

Research Article

COVID-19 and Immigrant Status: A Qualitative Study of Malawian Immigrants Living in South Africa

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Migration to South Africa is motivated by the pursuit of employment, safety, and improved living conditions. However, immigrants encounter significant challenges, such as restricted access to essential services, which were exacerbated by the COVID-19 pandemic. This paper investigates the impact of the COVID-19 pandemic on Malawian immigrants in South Africa, addressing the lack of attention given to this immigrant population by highlighting their vulnerabilities. Using a qualitative exploratory and descriptive approach, in-depth interviews were conducted with 24 Malawi immigrants who were over 18 years old and had established residency in South Africa before the onset of the COVID-19 pandemic. Five key stakeholders were also interviewed for additional perspectives and to ensure triangulation and improve data reliability. The interviews were transcribed verbatim and analyzed using thematic analysis strategies and coding with Nvivo12 software. The study highlighted the exacerbated struggles of Malawian immigrants in South Africa amid the COVID-19 pandemic, uncovering systemic discrimination in healthcare, marked by longer wait times and reluctance from health workers to treat undocumented immigrants. The study also revealed a dire security situation, with immigrants living in high-crime areas and feeling particularly targeted due to their foreign status, a situation worsened by the pandemic's economic effects. Additionally, the economic downturn induced by COVID-19 significantly impacted employment opportunities, with many immigrants facing prolonged unemployment and job losses, especially in sectors where they traditionally found work. The detailed accounts of participants highlight not only the multifaceted challenges imposed by the pandemic but also the critical need for inclusive policies and support systems that ensure healthcare access, safety, and economic resilience for immigrants, particularly during global health emergencies. Future research should focus on effective interventions for socioeconomic integration and well-being, particularly for immigrants from other African countries.

1. Introduction

Migration has become a theming trend around the world. The media is swamped with news of people leaving their homelands for a variety of reasons ranging from seeking employment opportunities and health services to being forcibly displaced due to conflict or war [1, 2]. In sub-Saharan Africa, the end of apartheid in South Africa and the highly developed economy have resulted in increased migration from other African countries as people seek better economic opportunities and safe political and social spaces

[3, 4]. Official estimates suggest that South Africa is home to approximately 2.9 million immigrants, representing less than 5% of the total population of 60 million people [3]. However, this figure is believed to be an underestimate due to the significant presence of unauthorized immigrants, especially from neighboring countries. About three-quarters of South Africa's immigrants come from other parts of the African continent, with Zimbabwe being the most significant source country, accounting for 24% of all immigrants, followed by Mozambique (12%), Malawi (7%), Lesotho (7%), and other countries [5]. South Africa also attracts a sizable

number of immigrants from Europe (2%) [3]. Forced immigrants make up a significant proportion of the immigrant population, accounting for approximately 9% of all officially acknowledged immigrants. As of 2020, there were 255,200 forcibly displaced people living in South Africa, with Ethiopia (25%), the Democratic Republic of the Congo (23%), Somalia (11%), Bangladesh (10%), and Zimbabwe (6%) being the primary source countries for refugees and asylum seekers [3]. Migrants are individuals who cross borders for various reasons such as employment opportunities, further education, family reunions, and other related factors other than any kind of danger or persecution. Among these are those with valid permits/visas to reside in the destination country while others are categorized as irregular and/or undocumented migrants. Irregular migrants are those who did not follow legal provisions of entry into another country while undocumented are defined as those who do not have valid permits or visas to reside in the destination country and can be deported if found as such [6]. On the other hand, refugees and asylum seekers are defined as those who have fled their country due to armed conflict or persecution and need protection as stated in international law [7].

As is in most countries with a growing population of immigrants, many South African communities believe that immigrants deprive them of job and business opportunities and overburden the nation's limited social services and facilities. The rise of xenophobic acts and the emergence of vigilante groups such as those who employ slogans such as #OperationDudula and #PutSouthAfricaFirst [8, 9] are examples of the fight against immigrants within the South African context. Such groups have targeted African immigrants with expired special dispensation residency permits. The lack of a pathway to legal status for many immigrants has led to heightened poverty and vulnerability, thereby increasing the risk of xenophobic attacks [10]. The COVID-19 pandemic and its economic effects have also exacerbated these disparities [3] as it caused the demand for immigrant labor to shift, with some industries experiencing a decrease in demand, while others, particularly healthcare, experiencing an increase.

