

**Reframing Vulnerability: Mozambican refugees' access to South African pensions
in rural South Africa**

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Mozambican refugees and pensions in rural South Africa

Abstract

Researchers at the South African Medical Research Council/University of the Witwatersrand Rural Public Health and Health Transitions Research Unit (Agincourt) fieldsite in rural South Africa consider local Mozambican residents *more vulnerable* than others in the local population. These self-settled refugees, many of whom are still not South African citizens, primarily came to South Africa in the 1980s during the Mozambican Civil War. Their vulnerability is mainly defined due to their difficulties in accessing social grants, which until recently were only available to those with South African citizenship papers. This paper focuses on semi-structured interviews with 30 ‘older’ women of Mozambican descent who live in the Agincourt study site. These interviews pointed to three important issues related to the notion of vulnerability: (1) the respondents’ continued worry about being deported despite their having lived in the country for 20 years, (2) their inability to easily and legally access social grants, namely the old-age pension, and (3) their struggles to make ends meet when faced with daily needs and crisis situations. All three of these *vulnerabilities* were on some level mediated by these women’s resourcefulness and ability to manipulate the social grant system to their benefit generating ties to South Africa through identification-documents, using these documents access pensions, and using the pensions to help them sustain their multigenerational households.

Key Words: Aging, Refugees, Social grants, South Africa, Vulnerability

Introduction

In the AIDS era, the word *vulnerability* is used freely and frequently uncritically, often not explicitly defined or contextualized to explain what makes a particular group *vulnerable* per se, or *vulnerable* to what in particular. The term has proliferated to such an extent that “orphans and vulnerable children” (OVC) is now a widely used and commonly abbreviated term in much policy and research literature on AIDS. Many articles highlight the plight of the *vulnerable*—primarily women, orphans, infants or children—while very few articles actually problematize the use of the term, fewer still question how using the term might hide or even hamper the *vulnerable individuals’* agency and empowerment (exceptions include DeGuzman 2001; Delor & Hubert 2000; Gilbert & Walker 2002; Kalipeni 2000; Mayer 2005; Skinner et al. 2006). While the generic term *vulnerable* has some utility in developing, implementing and disseminating anti-poverty policies, evaluating these policies and the use of this terminology from the perspective of those defined as *vulnerable* is crucial.

This paper turns a critical lens on the notion of vulnerability, and examines the actions and agency of a group of Mozambican-born older women living in rural South Africa, an area severely impacted by the AIDS epidemic. Rather than defining vulnerability for these women, the purpose is to outline the ways in which older women define their own vulnerabilities and the ways in which they contest the notions of vulnerability placed upon them by outsiders. Even among residents in this rural South African community, a community within which many non-Mozambican residents could also be identified as *vulnerable* for many reasons, local researchers and the local

community often label this particular group of women as *vulnerable* due to differential access to economic opportunities and social services.

Until recently, Mozambican permanent residents living in South Africa were not legally eligible to access government sponsored social grants (i.e. old-age pension, foster-care grants, child grants, disability grants). A ruling in March 2004 made it possible to access such grants with a Permanent Resident identification-document, as well as a South African citizen's identification-document (*Khosa and Others v Minister of Social Development*, March 2004). Social grants are a fairly substantial and very reliable source of income for many poor families in rural South Africa (Booyesen & Van der Berg 2005). Obtaining access to social grants may itself be considered a survival strategy and a way to reduce certain types of vulnerability.

The women interviewed for this paper belong to a specific category of Mozambican permanent residents, those who are age-eligible for the South African national non-contributory pension program.¹ Our in-depth interviews from the Gogo Project² with 30 older Mozambican women show that in September-December 2004 (6 months after the ruling) our respondents did not know about the law permitting permanent residents to receive social grants, yet the majority had already devised ways to access the pension program. Our respondents' narratives point to three important issues related to the notion of vulnerability: (1) our respondents continued to worry about the possibility of being deported despite their having lived in the country for 20 years, (2) they were concerned about the difficulties and legality of accessing social grants, namely the old-age pension, and (3) they struggled to make ends meet when faced with daily subsistence and crisis situations. The interviews show, however, that all three of these

vulnerabilities were on some level mediated by these women's resourcefulness and ability to manipulate the social grant system, even before knowing that the law had changed in their favor. Although often labeled *vulnerable*, their agency worked to their benefit by creating stronger connections to South Africa through identification-documents, using these documents to access pensions, and using the pensions to help them maintain and sustain their multigenerational households. In short, these women showed incredible resilience in their attempts to improve their own lives and those of their family.

Background & significance

Vulnerability and AIDS

The term vulnerability is common in a number of literatures: the disaster literature (e.g. Fordham 1999; Levine 2004), literature on conflict and refugees (e.g. Haour-Knipe 1997; Kalipeni & Oppong 1998), literature on poverty and health (e.g. Galea, Ahern & Karpati 2005; Kalipeni 2000; Leatherman 2005;), and more recently, literature relating to the AIDS crisis (e.g. DeGuzman 2001; Gilbert & Walker 2002; Mayer 2005; Skinner et al. 2006). Social vulnerability as a concept usually focuses certain social group's insecurity and risks to an impending danger –whether natural disaster, disease, or violence and conflict (Delor & Herbert 2000), describing differential access to resources among groups or individuals (Kalipeni 2000), and generally juxtaposing vulnerability, empowerment and agency (DeGuzman 2001). Further, the AIDS literature describes those children who are orphaned by or otherwise affected by AIDS as vulnerable (Skinner et al. 2006).

Many authors use the term without fully defining the meaning of vulnerability in the context analyzed; even those authors that define the term, often do not consider how the identifier may strip agency and power from the individuals labeled as vulnerable. Feminist scholars have critiqued Western researchers for homogenizing third world women as powerless, vulnerable and in need of saving (Mohanty, Russo & Torres 1991). A similar critique could be made of the use of the term vulnerable to group individuals affected by a common factor. Although differential access to resources is the basis of vulnerability, the tendency of researchers and policy makers is to focus on groups rather than individual access (Kalipeni 2000; Oppong 1998). Consequently, the term vulnerability often pigeonholes individuals into a single social class despite possible differences among that group's members (Delore & Hubert 2000; Levine 2004). Such homogenization might cause researchers to overlook the subtle ways in which individuals are empowered and how they use their agency. In fact, DeGuzman (2001) and Levine (2004) both discuss ways in which vulnerability is the opposite of empowerment. Thus, to speak of the Mozambicans living in the Agincourt area as a homogenous vulnerable group ignores within group differences, while hiding how individuals within this group negotiate and manage their living environments and social structures to avoid vulnerability.

