who had problems with his eyes said:

I was not served at the clinic because I do not speak IsiSutu language. The receptionist had a negative attitude when I spoke to her in English. She wrote on my hospital card 'cannot afford to buy spectacles.' The doctor directed me to another medical practitioner to help me with spectacles. When I went there, the doctor said 'we do not have this type of spectacles and we cannot order them for you (a refugee).' If I was a South African citizen, they would have ordered those glasses for me.

Children are forced to learn local languages so that they may not be identified as foreigners. In other words, refugees' language learning in South Africa is not only for schooling purposes, but for security, in order to attain social services. If one cannot speak a local language, it is hard to obtain basic services like health care. One boy said:

As a result of the fact that we are Zimbabweans (refugees) who are not proficient in local languages, we are not getting medical care. Some people are even dying. If you call for an ambulance and speak in English, they may not come because they know you are a foreigner or refugee from the famous community centre.

Community members have negative attitudes towards refugee children at the community centre. They do not want foreigners to get medical treatment or to use ambulances. The inability to speak local languages is used to separate citizens from foreigners so that health care will be given only to South Africans. A boy who had a problem with varicose veins said:

At a local clinic close to where we stay in our community, if you are waiting for your turn to be served in a queue, they will ask you whether you speak IsiSutu or IsiZulu languages. We do not know how to speak these languages well and if they realise that you do not, they will not provide you with any treatment. I remember one day when I went to the clinic to get treatment for my veins, I asked for medication at a pharmacy and I was told that it was out of stock, but some people who were coming

after me were getting the medication. I was not given it because they learnt that I am a refugee from the centre because of my language.

Xenophobic activities are still prevalent in South Africa today. This is evidenced by the daily broadcast of foreign nationals who are victimised by South African citizens in schools, work places and communities.

A girl said:

I hear a lot of xenophobic threats. We always live in fear of victimization because we are not welcome in the community that we live. We refugees are always robbed at the community centre. Citizens do not get robbed by thugs who live in our community. We are afraid of reporting it to the police because thugs once threatened us that if we got them arrested, they would murder everyone at the community centre including our patrons. I wish I could move away from this community, but it is hard because I do not have money to relocate and begin a new life on my own.

There is a general misconception that there is no xenophobia in South Africa anymore. The assertion that xenophobia ended in South Africa is based on two views: i) The May 2008 brutal attacks were concluded, and ii) Threats made against foreign nationals to leave or die in South Africa after the 2010 soccer world cup, did not materialise. Xenophobic threats against foreigners after the 2010 soccer world cup were widely spoken about by learners and repeated in the media in South Africa. One boy said:

People think that since xenophobic threats which we refugees and other foreigners were threatened with after the 2010 world cup did not materialise, there is no xenophobia in South Africa anymore. That is very wrong, because what we are going through every day here is inhuman. We are treated like sub-humans by people who live in our community. They hate us and everybody who lives in that community knows that we are refugees and they do as they please with us.

All unaccompanied refugee children who participated in this study reported that they experienced the worst treatment from their community. They are blamed for all ills that happen in their surroundings. They are disliked by community elders as well as youths because of their refugee status. A learner from FGD1 said:

Anything bad that happens in our community is blamed on us refugees. We had a problem with electricity where we unaccompanied children are staying. A transformer got burnt. The community blamed us saying the transformer was burnt because refugee children who live at the community centre are using too much electricity. They said we are stealing heaters from trains and connecting them to electrical appliances and consuming more electricity. So, they accused us of two things: vandalising national property by stealing heaters from trains, and

using too much electricity in the community. Only we refugee learners are accused of doing that when in actual fact we do not do that at all.

All refugee children reiterated the view that they are not wanted in their community. Community elders and youths are always on a fault finding mission in order to tarnish images of refugee children so that they leave the Glenview community where they are currently living.