In South Africa, the COVID-19 pandemic has significantly impacted the immigrant population, which has not received much attention. Despite the travel restrictions and lockdowns implemented during the pandemic's several waves in the Southern African Development Community (SADC) nations, South Africa recorded the highest number of SARS-CoV-2 infections in Africa, with more than 4,072,533 cases and 102,595 fatalities as of April 9, 2023 [11, 12]. This figure exceeds the number of cases and fatalities in Morocco, the African country with the second highest burden, by more than threefold. Immigrants, particularly those undocumented, are disproportionately affected by the pandemic's negative effects due to their inherent vulnerabilities. Although South Africa's urban environments provide better equipped and maintained health services than those found in rural areas, immigrant populations may still face access issues [13]. Exclusion poses a more significant challenge for foreign immigrants than for

internal migrants [14]. Many immigrants who enter cities are housed in outlying informal settlements, where they work in precarious jobs in the informal sector and run the risk of contracting diseases and being victimized by crime [15, 16]. Immigrants generally have limited access to healthcare for the most prevalent communicable diseases in Southern Africa, including tuberculosis (TB) and HIV. Overcrowded living conditions, a lack of economic stability, and unfavorable labor conditions make immigrants more susceptible to infection and death [17–19].

Moreover, it is important to note that immigrants, specifically those who are undocumented, encounter circumstances that heighten their susceptibility to infection and impede their ability to obtain or comply with medical treatment. Such immigrants are frequently precluded from national health initiatives, disease prevention measures, treatment, and care programs, as well as financial aid programs for health and social services [20]. Considering the COVID-19 response, these individuals may be marginalized further, as barriers to accessing healthcare prevent them from accessing testing, treatment, and other palliative COVID-19 response measures that are crucial in combatting the spread of the virus, thus potentially undermining national efforts to curb its transmission [4, 21]. Furthermore, evidence indicates that refugees and immigrants have faced elevated levels of xenophobia, racism, and stigma during the pandemic [22]. All of these vulnerabilities have been exacerbated by public health controls and border closures imposed during the COVID-19 outbreak [20].

As the wide-ranging social and economic consequences of the COVID-19 pandemic come to the fore, concerns grew indicating that the outcomes would further exacerbate existing inequalities [23]. In South Africa, as well as in other low- and middle-income nations, existing socioeconomic and health-related issues present additional hurdles in coping with and responding to the pandemic. These conditions entail increased risks for immigrants, given their potentially more vulnerable circumstances and lower levels of engagement with, and access to, healthcare services [24]. Although these difficulties have been recognized by the international community, particularly in the case of cross-border migration, there is a dearth of understanding regarding how the COVID-19 crisis has affected the social and economic well-being of immigrants and their communities [25]. Acknowledging that immigrants constitute a disadvantaged and underserved population and that the COVID-19 pandemic, as well as the accompanying measures taken to contain its spread, has severely worsened their multidimensional stressors, the authors utilized the United Nations Three Crises Framework to qualitatively investigate the experiences of Malawian immigrants residing in South Africa.

2. Theoretical Framework

According to the United Nations, the COVID-19 pandemic has caused three crises affecting people on the move: health, protection, and socioeconomic crises, as shown in Figure 1 [26]. The health crisis pertains to the inherent vulnerabilities

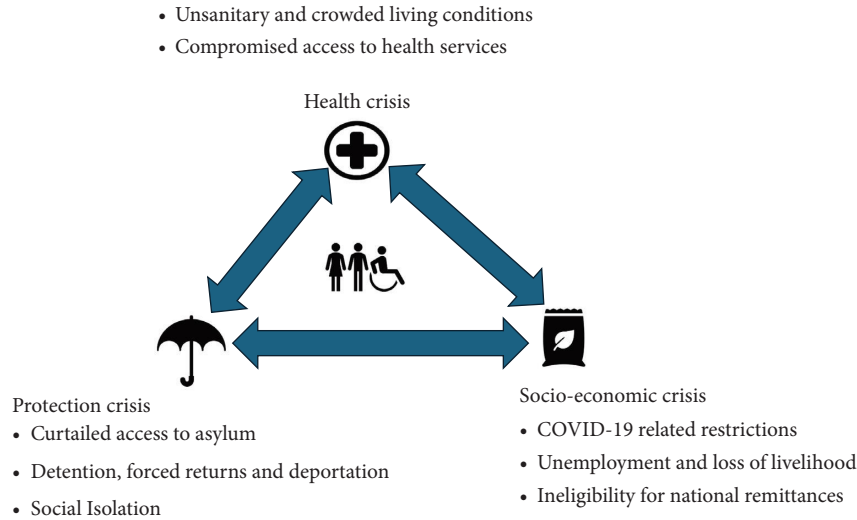


FIGURE 1: Three Crises Framework (adapted from United Nations [26]).

that influence immigrants’ access to safe and healthy living conditions, as well as their access to healthcare and food security. The protection crisis encompasses issues concerning the security, safety, and stability of immigrants. Lastly, the socioeconomic crisis pertains to the adverse economic impacts of the pandemic on immigrants and refugees, including job loss and increased poverty rates [26].