Mozambicans in South Africa

During the 1980s, 250,000 to 350,000 Mozambicans crossed the border from Mozambique into South Africa fleeing the civil war ravaging their country.³ The Mozambicans who fled were mostly peasants, and left because their home districts were disrupted by severe bouts of violence. Because they arrived in South Africa while it was

still under apartheid, they were never given refugee status by the South African government (Polzer 2007; Steinberg 2005). Instead, tribal leaders in the *Bantustans* gave many Mozambicans refuge, including the former apartheid *Bantustan* of Gazankulu⁴; this area is now primarily in South Africa's Mpumalanga Province⁵ where the current study was conducted. Although Mozambicans were welcomed to this area for reasons relating to ethnic solidarity—the majority of both the local residents and the refugees were part of the Shangaan ethnic group—neither the South Africans in the region nor their new Mozambican neighbors had much wealth or access to resources (Steinberg 2005).

Mozambicans who were given land by the local tribal head and settled in this area came in shifts from Mozambique. Once a family was settled, they would often send for members who they had left behind in the war zone (de Jongh 1994, Dolan 1997). The Mozambican settlement areas were generally less fertile areas, and were enclaves within villages, such that locals can still clearly demarcate which lands are “Mozambican areas” and which are “South African areas” (Dolan, Tollman & Nkuna 1997). Dolan, Tollman and Nkuna (1997) also found that Mozambicans living in the Agincourt subdistrict were disadvantaged in terms of access to water, sanitation, fuel and housing. A recent study shows that the Mozambicans living in this area are still falling behind their neighbors on certain social and demographic indicators, e.g. Mozambicans living in the Agincourt subdistrict have a higher rate of child mortality than their South African neighbors (Hargreaves et al. 2004). Perhaps the truest sign of non-integration is the fear expressed by many Mozambicans in the area that they could still be deported (Polzer 2007); this is an indicator of their vulnerability felt within the community.

In the post-Apartheid era there have been a number of campaigns that have either attempted to repatriate Mozambicans back to Mozambique,⁶ or have opened processes for Mozambicans to obtain South African residency, if not citizenship (Handmaker 2002, Handmaker & Schneider 2002, Polzer 2007, SAMP 2001). Despite these campaigns, the majority of Mozambicans living in South Africa have had difficulty obtaining citizenship through legal routes (SAMP 2001). Despite the fact that officially most Mozambicans have sustained residency in South Africa for nearly two decades, many do not have documents to prove when they came to South Africa, or that they are in fact from Mozambique. The absence of such documents is an obstacle to obtaining South African identification-documents as permanent residents or citizens (SAMP 2001).

Since unemployment rates are extraordinarily high in rural areas of Mpumalanga Province (as well as much of South Africa), social grants are often the most stable and reliable income sources that families have (Barrientos et al. 2003, May 2003). Social grants, including a non-contributory old-age pension, disability grant, child-support grant, care-dependency grant, and a foster-care grant are all means-tested government sponsored non-contributory social assistance. In 2004, pensioners and disability grantees received SAR740, the equivalent of approximately USD100, per month. The other social grants are substantially smaller, but still can be important sources of income (Booyesen & Van der Berg 2005). Social grants play an important role in alleviating poverty – reducing its incidence, depth and severity (Booyesen & Van der Berg 2005). Much work has shown the importance of the old-age grant in increasing household expenditures on food and generally improving household members' well-being (Barrientos et al. 2003,

Booyesen & Van der Berg 2005, Case & Deaton 1998, Duflo 2003, Maitra & Ray 2003, May 2003).

Mozambicans who had managed to obtain a South African permanent resident identification-document did not have access to these social grants prior to March 2004.⁷ In order to access South African social grants, one had to hold a South African citizens' identification-document. Mozambicans living in South Africa without such a document did not have equal access to these social grants. The inability to access grants has been one of the main reasons that researchers in the Agincourt sub-district and the area more generally, have regarded Mozambicans living in the area as *more vulnerable* than the general population.

Before access to social grants was available to permanent residents, it was worthwhile for Mozambicans, who in general have little intention of returning to Mozambique (Polzer 2004, Golooba-Mutebi 2005), to try to obtain South African citizen ID documents through legal and extra-legal means. Although most of the campaigns mentioned above gave Mozambicans access to permanent resident documents, there were several campaigns, including voter registration for the 1994 election, during which those of Mozambican descent might have been able to obtain a South African citizen-identification-documents (Dolan 1997). In addition, because many Mozambicans have relatives who have lived in South Africa for a long time, they sometimes use relatives' citizenship, or a "South African name" to convince local Home Affairs officials to give them citizen's rather than permanent resident documents (Dolan 1997, Polzer 2007). Local tribal leaders also sometimes vouch for individuals in order to convince government officials that a person of Mozambican-descent is actually South African

(Polzer 2004). The qualitative data from the Gogo Project crafts a story of how many *vulnerable* individuals in fact displayed resilience and resourcefulness in manipulating the system prior to the 2004 ruling in order to access social grants.

Methods

The data for this paper come from the Gogo Project, a qualitative study conducted in the South African Medical Research Council/University of the Witwatersrand Rural Public Health and Health Transitions Research Unit (Agincourt) fieldsite in Mpumalanga Province in the northeastern corner of South Africa, bordering on Mozambique. About a third of the Agincourt fieldsite population is of Mozambican-descent (Tollman, Herbst & Garenne 1995). The only land separating the study area from Mozambique is the Kruger National Park, one of the largest game parks in Africa. Low rainfall and high population density make this area inadequate for subsistence farming; it is more suitable for cattle or game rearing. This area's population has low levels of education and high rates of unemployment.