A learner from FGD1 said:

"Water taps and door handles were stolen at our community centre in Glenview. We caught a guy who was doing that, but the community protected that South African thief and blamed refugee children for stealing those taps and door handles."

Similarly, another learner from the same FGD (1) said:

Some South African youths come to throw stones at the place that we stay. They break windows with those stones in the evening. Nothing is done about that except blaming us refugees for vandalising property. Some youths come to the surrounding area of our community centre. They drink alcohol, litter the whole place, have sex and throw used condoms everywhere, but community elders say it is the refugee children who stay at the community centre.

A boy said:

When youths from our community come to mess our place at the community centre, they do not want us to chase them away because they say we are chasing them from their homeland. We cannot report them to the police because we were given a warning that if we do, there will be deaths. We do not report them to community elders because they do not like us at all. That is what is happening even today. They know us, but they do not like us. They do not want us to stay at the community centre. They hold community meetings and make false accusations that we are walking around late in the night, but our gate at the community centre is locked at 8pm. The community members blame us for everything bad that happens in our community such as robbery, murder, stealing and drugs.

Xenophobia is still happening in South Africa (CoRMSA 2011). Citizens blame and attack foreigners, including refugee children. Refugee children at the community centre are held responsible for bringing diseases such as HIV and AIDS to South Africa.

One boy said:

We are blamed for bringing HIV and AIDS to South Africa. People in our community accuse us of being HIV positive and that we are trying to spread the disease all over South Africa. Elders in the community do not want us to play with their children because they say we will contaminate them with HIV. Some youths that we meet in the community when we go to the shops and school, wear a plastic on their hand before greeting us. This is done to signal that we refugee children are HIV positive and locals are afraid of being infected.

Refugee children at the centre are accused of everything bad that happens in the life of people that live in the Glenview community. Even when a person loses a job or is expelled from school because of absenteeism, refugee children at the community centre are blamed. As a result, refugee children are treated badly all the time.

One girl said:

"I was told by another woman who lost her job that I and other refugees at the centre are cursed and we are spreading the curse to everyone living in the community." Refugee children are not only blamed for bringing misfortune into South Africa, they are also accused of stinking.

One girl said:

Sometimes community members accuse us of not bathing and having a bad smell all the time. If we are on a train together with people from our community who know that we are refugees from the community centre, they order us to go to another compartment of that train. They do not want us to be in the same compartment with them because of our refugee status. Sometimes if they see that you are a refugee from the community centre who is in the same compartment with them in the train, women may begin to spray perfumes in the air where they are seated to show that there is a refugee smelling. Some woman once said, 'you refugee children do not bath, come to my place to shower, I will provide you with roll on and deodorants'.

Learners from FGD2 echoed the same sentiments about ill treatment in public transport. One learner said: "We are always treated as if we are not human beings by our fellow black South Africans. They can be jealous of us using buses, taxis or trains. They abuse us and I do not like it."

A boy from FGD1 said:

"Sometimes they call us hurtful names such as refugees, parasites and *kwerekweres*."

Another learner said:

People from our community who know we are from the community centre call us refugees and sometimes parasites. But, a popular name that they call us is *kwerekwere*. Even policemen and people who do not live in our community call us *kwerekweres* because of our inability to speak the local language fluently.

The refugee situation is very critical to children who face hatred in communities in which they live. One learner from FGD1 said:

The situation of hatred is so bad in our community that we are forced to leave our residential area early in the morning to go to school and return in the evening. We do this to avoid mixing with many people because of what they do to us. Even when we do not have classes at school or during weekends, we prefer spending most of our time at school where we are all refugees just to have piece of mind and to concentrate on our studies.

Learners reported that hatred and xenophobia which they experience does not only come from people who live in their community, but also from some South African law enforcers.

A boy said:

Policemen have negative attitudes towards foreigners and they do not care whether they are asylum seekers, refugees or learners. For as long as you do not show them a study or work permit, they treat you as an illegal immigrant.

Learners in both FGDs agreed that they were treated badly by the police because of their refugee status.