2.1. Health Crisis. Among the affected immigrant population, individuals residing in vulnerable situations face an elevated risk of being adversely impacted by the health crisis resulting from the COVID-19 pandemic. This heightened vulnerability stems from their living and working conditions characterized by overcrowding and inadequate sanitation, which facilitate the easier transmission of the virus [27]. In addition, their access to healthcare may be compromised, especially when they are undocumented or excluded from formal healthcare systems. Studies have shown that “non-nationals” face declining access to healthcare facilities and service providers that place them in long queues [14, 28]. Furthermore, the presumption of an increased burden on the South African public healthcare system often means that “nonnationals” cannot receive the best care available [28]. Research suggests that healthcare workers’ mistreatment, including xenophobic attitudes and practices, can impact the provision and access to care for individuals solely based on their identity as non-South African citizens [28]. COVID-19 has exacerbated these inequities, making it challenging for immigrants to receive early detection, testing, diagnosis, contact tracing, and care for COVID-19, creating a health crisis [4].

2.2. Economic Crisis. Additionally, the COVID-19-related movement restrictions and economic downturn have deprived many people, especially vulnerable groups like immigrants, of their livelihoods by threatening their jobs, causing a socioeconomic crisis [29]. The socioeconomic consequences of the pandemic are expected to

disproportionately affect immigrant workers and refugees in the low-wage informal economy who are excluded from decent work and social protection measures [4, 30]. This group is particularly vulnerable during an economic crisis, as they are often the last to be hired and the first to be fired. Additionally, immigrants’ economic challenges are compounded by their legal status in the host country, with undocumented immigrants lacking the legal right to work even before the pandemic [31]. The noncitizen and illegal status of immigrants means that they do not receive financial assistance during the pandemic, further exacerbating their economic struggles [32]. The difficulty in accessing financial relief has also been cited as a factor contributing to increased anxiety among some immigrants [33].

2.3. Protection Crisis. In the context of the protection crisis, the COVID-19 pandemic and its associated lockdowns and social distancing measures resulted in a loss of or restricted access to help-seeking for immigrants [34]. These measures included curtailed access to asylum, arrests, and deportations during COVID-19 testing, as well as the closure of community and religious centers [35]. These factors made it even more challenging for immigrants to integrate socially into their host communities during the pandemic. The social isolation resulting from these measures, along with limited social connections, posed significant challenges to the mental resiliency and well-being of immigrants [36]. In South Africa, the lockdown, which kept men at home from work, also led to psychological stress for immigrant women [37].

In line with the United Nations’ Three Crises Framework, the COVID-19 pandemic created a multitude of challenges for immigrants, mostly nested within the health, protection, and socioeconomic crises. Vulnerable individuals, including immigrants and refugees, are particularly affected due to their living, and working conditions, limited access to healthcare and financial support, and social isolation. As the world continues to grapple with various

pandemics, it is critical to recognize and address the unique challenges faced by immigrants to ensure that they are not left behind in the global response to COVID-19 and other emergencies that may arise.

This study aims to enrich the existing literature on immigrant experiences by illustrating the various health, protection, and socioeconomic challenges faced by Malawi immigrants in South Africa, aligning with findings from prior research. Nevertheless, this study deviates from the prevailing global immigration trend by shedding light on migration within a low- to middle-income context. Historically, discussions surrounding immigration have predominantly centered on the movement from low- and middle-income nations to high-income nations. This paper, however, concentrates on a distinct immigrant demographic, specifically Malawian migrants, who relocate within the African continent, transitioning from a low-income country to a middle-income country.

3. Methods

3.1. Ethics Approval. Ethics clearance to conduct this study was obtained from the University of the Western Cape's Biomedical Research Ethics Committee (BMREC) under ethics reference number BM21/5/10.

3.2. Study Design. The study used a qualitative exploratory and descriptive approach to understand the experiences of Malawian immigrants living in South Africa during COVID-19. This approach engages study participants in ways that empower them to share their experiences and voice their needs, aspirations, concerns, and solutions to their needs [38]. A qualitative exploratory approach provides rich information including new insights, ideas, and increased knowledge of a phenomenon [39].

3.3. Setting and Study Participants. The study was conducted with Malawian immigrants in South Africa and key stakeholders involved in helping immigrants during the COVID-19 pandemic. Despite Malawian immigrants in South Africa comprising just 7% of the total immigrant population, they were specifically chosen for this study due to several compelling reasons. Primarily, the broader study aimed to comprehensively explore the experiences of immigrants, including those who opted to return to their home countries during the COVID-19 pandemic. To fulfill this aim, it was essential to select a country whose immigrants would traverse multiple Points of Entry (PoE) en route to South Africa or on their journey back home, making the Malawian immigrant population an ideal focus for the research. This eliminated Zimbabwe and Mozambique, the two countries with immigrant populations higher than that of Malawi in South Africa. Returnees' experiences are discussed elsewhere. Second, the research team included two Malawian researchers one based in South Africa and another in Malawi. Given that immigrants constitute a hard-to-reach population, the composition of the research team rendered the Malawian community the most accessible group for our