Agincourt runs the longitudinal Agincourt Health and Demographic Surveillance System (AHDSS), which has been collecting data annually since 1992. The AHDSS data include: household censuses, updates of vital events, verbal autopsies, and occasional modules on labor migration, household assets, temporary migration, and education.⁸ In 2003, preceding the Gogo Project, the study site was home to 70,272 people, over 11,665 households in 21 villages. Approximately one-third of the site's residents are classified in the AHDSS as being 'Mozambican'.

The AHDSS provided a sampling frame for the qualitative study. The qualitative project was conducted in two phases. During the first phase (July-September 2004), we

randomly selected 30 households with women between the ages of 60-75 who were registered in the AHDSS as being 'South African'.⁹ For the second phase of the project (October-December 2004), we randomly selected 30 households with women of the same ages who were registered in the AHDSS as being 'Mozambican.'¹⁰ The purpose of interviewing older women of Mozambican-descent was to have a comparable sample that did not have access to the South African non-contributory old-age pension.¹¹ Over the three in-depth semi-structured interviews with each respondent, we asked a battery of questions relating to beliefs about HIV/AIDS, sources of income and expenditures, caregiving of orphans, of fostered children, and of the sick who are mainly adult children suffering from HIV/AIDS.

The interviews were conducted by three local women over the age of 40, who were trained by the author in qualitative interviewing.¹² Each interviewer was responsible for one-third of the respondents with whom she conducted and digitally recorded all interviews; in addition, each interviewer translated and transcribed her own interviews. Since this is a largely illiterate group, respondents provided verbal consent to participate in the study. While the project was in the field, the author read each interview, reviewed queries with the interviewers, and wrote a unique interview guide for each respondent for the second and third interviews. These guides allowed the author to fill gaps, follow up on interesting issues and explore new questions, despite not conducting the interviews herself.

The impetus for the first phase of the study was to understand the ways in which older women are experiencing the HIV/AIDS epidemic.¹³ For the majority of older women, their experience is not one of being *infected*, but rather being *affected*. They

often become the caregivers for HIV-positive adult children, and for fostered and orphaned grandchildren (Schatz 2007). It became clear during the interviews that pensions were playing a crucial role both in day-to-day subsistence and when crises occur (e.g. paying for healthcare and funeral costs related to AIDS morbidity and mortality, among other things). All but one of our South African respondents were receiving and using pension money to help sustain and maintain the multi-generational households in which they lived (Schatz & Ogunmefun 2007).

In Phase II, we expanded the sample to Agincourt-site residents of Mozambican-descent to understand how they garnered resources and how their coping strategies were similar or different from those of our South African respondents, since the Mozambicans would be without the benefit of pension money in their households. To our surprise, we found that two-thirds of the Mozambican respondents were receiving pensions. The remainder of this paper focuses on the stories of the 30 Mozambican respondents, how and why they spent much effort to obtain a South African identification book, and thus access the old-age pension.¹⁴

The analysis for this paper was loosely based on grounded theory (Strauss & Corbin 1990). The author read each of the 30 Mozambican interviews for emergent themes, beginning with an open-coding system, creating a coding-tree from that coding list, and then closed-coding the remaining interviews. Once all 30 interviews were coded, the author used Nvivo software to extract sections of the interviews on the core themes outlined in the paper, and assessed the themes for differences and similarities among respondents.

Results

The original impetus for stratifying the sample by nativity was driven by the idea that Mozambicans of as *more vulnerable* members of the Agincourt population because of their difficulties accessing pensions and other social grants that we acquired through reading literature on the area and talking with local researchers (Dolan, Tollman & Nkuna. 1997, Hargreaves et al. 2004, personal communications with Mark Collinson, Kathy Kahn and Tara Polzer). Once we began interviewing the Mozambican, however, this basis for vulnerability became problematic: the majority of our respondents had managed over the years, some through legal and some through extra-legal means, to obtain South African identification-documents; yet, the interviews exposed other vulnerabilities. In general, our respondents were very wary of being interviewed and worried that we were interested in deporting them. Although those women with access to the old-age pension were able to assist their households, women without access—the one third of our respondents not receiving a pension—struggled to survive. Our respondents expressed the insecurity they felt in their right to residence and in providing for their families. Below we explore these vulnerabilities as well as the agency portrayed by these women in attempting to and often succeeding in accessing documents and pensions, and providing for their families.

Wariness

We identified respondents as Mozambican using the AHDSS. These data reflect how an individual self-reported his/her nativity or nationality in 1992, when the AHDSS began collecting information, or in the year in which the individual moved into the study area. Despite annual AHDSS visits and a very high response rate to the census, our

respondents were wary of sitting down for interviews with our team. Several women told our interviewers that they were not the person whose name we had or that they were not in fact Mozambican. The following note prefaced one respondent's interview:

On the day, I [first met the respondent and] set up an appointment [for the first interview], the *gogo* [grandmother] told me that she is a South African citizen, but on the day of the interview, she changed and said that she is a Mozambican citizen. I asked her, "Why did you tell me yesterday that you are South African?" She laughed and said, "I was afraid. I thought maybe you want to take me back to Mozambique. Ha, ha, ha." The *gogo* laughed, but we [went on to have] a nice interview (interviewer's note about Tinyiko, Pension Recipient).

Only with the assistance of several individuals from the community who have worked for Agincourt for close to a decade, were we able to assure these individuals that we meant no harm, that we had no connection to the government, nor any power to deport them to Mozambique. Although many of the respondents were reluctant at first, in the end we did not have any respondents refuse to be interviewed.

Despite many assurances that we had no ill-intentions, several respondents used the 'life history' portion of the interview to legitimize their presence in South Africa. Six of our 30 'Mozambican' respondents claimed to have been born in villages on the South African side of the Mozambican border, two of these six respondents also spoke about having lived in Mozambique and fleeing during the war. An additional seven of our respondents claimed to have come to South Africa before the war; they mainly claimed either to have come to South Africa when they married a man who was working in Johannesburg, or to reunite with family who had been moving back and forth across the border for a century. Still others who came during the war claimed similar connections to South Africa that pre-dated the war—relatives who were South African or husbands and brothers who worked in South Africa and had South African documents.