A boy said:

The greatest problem here that also contributes to xenophobia is police brutality and illegal treatment of us refugee children. They do not care whether you have documents or not. I always live in fear regardless of the fact that I am a refugee who has the right to live in South Africa. One day I was caught by the police when I was walking with my classmates who are also from Zimbabwe. Police heard us speaking in Shona and they asked us for permits. We told them that we were refugees at Hill Park School for Refugees. Policemen refused to verify our story with the school. We pleaded with them to take us back to the school so that they would be informed by the principal that we are learners, but they said no. We showed them our learners' identity cards which had our names and name of the school, but they said they wanted passports with study permits. One of the policemen said, 'you refugees from Zimbabwe are causing problems here. You must go back to your country.' They put us in their police truck and drove around with us picking up illegal immigrants. In the evening, we were released. The policemen asked us to go back to the school which was now 15 kilometers away. We walked all the way from there up to the school. When we arrived at the school, all other learners were dismissed and we did not have money to take us to Glenview where we stay. We slept in a classroom until the next morning.

Some learners reported that they avoided the police by all means because they attacked rather than protected them. They asked for bribes, and if they did not get them, they found any small fault and punished refugee children mercilessly.

A boy said:

Some policemen are very xenophobic. I was beaten by policemen many times on separate occasions. This is despite the fact that I showed them my refugee documents. If they catch you and realise that you are a refugee, they ask for money or bribes. If you do not have money to give them, they ill-treat you and threaten to call robbers to attack you.

A girl said:

I have witnessed many asylum seekers and refugees getting beaten or sent to Lindela detention centre even if they had legal papers. They are only freed at the detention centre, not by the police on the streets. The fact that we are black foreigners is what

citizens of this country dislike because they claim that we are competing with them for their jobs, houses, health care and education.

As a result of xenophobia looming in communities and ill-treatment which children experience from police, refugee learners residing at the community centre live a miserable life in South Africa. One learner from FGD1 said: "There is no peace in this country. I am tired of living like that." The misery experienced by Zimbabwean refugee children dates back to the time they ran away from their country in 2008 until now, when they are facing isolation in South Africa.

DISCUSSION

In spite of the fact that some people believe xenophobia is non-existent in South Africa, unaccompanied refugee children who live at the community centre think it is on the rise. This contrasts the 2013 view of Crush *et al.* (2013), who reported that xenophobia is on the decrease in South Africa. Refugee children hold the view that xenophobia is escalating because of distressing and prejudiced experiences that they encounter on a daily basis. From a micro-systemic perspective, children are expected to interact extensively with peers where they live. Refugee children are denied that opportunity by spiteful community elders who create boundaries between refugees and their local children. CoRMSA (2009) contends that refugee children in South Africa find it hard to mix and mingle with local children because of a division that is created by adults in communities.

Hatred of foreign nationals by adults make youngsters dislike refugee children to the extent of not wanting to interact with them and to calling them hurtful names such as parasites and *kwerekweres*. A refugee or foreign visitor to a South African township is called a *kwerekwere*. When refugee children came to the townships, they could not speak any of the local black languages. The sound of their babble sounded like *kwerekwere* to the locals, and hence they were nicknamed *Kwerekweres* (Clacherty 2006). Refugee children from Zimbabwe are projected as babblers who speak incomprehensibly (Muzondidya 2010). Once a person is labelled a *kwerekwere*, it means he/she is at risk of xenophobic attacks by South African citizens who claim that foreigners are taking over their education, jobs and houses (Sookrajh, Gopal & Maharaj 2005).