study, considering the potential language and cultural barriers that might have impeded recruitment and participation. The inclusion criteria for the sample encompassed Malawian immigrants residing in South Africa who were over 18 years old and had established residency in South Africa prior to the onset of the COVID-19 pandemic. Furthermore, key stakeholders involved in migration matters within the region were actively engaged in this study. Stakeholders were included in the study for the sake of triangulation. Specifically, we applied data source triangulation to help us understand the phenomena comprehensively and increase the validity of information collected from Malawian migrant participants [40]. Interviewing stakeholders enriched the data, particularly in understanding structural barriers, access to resources, and legal matters that shaped the migrant participants' experience during the pandemic. Ultimately, the study consisted of interviews with 24 Malawian immigrants and 5 key stakeholders (see Table 1 for demographic information).

3.4. Data Collection. The study used semistructured interview guides to collect data from participants through in-depth interviews conducted remotely due to COVID-19 restrictions. The interviews were conducted between October and December 2021 and were carried out by the principal investigator (PI) of the study and two research assistants who were trained by the PI. Before data collection began, the interview guides were tested among a small group of participants and revised based on their feedback. The interviews were conducted in either English or Chichewa (a Malawian language), based on participants' preferences. The duration of the interviews ranged from 30 to 45 minutes for migrants and 60 to 90 minutes for key stakeholders. The researchers took notes and audio recorded all the interviews, and data collection continued until saturation was reached [41]. Participants were informed that their participation was voluntary, and their personal information would be kept confidential and anonymized. All the narratives for each participant were coded, and the data were stored on password-protected devices accessible only to the researchers.

3.5. Data Analysis. All interviews were transcribed verbatim, and those conducted in the local language were translated into English. An inductive thematic analysis approach was used for the analysis. Before coding, the first, second, and fourth authors read and reread the transcribed interviews to identify key phrases or issues that would be used as the first layer of analysis. The second author provided feedback on the proposed codebook, and after carrying out a test coding on two transcripts and reconciling differences, the first and third authors coded all the transcripts using Nvivo12 software. The codes that addressed similar thoughts or ideas were presented thematically and discussed after code reports were generated.

To enhance the reliability and trustworthiness of our study, we documented each stage of the research, including detailed descriptions of the recruitment and data collection

TABLE 1: Participant demographic information.

Characteristics	Study population <i>n</i> (%)
Total number of participants	29
Participant type	
Key stakeholder	5 (14.29)
Migrant	24 (85.71)
Age (years)	<i>N</i> = 24
20–29	5 (20.83)
30–39	12 (50)
40 and above	3 (12.5)
Sex	<i>N</i> = 24
Female	17 (70.83)
Male	7 (29.17)
Income (changes in income since Jan 2020)	<i>N</i> = 24
Increased	0 (0)
Decreased	20 (83.33)
Stayed the same	4 (16.67)
Employment	<i>N</i> = 24
Yes	16 (66.67)
No	8 (33.33)
Number of years in South Africa	<i>N</i> = 24
0–5	10 (41.67)
6–10	7 (29.17)
11 or more	5 (20.83)
Marital status	<i>N</i> = 24
Married	19 (79.17)
Single	4 (16.67)
No response	1 (4.17)
Ever tested positive from COVID-19	<i>N</i> = 24
Yes	3 (12.5)
No	21 (87.5)

processes. Data collection was rigorously conducted until saturation was achieved, ensuring comprehensive coverage of the research domain. We employed field notes and memos during the analysis to accurately reflect the viewpoints of all participants [42]. Our findings are substantiated with thorough descriptions and extensive direct quotations that reinforce each identified theme. To further bolster the accuracy and reliability of our results, two researchers (ID and GT) independently double-coded the transcripts, followed by a thorough reconciliation process, ensuring a robust and dependable analysis [43].

3.6. Researchers. Members of the research team were all of African ancestry but diverse in their countries of origin. One was from East Africa (Ethiopia), two from Southern Africa (Malawi and Zimbabwe), and the fourth from West Africa (Sierra Leone). Two Ph.D.-trained health disparities/equity researchers (ML and WM) designed the project and one (ML) supervised all the interviews. The other two authors (ID and GT) were advanced Ph.D. students and worked directly with one researcher (WM) in analyzing transcripts, generating themes, and preparing manuscripts. Among the authors, none are currently situated in their country of birth, with one having migrated to South Africa and three having emigrated to the United States. The research team embarked upon this study with both scholarly and personal motivations to uplift the lives of immigrants, recognizing them as

a marginalized group. However, the team also conscientiously employed reflexivity and bracketing techniques to mitigate the potential influence of personal biases and experiences on the study's findings [44].