One respondent, who elaborated on her sons who worked in the South African mines and a sister who had lived in her village before the war, explained about why she was not open at first, “I was scared, thinking that maybe you [the interviewer] was an investigator coming to investigate us so that we must be sent back to our place in Mozambique” (Aletha, No Pension). Another respondent, Nelly, a widow who lives with her six grandchildren and a widowed daughter-in-law, explained how her South African connections both provided advantages and disadvantages when she fled the war in Mozambique:

My husband was in Johannesburg [when the war began], but he heard from people that we left Mozambique because of the war. He tried to get to us. Then he came to [our new village] and stayed with us. But my husband had a South African ID. When we were staying with the Mozambican people, the headman said that we must move from the place we were given and go to the headman in [our new village]. He was going to give us another place to build our houses because [we were] not allowed to get free food and clothes, while my husband was working and had an ID. My husband went to the headman of [our new village] and explained why we came to him. He gave my husband a compound and we started staying there.

The interesting element is not whether or not this and the other stories about ties to South Africa are true, but rather how their beliefs about their vulnerability to deportation led to an emphasis on their long standing connections to South Africa.

Given the harrowing stories of family members and neighbors killed by RENAMO¹⁵ soldiers in front of their eyes, and the arduous journeys that included bribing people for assistance, walking long distances, fear of being eaten by lions, and having to leave dead family members along the way without a proper burial, it is not surprising that respondents feel vulnerable to deportation. Jane’s concise story underscores elements reported by many of our respondents:

It was during Autumn when we heard that there was a war between FRELIMO soldiers and RENAMO soldiers. It started in other villages, far away from ours, but as time went on, it reached our village. Many people had been killed by using a mortar and pestle, and also sharp knives. When they arrived at your house, they took everything you had e.g. cows, goats, chicken and also money. After that, they would choose whom they wanted to kill. We ran during the night. We went by foot, not transport, to come here. We used paths in the forest. During the night [wild] animals were there [in the Kruger National Park]. Some of us didn't arrive here; they were killed by animals e.g. lions, but me and others arrived here safely (Jane, No Pension).¹⁶

Even though life in South Africa is hard, none of our respondents mentioned a desire to return to Mozambique.¹⁷ Several had older relatives or siblings, or even children, who still live in Mozambique, but our respondents knew little about these relatives and claimed that they did not see them because of the distance between Mozambique and their villages. Despite having lived in South Africa for 20 or more years and holding South African documents (whether permanent resident or those of a citizen), the main concern our interviews raised was that we were collecting this information about their journeys and current situation in order to deport them to Mozambique. This is not what led researchers to in the area to label Mozambicans as vulnerable, yet in many ways this was the most real and visceral vulnerability that emerged from the interviews.

Economic and emotional shocks

Due to our respondents' living arrangements and cultural norms, their well-being both depended on kin and their kin depended on them for well-being. Two of the 30 Mozambican respondents lived alone, one other lived with just one other family member; the remaining lived in extensive multi-generational households (membership ranging from 3-25). The women with whom we spoke had suffered various economic and emotional shocks, including illnesses and deaths of spouses, children and grandchildren,

the loss of income from children's jobs as they were retrenched, unable to find work, or stopped working due to illness or death, and the addition of household members for whom they took over care both physically and financially when possible.

It is clear why the pensions are so desirable—the lengths to which our respondents had gone to access pensions will be discussed in a later section. As with the South African grandmothers we interviewed who reported that their pension is meant to support themselves and their grandchildren (Schatz & Ogunmefun 2007), Mozambican pensioners also primarily used their pensions to maintain and sustain their multigenerational households. Nelly describes her life prior to receiving her pension, and how her pension, although helping to defray her family's costs, is not sufficient to make up for her son's lost income and her husband's missing support:

Before I got pension, life was easy because my husband was working in Johannesburg and he was taking care of me. When he was old, he was getting pension and when my son was working, he was supporting us. But when I started receiving pension, life became worse because my husband and son died. Now I must take care of my grandchildren and other children of my husband with my pension money of R740 and things are very expensive (Nelly, Pension Recipient).

Sharing pension funds often meant that they disappeared quickly. Dudu, who lives in a very large household with 25 members, alluded to using up her money the day she receives it. “[After receiving my pension], I [first] buy 80kg of mealie-meal, peanuts, beans, cooking oil, tea and 12.5kg sugar. [After buying all these, there are] no leftovers. As I am speaking I don't have anything in my pocket. Maybe if I was receiving help from others, there will be leftovers” (Dudu, Pension Recipient). Getting and giving help are mainstays of this community, and pensioners are an important source of income for their households, even if it often seems to these older women that the money they receive does not go far enough. Having no leftovers was another commonality between

South African and Mozambican pensioners (Schatz & Ogunmefun 2007). This monthly running out of funds to support one's family was a source of emotional distress and felt vulnerability that many of our respondents expressed.

Despite the insecurity among pensioners of making ends meet, pensions are making a crucial contribution to poverty alleviation in our respondents' households, getting families closer to the national poverty line. Although it is clear that pensions are not eradicating poverty in these households, the importance of the monthly pension to households can be seen clearly when examining the livelihoods of those not receiving the pension.

One-third of the Mozambicans respondents were not receiving the pension or a disability grant at the time of the interviews. The majority of these respondents were not getting the pension because of their difficulties in obtaining a South African ID; a few had South African IDs, but the age on the ID was "cut" (appeared as younger than the age they claimed they were) making them ineligible to receive a pension. Whatever the reason for not receiving a pension, these women largely felt that it was inequitable that their peers were getting money from the government to help their families, and they were not. Jane, a respondent whose ID showed her age as younger than she believed she was, claimed that it is unfair that some people get pensions and others do not, "because they are getting money to buy enough food, but myself I am suffering. I have no food to eat." She went on to explain how hard it is to take care of the two foster children for whom she is responsible. "It is too difficult because I don't have money to buy food for them or even to pay school fees" (Jane, No Pension). In these households where there is no

pensioner, elderly women must seek coping strategies to sustain their households that do not require the regular income that pensions provide.

In households where there is no pensioner, women were more likely to be doing temporary labor and looking to family and neighbors for support. Linah stays with her sick co-wife, her co-wife's son, two of her own daughters, and two grandchildren. She described how her very poor household finds money, "Some other people call to give us temporary jobs and [they pay us with] mealie-meal. ... I'm not getting support from family members or relatives because they are also poor. They are not working" (Linah, No Pension).