Refugee children in South Africa are downgraded, socially excluded and viewed merely

as nothing more than just *kwerekweres* (Muzondidya 2010; Rutherford 2010). It seems like a trend in African countries that refugee children are ill-treated and called hurtful names. Mann (2002) affirms that Congolese refugee children described their life in urban Tanzania as characterised by discrimination, social exclusion, and harassment. It was always the case that whenever Tanzanian adults or children came across Congolese refugee children, they would call out to them: “*wakimbizi! wakimbizi!*”. This Swahili term for refugees is widely considered to be derogatory, and in the opinion of one child even a poor man or a thief is better than a “*wakimbizi*” (Mann 2002:119). The way Congolese refugee children were viewed by Tanzanians as merely *wakimbizi* is more or less the same as the way refugee children at the community centre in Johannesburg are looked at by South African youths as *kwerekweres*.

The failure of refugee children to interact with peers and adults from the community marks the disruption of the microsystem which subsequently has an impact on the mesosystem. The mesosystem occurs only when there is an interaction of the microsystem. According to Bronfenbrenner (1999), the mesosystem comprises two or more microsystems and it manifests itself when there is an interaction of those microsystems.

The refugee children being denied medical treatment because of hatred by community members is a vast component of the exosystem. Although the law in South Africa protects refugees’ rights to seek and obtain health care, many migrant children are isolated and denied health care in various hospitals across the country. Baalen (2012) and CoRMSA (2011) affirm that in South Africa, foreign migrants, including refugee children, suffer disproportionately from the challenges of accessing health care. Other hospital staff in Johannesburg described their facilities as being infested with foreigners including refugee children (Landau 2007). Refugee children being denied access to health care is not only unique to South Africa. Farmer and Birkeland (2011) assert that discrimination in hospitals, in the community and local schools in the United States remains a problem for refugees. Similarly, in the context of the United Kingdom, Muneghina and Papadopoulos (2010) state that refugees often fail to obtain medical treatment in some health centres.

Xenophobia, which is a macrosystem occurrence, affects refugee children negatively because of

the impact that it has on all other systems. Threats, ill-treatment and various kinds of xenophobic intimidations that refugee children experience have detrimental effects not only on their education, but also psychologically. Rutter (2003) argues that xenophobic experiences that refugee children go through make them develop post-traumatic stress disorders. The distress could be so intense to youngsters that they may end up having acute mental disorders.

Mann (2002) postulates that numerous Congolese refugee children in Dar-es-Salaam, Tanzania, were treated for mental problems because of enduring mockery and insults on the bus, in the school yard and in their neighbourhood. These children described being reduced to tears on a regular basis and said their lives were “miserable” because they could “never feel at ease” (Mann 2002:119). Refugee children in South Africa go through similar distressing experiences. They are not seen as ordinary human beings by local children (Nnadozie 2010). The situation forces refugee children to isolate themselves or prefer attending refugee facilities instead of regular schools. In Georgia refugee children were happy to attend school with fellow displaced learners because there was no discrimination and xenophobic attacks compared to attending school with non-displaced people (Farmer & Birkeland 2011).

The progression of events and lapse of time from the period when refugee children settled at the community centre and when they experienced xenophobia forms the chronosystem. The chronosystem compresses time and how it relates to micro-, meso-, exo- and macrosystems (Swart & Pettipher 2011). Refugee children’s experiences occur in a passage of time which signifies the chronosystem.

CONCLUSION

Xenophobia is still prevalent in South African townships today. Refugee children who stay at a designated refugee facility like a community centre are very vulnerable to xenophobia. They are easily recognised as refugees by community members who have boiling attitudes towards foreigners. A significant contribution that comes out of this study is the view that there is a huge disruption of the social ecological systems when they are run along the full gamut of refugee children’s experiences. Every developing child is expected to interact extensively with the environment in which there are systems (Hamilton & Moore 2004). This however, is different from

refugee children whose desires are thwarted and who struggle to obtain physiological needs which, according to Maslow (1970), are basic to every human being. The study also contrasts Bronfenbrenner's (1979) view that every developing child is not directly affected by the exosystem.

Refugee learners are directly affected literally by every system. They experience great ostracism in communities in which they live, an exosystem matter which directly impacts on the well-being of the learners.

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