4. Result

This research paper explored the experiences of Malawian immigrants living in South Africa during the COVID-19 pandemic. Malawian immigrants living in South Africa reported a range of challenges linked to their immigration status. Because some of the factors shaping immigrant experiences were preexisting before COVID-19, many participants acknowledged that these factors were elevated during the pandemic, without distinguishing between pre-COVID and COVID experiences. In instances where participants were explicit on this, it is reflected in the quotes provided. Participants therefore shared their experiences with access to healthcare, their sense of security, and economic well-being (see Table 2 for a summary of themes). The narratives provided by participants were systematically classified into three primary thematic categories, aligning with the United Nations' Three Crises Framework.

4.1. Denial of Care: A Health Crisis. Malawian immigrant participants reported facing challenges in accessing healthcare due to their immigration status. These difficulties included deliberate discriminatory practices by South African health workers in public health facilities, longer wait times, and reluctance by health workers to provide care to immigrants during the COVID-19 pandemic. Some participants had identified healthcare providers who were more willing to attend to immigrants, but these facilities were usually located far from their places of residence, which posed a challenge. Additionally, participants revealed that having legal documents was essential to accessing healthcare, and immigrants without legal papers were likely to face greater challenges.

Based on experience, there was a time I went to the hospital, the receptionist only helped SA citizens faster, while ignoring migrants who did not have papers. We were told to keep waiting, I waited for almost 5 hrs. So, it showed that there was discrimination against migrants, it's hard for a migrant to access healthcare service in time. (P04).

Upon delving deeper into the issues participants faced with healthcare access during the COVID-19 pandemic, one participant's response highlighted a significantly worsened experience in seeking healthcare services since the pandemic began.

We used to find some help at the hospital before the pandemic, but now during this corona, we get excuses like, come tomorrow, come in the evening. Getting help is a big challenge. (P03).

TABLE 2: Summary of themes.

	Themes	Subthemes
COVID-19 and immigrant status		Denial of care—a health crisis
	Lack of security—a protection crisis	Unsafe neighborhoods Unsafe public spaces
	Unemployment—a socioeconomic crisis	Unemployment and legal documents

However, some participants reported less difficulty accessing healthcare. This group emphasized the importance of having legal documents, arguing that with a valid foreign passport, they were able to access healthcare without difficulty. They noted that hospitals had no problem attending to them if they had a passport and were able to obtain a folder with their patient details.

Going to the hospital is not as difficult but sometimes it is. The treatment you get can sometimes be different when they see that you are a foreigner, especially women they are mistreated. But with a (valid foreign) passport you are assisted that's the base line. (P15).

A stakeholder confirmed these concerns, noting that national policies and individual health worker prejudices in public health facilities determined healthcare access for immigrants. Accessing healthcare without legal documents was seen as a risk, as undocumented immigrants could be reported to home affairs and be arrested following hospital contact. Pregnant women were especially vulnerable, as they could be sent back if they lacked documentation or had overstayed their permits.

People start to struggle, when you go to the hospital they want passports, they cannot assist them without identification. . . . they only assist you if it is a critical emergency and when you start to recover, they demand documentation. It is very challenging for foreigners. Pregnant women are sent back and when they see that you have overstayed, they report you to home affairs. It is a very big problem. (Stakeholder 05).

In summary, healthcare access for Malawian immigrants in South Africa was affected by their immigration status, national policies, and individual health worker prejudices. Accessing healthcare without legal documents was a significant challenge.

4.2. Lack of Security: A Protection Crisis. The participants in the research study reported feeling vulnerable and unsafe in relation to security and safety. This insecurity was attributed to both the neighborhoods they lived in and the public spaces they frequented.

4.2.1. Unsafe Neighborhoods. One of the major security care challenges faced by Malawian immigrants in South Africa is unsafe neighborhoods. Participants indicated that they lived in areas/locations with high crime exposure as these were the areas offering houses they could afford. Being an immigrant

was thought to worsen the situation as community crime perpetrators are likely to target them, especially when they are new to the community. Although certain locations are believed to be notorious for incidents of robbery, immigrants still find themselves picking up housing in these areas very often due to economic and legal status barriers.

I have met robbers who had guns, people who came into my home with weapons. Even in business I have gone somewhere to buy or sell only to find people with guns blocking the path and demanding money or the goods I bought. Such that even when sending the money back home, you send it with sorrow thinking of how you got it. . . Like where I stay in Delft, it is 99% dangerous. You see phones, cameras, and cars stolen every day, so when you find money, you know that you must manage it well otherwise it will be stolen. (P08).

It's not safe, because people just break into other people's houses and steal. You will just be sleeping, and people are knocking on your doors. It's not safe. (P09).

A participant further explained the interconnectedness of the COVID-19 pandemic experiences and its impact on housing opportunities as follows.

It's now difficult to meet all our daily needs since after the lockdown because the salaries that we are getting are not as much so it's difficult to manage it well, and even help relatives in Malawi. The money ends up being enough only for you to eat here. . . . Housing is dependent on the money that you have, secure houses are expensive so we end up in a location just so you can manage. (P15).