Lilly, age 73, lives with 19 kin, but is only supporting her last born child. She survives with the assistance of her sons and a monthly payment from her former place of work, compensation from a tractor accident:

So my hand was broken. Then my boss took me to the hospital. And the doctor said that I must stay at home a month in order to recover. So when I went back to my work, my boss said that there is no more [jobs]. So I went back to my home until now. ... [After it happened,] I went to a social worker to explain what happened. So the social worker wrote a letter to my boss, demanding him to pay me for the accident. I came across, so now he is paying me R260 per month. ...

My sons and my R260 are what support me. ... I buy mealie-meal, soap, cooking oil, and other groceries for the house. As I told you that we do share with my son. ... [Last month,] I took R100 to buy a goat and the rest I used to buy other needs for the house. ... I do not [have leftovers] because I do receive a small amount of money (Lilly, No Pension).

Although Lilly gets assistance from her children and from her former place of work, she lives on very little money each month. If she had not broken her hand, it is likely that she would still be working.

Living alone after the death of her son and her daughter-in-law's leaving for her own compound, Qeliwe's situation is equally if not more desperate:

I don't have money to buy food. I even don't have food to eat. Some other days, I sleep without eating anything. [My granddaughter gets food that she gives me] because their mother [my daughter] is receiving a social grant... the disability grant. After receiving the grant, she gives me money to buy snuff. Also she gives me meat, that is, they give me raw meat, so that I may cook it (Qeliwe, No Pension).

Despite not having other people to support, Qeliwe often goes hungry—the small amount of money she uses to buy snuff is not likely to make much difference in her ability to feed herself. Clearly older women who are unable to access the pension, especially those without working children, are particularly vulnerable. Qeliwe's situation was made worse by the hardships she experienced while caring for her ill son:

When it started he didn't have appetite, he wanted to drink water only. He didn't have to eat food. He became weak. When you asked me about it, my heart becomes painful, my daughter. He died on the way to a *sangoma* [traditional healer]. He was on my back because I did not have [money to pay for] transport to take him to the *sangoma*. On the way, I fell down with him. [Qeliwe started to cry, the interviewer comforted her.] When you comfort me, I feel as if I can see my son. Because he left me poor, as I am, I am suffering (Qeliwe, No Pension).

As Qeliwe tells her story, it is clear that she suffered not just because she herself is poor and hungry, but also because she could not provide the assistance and nourishment her son needed when he was ill. Most of the women who were not getting a pension claimed that they wanted to receive a pension to use it for many of the same household essentials on which pensioners spent their money. Some of them said that they wanted to be like other grandmothers and help their children and grandchildren. Abigail said, “If I was getting a pension, I would buy clothes and a bed to sleep in. But now money becomes a problem for me to get it. Even my grandchildren, I want to give to them like what other *gogos* [grandmothers] are giving to their grandchildren” (Abigail, No Pension).

Our interviewers confirmed that the women in non-pension homes were more troubled financially than those with a pension. In classifying households as poor, average or wealthy (an internal comparison of the 30 respondents' homes) two-thirds of the non-pension homes were classified as being poor, as compared to only a quarter of the homes with a pension recipient.¹⁸

Not receiving a pension has economic, physical and emotional consequences. Some women are unable to feed themselves and their families; for others, health is jeopardized by needing to work when they are aging and frail; still others suffer because they cannot provide the support for sick family members that they feel they must. These consequences are magnified when an elderly woman does not have financially secure family members to support her. These stories of economic and emotional hardship do in fact point to Mozambicans being vulnerable in much the way that researchers in the area assumed them to be. Whether they are more vulnerable than the many South African households in the area without access to employment or pensions is questionable, however. The narratives highlighting economic vulnerability bring into sharper focus the activism and agency of the majority of our respondents in creating opportunities to access pensions. Our respondents presented concrete obstacles that they face, yet their attempts to make use of the resources and support within their reach highlight the distinction between generalizing the group as vulnerable and allowing these women an opportunity to name and therefore take ownership of their own vulnerabilities.

Getting documentation

Many of our Mozambican respondents believe that it is difficult, or even illegal, to obtain South African documentation due to their nativity. And despite the change in

law in 2004, they still believed that Mozambicans were not officially allowed to access social grants at the time of the interviews. Even among the two-thirds of our respondents who had IDs and received social grants, there were those that told stories about having difficulties obtaining an ID. Our interviews took place six months after the Supreme Court ruling, yet local knowledge and beliefs about the need to have a South African citizen's ID book in order to receive a social grant had not yet changed. Not a single respondent mentioned that now they or people they knew could access social grants using a permanent resident ID, which many of Mozambican residents in the area held.¹⁹ Ten of our respondents did not have a South African ID book, but in all likelihood did have permanent resident documents. As one respondent said, “[It is difficult to get South African-ID books] because we are not legally allowed to have a South African ID document” (Jane, No Pension). When asked why she had not applied for a South African ID, another respondent said, “I don't have money to apply for a [South African] ID, but it is difficult to find an ID if you are from Mozambique. I did try to apply but I failed” (Refilwe, No Pension).

One obstacle is the difficulty of the process applying for and obtaining a South African ID book. Several women, both those who were successful in getting an ID and those who were still without, said that they had to apply for an ID at Home Affairs more than once, and in different venues. “I applied for an ID first at Nelspruit. I didn't get it. I applied for a second ID at Hazyview. I got it. They never asked me where I came from” (Loveness, Pension Recipient). Another respondent is yet to be successful, “I applied for the first ID at Home Affairs at Thulamahash, but I never got an ID. The second ID, I applied at Mkhuhlu. I never got it” (Abigail, No Pension).²⁰

Another barrier to obtaining an ID book can be financial, as Refilwe mentioned above. Each of the 20 respondents who had IDs gave different stories of how much they paid for the document, if they paid at all. Some paid just SAR20 for the photograph to put in the ID book, others paid SAR200-300 to someone at Home Affairs. It was unclear from the information given by respondents whether they believed they paid an official fee or a bribe. One respondent found out it was a bribe only after she lost her money:

Myself, I went to Nelspruit for the first time to apply for the ID, but I never got the ID. I gave them R200. [I gave it to] the people who were working in Home Affairs, two of them... When I gave them the R200, I never got the South African ID. Those people were arrested because of robbery of ID books. ... The second time I went to Thulamash Home Affairs where I gave them R300 and I got the South African ID within three months (Linda, Pension Recipient).