4.2.2. Unsafe Public Spaces. Another major security care challenge faced by Malawian immigrants in South Africa is unsafe public spaces. Even among those fortunate enough to secure housing in neighborhoods with fewer crime rates, experiences of insecurity often originate from activities in public spaces. Given that Malawian immigrants often work in distant locations, they go through multiple unsafe communities to get to work and back home. "Where I stay it's a bit safer, but you know when going to work we pass through areas that are not safe with the conflicts" (P05). Hence, incidences of theft and robbery in the streets were not uncommon. Many participants have had to limit their activities to avoid victimization by criminals, with some having to get home as early as possible to avoid being on the streets at night. Avoiding night movement can sometimes be difficult to achieve for some based on the nature of their work as narrated by our study participants.

One thing I have noticed is that in SA, no one is safe. As for me, I've been robbed about twice in SA while I was walking in the streets. But the whole time I've been in Malawi, this has never happened. I have never been robbed because of a phone or other small things. But here I have seen even my friends get stabbed because they couldn't let go of the phone to the robbers. So, security is not very tight in SA, such that when one walks in the streets, they are afraid. When we are walking in the location (In South Africa, informal settlements are called "locations"), we are always cautious of what might happen to us, especially if you are walking to work early morning in winter, and it dark. Back in Malawi we are able to walk as we please. (P04).

Security wise, it is not really safe. When you go out, you must be in by 6pm. When going to work it is also very difficult to go out early morning. (P23).

Confirming the experiences of the participants, one stakeholder highlights general reasons why local crime perpetrators are targeting foreigners. The stakeholder maintains that crime rates are underreported, as numerous incidents against foreigners do not come to the attention of formal reporting agencies.

The issue is the perception, to say that these foreigners are stealing our jobs. The moment they see you do well, you become a target. The challenge is the age group of 19–30 sometimes we have had some cases of 17,18. With this Malawian age group, they start to get some money and they start chasing South African women. They will start to compete with friends at work and all that. The majority of the deaths will be from being stabbed, shot, or poisoned. The 90-something deaths I am talking about for that particular month we were all alarmed. Close to 70 were people that had been killed through either being shot, stabbed, or poisoned. (Stakeholder 03).

Based on these discussions, it would seem that South African nationals were not only apprehensive about foreigners taking their jobs but also about their daughters and sisters. This issue of foreigners marrying South African women has been raised at the national level [45–47], as some of these marriages are thought to be fraudulent.

In general, the experiences of crimes faced by Malawian immigrants in public spaces were thought to be different from those of South African nationals, as participants feel that immigrants are intentionally targeted by local crime leaders.

4.3. Unemployment: A Socioeconomic Crisis. Participants stated that their primary reason for migrating to South Africa was to find better job opportunities. However, they discovered, particularly during COVID-19, that the economic situation was not as promising as they had anticipated. Many Malawian immigrants face long periods of unemployment, with the average wait time ranging from one to two years.

I have stayed here for a while, but it takes time to get a job, it took me three years to find a proper job. I was just doing small piece works but nothing concrete. You will just be depending on relatives who will be helping you. For others it could be a different case, but it takes time to find a job here, but of course now am working. It takes grace but it usually takes one or two years before you get a job. (P09).

The difficulty in finding employment was further exacerbated by the COVID-19 pandemic, which caused many employers to shut down their firms. Industries in which immigrants work, such as healthcare and restaurants, were also heavily affected by COVID-19-related closures. One participant shared their experiences searching for jobs as follows. "My worst experience would be this time when we have this time of COVID-19 when everything had to go back to zero, no jobs" (P01). Another participant had a similar experience to share. "Financial-wise, since this pandemic came; things became very hard. Before COVID-19 came, things were very good business. My children used to go to school every day but now they have to exchange due to my financial situation" (P19).

As Malawian immigrants tend to find employment opportunities based on recommendation, members of a single household often work for the same employer or in the same industry, thus shutting down the entire family income when such workplaces close down. One participant described how she and her husband were affected by the lockdown when their restaurant closed and did not reopen, leaving them jobless.

Covid is bad, it has affected a lot of things, we stopped working because of the pandemic. . . . Our workplace closed because of the pandemic; they never opened the company again even after the pandemic. It was a restaurant, and they never opened the workplace again. We were working together with my husband at the restaurant, we survived of course by God's grace. (P14).

Additionally, a stakeholder pointed out the evolution of employment trends among immigrants over time, indicating that although foreign workers were once readily accepted and therefore employment prospects were plentiful for Malawian immigrants, job opportunities are now scarce.

The condition has gone down very badly. You know back in the day people used to come here with their passports before the transporters started operating and smuggling people into South Africa. The employers here prefer foreigners because they work hard that has always been the case. For instance, if a foreigner is working for a company here tells their boss about their brother back home needing a job, then a job is secured for them. . . . because Malawians are known to work hard. Now we have a lot of people coming here but there are no jobs, you can see in the streets that you have got Malawians, and people of different nationalities. (Stakeholder 05).