Despite beliefs that obtaining an ID might be illegal, difficult, take a few tries, or cost some money, all of the Mozambican respondents desired a South African ID. Those who did not have one at the time of the interview said they were in the process of applying, were planning to apply, or asked for assistance in applying. The main reason all respondents mentioned for wanting an ID was to gain access to the pension. “I wanted an [South African]-ID in order to get a pension with it.” (Nelly, Pension Recipient). It is likely that most of the pension non-recipients were in possession of a Permanent Resident ID-book (we did not directly ask if they had this type of ID book, or ask them to show us any ID documentation in their possession). Post March 2004, a permanent resident document was sufficient to access social grants. Our respondents did not seem to have knowledge of this change in the law at the time of our interviews.

The struggle to obtain South African documents made our respondents vulnerable in three ways. First, it reduced their perceived claim on their right to stay in South Africa, thus making them wary of talking to us about their nativity and risking deportation.

Second, the energy and finances spent to obtain South African IDs, although when successful leading to a worthwhile reward, the pension, made use of resources and connections that might have better served their families in other ways had such a process been unnecessary. Third, for those unable to secure an ID and thus a pension, their lack of access to social grants diminished their ability to provide for their families. The stories outlined above show that in the face of these very real vulnerabilities, our respondents took actions to try to overcome them calling into question generalizing them as a *vulnerable group*.

Discussion

Although all of the women in our study were *legally* eligible to receive the pension after the South African Supreme Court ruling in March 2004 allowing permanent residents to access social grants, barriers remained to our respondents' realizing their right. Mozambicans living in South Africa still worry about their status in the country. Our inquiring into their life histories and pension receipt made many of these women worry that we intended to deport them to Mozambique. Worries about their insecure status were most likely made worse when attempts to secure South African identification-documents failed.

Their desire for South African IDs was not simply about securing status, however. These older women were also aiming to access the old-age pension. In most cases, those who had found means of obtaining a South African ID had done so long before the March 2004 ruling, with the explicit purpose of gaining access to the old-age pension. Respondents in our study who were receiving a pension were much better off financially than those who were not, and were more able to assist other members of their

households. The narratives above give further evidence of the dire straights in which many of the non-pensioners find themselves and their families, and the emotional strain they feel by not being able to help ailing or unemployed children and young fostered or orphaned grandchildren.

By the time of writing of this paper, we hope that now all of our respondents, all of whom were eligible to possess a Permanent Resident ID book, are now receiving pensions. One of the notable issues this paper raises is the difference between the legal decisions and the reality on the ground. In September to December 2004, all 30 of our respondents should have been eligible *and* had a desire to receive a pension. Six months after the Supreme Court decision, a third of them did not have access and the other two-thirds would not have had access had they not been resourceful in obtaining a South African citizen identity document. In response to this gap in knowledge, our research team shared this information with the local community liaison team, who set up sessions in a number of central villages to help Mozambicans, and other under-documented residents of the area, to complete the forms necessary to obtain necessary documents and access social grants.

Because many Mozambicans found ways to obtain South African ID documents before it was legal to do so, it is difficult to estimate the number of Mozambicans who were already accessing social grants in 2004. The most recent rounds of the Agincourt census have begun collecting identification-document numbers as well as some information on social grant receipt. Together these data provide future researchers the opportunity to explore Mozambican *vulnerability* with respect to social grants in a more

quantitative and unequivocal way, which could help local policy makers create programs to adjust for any continuing inequality.

The fact that two-thirds of our respondents had managed to secure these documents and were accessing social grants calls into question the primary reason local researchers and community members had labeled them as vulnerable. Contrary to vulnerability labels put upon Mozambicans in this area, these women did not define themselves as totally impervious, but they were able to articulate ways in which they felt unprotected, which did not match previously conceived notions of the population. By looking beyond the label to closely define the types of vulnerabilities actually experienced by this population, we begin to see the areas of struggle and action. We see the agency and empowerment that our respondents embody as actors in their households and communities, something which the label of vulnerable often hides.

While the generic notion of vulnerability suffers greatly from limitations, there is utility in having blanket descriptions of vulnerable populations in order to forward anti-poverty policies. And, often outsiders have knowledge of what life could be that can enhance the lives of so-called vulnerable populations. Yet interventions and programs will only succeed if the population itself views their own risks and assets in a similar fashion to those developing the programs. Thus, critically evaluating program with attention to the locally articulated vulnerabilities, in other words bringing in the voices of the *vulnerable*, is essential. Particularly given the need to protect and assist those populations rendered vulnerable by AIDS, defining vulnerability through the eyes and experiences of those being labeled should be a key aspect of AIDS policy. Although perhaps a daunting task, understanding how and why an identified population feels

vulnerable in a certain situation will allow policy makers to address those specific issues, which might actually assist these individuals more than blanket remedies. In particular, creating strategies that assist individuals in areas where they have already demonstrated desire and agency will most likely have better results than addressing vulnerabilities as they appear to those outside the community.

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¹ Women become age-eligible for the pension at 60, where as men are not eligible until age 65.

² The Gogo (Grandmother) Project is a qualitative study of older women's experiences of the AIDS epidemic in the Agincourt fieldsite. See Schatz 2007, Schatz & Ogunmefun 2007, McDonald & Schatz 2006, and Ogunmefun & Schatz 2006 for more details on the study.

³ The Mozambican Civil War began in 1975; violence escalated in southern Mozambique in the mid-1980s (Polzer 2007). Fighting continued through 1992. The first free elections were held in 1994. Although the majority of Mozambicans living in the area came during the civil war, some claim that their families have been migrating back and forth over across the border for over a century; still others are more recent economic migrants, coming in hopes of finding employment in South Africa.

⁴ Homeland areas, or *Bantustans*, were the Apartheid government's designation for nominally sovereign areas where Black South Africans were forced to live. These were largely the least productive areas of the country, and many Black South Africans were moved from their ancestral homes to reside in the homelands. While Mozambicans were treated well in the Gazankulu Bantustan, there was abuse elsewhere along the border, including in Lebowa Bantustan (personal communication with Stephen Tollman).

⁵ When this study was conducted, the area in which the respondents live was part of Limpopo Province; it has since been redistricted into Mpumalanga Province.

⁶ Approximately ten-percent of the refugees who came into South Africa in the 1980s returned to Mozambique under a voluntary repatriation program. Over 100,000 additional refugees were deported, this began under apartheid and continued through the early-1990s (Dolan 1997).

⁷ In 2003, *Khosa and Others* versus the Minister of Social Development was first heard before the South African Supreme Court. The case argued that permanent residents, the status of the applicants, as well as many former-Mozambican refugees, should have access to social grants. Many of the children of these former-Mozambican refugees were born in South Africa, but were unable to obtain child care and foster-care grants because the adult applying for the grant was not a South African citizen. Similarly there was a restriction on the old-age pension that the applicant had to be a South African citizen. In March 2004, the Supreme Court ruled in favor of *Khosa and Others*, declaring it unconstitutional for permanent residents to be barred from receiving social grants. Since the old-age pension is non-contributory, Mozambicans with a

South African Identity Book, or now with a Permanent Resident Identity Book, who pass the means-test are eligible to receive the pension, whether or not they ever worked in South Africa.

⁸ For an overview and history of Agincourt, as well as a series of articles based on the AHDSS, surveys and qualitative studies conducted in Agincourt, see Tollman & Kahn 2007.

⁹ Of the original 30 South African's sampled we interviewed 24. We sampled an additional 6 South Africans to bring the total interviewed sample to 30. For more details on sampling, response rates and reasons for non-response see Schatz & Ogunmefun 2007.

¹⁰ Of the original 30 Mozambican's sampled we interviewed 25. We sampled an additional 5 Mozambicans to bring the total interviewed sample to 30. The reasons for non-response included: one had died, one was seriously ill, two were away visiting family and did not return during the study, and one had a recent death in her household, out of courtesy for the local mourning process, we did not interview her.

¹¹ Catherine Ogunmefun conducted a third phase of the Gogo Project for her dissertation research at Wits. She interviewed women aged 50-59, again, in an attempt to understand how those unable to access pension, and yet still with the responsibilities of multi-generational families, cope in the HIV/AIDS era.

¹² The three interviewers were selected from a pool of six applicants. The applicants were interviewed by both authors along with senior administrators from Agincourt. Each applicant was given an interviewing role-play in their native language and an English translation task to assess their potential and abilities to work as a qualitative interviewer.

¹³ In both phases of the study, the 30 respondents were randomly selected from three strata of households in the AHDSS: those where an HIV/AIDS took place between 2001-2003, those where another adult death took place during those years, and those with no death during this period. Since the strata are not relevant to the content of the analysis, all 30 Mozambican interviews are analyzed as a group.

¹⁴ Quotations are followed by a pseudonym and pension receipt status (which also identifies which of our respondents held a South African citizen's ID document). All respondents' names have been changed to pseudonyms to protect the identity of the individuals we interviewed.

¹⁵ Resistência Nacional Moçambicana (RENAMO) was the guerilla group fighting to overthrow the Frente de Libertação de Moçambique (FRELIMO) government from the late 1970s to the early 1990s.

¹⁶ Similar stories are recorded in Dolan 1997.

¹⁷ See Golooba-Mutebi 2005 for similar desires to stay in South Africa. Obviously since in both cases the interviews were collected in South Africa with Mozambicans that had stayed, there is the possibility of selection bias.

¹⁸ See Ogunmefun & Schatz 2006 for a description of wealth classification of respondents by the three interviewers.

¹⁹ Several articles from early March available on Lexis-Nexis, show South African papers published reports of the Constitutional Court's ruling in *Khosa and Others vs. the Minister of Social Development*. Although it is not clear from these citations how prominent these article or the public discussion about the case were; the ruling was in the public domain and could have made its way to the Agincourt area (Benjamin 2004; Coulson 2004; Joffe 2004; SAPA 2004).

²⁰ Nelspruit (150km), Hazyview (100km), Thulamahash (20km) and Mkhuhlu (40km) are all towns in the vicinity of the Agincourt study site (distance from the center of the site to the town in parentheses).

References

- Barrientos, A., Ferreira, M., Gorman, M., Heslop, A., Legido-Quigley, H., Lloyd-Sherlock, P., Møller, V., Saboia, J., & Werneck Vianna, M.L.T. (2003). Non-contributory pensions and poverty prevention: A comparative study of Brazil and South Africa. HelpAge International Report.
- Benjamin, C. (2004). Court gives shock ruling on welfare, *Business Day (South Africa)*, 5 March 2004, p.1.
- Booyesen, F. & Van der Berg, S. (2005). The role of social grants in mitigating the socio-economic impact of HIV/AIDS in two Free State communities, *The South African Journal of Economics* 73: 545-563.
- Case, A. & Deaton, A. (1998). Large cash transfers to the elderly in South Africa, *The Economic Journal* 108: 1330-1361.
- Coulson, M. (2004). At Home, *Financial Mail (South Africa)*, 12 March 2004, p.8.
- DeGuzman, A. (2001). Reducing social vulnerability to HIV/AIDS: models of care and their impact in resource-poor settings, *AIDS Care* 13: 663–675.
- De Jongh, M. (1994). Mozambican refugees' resettlement: Survival strategies of involuntary migrants in South Africa, *Journal of Refugee Studies* 7: 220-238.
- Delore, F & Hubert, M. (2000). Revisiting the concept of 'vulnerability', *Social Science & Medicine* 50: 1557-1570.
- Dolan, C. (1997). The changing status of Mozambicans in South Africa and the impact of this on repatriation to and re-integration in Mozambique. Final Report to the Norwegian Refugee Council, Maputo.