Despite the limitations with employment and income, the cost of living continued to rise, making it even more challenging to earn a living. Participants reported that expenses such as rent, food, and transportation costs had become significantly more expensive than before the COVID-19 pandemic as described by a participant “Economically, I’d say currently things are getting really expensive, rentals, food, and transport costs. This is not the same as they used to be” (P05).

Consequently, the shortage of employment opportunities, particularly in the aftermath of the COVID-19 pandemic, has exacerbated the economic difficulties faced by Malawian immigrants, who are also grappling with the skyrocketing cost of living.

4.3.1. Unemployment and Legal Documents. While employment challenges may be universal in South Africa, immigrants are reportedly at a disadvantage due to their immigrant status. Malawian immigrants feel it is much less likely for them to get a job than South African Nationals regardless of their skills or experience due to employer bias and presumed language barriers. “We are mistreated, they can demand that we should speak their language. Employers also can tell you that that even you are good on this job, but we need a citizen” (P07) argued one participant. The onset of the COVID-19 pandemic saw a drastic reduction in available job opportunities exacerbating the employment crisis among Malawi immigrants whose opportunities were already limited by their legal status as explained by another participant. “Companies are being closed down, most people lost their jobs. Currently, it’s hard to find a job, most people that were previously bosses have returned to their original countries. With COVID-19 it is hard to get a job” (P02).

Legal documents offered some reprieve from employment challenges, but this was only temporary. Malawian immigrants may become undocumented over time as legal documents expire, which presented challenges in finding jobs or keeping current ones. Without valid papers, employers may underpay immigrants, and some may even fire them upon discovering that their work permits are expired or nonexistent. As a result, Malawian immigrants believe their experiences would be different if they had legal documents, which they perceive as linked with better salaries. This notion was common among participants. “Not having valid papers was a big challenge, I got my first job because of the papers that I had, I worked at a bakery, for 3 years until the papers expired (P13)”; “Work permits will help us get stable jobs, you know sometimes employers employ us and just fire us if we don’t have permits. With a work permit, one gets better salaries” (P06).

However, Malawian immigrants believed they face limited opportunities for securing legal documents compared to other nationalities. While the reason for this remains unclear, the absence of legal pathways had a negative impact on the immigrants’ lives in South Africa. For instance, without valid papers, they cannot open bank accounts or access other important services that could enhance their quality of life. This was explained by participants as follows.

The challenge that we have mainly is the papers that we don’t have, if I had them, I would have gone to the road traffic office to get a license and my life would have been better. (P13).

Staying in South Africa as an immigrant is a challenge, it’s not easy. It is a limited life; we can’t have things like we would have when we are home. Like the bank accounts, we are not able to open those without the appropriate papers. These are some of the challenges that we face as Malawians, our friends from other countries are able to get Asylum seeker papers and they can access things easily unlike us because they have work permits. Like Congo and Zimbabwe. So, we are always pressed. (P10).

A stakeholder explained the disparity in opportunities for legal documents available to Malawian immigrants by stating the difference in levels of education and migration routes with other nationalities (such as Congo, Zimbabwe, and Lesotho) migrating to South Africa.

Most of the Zimbabweans that come are skilled and have some basic education while the challenge with Malawians is that most of them are either working in farms and shops and their stay is not regularized. I think for Zimbabwe what happened is that they negotiated for those that were here legally to extend their permits. It becomes really difficult when one is an illegal immigrant for the office to even intervene. . . . And with asylum seekers, you have to be from a country where you are oppressed or there is a grave danger that you will be killed or something. Now if you look at Malawi it will be very difficult to justify, because what are you running from? (Stakeholder 03).

Malawian immigrants in South Africa face economic hardships, especially regarding employment opportunities, due to their immigrant status. While legal documents offer temporary relief, the limited opportunities for obtaining them, coupled with the expiration of documents, exacerbate the challenges that immigrants face.

5. Discussion

This study sheds light on the experiences of Malawian immigrants living in South Africa during the COVID-19 pandemic, with a particular emphasis on the hardships and challenges faced. The study employed in-depth interviews with immigrants and other key stakeholders to uncover multiple aspects of vulnerability that contribute to their struggles in accessing healthcare, security, and economic stability. The findings of the study reveal that preexisting barriers stemming from immigration status were further intensified by the COVID-19 pandemic as job opportunities declined, and healthcare systems became overwhelmed. In addition, community violence outbreaks during this period made the life of an immigrant even more precarious.

One of the most significant challenges faced by Malawian immigrants was accessing healthcare services. Immigration status was found to be a significant barrier to accessing healthcare services, resulting in intentional discrimination.

While participants without legal documents faced greater challenges in accessing healthcare services, those with legal documents, particularly a valid foreign passport, did not report significant issues. Hostile immigration policies have been shown to have significant detrimental effects on immigrant health [48, 49]. While these findings are similar to those of other regions where undocumented immigration is prominent [50], the availability of policies granting access to health services regardless of immigration status may enable healthcare-seeking practices among immigrants. These findings highlight the vulnerability of immigrants because of national policies and individual health worker prejudices in determining healthcare access for immigrants.

The study also found that Malawian immigrants living in South Africa experienced security challenges and vulnerabilities. Participants reported feeling unsafe in both their neighborhoods and public spaces, and these experiences were perceived to be different from those of South African nationals. Community security has been shown to be an essential aspect of the immigrant experience and shapes both physical and mental health outcomes [51]. In numerous settings within South Africa and around the world, instances of violence and criminal activities directed at immigrants have been recorded. In 2015, the United Nations Office on Drugs and Crime published a 90-page document highlighting these vulnerabilities faced by immigrants and proposed several recommendations to improve institutional support for the integration of immigrants into their local communities [52]. Therefore, targeted interventions are necessary to address the security and safety concerns of immigrants, especially in their neighborhoods and public spaces.

Socioeconomic challenges were considered another significant issue faced by Malawian immigrants living in South Africa. While the primary reason for their migration was to find better job opportunities, the study participants struggle to find employment for extended periods (anything in literature to support this). The COVID-19 pandemic further exacerbated the difficulties in finding employment, with many industries in which immigrants work being heavily affected by closures. These findings resonate with evidence from existing literature where preexisting vulnerabilities among immigrant populations left them worse affected by the economic effects of the COVID-19 pandemic [4, 21]. The study's findings highlight the need for policy interventions that support the socioeconomic integration of Malawian immigrants living in South Africa. Such interventions could help to alleviate some of the socioeconomic challenges faced by Malawian immigrants in South Africa and enable them to better contribute to the country's economy and society.

The findings of this study suggest that immigration status plays a critical role in shaping the experiences of Malawian immigrants living in South Africa. The cross-cutting effect of immigration status on economic opportunities, safety and security, and access to healthcare services was found to create a complex situation for our participants with or without legal documentation (such as passport/ID or permit) shaping immigrant experiences in ways that worsened their health and well-being. Our study shows that

the COVID-19 pandemic therefore exacerbated all three levels of crises affecting immigrants: health, protection, and socioeconomic crises, as reported by the United Nations [26]. Immigrants were at higher risk of being impacted by the health crisis due to limited access to healthcare while they were also disproportionately affected by the socioeconomic consequences of the pandemic, as they are often excluded from formal employment and social protection measures. Malawian immigrants living in South Africa are particularly vulnerable during economic crises, as they are often the last to be hired and the first to be fired.

Overall, this study highlights the challenges with low-to-middle-income migration, akin to low-to-high-income migration, underscoring the importance of prioritizing vulnerable populations like immigrants in our pursuit of social justice. Disparities based on immigration status are a significant challenge not only for Malawian immigrants, but also for undocumented immigrants in general, and addressing them is critical to improving their livelihoods. While the findings of the study provide valuable insights into the complexities of the lived experiences of Malawian immigrants in South Africa during the COVID-19 pandemic, elevating the health of immigrants is going to require intentional efforts at the policy, institutional, and community levels to facilitate legal migration, immigrant-friendly processes, and integration into our communities. Future research should focus on developing effective interventions to support the socioeconomic integration and overall well-being of immigrants living in South Africa, particularly those from other African countries who are pushed/forced from their own countries for lack of opportunities for decent livelihoods.

6. Conclusion and Recommendation

In conclusion, the findings of this research study suggest that Malawian immigrants living in South Africa face numerous challenges, with their immigration status playing a critical role in shaping their experiences. The limited access to healthcare due to lack of legal papers, national policies requiring formal identification for health services, and health worker prejudices suggest the need for policy changes and a more inclusive approach to healthcare. The upcoming National Health Insurance (NHI) bill clearly excludes undocumented migrants and asylum seekers from accessing health. Currently, there are activist groups that are fighting against this section of the bill [53]. The higher likelihood of being targeted by criminals and the perceived lack of security in their neighborhoods and public spaces call for better security measures and community support for immigrants. The enormous economic constraints caused by limited job opportunities and employer bias highlight the need for targeted interventions and support for immigrants to enable them to contribute better to their local communities while improving their economic situation. Overall, this study shows that immigration status affects all aspects of the lives of Malawian immigrants living in South Africa, and concerted efforts are required to ensure that immigrant rights are protected and that they are included in society. Providing

a pathway to legal status would mitigate a lot of these challenges.

Data Availability

Because the primary data for this manuscript include in-depth interviews, they are not included in any online repository. However, the researchers are willing to share such data upon request and signing of a data release agreement.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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