- Dolan, C., Tollman, S. & Nkuna, V. (1997). The links between legal status and environmental health: A case study of Mozambican refugees and their hosts in the Mpumalanga (Eastern Transvaal) Lowveld, South Africa, *Health and Human Rights* 2: 62-84.
- Duflo, E. (2003). Grandmothers and granddaughters: Old-age pension and intra-household allocation in South Africa, *World Bank Economic Review* 17: 1-25.
- Fordham, M. (1999). The intersection of gender and social class in *disaster*: Balancing resilience and vulnerability, *International Journal of Mass Emergencies and Disasters* 17:15-37.
- Galea, S. Ahern, J. & Karpati, A. (2005). A model of underlying socioeconomic vulnerability in human populations: evidence from variability in population health and implications for public health, *Social Science & Medicine* 60: 2417–2430.
- Gilbert, L. & Walker, E. (2002). Treading the Path of Least Resistance: HIV/AIDS and Social Inequalities - A South African Case Study, *Social Science and Medicine*, 54: 1093-1110.
- Golooba-Mutebi, F. (2005). Home and away: The divided lives of Mozambican refugees in South Africa's Lowveld region. Paper presented at the Wits-Brown-Colorado-APHRC Colloquium, Boulder, CO, April 3-5, 2005.
- Handmaker, J. (2002). No easy walk: Advancing refugee protection in South Africa, *Africa Today* 48:91-113
- Handmaker, J. & Schneider, J. (2002). The status 'regularisation' programme for former Mozambican refugees in South Africa, RULA, University of the Witwatersrand.

- Haour-Knipe, M. (1997). Migration and ethnicity issues, *AIDS Care* 9: 115-119.
- Hargreaves, J., Collinson, M.A., Kahn, K., Clark, S.J., & Tollman S.M. (2004).
Childhood mortality among former Mozambican refugees and their hosts in rural
South Africa. *International Journal of Epidemiology* 33: 1271-1278.
- Joffe, H. (2004). Courts deciding policy do social welfare no favors in long term,
Business Day (South Africa), 9 March 2004, p. 8.
- Kalipeni, E. (2000). Health and disease in southern Africa: a comparative and
vulnerability perspective, *Social Science & Medicine* 50: 965-983.
- Kalipeni, E. & Oppong, J. (1998). The refugee crisis in Africa and implications for health
and disease: A political ecology approach, *Social Science and Medicine* 46: 1637-
1653.
- Khosa and Others v Minister of Social Development*. (2004). Media summary and
judgment: Case numbers 25455/02, 25453/02, Supreme Court of South Africa,
Heard on 13, 30 May 2003, Decided on 4 March 2004.
- Landau, L. (2005). Urbanization, nativism and the rule of law in South Africa's
'forbidden' cities, *Third World Quarterly* 26: 1115-1134.
- Leatherman, T. (2005). A Space of Vulnerability in Poverty and Health: Political-
Ecology and Biocultural Analysis, *Ethos* 33: 46-70.
- Levine, C. (2004). The concept of vulnerability in disaster research, *Journal of Traumatic
Stress* 17: 395-402.
- Maitra, P. & Ray, P. (2003). The effect of transfers on household expenditure patterns
and poverty in South Africa, *Journal of Economic Development* 71: 23-49.

- May, J. (2003). Chronic poverty and older people in South Africa. Chronic Poverty Research Centre/HelpAgeInternational Working Paper 25.
- Mayer, J. (2005). The geographical understanding of HIV/AIDS in sub-Saharan Africa, *Norwegian Journal of Geography*, 59: 6-13.
- Mohanty, C.T., Russo, A. & Torres, L, eds. (1991). *Third World Women and the Politics of Feminism*. Bloomington/Indianapolis: Indiana University Press.
- McDonald, C. & Schatz, E. (2006). Competing discourses: how older women in South Africa make sense of the HIV/AIDS epidemic. University of Colorado/IBS Population Program Working Paper POP2006-09.
- Ogunmefun, C. & Schatz, E. (2006). 'It's difficult.... I didn't recover': The socio-economic impact of adult morbidity and mortality on female pensioners. University of Colorado/IBS Population Program Working Paper POP2006-11.
- Opong, J. (1998). A vulnerability interpretation of the geography of HIV/AIDS in Ghana, *Professional Geographer* 50: 437-448.
- Polzer, T. (2007). Adapting to Changing Legal Frameworks: Mozambican Refugees in South Africa - an Historical Overview. *International Journal of Refugee Law* 19: 22-50.
- Polzer, T. (2004). We are all South Africans now: The integration of Mozambican refugees in Rural South Africa. University of the Witwatersrand, Forced Migration Studies Programme Working Paper Series #8.
- SAPA (South African Press Association). (2004). NNP expresses concern with court ruling on social grants, *Global News Wire*, 5 March 2004.

- Schatz, E. (2007). 'Taking care of my own blood': Older women's relationships to their households rural South Africa, *Scandinavian Journal of Public Health* 35:147-154.
- Schatz, E. & Ogunmefun, C. (2007). Caring and contributing: The role of older women in multi-generational households in the HIV/AIDS era, *World Development* 35: 1390–1403.
- Skinner, D., Tsheko, N., Mtero-Munyati, S., Segwabe, M., Chibatamoto, P., Mfecane, S., Chandiwana, B., Nkomo, N., Tlou, S., & Chitiyo, G. (2006). Towards a Definition of Orphaned and Vulnerable Children, *AIDS Behavior* 10:619–626.
- Southern African Migration Project (SAMP). Jonathan Crush & Vincent Williams, series editors. (2001). The point of no return: Evaluating the amnesty for Mozambican refugees in South Africa," SAMP Migration Policy Brief No. 6.
- Steinberg, J. (2005). A mixed reception: Mozambican and Congolese refugees in South Africa. Institute for Security Studies, Monograph No. 117.
- Tollman, S., Herbst, K. & Garenne. (1995). The Agincourt demographic and health study: Phase 1. Health Systems Development Unit, University of the Witwatersrand, Johannesburg, 1995.
- Strauss, A & Corbin, J. *Basics of Qualitative Research: Grounded Theory Procedures and Techniques*. Newbury Park, London, & New Delhi: Sage Publications, 1990.

Tollman, S., & Kathleen, K. (eds). (2007). Health, population and social transitions in rural South Africa Special Issue of *Scandinavian Journal of Public Health*, 35: 1-187.